

Health Care Market Oversight Program

Community Review Board Member Application

The Oregon Health Authority (OHA) is convening a community review board to hear from community members about the planned merger between Kroger and Albertsons. Please fill in all sections in this form and email it to hcmo.info@oha.oregon.gov, along with the demographic and conflict of interest forms.

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 503-385-5948. We accept all relay calls.

About the deal

Kroger, a large grocery store chain, is planning to buy Albertsons, another large grocery store chain. If the deal goes through, Albertsons would become a wholly owned subsidiary of Kroger. Together Kroger and Albertsons operate more than 150 pharmacies in Oregon in Fred Meyer, Safeway QFC, and Albertsons stores. OHA's [summary](#) of the transaction contains additional details.

About the community review board

The community review board has two key roles:

1. Help OHA understand how this deal could affect pharmacy services for people and communities in Oregon.
2. Make a recommendation about whether OHA should approve, approve with conditions, or disapprove Kroger's proposed purchase of Albertsons.

Visit [OHA's website](#) for more information about the community review board.

Member qualifications

Community review board members are expected to review materials related to this deal and participate in up to five meetings and up to two public hearings. Community review board members must live or work in Oregon. OHA is looking for:

- Community members
- People who get prescriptions filled at Fred Meyer, Safeway, QFC, or Albertsons pharmacies
- Pharmacists and pharmacy technicians working in Oregon
- People with personal or professional expertise related to prescription drugs and the pharmacy market in Oregon
- Health care providers
- Consumer advocates

You may not participate in a community review board if you are currently employed by Kroger or Albertsons companies or if you are currently employed by a similar sized competitor of Kroger or Albertsons companies, for example, another large grocery store chain or retail pharmacy chain.

General Information

1. Please provide your contact information

First and Last Name	
Pronouns	
Email Address	
Phone Number	
Street Address	
City, State, Zip	
Occupation	
Employer	

2. Please check the box if you belong to any of the following groups (check all that apply):

- Current or past pharmacy customer of Fred Meyer, Safeway, Albertsons, or QFC in Oregon
- Community member
- Consumer advocate
A person who works to promote and protect the rights and welfare of consumer.
- Health care professional (please specify) _____
A health care professional is someone who works for a company that provides health care products or services. This can include people with clinical or administrative jobs.
- Health care expert (please specify) _____
Health care experts include people who work for research or academic institutions, consulting firms, policy groups, or community groups that focus on health care.
- Other (please specify) _____

3. Why are you interested in joining this community review board?

4. Please describe your experience, background, and/or knowledge of Kroger and Albertsons pharmacies. *For example, you can share if you or a family member have ever been a patient, member, volunteer, vendor, or employee of any of the organizations involved.*

5. Please indicate if you have any of the following experience, background, or knowledge. This can include current or past experiences and can be related to your personal life, work, or education (check all that apply):

	Yes
Pharmacist or pharmacy technician working for an independent pharmacy	<input type="checkbox"/>
Person who takes multiple prescription medications to manage multiple or complex conditions	<input type="checkbox"/>
Person who regularly obtains other health care services such as vaccination, health counseling, or health screening/monitoring from a pharmacy	<input type="checkbox"/>
Person who has faced barriers to getting prescriptions due to cost, insurance coverage, access to pharmacies, or other reasons	<input type="checkbox"/>
Person who was a patient or customer of pharmacy that underwent an ownership change or closed	<input type="checkbox"/>
Experience or background in pharmacy operations or management (retailing, drug purchasing, insurance/PBM contracting, billing, finance, human resources, quality control, etc.)	<input type="checkbox"/>
Pharmacist or pharmacy technician who has worked for a pharmacy that underwent an ownership change or closed	<input type="checkbox"/>
Pharmacist or pharmacy technician who has worked for a supermarket pharmacy or pharmacy chain	<input type="checkbox"/>
Patient or customer with Medicaid (Oregon Health Plan) insurance	<input type="checkbox"/>
Prescribing clinician	<input type="checkbox"/>
Other (please describe)	<input type="checkbox"/>

If you'd like, you may describe, explain, or provide more information about any of your selections.

6. If selected, would you like to request compensation for your time serving on the community review board? *If you request compensation, OHA staff will ask you to provide additional information to determine if you qualify to receive payments. Please see the Application Instructions [link] for more information about compensation. Your answer to this question will not impact whether you are selected as a community review board member.*

Yes

No

Signature

If selected to serve on the community review board, I will:

- Attend up to five virtual community review board meetings
- Attend up to two virtual public hearings
- Review materials before meetings
- Make recommendations in the best interest of my community
- Participate to the best of my abilities

Signature _____

Date _____