

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 Providence-Compassus review before HCMO received a Notice form. OHA accepts public comments for all transactions at any time. 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.

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 or by phone at 503-945-6161. We accept all relay calls.

1. Fw: Providence to outsource home health, hospice services to private equity-backed Compassus, 10/26/2024

Providence wants to decrease their costs -- especially in types of care that are the least profitable. They have chosen private equity subcontractors -- getting for-profit companies to do their dirty work of cutting back unprofitable care while claiming that the cutbacks were made by the subcontractors. The result will be understaffing and cutting corners and denial of services. PROVIDENCE IS ACTIVELY PRIVATIZING HEALTH CARE. THE LONGTERM RAMIFICATIONS OF PRIVATIZATION ARE HORRIFYING. WE SHOULD REQUIRE THAT HEALTH CARE SYSTEMS PRIORITIZE THE HEALTH OF PATIENTS (AND COMMUNITIES) -- NOT THAT THEY BEHAVE LIKE FOR-PROFIT SYSTEMS.

Kenneth Rosenberg, MD, MPH

2. No subject, 10/26/2024

Re: Providence Home Health & Hospice and Compassus

I am concerned about the quality of care and access to care for patients with a private equity firm taking over from Providence. Studies have shown that with these kinds of takeovers, patients pay higher costs for reduced quality of care. I am writing to ask for a thorough review of this plan as access to health care becomes more scarce, particularly in rural areas. Healthcare should not only be about profit. Keep healthcare providers, with their ethical guidelines, in control of healthcare-related decisions. Thank you.

Allison Hajdu-Paulen

3. Letter regarding Providence-Compassus proposed transaction, 12/10/24

The Oregon Nurses Association [submitted a letter](#) and [attachment](#) to OHA regarding the Providence-Compassus transaction.

4. Providence Compassus, 12/13/24

I am writing in favor of a comprehensive review of this Providence-Compassus transaction through HCMO as it has already negatively impacted healthcare delivery to a Medicaid beneficiary. My son was being seen through Providence Home Health for physical therapy, occupational therapy and speech language pathologist who specializes in augmentative and alternative communication. On December 5th I received an email from a Providence Home Health director notifying me of the immediate termination of these services with no ability for me to appeal this decision. There was no proper continuation plan in place. The director assured me that a referral was placed to a pediatric home health agency. However, when I had spoken to that same agency they told me they could not guarantee any therapy discipline's availability until a referral was received and I noted that the director's email only mentioned that PT and OT had immediate availability and that "the manager was connecting direct with their AAC SLP." That language does not assure me that my son will get all 3 therapies with no gap in care. To prevent a gap in care, I requested a recertification of his current therapy team services through Providence Home Health to keep him on services until availability of the other agencies staff could be confirmed and my request was ignored. My son was discharged from Providence Home Health services on 12/10 due to an administrative decision, not a clinical based decision. The timing of this discharge and the hurried manner in which it was performed and the strange reasons

and lack of explanations and vague wording coincide directly with Providence's preparation for this Joint Venture. My son was not discharged because his therapists left their jobs or were not employed by this provider anymore. My son was not discharged because we were dissatisfied with care. In fact, my son expressed his opinions and feelings about the situation at his final visit using his speech generating device, "I feel sick sad" and "I want you" in reference to his therapist. My son was not discharged because his Medicaid payer didn't want to pay. In fact, Medicaid has assured me the agency is still an in network provider and that they would even be willing to pay an out of network provider for his care. He is the first person to be directly impacted by the effects of this business transaction that without HCMO review, will go into full effect in late December 2024. I strongly urge OHA to put this proposed transaction under full comprehensive review so that Medicaid patients, like my son, are protected and will continue to have equitable access to quality care and do not experience the undue stress my family has experienced over the past week and a half.

Thank you

Calli Ross

5. OHA should review the proposed joint venture between Providence Health and Compassus, 12/16/24

OHA Health Policy Director Stephanie Jarem,

I am deeply concerned about the proposed joint venture between Providence Home Health and Hospice and Compassus. I believe it is likely that Compassus will cut programs that they deem not profitable. In early 2024, Providence cut our home health Palliative Nursing and Remote Monitoring teams while planning this joint venture. Similarly, Providence announced it would close its highly successful augmentative and alternative communication speech language pathology (AAC-SLP) program shortly before information about its joint venture with Compassus became public. While Providence listened to community concerns and decided to pause the AAC-SLP program closure, they continue to deny new referrals for the service. I worry that these service reductions are a sign of additional profit-motivated closures in the future.

I am particularly worried about closures because Providence Home Health & Hospice offers specialized services developed by identifying community needs. These services currently include Mental Health Nursing, Wound Care Ostomy Nursing, and the AAC-

SLP service. These services provide invaluable access to healthcare for homebound Oregonians and support their autonomy and ability to communicate, not only as it relates to their healthcare decisions, but throughout their day-to-day lives. If these programs were shut down, there would be no other providers to appropriately care for those patients in the care setting they require. I urge you to complete a thorough transaction review to examine all possible eliminations or reductions in the essential care home health and hospice patients rely on.

This message was sent to HCMO individually by the following people:

David Beltramo

Kristine Grund

Daniel Beltramo

Jennifer wiedenmann

Brooke Dorsett

Janelle Villarreal

selby forsman

Kristin Paruszkiewicz

Carol Thamert

Donna Luoma

Sophia Buck

Jennifer Bresley

Melanie Fruhwirth

Andrea Hall

Michelle McSherry

Sharon Klem

Kelly Larson

Carrie Merrill
Rachael Morris
Jamie King
Lindsey Salinas
Brandie Cannon
Christy Diemer
Audrey Durand
Bryan Codina
Sarah Vinopal
Karen Carlson
Emelda Hollow
Jared Franz
Sarah White
Kim Holloway
Jamie Canales
Sara miller
Kenneth King
Julie Ofstead
Heath Ofstead
Nancy Trapp
lisa whedon
Jennifer Sauer
Patricia Bain

Julio Garcia

Jon Richards

Kenia Sandoval

Deborah Boyce

Gina Nelson

Ashley Wuest

Ron Ferrand

6. OHA should review the proposed joint venture between Providence Health and Compassus, 12/13/24

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Additionally I am concerned that Providence is attempting to structure a "joint venture" that skirts its obligations as a not-for-profit tax exempt hospital. It should be required to assure that its assets going to a for profit entity are utilized for the public good. After all many of its assets have accumulated over time due to its non-taxed status.

Please assure that current and future assets are appropriately allocated for the public good as required by law during a sale of an exempt hospital. For instance McKenzie-Willamette Medical Center when sold to a for-profit entity was required to assure that its Foundation received a significant amount of its sale. This was to assure that part of its assets remained in a tax-exempt entity intended for the public good.

Additionally, it should be required approval from Oregon's Attorney General See below.

In Oregon, if a non-profit hospital intends to sell to a for-profit company, they must obtain prior approval from the Oregon Attorney General before transferring their assets, as they are required to ensure the transaction aligns with the public benefit and charitable nature of the hospital; this is due to the regulations governing non-profit hospitals in the state.

Key points about this process:

Legal requirement:

Oregon law (ORS 65.803) mandates that a non-profit hospital must notify and receive written approval from the Attorney General before selling a significant portion of its assets to a non-charitable entity like a for-profit company.

Community benefit considerations:

When evaluating a sale, the Attorney General will likely consider the potential impact on the community benefit provided by the non-profit hospital, including access to affordable healthcare and charitable services.

Detailed disclosure:

The hospital must provide a comprehensive written statement explaining the proposed transaction to the Attorney General to facilitate review.

Thank you.

Paul Goldberg (retired prior Director of ONA)

7. OHA should review the proposed joint venture between Providence Health and Compassus, 12/13/24

OHA Health Policy Director Stephanie Jarem,

I am deeply concerned about the proposed joint venture between Providence Home Health and Hospice and Compassus.

I, and many other caregivers, decided to work for Providence Home Health and Hospice due to its not-for-profit status and orientation toward service for the vulnerable. Not-for-profit status has also allowed me to qualify for public service loan forgiveness (PSLF), which would no longer be the case if the joint venture with Compassus advances. This change would have devastating financial implications for me and my family, requiring me to consider leaving Oregon or leaving healthcare altogether. I am not alone in facing this challenge: according to an Oregon Nurses Association survey, at least 52 clinicians are considering leaving Oregon if this transaction is approved. Our state cannot afford to lose more healthcare workers.

Furthermore, fewer healthcare workers in the state will exacerbate existing challenges in healthcare access: already, Oregon lacks enough home health & hospice care, resulting in patients staying longer in the hospital or going home without necessary support. Retaining healthcare workers is critical to ensuring the availability of services and quality patient experiences. Due to the threat that this joint venture poses to access and quality of care, I urge you to complete an in-depth examination of this transaction.

