

Industry Advisory Committee on Health Care Affordability

Member Application

The Oregon Health Authority (OHA) and the Oregon Health Policy Board (OHPB) are seeking members for the [Industry Advisory Committee](#) on Health Care Affordability.

The Industry Advisory Committee will provide information and expertise to support the Affordability Committee and the OHPB in developing solutions that deliver real cost-savings and better value for money. The Industry Advisory Committee will offer perspectives on cost-saving opportunities and implementation challenges.

See the Call for Applications for additional details.

To Apply: complete this application and submit via email, along with a current resume or CV to OHPB.Affordability@oha.oregon.gov by Friday, December 12, 2025.

This application will be shared with the Oregon Health Policy Board and is subject to public records requests under Oregon law. OHA will protect and keep confidential information that you submit that should reasonably be considered confidential, to the greatest extent permitted by law. Because of the potential that your information could be disclosed under a public records request, please do not submit information that is particularly sensitive.

Contact Information

First and Last Name: Click or tap here to enter text.

Pronouns: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

Street Address: Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

Commitment to Affordability

The Oregon Health Policy Board is seeking members for the Industry Advisory Committee who have a demonstrated commitment to health care affordability.

1. Why are you interested in serving on the Industry Advisory Committee?

Click or tap here to enter text.

2. How have you, or the organization that you represent, furthered health care affordability in Oregon in the last two years?

Click or tap here to enter text.

3. What do you think is the most important thing Oregon could do to address health care affordability in the next two years?

Click or tap here to enter text.

4. Is there anything else you would like us to know that may be relevant to serving on the Industry Advisory Committee?

Click or tap here to enter text.

Perspectives

The Industry Advisory Committee will be comprised of people who provide the following perspectives. See the Eligible Committee Members Definition document for descriptions of each of these categories.

Please indicate which perspective(s) you will bring (check all that apply)

Health Plans

- ☐ Commercial Health Plan
- ☐ Medicare Advantage Health Plan
- ☐ Medicaid Coordinated Care Organization (CCO)

Health Care Providers

- ☐ Large Medical Group
- ☐ Small Provider Group
- ☐ Independent Provider
- ☐ Federally Qualified Health Center

Hospitals & Health Systems

- ☐ Hospital System
- ☐ Rural Hospital

Frontline Clinicians

- ☐ Primary Care Provider
- ☐ Behavioral Health Provider
- ☐ Oral Health Provider
- ☐ Pediatric Provider

Insurance & Care Coordination

- ☐ Fully Integrated Delivery System
- ☐ Insurance Broker

Community & Tribal Health

- ☐ Professional Association
- ☐ Tribal Health Representative
(will be identified by the Tribes)
- ☐ Traditional Health Worker

If you checked any of the boxes on the previous page, please provide a brief description of your perspective or expertise. OHA may request additional information

Click or tap here to enter text.

Employment and Affiliations

Organization you work for: Click or tap here to enter text.

Your role / title: Click or tap here to enter text.

Please list any groups, companies, or organizations you are affiliated with as an:

Employee:	Click or tap here to enter text.
Contractor:	Click or tap here to enter text.
Lobbyist:	Click or tap here to enter text.
Member:	Click or tap here to enter text.
Volunteer:	Click or tap here to enter text.

Committees and Workgroups

Do you **currently** serve on any other Oregon Committees, Boards, Taskforces, or Workgroups? If yes, please describe: [Click or tap here to enter text.](#)

If you **previously** served on any other Oregon Committees, Boards, Taskforces, or Workgroups in the last 3 years, please list here. [Click or tap here to enter text.](#)

If you are not selected for the Industry Advisory Committee, are you interested in applying to serve on any other Oregon Health Policy Board Committees? (check all that apply). *OHA staff will share your application.*

