



LEGACY
HEALTH

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December 14, 2015

City of Portland
Planning & Sustainability Commission
1900 SW 4th Avenue, Suite 7100
Portland, OR 97201

Re: Campus Institutional Zoning Project

Dear Commissioners:

Legacy Health has reviewed the "Proposed Draft, November, 2015" of the Campus Institutional Zoning Project. We earlier corresponded with the City staff about certain issues and questions in prior draft materials concerning this significant set of land use changes which will affect our Good Samaritan and Emanuel health center locations.

Legacy appreciates the City staff's efforts in attempting to create a new land use approach applicable to Good Samaritan and Emanuel. We concur that it is a challenging process. Legacy believes a clearer picture is emerging from this process, which we feel can lead to further focused and productive discussions about how best to zone Legacy's properties and to apply development standards to them.

Like most urban health care providers, Legacy's situation presents a combination of issues involving the past, present and future. The buildings at both Good Samaritan and Emanuel are a mix of old and new. Much of the core facilities at both locations is decades-old, but remodeled, re-furnished and modernized many times. The old core has been retained, rather than demolished. To do otherwise would neither be cost-effective nor practical. Our core buildings at Good Samaritan and Emanuel will remain our core facilities. These buildings reflect an important investment of resources, as well as the epicenter of offering patient care.

Our present operations at Good Samaritan and Emanuel annually involve rendering health care to more than 257,000 patients, as well as accommodating their families' needs in often difficult and stressful circumstances. Between Good Samaritan and Emanuel, highly specialized pediatric, transplantation, cardiac and ophthalmology services are currently provided. Additionally, Emanuel is the site of one of the two Level 1 (most critical) trauma care facilities in Oregon and the only burn center between Seattle and the Bay Area. These are the type of valuable community and regional resources around which our planning and programs are designed.

Our future is complicated and is in a continual series of flux as health care evolves from technology, regulatory and patient care standpoints. We believe that no field of community endeavor is more globally dynamic, yet more connected to intense personal, human interactions, than the delivery of quality, compassionate health care at major health centers like ours.

In short, we can no longer operate traditional hospitals. We need flexibility. We welcome ongoing discussions with the City about the realities and opportunities we have in serving our community's health care needs.

All this effort is cost-sensitive. As a non-profit health care provider, Legacy is quite aware of the financial consequences of how it uses its properties and facilities. We know these are important to the community.

With the above background comments in mind, let us summarize our major questions and concerns with the November, 2015 Proposed Draft:

- (1) There needs to be a segregation of educational and health care properties. Some of this is accomplished by the two CI zones. But, the dissimilarities between these two large use types are quite marked, especially in terms of the people and situations they deal with. We think we do not have a common profile with educational providers.
- (2) While each of the City's major comprehensive health providers perform similar core functions, each provider functions differently, using different properties/facilities under different locational circumstances. We note that OHSU is not part of the CI process because it is included in a "District Plan." Further discussion is warranted to determine whether similar individual plans for distinct locations like Good Samaritan and Emanuel also have merit. The existing CUMP and IMP processes focus on location-specific plans for health care centers. Are there good reasons to abandon that type of approach in favor of a single zone applicable to all health care centers other than OHSU? Should our facilities be part of a sub-district? How can we utilize the best elements of the Proposed Draft, while tailoring them to the specific circumstances at Emanuel and Good Samaritan?
- (3) It is unclear as to what processes would (or should) apply to new or re-furnished facilities. As we read the proposal, any significant Legacy proposal would undergo reviews for (at least) design, land use, transportation impacts, and transportation demand management (TDM). Are there others? Multiple, separate reviews can create additional cost structures and a series of process thresholds. We have been informed about PDOT's developing effort concerning TDM measures. We look forward to being a part of that process, as access and parking issues are important to our operations. TDM considerations need to be brought forward to mesh those with the planning process. It will be more efficient and comprehensive to consider them concurrently, not separately, so we have the full picture of the City's proposed land use/regulatory structure affecting our two locations.
- (4) The proposed development standards are prescriptive, based on a universal set of standards for all health care centers. Health care facilities are constructed for specific functions, oriented to patient care, regulatory compliance and cost-effectiveness. Matters such as characterizing an entire center as "one site" or focusing on an "up not out" development direction may conflict with the health care purposes for our facilities. We believe that the height limitations, particularly the 150' maximum, may be contrary to both our operational needs and the "up not out" philosophy. The same holds true for the setback, transit street and ground floor requirements. We appreciate the clarification on allowed land uses. However, the reduction in FAR is an example of how tailoring the standards should be considered, as a FAR reduction may unnecessarily limit our options for specific projects.
- (5) The December 31, 2020 outside expiration date for IMPs and CUMPs is unclear about the transition to C12 Zoning. While we appreciate a five-year lead time, Legacy's long-range planning and the facility financing horizons do not necessarily mesh with the required transition. We would like clarity on the continuation of the projects or project areas presently allowed under the current IMP (Emanuel) and CUMP (Good Samaritan).
- (6) The transition to new development standards raises questions about "non-conforming development." If health care centers are required to retrofit to meet new City standards under the C12 zone in order to undertake new projects, this introduces another level of cost, timing and disruption in proceeding with new or refurbished facilities. We are anxious to understand how the new standards are intended to apply to existing facilities.

We are most willing to elaborate on the above comments. Our operational personnel have provided several other technical comments and questions, which we have shared with City staff. In this letter, we wanted to surface, by topic, our major inquiries, so that we can work cooperatively to produce a land use approach that takes into account both the very human and very specialized nature of our facilities.

At this point, Legacy believes, that health care centers as a use category, should be detached from the current CI proposal. This will allow a further consideration of alternative approaches and a more detailed assessment of how Legacy and other providers can use their physical assets to best advantage for the community's health care needs. The existing IMP and CUMP will remain in effect in the interim, so incremental changes can still occur.

We are hopeful that the Proposed Plan in whatever form, can directly address our major questions. In our most recent discussions with City staff, we have appreciated staff's acknowledgement that the Proposed Plan needs additional explanatory language to more clearly define the implementation of the Proposed Plan's concepts. We welcome this.

Legacy commits to being a willing and committed partner in this deeper, more rigorous effort to find appropriate balances between the City's planning initiatives and the important role our facilities and properties play in delivering a quality, cost-sensitive and vital element to a growing community's well-being.

Thank you for the opportunity to comment.

Very truly yours,



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