Kellie Holloway Franz

8. OHA should review the proposed joint venture between Providence Health and Compassus, 12/13/24

OHA Health Policy Director Stephanie Jarem,

I am an occupational therapist currently working at Providence. I am deeply concerned about the proposed joint venture between Providence Home Health and Hospice and Compassus. I believe it is likely that Compassus will cut programs that they deem not profitable. In early 2024, Providence cut our home health Palliative Nursing and Remote Monitoring teams while planning this joint venture. Similarly, Providence announced it would close its highly successful augmentative and alternative

communication speech language pathology (AAC-SLP) program shortly before information about its joint venture with Compassus became public. While Providence listened to community concerns and decided to pause the AAC-SLP program closure, they continue to deny new referrals for the service. I worry that these service reductions are a sign of additional profit-motivated closures in the future.

I am particularly worried about closures because Providence Home Health & Hospice offers specialized services developed by identifying community needs. These services currently include Mental Health Nursing, Wound Care Ostomy Nursing, and the AAC-SLP service. These services provide invaluable access to healthcare for homebound Oregonians and support their autonomy and ability to communicate, not only as it relates to their healthcare decisions, but throughout their day-to-day lives. If these programs were shut down, there would be no other providers to appropriately care for those patients in the care setting they require. 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 deserve to 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 with the patient.

For-profit home health and hospice agencies often hire fewer registered nurses, social workers, and clinician FTE in comparison to non-profit agencies, thus requiring each staff member to see more patients, and limiting the time each visit can take. This practice takes a toll on the quality of care patients report experiencing. For-profit hospice agencies are 1.33 and 1.52 times more likely, relative to not-for-profits, to have a patient complaint or deficiencies in care, and for-profit home health agencies score worse on overall quality indicators. Pay-per-visit exacerbates these conditions and prioritizes volume of patients over high-quality care for patients, and access to services for rural communities and high-acuity patients. Please complete a thorough review of this transaction so that we can be confident that high-quality services will still be available for all our patients.

Productivity/Focus of Service

In home health and hospice programs, clinician experience has found that management's most common strategy for maximizing profit is increasing the number of visits caregivers are expected to complete each week. Ever-increasing productivity requirements mean less time with patients, less time communicating with physicians and family members, and less time completing the necessary follow up outside of visits—the continuity of care work that keeps patients safe, healthy, and out of the hospital. Clinician experience is supported by research, which has found that for-profit home health and hospice programs increase their profit margin by lowering the number of skilled staff and pushing existing staff to do more. This is detrimental to hospice patients: those receiving care from for-profit agencies receive 10% fewer nursing visits, 35% fewer social work visits, and 33% fewer therapy visits than their counterparts served by non-profit hospice agencies. While home health programs have not received the same depth of study as hospice programs, there is research to suggest that for-profit home health agencies provided worse patient care than non-profit agencies, particularly on quality indicators like avoidance of hospitalization. Lastly, consistently pushing workers to see more and more patients contributes to burnout and moral injury, causing many to leave the profession entirely.

Because Compassus is a for-profit, private-equity-owned entity that seeks to generate capital for its shareholders, I am very concerned about the sustainability of a career in health care and the constraints on my ability to provide the care my patients need. Seventy-one of my coworkers at Providence Home Health & Hospice have reported that they are somewhat or very likely to leave healthcare if this joint venture is approved. In order to protect the quality of care available for Oregonians, and to ensure that there are enough caregivers for all Oregonians to access the services they need, I urge you to carefully examine this joint venture via a complete HCMO review.

PSLF

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Association survey, at least 52 clinicians are considering leaving Oregon if this transaction is approved. Our state cannot afford to lose more healthcare workers.

Furthermore, fewer healthcare workers in the state will exacerbate existing challenges in healthcare access: already, Oregon lacks enough home health & hospice care, resulting in patients staying longer in the hospital or going home without necessary support. Retaining healthcare workers is critical to ensuring the availability of services and quality patient experiences. Due to the threat that this joint venture poses to access and quality of care, I urge you to complete an in-depth examination of this transaction.

Vulnerable Populations/Admission Screening

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. Very specifically, I am concerned for 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 patient referrals for patients who have complicated medical needs or who require prolonged services.

One of OHA's central aims is to eliminate health disparities by 2030. Our state cannot do that if we are not providing care to all people, regardless of the severity of their condition or a high level of need. All Oregonians deserve to access high-quality services and good health outcomes. Please complete a comprehensive HCMO review so that all our patients can understand the impact of this joint venture on their ability to access equitable and high-quality care.

Part-Time Work

Providence Home Health & Hospice has long offered part-time positions to healthcare workers in order to help combat burnout and moral injury. This is especially true in the field of Hospice work, which, by its very nature, requires significant emotional and physical labor as we help people die with dignity and care. Taking part-time work helps

my coworkers and I maintain a healthy work/life balance, and ultimately contributes to greater longevity among caregivers.

Shortly before the joint venture was publicly announced, we witnessed the elimination of several part-time positions, particularly in hospice. I am concerned that the short-term cost savings of prioritizing full-time positions over part-time roles ultimately harms our workforce, and will result in higher turnover costs for our agency long-term. Turnover is not only challenging for caregivers but makes it harder to build relationships with patients and provide them with the high-quality care they deserve. Please assess this transaction carefully to ensure the well-being of the healthcare providers who ensure that patients have access to the care they need.

EMR/Communication

Currently, Providence Home Health and Hospice uses Epic Systems software, which allows my coworkers and I to send messages directly to other healthcare providers and receive a comprehensive medical history of our patients. Accessing this information is incredibly important for the development of safe and effective plans of care, and for ensuring continuity of care across settings. Furthermore, Epic is a reliable way to communicate complex and lengthy messages efficiently and effectively. Our experience is validated by research, which shows that functional Electronic Health Records improve patient care quality and patient safety.

However, nurses and clinicians have been informed that, if the joint venture with Compassus is implemented, we would be unable to message healthcare providers outside of our organization via Epic, which constitutes the vast majority of my communications. This threatens our ability to provide quality healthcare that is in alignment with other providers' care plans, therefore putting patient outcomes at risk. Please examine this joint venture to ensure that I can continue to provide safe and effective care for my patients.

Additionally, 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 deserve to 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 with the patient.

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Additionally, in home health and hospice programs, clinician experience has found that management's most common strategy for maximizing profit is increasing the number of visits caregivers are expected to complete each week. Ever-increasing productivity requirements mean less time with patients, less time communicating with physicians and family members, and less time completing the necessary follow up outside of visits—the continuity of care work that keeps patients safe, healthy, and out of the hospital. Clinician experience is supported by research, which has found that for-profit home health and hospice programs increase their profit margin by lowering the number of skilled staff and pushing existing staff to do more. This is detrimental to hospice patients: those receiving care from for-profit agencies receive 10% fewer nursing visits, 35% fewer social work visits, and 33% fewer therapy visits than their counterparts served by non-profit hospice agencies. While home health programs have not received the same depth of study as hospice programs, there is research to suggest that for-profit home health agencies provided worse patient care than non-profit agencies, particularly on quality indicators like avoidance of hospitalization. Lastly, consistently pushing workers to see more and more patients contributes to burnout and moral injury, causing many to leave the profession entirely.

Because Compassus is a for-profit, private-equity-owned entity that seeks to generate capital for its shareholders, I am very concerned about the sustainability of a career in health care and the constraints on my ability to provide the care my patients need. Seventy-one of my coworkers at Providence Home Health & Hospice have reported

that they are somewhat or very likely to leave healthcare if this joint venture is approved.

Additionally, 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. Very specifically, I am concerned for 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 patient referrals for patients who have complicated medical needs or who require prolonged services.

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Due to all the concerns listed above, I am asking you to please examine this joint venture to ensure that I can continue to provide safe and effective care for my patients.

Thank you, Kirsten Halsan

9. Joint venture between Providence Health and Compassus, 12/13/24

OHA Health Policy Director Stephanie Jarem,

I am a Providence hospice nurse and I am deeply concerned about the proposed joint venture between Providence Home Health and Hospice and Compassus. I believe it is likely that Compassus will cut programs that they deem not profitable. In early 2024, Providence cut our home health Palliative Nursing and Remote Monitoring teams while planning this joint venture. Similarly, Providence announced it would close its highly successful augmentative and alternative communication speech language pathology (AAC-SLP) program shortly before information about its joint venture with Compassus became public. While Providence listened to community concerns and decided to pause the AAC-SLP program closure, they continue to deny new referrals for the service. I worry that these service reductions are a sign of additional profit-motivated closures in the future.