- ☐ Behavioral Health Committee
- ☐ Health Care Workforce Committee (HCWF)
- ☐ Health Equity Committee (HEC)
- ☐ Health Information Technology Oversight Council (HITOC)
- ☐ Health Plan Quality Metrics Committee (HPQMC)
- ☐ Medicaid Advisory Committee (MAC)
- ☐ Metrics and Scoring Committee (MSC)
- ☐ Oregon Health Insurance Marketplace Advisory Committee
- ☐ Oregon Health Policy Board (OHPB)
- ☐ Primary Care Payment Reform Collaborative (PCPRC)
- ☐ Public Health Advisory Board (PHAB)
- ☐ Other OHA Board, Committee, Advisory Group. Please specify:

[Click or tap here to enter text.](#)

Demographic Information

OHA aims to represent a variety of perspectives on the Industry Advisory Committee. The questions in this section ask about race, language, sexual orientation and gender identity, ability levels, and age. While we hope you answer these questions, you can select “Don’t know” or “Don’t want to answer” – you are not required to answer any question you are not comfortable with. Your responses to this section are confidential under ORS 413.161(3).

Language

1a. Do you only use English at home? Select **one**.

☐ Yes ☐ No ☐ Don’t know ☐ Don’t want to answer

1b. Do you typically need or want any of the following to help with communications on important matters such as medical, legal, or health information?

☐ Yes - Assistive Listening Device such as an FM System or Loop. Specify: ☐ Yes -CART/ Captioning ☐ Don’t know
☐ No ☐ Don’t want to answer
Click or tap here to enter text.

Skip to question 4 if you only use English at home and do not need interpretation

2a. What language(s) do you use at home? Click or tap here to enter text.

2b. What language would you prefer to use when **communicating** with someone outside the home about important matters such as medical, legal, or health information?

Click or tap here to enter text.

2c. What language would you prefer to use to **read important written information** such as medical, legal, or health information? Click or tap here to enter text.

3. How well do you speak English? Select **one**.

☐ Very well ☐ Well ☐ Not well ☐ Not at all ☐ Don’t know ☐ Don’t want to answer

Functional Difficulties

4. Are you deaf or do you have serious difficulty hearing?

☐ Yes – This condition began at age: ☐ No ☐ Don’t know ☐ Don’t want to answer

5. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

☐ Yes – This condition began at age: ☐ No ☐ Don’t know ☐ Don’t want to answer

6. Do you have serious difficulty walking or climbing stairs?

☐ Yes – This condition began at age: ☐ No ☐ Don’t know ☐ Don’t want to answer

<p>7. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?</p> <p><input type="checkbox"/> Yes – This condition began at age: <input type="text"/> <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Don't want to answer</p>
<p>8. Do you have difficulty dressing or bathing?</p> <p><input type="checkbox"/> Yes – This condition began at age: <input type="text"/> <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Don't want to answer</p>
<p>9. Do you have serious difficulty learning how to do things most people your age can learn?</p> <p><input type="checkbox"/> Yes – This condition began at age: <input type="text"/> <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Don't want to answer</p>
<p>10. Using your usual (customary) language, do you have serious difficulty communicating (for example understanding or being understood by others)?</p> <p><input type="checkbox"/> Yes – This condition began at age: <input type="text"/> <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Don't want to answer</p> <p><input type="checkbox"/> Don't know what this question is asking</p>
<p>11. If you identify as someone with a disability, or as having a physical, mental, emotional, cognitive, or intellectual condition, describe your disability or condition in any way you prefer: Click or tap here to enter text.</p>

