

Community Review Board Member Application

The Oregon Health Authority (OHA) is convening a community review board to hear from community members about the planned acquisition of Legacy Health (Legacy) by Oregon Health and Science University (OHSU). 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 503-945-6161. We accept all relay calls.

About the deal

OHSU is proposing to buy Legacy. OHSU states that Legacy will be a fully owned business of OHSU, and Legacy will be fully integrated into the OHSU system. OHSU states that the transaction will not change the level of services provided and the transaction will allow OHSU to expand access to health care services.

OHSU is a public university health system that owns or is affiliated with three hospitals in Portland metro area. They also own multiple medical clinics across Oregon. The OHSU system also includes research centers and university education programs. OHSU serves patients throughout Oregon.

Legacy is a nonprofit health system that owns and operates six hospitals in the Portland and Vancouver metro areas, and the mid-Willamette valley. They also own and operate 70 outpatient clinics including primary care, urgent care and specialty care clinics throughout the same regions.

About the community review board

The community review board has two key roles:

1. Help OHA understand how this deal could affect health care for people and communities in Oregon.
2. Make a recommendation about whether OHA should approve, approve with conditions, or disapprove OHSU's proposed acquisition of Legacy Health.

Visit the [transaction webpage](#) 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 ten 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 have received care from OHSU providers

- People who have received care from Legacy Health providers
- Physicians, nurses, and other health care providers working in Oregon
- People with personal or professional expertise related to health care markets in Oregon
- Consumer advocates

You may not participate in a community review board if you are currently employed by OHSU or Legacy Health or if you are currently employed by a similar sized competitor of OHSU or Legacy Health (for example, another large hospital system).

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 patient of OHSU

Current or past patient of Legacy Health

Community Member

Consumer Advocate

A person who works to promote and protect the rights and welfare of consumers.

Health Care Professional (please specify) _____

A person 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) _____

A person who works 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 OHSU or Legacy Health. *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
Patient or consumer who receives or received health care services from OHSU	
Patient or consumer who receives or received health care services from Legacy Health	
Affiliated with or actively participates in a consumer or community-based organization (e.g., consider yourself a consumer advocate)	
Physician, nurse, or other licensed health care professional	
Individual covered by the Oregon Health Plan (also known as Medicaid)	
Individual covered by commercial insurance	
Individual covered by Medicare insurance (either Medicare Advantage or Original Medicare)	
Other (please describe)	

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

6. OHA aims to represent a variety of perspectives on the community review board. Please indicate if you have lived experience as a member of any of the following populations: (Select all that apply.)

- People with disabilities
- Older adult (ages 65+)
- Transgender, non-binary, or gender queer
- LGBTQIA2S+ or queer
- Low income
- Oregon Health Plan member
- Communities of color (please specify): _____
- Resident of a rural community
- Tribal member (please specify): _____
- Immigrant (please specify): _____
- People with unstable housing

7. Please list any groups, companies, or organizations you are affiliated with as an employee, contractor, member, or volunteer.

8. If selected, who would you represent on the CRB?

- Myself
- My employer (please specify): _____
- Another organization or group (please specify): _____

9. If selected to participate in the community review board, what accommodations or supports would make it easier for your participation? *Accommodations may include, but are not limited to, translation, interpretation, materials provided in alternate formats, meetings at specific times, virtual meetings, or other accommodations.*

- Yes (please describe): _____
- No

10. 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](#) 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

11. How did you learn about the community review board?

Signature

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

- Attend up to ten (10) virtual community review board meetings
- Attend up to two (2) 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 _____