I am particularly worried about closures because Providence Home Health & Hospice offers specialized services developed by identifying community needs. These services currently include Mental Health Nursing, Wound Care Ostomy Nursing, and the AAC-SLP service. These services provide invaluable access to healthcare for homebound Oregonians and support their autonomy and ability to communicate, not only as it relates to their healthcare decisions, but throughout their day-to-day lives. If these

programs were shut down, there would be no other providers to appropriately care for those patients in the care setting they require. I urge you to complete a thorough transaction review to examine all possible eliminations or reductions in the essential care home health and hospice patients rely on.

In home health and hospice programs, clinician experience has found that management's most common strategy for maximizing profit is increasing the number of visits caregivers are expected to complete each week. Ever-increasing productivity requirements mean less time with patients, less time communicating with physicians and family members, and less time completing the necessary follow up outside of visits—the continuity of care work that keeps patients safe, healthy, and out of the hospital. Clinician experience is supported by research, which has found that for-profit home health and hospice programs increase their profit margin by lowering the number of skilled staff and pushing existing staff to do more. This is detrimental to hospice patients: those receiving care from for-profit agencies receive 10% fewer nursing visits, 35% fewer social work visits, and 33% fewer therapy visits than their counterparts served by non-profit hospice agencies. While home health programs have not received the same depth of study as hospice programs, there is research to suggest that for-profit home health agencies provided worse patient care than non-profit agencies, particularly on quality indicators like avoidance of hospitalization. Lastly, consistently pushing workers to see more and more patients contributes to burnout and moral injury, causing many to leave the profession entirely.

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Thank you, Shelby RN

**10. Please review joint venture between Providence and Compassus,
12/16/24**

OHA Health Policy Director Stephanie Jarem,

Director Jarem,

I am writing with deep concern about the proposed joint venture between Providence Home Health & Hospice and Compassus, a partnership that I fear will have devastating consequences for the vulnerable populations that rely on these essential services. I believe that this merger is driven by profit motives that prioritize financial gain over patient care, and if allowed to proceed, it could lead to the erosion of vital programs, particularly for Oregon's most at-risk communities.

Providence has already begun making significant cuts to services in anticipation of this venture. Earlier this year, Providence eliminated its home health palliative nursing and remote monitoring teams, both of which played critical roles in providing care to the most vulnerable homebound individuals. Similarly, they announced the closure of their highly regarded Augmentative and Alternative Communication Speech Language Pathology (AAC-SLP) program just before news of the joint venture became public. Although the AAC-SLP closure was temporarily paused due to community backlash, Providence continues to refuse new referrals, effectively making this service inaccessible. The suspension of these vital programs is a clear signal that profit-driven motives may soon lead to more widespread service reductions.

The specialized services provided by Providence Home Health & Hospice, such as Mental Health Nursing, Wound Care Ostomy Nursing, and the AAC-SLP program, are indispensable. They offer critical care and support to homebound Oregonians, enabling them to maintain their autonomy and dignity. Without these services, patients would be left with no alternative providers who can meet their unique needs in a home setting. The shutdown of these services could push these vulnerable populations into already overburdened healthcare facilities, escalating costs and further stressing the system.

I am also deeply concerned that the proposed joint venture will disproportionately affect rural communities. Providence Home Health & Hospice serves many underserved areas, from the North Coast to the Gorge, and down to Medford. Rural areas already face significant challenges in accessing healthcare services. For-profit home health agencies, which prioritize profitability over care, often reduce services in these areas, where it is costly and time-consuming to travel. Many rural patients will find themselves without access to home health and hospice care, leading to higher

hospitalizations and worse health outcomes. With only 18% of hospices serving rural areas, the risk of these services being cut is not hypothetical—it is a very real concern.

The use of pay-per-visit compensation structures by for-profit agencies like Compassus further exacerbates these issues. Pay-per-visit models encourage providers to cut corners, resulting in shorter visits, rushed care, and lower-quality service, especially for high-needs patients in rural locations. Research consistently shows that for-profit agencies have worse quality indicators and more patient complaints compared to non-profits, and these conditions will only worsen as profit maximization becomes the focus of patient care.

Moreover, there is a significant risk that Compassus will prioritize patients with less complex, more profitable needs, at the expense of those with chronic or degenerative conditions. These patients require ongoing, specialized care, but reimbursement for their services decreases over time under the Prospective Payment System. As a result, private-equity-backed providers may reject referrals for these patients, leaving them with no other options. This would severely undermine the state's efforts to eliminate health disparities by 2030, and compromise access to essential healthcare for some of the most vulnerable Oregonians.

Finally, I must express concern about the potential loss of public service loan forgiveness (PSLF) benefits for many caregivers. As employees of a not-for-profit organization, many of us—including myself—rely on these benefits. If the joint venture is approved, many healthcare workers, myself included, would no longer qualify for PSLF, forcing us to consider leaving the profession or leaving Oregon altogether. A loss of these benefits would have dire financial consequences for healthcare workers and further exacerbate Oregon's already dire shortage of qualified healthcare professionals.

In conclusion, I implore you to conduct a thorough, comprehensive review of this joint venture to fully assess its impact on service quality, access to care, and the long-term sustainability of the healthcare workforce. This venture, if allowed to move forward without careful scrutiny, threatens to dismantle critical services for Oregon's most vulnerable populations, especially those in rural communities, and could lead to a dramatic decrease in the quality of care that our patients receive.

Thank you for considering my concerns. I trust that the Oregon Healthcare Authority will prioritize the health and well-being of Oregonians above all else.

Sincerely,

Elizabeth Marshall, PTA

11. OHA should review the proposed joint venture between Providence Health and Compassus, 12/13/24

OHA Health Policy Director Stephanie Jarem,

I am deeply concerned about the proposed joint venture between Providence Home Health and Hospice and Compassus. I believe it is likely that Compassus will cut programs that they deem not profitable. We offer mental health nurse and specialty nurses in wound care that significantly impact our patient's quality of life. As a full time physical therapist I encounter barriers to progress and by bringing in mental health we can find ways to engage them in their care. Providence is one of the few providers servicing straight Medicare and Medicaid patients because they "aren't profitable". In early 2024, Providence cut our home health Palliative Nursing and Remote Monitoring teams while planning this joint venture. Similarly, Providence announced it would close its highly successful augmentative and alternative communication speech language pathology (AAC-SLP) program shortly before information about its joint venture with Compassus became public. While Providence listened to community concerns and decided to pause the AAC-SLP program closure, they continue to deny new referrals for the service. I worry that these service reductions are a sign of additional profit-motivated closures in the future.

I am particularly worried about closures because Providence Home Health & Hospice offers specialized services developed by identifying community needs. These services currently include Mental Health Nursing, Wound Care Ostomy Nursing, and the AAC-SLP service. These services provide invaluable access to healthcare for homebound Oregonians and support their autonomy and ability to communicate, not only as it relates to their healthcare decisions, but throughout their day-to-day lives. If these programs were shut down, there would be no other providers to appropriately care for those patients in the care setting they require. I urge you to complete a thorough transaction review to examine all possible eliminations or reductions in the essential care home health and hospice patients rely on.

The Providence Benedictine Home Health company is one of the only companies that will accept patients in the remote outlier communities, again it's "not profitable" from a sheer dollar perspective but caring for our vulnerable and poor is very profitable in a non-fiscal view. You are exchanging the largest home health and hospice non-profit provider with a wealth management short duration venture that is in people's portfolios to make money.

I am requesting that if the joint venture is approved it be approved that they must cover the same territories and accept the same insurances to allow care to be provided to Oregonians.

Thank you,

Julianna Harder

12. OHA should review the proposed joint venture between Providence Health and Compassus, 12/13/24

OHA Health Policy Director Stephanie Jarem,

I am deeply concerned about the proposed joint venture between Providence Home Health and Hospice and Compassus. I believe it is likely that Compassus will cut programs that they do not feel will generate the most revenue, breaking the emphasis on providing care for the poor and vulnerable. Especially those who are in rural areas. It takes more time/ miles driven to get to these patients and are more costly for the company. These patients need services and many companies are not willing to take them on due to the higher cost.

One of OHA's central aims is to eliminate health disparities by 2030. Our state cannot do that if we are not providing care to all people, regardless of the severity of their condition or a high level of need. All Oregonians deserve to access high-quality services and good health outcomes. Please complete a comprehensive HCMO review so that all our patients can understand the impact of this joint venture on their ability to access equitable and high-quality care.