Race and Ethnicity

<p>12. How do you identify your race, ethnicity, tribal affiliation, country of origin, or ancestry? Click or tap here to enter text.</p>																				
<p>13. Which of the following describes your racial or ethnic identity? Select all that apply and enter additional details in the spaces below.</p>																				
<p>American Indian and Alaska Native – Provide details below.</p> <p><input type="checkbox"/> Alaska Native <input type="checkbox"/> Canadian Inuit, Metis, or First Nation <input type="checkbox"/> American Indian <input type="checkbox"/> Indigenous Mexican, Central American, or South American</p> <p>Enter details, for example, Inuit or Haida, Confederated Tribes of Siletz Indians, Navajo, Aztec, Maya, etc. Click or tap here to enter text.</p>																				
<p>Asian – Provide details below.</p> <table border="0"> <tr> <td><input type="checkbox"/> Afghan</td> <td><input type="checkbox"/> Communities of</td> <td><input type="checkbox"/> Indonesian</td> <td><input type="checkbox"/> Pakistani</td> <td><input type="checkbox"/> Vietnamese</td> </tr> <tr> <td><input type="checkbox"/> Asian Indian</td> <td>Myanmar</td> <td><input type="checkbox"/> Japanese</td> <td><input type="checkbox"/> South Asian</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Cambodian/Khmer</td> <td><input type="checkbox"/> Filipino/a</td> <td><input type="checkbox"/> Korean</td> <td><input type="checkbox"/> Taiwanese</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Chinese</td> <td><input type="checkbox"/> Hmong</td> <td><input type="checkbox"/> Laotian</td> <td><input type="checkbox"/> Thai</td> <td></td> </tr> </table> <p>Enter details, for example, Mongolian, Malaysian, Uzbeks, etc. Click or tap here to enter text.</p>	<input type="checkbox"/> Afghan	<input type="checkbox"/> Communities of	<input type="checkbox"/> Indonesian	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Asian Indian	Myanmar	<input type="checkbox"/> Japanese	<input type="checkbox"/> South Asian		<input type="checkbox"/> Cambodian/Khmer	<input type="checkbox"/> Filipino/a	<input type="checkbox"/> Korean	<input type="checkbox"/> Taiwanese		<input type="checkbox"/> Chinese	<input type="checkbox"/> Hmong	<input type="checkbox"/> Laotian	<input type="checkbox"/> Thai	
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<input type="checkbox"/> Chinese	<input type="checkbox"/> Hmong	<input type="checkbox"/> Laotian	<input type="checkbox"/> Thai																	
<p>Black and African American – Provide details below.</p> <p><input type="checkbox"/> African American <input type="checkbox"/> Ethiopian <input type="checkbox"/> Jamaican <input type="checkbox"/> Somali</p>																				

<input type="checkbox"/> Afro-Caribbean	<input type="checkbox"/> Haitian	<input type="checkbox"/> Nigerian
Enter details, for example, Trinidadian, Ghanaian, Congolese, etc. Click or tap here to enter text.		
Hispanic and Latino/a/x/e – Provide details below.		
<input type="checkbox"/> Afro-Latino/a/x/e	<input type="checkbox"/> Cuban	<input type="checkbox"/> Guatemalan
<input type="checkbox"/> Central American	<input type="checkbox"/> Dominican	<input type="checkbox"/> Mexican
<input type="checkbox"/> Puerto Rican <input type="checkbox"/> South American <input type="checkbox"/> Salvadoran		
Enter details, for example, Colombian, Honduran, Spaniard, etc. Click or tap here to enter text.		
Jewish – Provide details below.		
<input type="checkbox"/> Ashkenazi	<input type="checkbox"/> Sephardi	Enter details, for example, Mizrahi, etc. Click or tap here to enter text.
Middle Eastern/North African/SWANA – Provide details below.		
<input type="checkbox"/> Egyptian	<input type="checkbox"/> Iranian	<input type="checkbox"/> Lebanese
<input type="checkbox"/> Iraqi	<input type="checkbox"/> Israeli	<input type="checkbox"/> Palestinian
<input type="checkbox"/> Syrian <input type="checkbox"/> Turkish		
Enter details, for example, Moroccan, Yemeni, Kurdish, etc. Click or tap here to enter text.		
Native Hawaiian and Pacific Islander – Provide details below.		
<input type="checkbox"/> CHamoru (Chamorro)	<input type="checkbox"/> Communities of the Micronesian Region	<input type="checkbox"/> Fijian
		<input type="checkbox"/> Marshallese
		<input type="checkbox"/> Native Hawaiian
		<input type="checkbox"/> Samoan
		<input type="checkbox"/> Tongan
Enter details, for example, Chuukese, Palauan, Tahitian, etc. Click or tap here to enter text.		
White – Provide details below.		
<input type="checkbox"/> English	<input type="checkbox"/> Irish	<input type="checkbox"/> Polish
<input type="checkbox"/> German	<input type="checkbox"/> Italian	<input type="checkbox"/> Romanian
		<input type="checkbox"/> Russian
		<input type="checkbox"/> Scottish
		<input type="checkbox"/> Slavic
		<input type="checkbox"/> Ukrainian
Enter details, for example, French, Swedish, Norwegian, etc. Click or tap here to enter text.		
Additional categories		
<input type="checkbox"/> Another category not listed. Specify: Click or tap here to enter text.		<input type="checkbox"/> Don't know <input type="checkbox"/> Don't want to answer
17. If you checked more than one category, is there one you think of as your primary racial or ethnic identity?		
<input type="checkbox"/> Yes. Specify: Click or tap here to enter text.	<input type="checkbox"/> I don't have just one primary racial or ethnic identity.	<input type="checkbox"/> No. I identify as Biracial or Multiracial. <input type="checkbox"/> Not applicable. I only checked one category above. <input type="checkbox"/> Don't know. <input type="checkbox"/> Don't want to answer.

Sexual Orientation and Gender Identity

18. Describe your gender in any way you prefer: [Click or tap here to enter text.](#)

19. What is your gender? Select **all** that apply.

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Girl or woman | <input type="checkbox"/> Demiboy | <input type="checkbox"/> Not listed, my gender is: <input type="text"/> | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Boy or man | <input type="checkbox"/> Demigirl | <input type="checkbox"/> I have a gender identity not listed here that is specific to my ethnicity: <input type="text"/> | <input type="checkbox"/> Don't know what this question is asking |
| <input type="checkbox"/> Nonbinary | <input type="checkbox"/> Genderfluid | | <input type="checkbox"/> Don't want to answer |
| <input type="checkbox"/> Agender/No gender | <input type="checkbox"/> Genderqueer | | |
| <input type="checkbox"/> Bigender | <input type="checkbox"/> Questioning /Exploring | | |

20. Are you transgender?

- | | | |
|------------------------------|--|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Questioning/Exploring | <input type="checkbox"/> Don't know what this question is asking |
| <input type="checkbox"/> No | <input type="checkbox"/> Don't know | <input type="checkbox"/> Don't want to answer |

21. What is your sex?

- | | | |
|---------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Female | <input type="checkbox"/> Intersex | <input type="checkbox"/> Don't want to answer |
| <input type="checkbox"/> Male | <input type="checkbox"/> Don't know | <input type="checkbox"/> Not listed, my sex is: <input type="text"/> |

22. Describe your sexual orientation or sexual identity in any way you prefer:
[Click or tap here to enter text.](#)

23. What is your sexual orientation? Select **all** that apply.

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Same-gender loving | <input type="checkbox"/> Straight or heterosexual | <input type="checkbox"/> Questioning/Exploring | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Lesbian | <input type="checkbox"/> Asexual | <input type="checkbox"/> Not listed, my sexual orientation is: <input type="text"/> | <input type="checkbox"/> Don't know what this question is asking |
| <input type="checkbox"/> Gay | <input type="checkbox"/> Spectrum | | <input type="checkbox"/> Don't want to answer |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Queer | | |
| | <input type="checkbox"/> Pansexual | | |

Age

24. What is your age?

- ☐ 18 - 24
☐ 25 - 34
☐ 35 - 44
☐ 45 - 54
☐ 55 - 64
☐ 65 and over
☐ Don't want to answer

Other Information

Your answer to these questions will not impact whether you are selected as an Industry Advisory Committee member.

1. If selected to participate on the Committee, are there accommodations or supports that would make it easier for you to participate? *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): Click or tap here to enter text.

☐ No

2. If selected to participate on the Committee, would you like to request compensation for your time serving on the Committee? *If you request compensation, OHA staff will ask you to provide additional information to determine if you qualify to receive payments.*

☐ Yes

☐ No

3. How did you learn about the Industry Advisory Committee?

Click or tap here to enter text.

Signature

By submitting this application, if selected to serve on the Industry Advisory Committee, I commit to:

- ☐ attending regular monthly meetings
- ☐ reviewing materials prior to meetings
- ☐ participating to the best of my ability

Signature _____ Date _____

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact OHPB.CommitteeRecruitment@oha.oregon.gov