Kathleen Miller

13. OHA should review the proposed joint venture between Providence Health and Compassus, 12/14/24

OHA Health Policy Director Stephanie Jarem,

I, and many other caregivers, decided to work for Providence Home Health and Hospice due to its not-for-profit status and orientation toward service for the vulnerable. Not-for-profit status has also allowed me to qualify for public service loan forgiveness (PSLF), which would no longer be the case if the joint venture with Compassus advances. This change would have devastating financial implications for me and my family, requiring me to consider leaving Oregon or leaving healthcare altogether. I am not alone in facing this challenge: according to an Oregon Nurses Association survey, at least 52 clinicians are considering leaving Oregon if this transaction is approved. Our state cannot afford to lose more healthcare workers.

Also, as we have seen more visibly in the national media the past few weeks, for-profit healthcare fundamentally opposes the idea that everyone deserves healthcare, regardless of their financial situation or income level, and the bottom line are not quality outcomes for our patients, it is how much money can be made for investors and the executives who are at the top. This joint venture essentially is a monopoly on home health and hospice here in Oregon and throughout the West Coast where patients would only have one not-for-profit (at least in the Portland-metro area) home health agency to choose from, which may very well directly or indirectly increase costs to the patients due to a lack of choice and competition. Providence has always upheld the high standard of providing the very best care to all patients, regardless of their status and I worry that the primary intent behind the joint venture is not to be more innovative or evolve into the next phase of healthcare, but to further line the pockets of the Providence and Compassus executives instead of prioritizing good quality care that should be the focus instead of excessive greed that is ultimately driving the decision for this joint venture. Thank you for your time.

Eric-Paul Sparrow

14. OHA should review the proposed joint venture between Providence Health and Compassus, 12/14/24

OHA Health Policy Director Stephanie Jarem,

I am deeply concerned about the proposed joint venture between Providence Home Health and Hospice and Compassus. I believe it is likely that Compassus will cut programs that they deem not profitable. In early 2024, Providence cut our home health

Palliative Nursing and Remote Monitoring teams while planning this joint venture. Similarly, Providence announced it would close its highly successful augmentative and alternative communication speech language pathology (AAC-SLP) program shortly before information about its joint venture with Compassus became public. While Providence listened to community concerns and decided to pause the AAC-SLP program closure, they continue to deny new referrals for the service. I worry that these service reductions are a sign of additional profit-motivated closures in the future.

I am particularly worried about closures because Providence Home Health & Hospice offers specialized services developed by identifying community needs. These services currently include Mental Health Nursing, Wound Care Ostomy Nursing, and the AAC-SLP service. These services provide invaluable access to healthcare for homebound Oregonians and support their autonomy and ability to communicate, not only as it relates to their healthcare decisions, but throughout their day-to-day lives. If these programs were shut down, there would be no other providers to appropriately care for those patients in the care setting they require. I urge you to complete a thorough transaction review to examine all possible eliminations or reductions in the essential care home health and hospice patients rely on.

Finally, Providence has a proven track record of taking control of other medical facilities and becoming management heavy with a high employee turn over. Providence is not community or family oriented. Providence degrades facilities that reflect compassionate care into facilities that provide minimal supplies from the cheapest bidder regardless of what is in the patient's best interest. Providence does not display the mantra of do the right thing at the right time to the right patient without causing additional mental or health problems. Compassionate patient care is not a top three displayed value.

Cheri Smith

15. 043 Providence-Compassus, 12/16/24

Hello,

I am writing with regards to the proposed merger between Providence Home Health and Compassus. While no longer employed by Providence, I was an employee from 2015-2021 as a staff physical therapist.

I am deeply concerned about what this type of merger with a for profit company would do for the health of Oregonians. Providence Home Health and Hospice is one of the last remaining ways for patients to have care from a non-profit health system. This means that caregivers do not have incentives for seeing a set quota of patients per day and are operating in the sole interest of a patient's well being, rather than for a bottom line.

The 2014 litigation with Compassus due to Medicare fraud speaks volumes. This is not the type of organization we want to be providing services for the great people of Oregon. The proposed "joint venture" is nothing more than a thinly veiled way for Providence to capitalize on the revenue that a for profit home health agency can provide.

I am more than happy to provide additional insight on how damaging this merger would be.

Thank you,

Lauren Beltramo

16. OHA should review the proposed joint venture between Providence Health and Compassus, 12/14/24

OHA Health Policy Director Stephanie Jarem,

I am deeply concerned about the proposed joint venture between Providence Home Health and Hospice and Compassus. I believe it is likely that Compassus will cut programs that they deem not profitable. In early 2024, Providence cut our home health Palliative Nursing and Remote Monitoring teams while planning this joint venture. Similarly, Providence announced it would close its highly successful augmentative and alternative communication speech language pathology (AAC-SLP) program shortly before information about its joint venture with Compassus became public. While Providence listened to community concerns and decided to pause the AAC-SLP program closure, they continue to deny new referrals for the service. I worry that these service reductions are a sign of additional profit-motivated closures in the future.

I am particularly worried about closures because Providence Home Health & Hospice offers specialized services developed by identifying community needs. These services currently include Mental Health Nursing, Wound Care Ostomy Nursing, and the AAC-

SLP service. These services provide invaluable access to healthcare for homebound Oregonians and support their autonomy and ability to communicate, not only as it relates to their healthcare decisions, but throughout their day-to-day lives. If these programs were shut down, there would be no other providers to appropriately care for those patients in the care setting they require. I urge you to complete a thorough transaction review to examine all possible eliminations or reductions in the essential care home health and hospice patients rely on.

I have been a home health patient of Providence in the rural Oregon Coast. Without that option, I would have been in a nursing facility which would tax the system, make higher costs and been difficult for me and my family. Columbia Memorial already has stopped doing home health on the North Oregon Coast. Compasse will likely stop services in this area due to the high costs and many people on Medicaid and Medicare with poor reimbursement rates. This will cause many people to go with issues not being cared for if they can't get into a clinic due to no providers or no transportation.

Thanks,

Kimberly Rodda, DNP,

17. OHA should review the proposed joint venture between Providence Health and Compassus, 12/14/24

OHA Health Policy Director Stephanie Jarem,

I am deeply concerned about the proposed joint venture between Providence Home Health and Hospice and Compassus. I believe it is likely that Compassus will cut programs that they deem not profitable. In early 2024, Providence cut our home health Palliative Nursing and Remote Monitoring teams while planning this joint venture. Similarly, Providence announced it would close its highly successful augmentative and alternative communication speech language pathology (AAC-SLP) program shortly before information about its joint venture with Compassus became public. While Providence listened to community concerns and decided to pause the AAC-SLP program closure, they continue to deny new referrals for the service. I worry that these service reductions are a sign of additional profit-motivated closures in the future.

I am particularly worried about closures because Providence Home Health & Hospice offers specialized services developed by identifying community needs. These services currently include Mental Health Nursing, Wound Care Ostomy Nursing, and the AAC-

SLP service. These services provide invaluable access to healthcare for homebound Oregonians and support their autonomy and ability to communicate, not only as it relates to their healthcare decisions, but throughout their day-to-day lives. If these programs were shut down, there would be no other providers to appropriately care for those patients in the care setting they require.

EMR/Communication

Currently, Providence Home Health and Hospice uses Epic Systems software, which allows my coworkers and I to send messages directly to other healthcare providers and receive a comprehensive medical history of our patients. Accessing this information is incredibly important for the development of safe and effective plans of care, and for ensuring continuity of care across settings. Furthermore, Epic is a reliable way to communicate complex and lengthy messages efficiently and effectively. Our experience is validated by research, which shows that functional Electronic Health Records improve patient care quality and patient safety.

However, nurses and clinicians have been informed that, if the joint venture with Compassus is implemented, we would be unable to message healthcare providers outside of our organization via Epic, which constitutes the vast majority of my communications. This threatens our ability to provide quality healthcare that is in alignment with other providers' care plans, therefore putting patient outcomes at risk. Please examine this joint venture to ensure that I can continue to provide safe and effective care for my patients.

I am also concerned about pay per visit model. This incentivizes clinicians to see more patients (spending less time with their patients and families) that could result in decreased quality of care.

I urge you to complete a thorough transaction review to examine all possible eliminations or reductions in the essential care home health and hospice patients rely on.

Rick Hammerquist

18. OHA MUST review the proposed joint venture between Providence Health and Compassus, 12/14/24

OHA Health Policy Director Stephanie Jarem,

I am deeply concerned about the proposed joint venture between Providence Home Health and Hospice and Compassus. I am asking this body to thoroughly review the organization and the proposed joint venture because I believe it will have a significant negative impact on our community and the vulnerable people that we serve. Moving from a nonprofit-based organization, where the focus is on the health and support of our community this new joint venture puts the same services in the hands of a venture capitalist firm.

I believe it is likely that Compassus will cut programs that they deem not profitable. In early 2024, Providence cut our home health Palliative Nursing and Remote Monitoring teams while planning this joint venture. Similarly, Providence announced it would close its highly successful augmentative and alternative communication speech language pathology (AAC-SLP) program shortly before information about its joint venture with Compassus became public. While Providence listened to community concerns and decided to pause the AAC-SLP program closure, they continue to deny new referrals for the service. I worry that these service reductions are a sign of additional profit-motivated closures in the future.

I am particularly worried about closures because Providence Home Health & Hospice offers specialized services developed by identifying community needs. These services currently include Mental Health Nursing, Wound Care Ostomy Nursing, and the AAC-SLP service. These services provide invaluable access to healthcare for homebound Oregonians and support their autonomy and ability to communicate, not only as it relates to their healthcare decisions, but throughout their day-to-day lives. If these programs were shut down, there would be no other providers to appropriately care for those patients in the care setting they require. I urge you to complete a thorough transaction review to examine all possible eliminations or reductions in the essential care home health and hospice patients rely on.

Currently, Providence home health and hospice serves our rural areas. Providence workers travel distance distances to reach those who might not otherwise have access to Health. And from a spreadsheet point of view, these are not money makers, but they are the heart and breath of what Providence has set out to do for so many years changing to a for-profit model or most vulnerable are at risk for being excluded from healthcare.

Thank you for your anticipated thorough review and active decision-making regarding this very complicated joint venture.

Mariane D Pope, MBA, PT

19. OHA should review the proposed joint venture between Providence Health and Compassus. 12/14/24

OHA Health Policy Director Stephanie Jarem,

To OHA Health Policy Director Stephanie Jarem:

I am deeply concerned about the proposed joint venture between Providence Home Health and Hospice and Compassus. I believe it is likely that Compassus will cut programs that they deem not profitable. In early 2024, Providence cut our home health Palliative Nursing and Remote Monitoring teams while planning this joint venture. Similarly, Providence announced it would close its highly successful augmentative and alternative communication speech language pathology (AAC-SLP) program shortly before information about its joint venture with Compassus became public. While Providence listened to community concerns and decided to pause the AAC-SLP program closure, they continue to deny new referrals for the service. I worry that these service reductions are a sign of additional profit-motivated closures in the future.

I am particularly worried about closures because Providence Home Health & Hospice offers specialized services developed by identifying community needs. These services currently include Mental Health Nursing, Wound Care Ostomy Nursing, and the AAC-SLP service. These services provide invaluable access to healthcare for homebound Oregonians and support their autonomy and ability to communicate, not only as it relates to their healthcare decisions, but throughout their day-to-day lives. If these programs were shut down, there would be no other providers to appropriately care for those patients in the care setting they require. I urge you to complete a thorough transaction review to examine all possible eliminations or reductions in the essential care home health and hospice patients rely on.

Providence Home Health & Hospice serves many rural communities within our service area, stretching from the North Coast to the Gorge and down to Medford. Rural populations are particularly vulnerable to healthcare service reductions, and I am very concerned that the proposed joint venture would cut services to these areas. 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 individual patient is allotted. With only 18% of hospices serving rural areas, many agencies have already decided that caring for rural communities is not worth the investment. Please thoroughly examine what this joint venture would mean for our rural communities and preservation of their access to high-quality home health and hospice care.

I, and many other caregivers, decided to work for Providence Home Health and Hospice due to its not-for-profit status and orientation toward service for the vulnerable. Not-for-profit status has also allowed me to qualify for public service loan forgiveness (PSLF), which would no longer be the case if the joint venture with Compassus advances. This change would have devastating financial implications for me and my family, requiring me to consider leaving Oregon or leaving healthcare altogether. I am not alone in facing this challenge: according to an Oregon Nurses Association survey, at least 52 clinicians are considering leaving Oregon if this transaction is approved. Our state cannot afford to lose more healthcare workers.

Furthermore, fewer healthcare workers in the state will exacerbate existing challenges in healthcare access: already, Oregon lacks enough home health & hospice care, resulting in patients staying longer in the hospital or going home without necessary support. Retaining healthcare workers is critical to ensuring the availability of services and quality patient experiences. Due to the threat that this joint venture poses to access and quality of care, I urge you to complete an in-depth examination of this transaction.

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. Very specifically, I am concerned for 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 patient referrals for patients who have complicated medical needs or who require prolonged services.

One of OHA's central aims is to eliminate health disparities by 2030. Our state cannot do that if we are not providing care to all people, regardless of the severity of their condition or a high level of need. All Oregonians deserve to access high-quality services and good health outcomes. Please complete a comprehensive HCMO review so that all our patients can understand the impact of this joint venture on their ability to access equitable and high-quality care.

Currently, Providence Home Health and Hospice uses Epic Systems software, which allows my coworkers and I to send messages directly to other healthcare providers and receive a comprehensive medical history of our patients. Accessing this information is incredibly important for the development of safe and effective plans of care, and for ensuring continuity of care across settings. Furthermore, Epic is a reliable way to communicate complex and lengthy messages efficiently and effectively. Our experience is validated by research, which shows that functional Electronic Health Records improve patient care quality and patient safety.

However, nurses and clinicians have been informed that, if the joint venture with Compassus is implemented, we would be unable to message healthcare providers outside of our organization via Epic, which constitutes the vast majority of my communications. This threatens our ability to provide quality healthcare that is in alignment with other providers' care plans, therefore putting patient outcomes at risk. Please examine this joint venture to ensure that I can continue to provide safe and effective care for my patients.

Shortly before the joint venture was publicly announced, we witnessed the elimination of several part-time positions, particularly in hospice. I am concerned that the short-term cost savings of prioritizing full-time positions over part-time roles ultimately harms our workforce, and will result in higher turnover costs for our agency long-term. Turnover is not only challenging for caregivers but makes it harder to build relationships with patients and provide them with the high-quality care they deserve. Please assess this transaction carefully to ensure the well-being of the healthcare providers who ensure that patients have access to the care they need.

Please consider these concerns that I and many of my colleagues have voiced to you. Oregon residents deserve a deep look into this joint venture in order to protect our residents, especially the most vulnerable population. I love the work that I do with Providence now, and have a strong, highly ethical team of co-workers. We have

worked together for many years with a clear vision for and great collaboration and efficiency in the rural areas in and around Newberg and McMinnville. I earnestly hope that we can continue this work in a manner that provides the best care and outcomes for our beloved communities.

Thank you for your time and consideration.

Sincerely,

Denise Wilson, BSN, CHPN

20. OHA should review the proposed joint venture between Providence Health and Compassus, 12/14/24

OHA Health Policy Director Stephanie Jarem,

Please take the time to review this joint venture. I recently read an article on how mergers affect patient care and employee health, and it was largely negative. As more companies choose to merge in the future to create profit opportunities, your work will become even more important.

I am deeply concerned about the proposed joint venture between Providence Home Health and Hospice and Compassus. I believe it is likely that Compassus will cut programs that they deem not profitable. In early 2024, Providence cut our home health Palliative Nursing and Remote Monitoring teams while planning this joint venture. Similarly, Providence announced it would close its highly successful augmentative and alternative communication speech language pathology (AAC-SLP) program shortly before information about its joint venture with Compassus became public. While Providence listened to community concerns and decided to pause the AAC-SLP program closure, they continue to deny new referrals for the service. I worry that these service reductions are a sign of additional profit-motivated closures in the future.

I am particularly worried about closures because Providence Home Health & Hospice offers specialized services developed by identifying community needs. These services currently include Mental Health Nursing, Wound Care Ostomy Nursing, and the AAC-SLP service. These services provide invaluable access to healthcare for homebound Oregonians and support their autonomy and ability to communicate, not only as it relates to their healthcare decisions, but throughout their day-to-day lives. If these programs were shut down, there would be no other providers to appropriately care for

those patients in the care setting they require. I urge you to complete a thorough transaction review to examine all possible eliminations or reductions in the essential care home health and hospice patients rely on.

Thank you so much for the work you do to hold companies accountable and ensure safer patient care and employee working conditions.

MAVERICK GREY

21. No subject, 12/14/24

Hello Director Jarem,

I am a Providence Home Health occupational therapist writing to express my dismay regarding the projected joint venture with Compassus. I fear that the profit-driven business model represented by Compassus is not compatible with the provision of compassionate and necessary care for our patients.

I expect that given the history of Compassus operations elsewhere, there will be cutbacks to care for patients in more rural areas, and restrictions placed on time spent with patients, as evidenced by high productivity demands on clinicians currently working for Compassus. Profit maximizing usually involves expectation for more patient visits in a day and week, and shortened patient visits, with resulting diminishment of quality care and heavier burden on clinicians. Reductions in staff are also standard with this profit driven model which serves to enrich stockholders and those who stand to profit from reducing necessary care. I love my profession and consider it a calling, and am frankly very anxious about how this will affect Oregonians who are homebound and cannot otherwise access our essential services.

I am hoping you will be willing to complete a thorough transaction review to examine all possible eliminations or reductions in the essential care home health and hospice patients rely on. I am also concerned that the pay per visit model used by many for-profit agencies will diminish ability to provide quality care. The pay per visit model inevitably leads to shorter visits due to pressure and time constraints, which may not be in the patients' best interests. I have often come to an appointment and find a patient in a hypertensive or hypotensive emergency, having fallen, or in a medical or mental health crisis requiring extra time, calls to doctors, calls to emergency services, or families, or other requiring other urgent interventions that cannot be delayed.

Another concern is that we have been told that with the completion of the joint venture with Compassus, we will be unable to message healthcare providers outside our organization through Epic communications. This threatens our ability to provide quality healthcare that is in alignment with other providers' care plans, therefore putting patient outcomes at risk.

Would you please complete a thorough review of this transaction so that we can be confident that high-quality services will still be available for all our patients? All Oregonians deserve to access high-quality services.

Thank you for your attention to this matter

22. OHA should review the proposed joint venture between Providence Health and Compassus, 12/15/24

OHA Health Policy Director Stephanie Jarem,

I am deeply concerned about the proposed joint venture between Providence Home Health and Hospice and Compassus.

While our neighbors in Washington have a "Certificate of need" requirement for new hospice agencies, Oregon does not, which has allowed our community to be filled with out of state for-profit companies. Research has shown that outcomes from for-profit, private equity-owned agents are lower than non-profit agencies. I am concerned that allowing this profit-driven joint venture will result in poor outcomes for our patients and community.

House Bill 4130 attempted to limit private-equity acquisitions of healthcare agencies in Oregon, which was conveniently blocked while Providence was creating these plans for joint venture with Compassus.

I believe it is likely that Compassus will cut programs that they deem not profitable. In early 2024, Providence cut our home health Palliative Nursing and Remote Monitoring teams while planning this joint venture. Similarly, Providence announced it would close its highly successful augmentative and alternative communication speech language pathology (AAC-SLP) program shortly before information about its joint venture with Compassus became public. While Providence listened to community concerns and decided to pause the AAC-SLP program closure, they continue to deny new referrals

for the service. I worry that these service reductions are a sign of additional profit-motivated closures in the future.

Providence Home Health & Hospice has long offered part-time positions to healthcare workers in order to help combat burnout and moral injury. This is especially true in the field of Hospice work, which, by its very nature, requires significant emotional and physical labor as we help people die with dignity and care. Taking part-time work helps my coworkers and I maintain a healthy work/life balance, and ultimately contributes to greater longevity among caregivers.

Shortly before the joint venture was publicly announced, we witnessed the elimination of several part-time positions, particularly in hospice. I am concerned that the short-term cost savings of prioritizing full-time positions over part-time roles ultimately harms our workforce, and will result in higher turnover costs for our agency long-term. Turnover is not only challenging for caregivers but makes it harder to build relationships with patients and provide them with the high-quality care they deserve. Please assess this transaction carefully to ensure the well-being of the healthcare providers who ensure that patients have access to the care they need.

Providence Home Health & Hospice serves many rural communities within our service area, stretching from the North Coast to the Gorge and down to Medford. Rural populations are particularly vulnerable to healthcare service reductions, and I am very concerned that the proposed joint venture would cut services to these areas. 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 individual patient is allotted. With only 18% of hospices serving rural areas, many agencies have already decided that caring for rural communities is not worth the investment. Please thoroughly examine what this joint venture would mean for our rural communities and preservation of their access to high-quality home health and hospice care.

Thank you for reviewing this joint venture,

Jill Rector, RN

23. OHA should review the proposed joint venture between Providence Health and Compassus, 12/15/24

OHA Health Policy Director Stephanie Jarem,

In home health and hospice programs, clinician experience has found that management's most common strategy for maximizing profit is increasing the number of visits caregivers are expected to complete each week. Ever-increasing productivity requirements mean less time with patients, less time communicating with physicians and family members, and less time completing the necessary follow up outside of visits—the continuity of care work that keeps patients safe, healthy, and out of the hospital. Clinician experience is supported by research, which has found that for-profit home health and hospice programs increase their profit margin by lowering the number of skilled staff and pushing existing staff to do more. This is detrimental to hospice patients: those receiving care from for-profit agencies receive 10% fewer nursing visits, 35% fewer social work visits, and 33% fewer therapy visits than their counterparts served by non-profit hospice agencies. While home health programs have not received the same depth of study as hospice programs, there is research to suggest that for-profit home health agencies provided worse patient care than non-profit agencies, particularly on quality indicators like avoidance of hospitalization. Lastly, consistently pushing workers to see more and more patients contributes to burnout and moral injury, causing many to leave the profession entirely. I personally used to work for a for profit home health agency, and gladly moved to Providence home health in 2020 because they shared in my professional ethics and values for providing quality care to my patients. It was a beacon of light in a dark time, and the only reason why I chose to remain as an active healthcare professional.

Because Compassus is a for-profit, private-equity-owned entity that seeks to generate capital for its shareholders, I am very concerned about the sustainability of a career in health care and the constraints on my ability to provide the care my patients need. Seventy-one of my coworkers at Providence Home Health & Hospice have reported that they are somewhat or very likely to leave healthcare if this joint venture is approved. I know of at least three who's last days in healthcare are next week. In order to protect the quality of care available for Oregonians, and to ensure that there are enough caregivers for all Oregonians to access the services they need, I urge you to carefully examine this joint venture via a complete HCMO review.

Crystal Shutt Garcia

24. OHA should review the proposed joint venture between Providence Health and Compassus, 12/15/24

OHA Health Policy Director Stephanie Jarem,

December 15th, 2024

Director Jarem,

I am deeply concerned about the proposed joint venture between Providence Home Health and Hospice and Compassus. I believe it is likely that Compassus will cut programs that they deem not profitable. Already, Providence cut our home health palliative nursing and remote monitoring teams in early 2024, and Similarly, Providence 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. While Providence listened to community concerns and decided to pause the AAC-SLP program closure, they continue to deny new referrals for the service. I worry that these service reductions are a sign of additional profit-motivated closures in the future.

I am particularly worried about closures because Providence Home Health & Hospice offers specialized services developed by identifying community needs. These services currently include Mental Health Nursing, Wound Care Ostomy Nursing, and the AAC-SLP service. These services provide invaluable access to healthcare for homebound Oregonians, and support their autonomy and ability to communicate, not only as it relates to their healthcare decisions, but throughout their day-to-day lives. If these programs were shut down, there would be no other providers to appropriately care for those patients in the care setting they require. I urge you to complete a thorough transaction review to examine all possible eliminations or reductions in the essential care home health and hospice patients rely on.

Rural areas

Providence Home Health & Hospice serves many rural communities within our service area, stretching from the North Coast to the Gorge and down to Medford. Rural populations are particularly vulnerable to health care service reductions, and I am very concerned that the proposed joint venture would cut services to these areas. 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 individual patient is allotted. With only 18% of hospices serving rural areas, many agencies have already decided that

caring for rural communities is not worth the investment. Please thoroughly examine what this joint venture would mean for our rural communities, and preservation of their access to high quality home health and hospice care.

Pay Per Visit

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 deserve to 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 with the patient.

For-profit home health and hospice agencies often hire fewer registered nurses, social workers, and clinician FTE in comparison to non-profit agencies, thus requiring each staff member to see more patients, and limiting the time each visit can take. This practice takes a toll on the quality of care patients report experiencing. For-profit hospice agencies are 1.33 and 1.52 times more likely, relative to not-for-profits, to have a patient complaint or deficiencies in care, and for-profit home health agencies score worse on overall quality indicators. Pay per visit exacerbates these conditions and prioritizes volume of patients over high-quality care for patients, and access to services for rural communities and high acuity patients. Please complete a thorough review of this transaction so that we can be confident that high-quality services will still be available for all our patients.

Productivity/Focus of Service

In home health and hospice programs, clinician experience has found that management's most common strategy for maximizing profit is increasing the number of visits caregivers are expected to complete each week. Ever-increasing productivity requirements mean less time with patients, less time communicating with physicians and family members, and less time completing the necessary follow up outside of visits—the continuity of care work that keeps patients safe, healthy, and out of the hospital. Clinician experience is supported by research, which has found that for-profit

home health and hospice programs increase their profit margin by lowering the number of skilled staff and pushing existing staff to do more. This is detrimental to hospice patients: those receiving care from for-profit agencies receive 10% fewer nursing visits, 35% fewer social work visits, and 33% fewer therapy visits than their counterparts served by non-profit hospice agencies. While home health programs have not received the same depth of study as hospice programs, there is research to suggest that for-profit home health agencies provided worse patient care than non-profit agencies, particularly on quality indicators like avoidance of hospitalization. Lastly, consistently pushing workers to see more and more patients contributes to burnout and moral injury, causing many to leave the profession entirely.

Because Compassus is a for-profit, private-equity-owned entity that seeks to generate capital for its shareholders, I am very concerned about the sustainability of a career in health care and the constraints on my ability to provide the care my patients need. Seventy-one of my coworkers at Providence Home Health & Hospice have reported that they are somewhat or very likely to leave healthcare if this joint venture is approved. In order to protect the quality of care available for Oregonians, and to ensure that there are enough caregivers for all Oregonians to access the services they need, I urge you to carefully examine this joint venture via comprehensive HCMO review.

Vulnerable Populations/Admission Screening

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. Very specifically, I am concerned for 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 patient referrals for patients who have complicated medical needs or who require prolonged services.

One of OHA's central aims is to eliminate health disparities by 2030. Our state cannot do that if we are not providing care to all people, regardless of the severity of their

condition or a high level of need. All Oregonians deserve to access high-quality services and good health outcomes. Please complete a comprehensive HCMO review so that all our patients can understand the impact of this joint venture on their ability to access equitable and high-quality care.

Part-Time Work

Providence Home Health & Hospice has long offered part-time positions to healthcare workers in order to help combat burnout and moral injury. This is especially true in the field of Hospice work, which, by its very nature, requires significant emotional and physical labor as we help people die with dignity and care. Taking part-time work helps my coworkers and I to maintain a healthy work/life balance, and ultimately contributes to greater longevity among caregivers.

Shortly before the joint venture was publicly announced, we witnessed the elimination of several part-time positions, particularly in hospice. I am concerned that the short-term cost savings of prioritizing full-time positions over part-time roles ultimately harms our workforce, and will result in higher turnover costs for our agency long-term. Turnover is not only challenging for caregivers but makes it harder to build relationships with patients and provide them with the high-quality care they deserve. Please assess this transaction carefully to ensure the well-being of the healthcare providers who ensure that patients have access to the care they need.

EMR/Communication

Currently, Providence Home Health and Hospice uses Epic Systems software, which allows my coworkers and I to send messages directly to other healthcare providers and receive a comprehensive medical history of our patients. Accessing this information is incredibly important for the development of safe and effective plans of care, and for ensuring continuity of care across settings. Furthermore, Epic is a reliable way to communicate complex and lengthy messages efficiently and effectively. Our experience is validated by research, which shows that functional Electronic Health Records improve patient care quality and patient safety.

However, nurses and clinicians have been informed that, if the joint venture with Compassus is implemented, we would be unable to message healthcare providers outside of our organization via Epic, which constitutes the vast majority of my communications. This threatens our ability to provide quality healthcare that is in

alignment with other providers' care plans, therefore putting patient outcomes at risk. Please examine this joint venture to ensure that I can continue to provide safe and effective care for my patients.

Thank you for considering my comments,

Paul Creighton, Providence Home Health RN

Paul Creighton

25. OHA should review the proposed joint venture between Providence Health and Compassus, 12/15/24

OHA Health Policy Director Stephanie Jarem,

To whom it may concern,

I am reaching out today to communicate my deep concern about the proposed joint venture between Providence Home Health and Hospice and Compassus. I believe that Compassus will cut programs that they deem not profitable, which is antithetical to the mission of Providence and the Sisters.

Providence Home Health & Hospice serves many rural communities within our service area, stretching from the North Coast to the Gorge and down to Medford. Rural populations are particularly vulnerable to healthcare service reductions, and I am very concerned that the proposed joint venture would cut services to these areas. 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 individual patient is allotted. With only 18% of hospices serving rural areas, many agencies have already decided that caring for rural communities is not worth the investment. Please thoroughly examine what this joint venture would mean for our rural communities and preservation of their access to high-quality home health and hospice care.

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 deserve to 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 with the patient.

This joint venture would also move Providence from a non-profit to a for-profit company. For-profit home health and hospice agencies often hire fewer registered nurses, social workers, and clinician FTE in comparison to non-profit agencies, thus requiring each staff member to see more patients, and limiting the time each visit can take. This practice takes a toll on the quality of care patients report experiencing. For-profit hospice agencies are 1.33 and 1.52 times more likely, relative to not-for-profits, to have a patient complaint or deficiencies in care, and for-profit home health agencies score worse on overall quality indicators. Pay-per-visit exacerbates these conditions and prioritizes volume of patients over high-quality care for patients, and access to services for rural communities and high-acuity patients. Please complete a thorough review of this transaction so that we can be confident that high-quality services will still be available for all our patients.

I, and many other caregivers, decided to work for Providence Home Health and Hospice due to its not-for-profit status and orientation toward service for the vulnerable. Not-for-profit status has also allowed me to qualify for public service loan forgiveness (PSLF), which would no longer be the case if the joint venture with Compassus advances. This change would have devastating financial implications for me and my family, requiring me to consider leaving Oregon or leaving healthcare altogether. I am not alone in facing this challenge: according to an Oregon Nurses Association survey, at least 52 clinicians are considering leaving Oregon if this transaction is approved. Our state cannot afford to lose more healthcare workers.

Furthermore, fewer healthcare workers in the state will exacerbate existing challenges in healthcare access: already, Oregon lacks enough home health & hospice care, resulting in patients staying longer in the hospital or going home without necessary support. Retaining healthcare workers is critical to ensuring the availability of services and quality patient experiences.

Finally, 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. Very specifically, I am concerned for 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 patient referrals for patients who have complicated medical needs or who require prolonged services.

One of OHA's central aims is to eliminate health disparities by 2030. Our state cannot do that if we are not providing care to all people, regardless of the severity of their condition or a high level of need. All Oregonians deserve to access high-quality services and good health outcomes. Please complete a comprehensive HCMO review so that all our patients can understand the impact of this joint venture on their ability to access equitable and high-quality care.

I urge you to complete a thorough transaction review to examine all possible eliminations or reductions in the essential care home health and hospice patients rely on.

Sincerely,

Jeffery Szabo, OTD

26. Providence and Compassus Joint Venture, 12/15/24

To whom it may concern,

I am writing to express my strong opposition to the proposed joint venture between Providence Home Health and Hospice and Compassus. As a home health occupational therapist who has been proud to serve our patients under Providence's nonprofit model, I am deeply concerned about the shift toward a for-profit partnership with Compassus, a company owned by a private equity firm. I fear this move will have serious negative consequences not just for the clinicians like myself, but also for the patients we care for.

Providence has long been a trusted nonprofit institution, known for prioritizing patient care and the well-being of its employees. However, with the decision to move away from that model and align with Compassus—a for-profit entity based in the South—the integrity and values that I and many others have relied on are at risk. This shift raises

significant concerns about the true motivations behind the merger. Will patient care continue to be prioritized, or will the focus shift toward profit margins and cost-cutting measures?

As someone who envisioned a long-term career at Providence, I am now left with only one option, leave for another nonprofit job. As a clinician dedicated to public service, I have relied on my role in a nonprofit organization to remain eligible for the Public Service Loan Forgiveness program. The transition to a for-profit model undermines my ability to meet these qualifications, forcing me to seek out a new nonprofit job to continue on this path. This is not only financially stressful but emotionally disheartening.

I am also deeply troubled by Compassus' track record of acquiring nonprofit organizations and subsequently driving their home health programs into decline. There are numerous reports from former employees that suggest Compassus has not prioritized the quality of care once they take over, with many patients voicing dissatisfaction with the change in service. How can we, as clinicians, continue to provide excellent care if the company we work for places profit above the needs of the people we serve?

This shift to a for-profit healthcare model is scary, both for the clinicians who care deeply about our patients and for the patients themselves, who may be left with lower quality care in exchange for corporate profit. I urge you to reconsider this joint venture and look for ways to preserve the nonprofit model that has served our community so well. We must remember that healthcare is about people, not profits.

Thank you for considering my perspective. I hope the leadership of Providence will take the time to fully weigh the long-term consequences of this partnership. I am sad to leave, but my last day is December 19th. Others who rely on PSLF will also be leaving.

Sincerely,

Lynden Scahill, OTD/OTR/L

27. Providence/Compassus Joint Venture HCMO 043, 12/15/24

Please enforce the HCMO process for the Providence/Compassus joint venture.

This transaction will form a new joint venture between health care entities that will eliminate or significantly reduce essential services. It will pose a threat to the four

pillars that HCMO considers in their transaction review: cost, access, equity and quality.

Thank you,

Katherine L. Frye, PTA

28. Transaction number 043, Providence/Compassus

Director Jarem,

I am deeply concerned about the proposed joint venture between Providence Home Health and Hospice and Compassus. I believe it is likely that Compassus will cut programs that they deem not profitable. Already, Providence cut our home health palliative nursing and remote monitoring teams in early 2024, and Similarly, Providence 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.

While Providence listened to community concerns and decided to pause the AAC-SLP program closure, they continue to deny new referrals for the service. I worry that these service reductions are a sign of additional profit-motivated closures in the future.

I am particularly worried about closures because Providence Home Health & Hospice offers specialized services developed by identifying community needs. These services currently include Mental Health Nursing, Wound Care Ostomy Nursing, and the AAC-SLP service. These services provide invaluable access to healthcare for homebound Oregonians, and support their autonomy and ability to communicate, not only as it relates to their healthcare decisions, but throughout their day-to-day lives. If these programs were shut down, there would be no other providers to appropriately care for those patients in the care setting they require. I urge you to complete a thorough transaction review to examine all possible eliminations or reductions in the essential care home health and hospice patients rely on

Rural areas

Providence Home Health & Hospice serves many rural communities within our service area, stretching from the North Coast to the Gorge and down to Medford. Rural populations are particularly vulnerable to health care service reductions, and I am very concerned that the proposed joint venture would cut services to these areas. 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 individual patient is allotted. With only 18% of hospices serving rural areas, many agencies have already decided that caring for rural communities is not worth the investment. Please thoroughly examine what this joint venture would mean for our rural communities, and preservation of their access to high quality home health and hospice care.

Pay Per Visit

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 deserve to 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 with the patient.

For-profit home health and hospice agencies often hire fewer registered nurses, social workers, and clinician FTE in comparison to non-profit agencies, thus requiring each staff member to see more patients, and limiting the time each visit can take. This practice takes a toll on the quality of care patients report experiencing. For-profit hospice agencies are 1.33 and 1.52 times more likely, relative to not-for-profits, to have a patient complaint or deficiencies in care, and for-profit home health agencies score worse on overall quality indicators. Pay per visit exacerbates these conditions and prioritizes volume of patients over high-quality care for patients, and access to services for rural communities and high acuity patients. Please complete a thorough review of this transaction so that we can be confident that high-quality services will still be available for all our patients.

Productivity/Focus of Service

In home health and hospice programs, clinician experience has found that management's most common strategy for maximizing profit is increasing the number of visits caregivers are expected to complete each week. Ever-increasing productivity

requirements mean less time with patients, less time communicating with physicians and family members, and less time completing the necessary follow up outside of visits—the continuity of care work that keeps patients safe, healthy, and out of the hospital. Clinician experience is supported by research, which has found that for-profit home health and hospice programs increase their profit margin by lowering the number of skilled staff and pushing existing staff to do more. This is detrimental to hospice patients: those receiving care from for-profit agencies receive 10% fewer nursing visits, 35% fewer social work visits, and 33% fewer therapy visits than their counterparts served by non-profit hospice agencies. While home health programs have not received the same depth of study as hospice programs, there is research to suggest that for-profit home health agencies provided worse patient care than non-profit agencies, particularly on quality indicators like avoidance of hospitalization. Lastly, consistently pushing workers to see more and more patients contributes to burnout and moral injury, causing many to leave the profession entirely.

Because Compassus is a for-profit, private-equity-owned entity that seeks to generate capital for its shareholders, I am very concerned about the sustainability of a career in health care and the constraints on my ability to provide the care my patients need. Seventy-one of my coworkers at Providence Home Health & Hospice have reported that they are somewhat or very likely to leave healthcare if this joint venture is approved. In order to protect the quality of care available for Oregonians, and to ensure that there are enough caregivers for all Oregonians to access the services they need, I urge you to carefully examine this joint venture via comprehensive HCMO review.

PSLF

I, and many other caregivers, decided to work for Providence Home Health and Hospice due to its not-for-profit status and orientation toward service for the vulnerable. Not-for-profit status has also allowed me to qualify for public service loan forgiveness (PSLF), which would no longer be the case if the joint venture with Compassus advances. This change would have devastating financial implications for me and my family, requiring me to consider leaving Oregon or leaving healthcare altogether. I am not alone in facing this challenge: according to an Oregon Nurses Association survey, at least 52 clinicians are considering leaving Oregon if this transaction is approved. Our state cannot afford to lose more healthcare workers.

Furthermore, fewer healthcare workers in the state will exacerbate existing challenges in healthcare access: already, Oregon lacks enough home health & hospice care, resulting in patients staying longer in the hospital or going home without necessary support. Retaining healthcare workers is critical to ensuring the availability of services and quality patient experiences. Due to the threat that this joint venture poses to access and quality of care, I urge you to complete an in-depth examination of this transaction.

Vulnerable Populations/Admission Screening 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.

Very specifically, I am concerned for 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 patient referrals for patients who have complicated medical needs or who require prolonged services.

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Part-Time Work

Providence Home Health & Hospice has long offered part-time positions to healthcare workers in order to help combat burnout and moral injury. This is especially true in the field of Hospice work, which, by its very nature, requires significant emotional and physical labor as we help people die with dignity and care. Taking part-time work helps my coworkers and I to maintain a healthy work/life balance, and ultimately contributes to greater longevity among caregivers.

Shortly before the joint venture was publicly announced, we witnessed the elimination of several part-time positions, particularly in hospice. I am concerned that the short-term cost savings of prioritizing full-time positions over part-time roles ultimately harms our workforce, and will result in higher turnover costs for our agency long-term. Turnover is not only challenging for caregivers but makes it harder to build relationships with patients and provide them with the high-quality care they deserve. Please assess this transaction carefully to ensure the well-being of the healthcare providers who ensure that patients have access to the care they need.

EMR/Communication

Currently, Providence Home Health and Hospice uses Epic Systems software, which allows my coworkers and I to send messages directly to other healthcare providers and receive a comprehensive medical history of our patients. Accessing this information is incredibly important for the development of safe and effective plans of care, and for ensuring continuity of care across settings. Furthermore, Epic is a reliable way to communicate complex and lengthy messages efficiently and effectively. Our experience is validated by research, which shows that functional Electronic Health Records improve patient care quality and patient safety.

However, nurses and clinicians have been informed that, if the joint venture with Compassus is implemented, we would be unable to message healthcare providers outside of our organization via Epic, which constitutes the vast majority of my communications. This threatens our ability to provide quality healthcare that is in alignment with other providers' care plans, therefore putting patient outcomes at risk. Please examine this joint venture to ensure that I can continue to provide safe and effective care for my patients.

Thank you for considering my comments,

Aletha Foster OTR/L

29. Joint Venture, 12/17/24

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 it benefits are the people in the C suite. We the people cannot let this happen.

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

30. 12/17/24

Hi my name is Gina Nelson, I am a registered nurse with Providence Benedictine Home Health services and I'm calling to express my dire concerns regarding Providence selling off my company. They're calling it a joint venture, but we're being taken over by a for profit company out of Tennessee, another private financial holdings. I have been an ICU nurse for 20 years and then came to home health almost 10 years ago and really love what I do as a job, I serve the community, the rural communities of Oregon, especially for older folks and folks of lower income, pediatric children who need home care. We did unionize back in late August, and Providence didn't even let us know about any of this. They still have not agreed to a contract with us. They let the media know before they let their own employees know that they entered into this joint venture, and it's a travesty for the Oregon health care system and community. Not only are we worried that there will be massive layoffs, but that they will pick and choose more senior nurses, including myself, with 30 years of experience, laying us off or closing our units and hiring younger nurses who they pay a lot less. Providence has been very quiet in the shadows, not honest with us, our own

upper management has been lying and not forthcoming and there's a real distrust now that we are being taken over by this for profit company. I have worked for for-profit companies, I have seen the decline in good stewardship for these patients down to supplies, the amount of time we can spend with our patients, and it's just wrong and I'm saddened by this and by the depths Providence has been sneaky and not forthcoming with its staff. You know a lot of these staff in the student loan forgiveness, who have put in so many years to get their loans forgiven by a nonprofit company who will lose that status because it will now be a for profit company. So please please consider this, say no to this. Oregon is unique, we care for our people and big money needs to stay out of healthcare. Thank you. My name is Gina Nelson, like I said I've been a nurse for almost 30 years.

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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