

## Health Care Market Oversight (HCMO) Program Request for Emergency Exemption from Material Change Transaction Review

The applicant should complete this form if there is an emergency situation that immediately threatens health care services and the proposed transaction is urgently needed to protect the interest of consumers. An applicant need only complete this form when requesting emergency exemption from material change transaction review. Submit this completed form to [hcmo.info@dhsosha.state.or.us](mailto:hcmo.info@dhsosha.state.or.us).

For a transaction to obtain emergency exemption from review, there must be an emergency situation that immediately threatens health care services and is urgently needed to protect the interest of consumers and preserve the solvency of an entity.

1. Name, title, organization, and email address of the individual completing this form on behalf of the applicant.

Name	
Title	
Organization	
Email Address	

2. List the legal name(s), and if different the “doing business as” name(s), of the other entity or entities involved in the emergency transaction.
3. Is the transaction urgently necessary to maintain the solvency of an entity involved in this transaction? (yes/no) If yes, explain why and include a complete statement of the facts, circumstances, and conditions which justify emergency exemption.
4. When is the threatened entity anticipated to become insolvent without this proposed transaction? (e.g., how many days cash on hand does the entity have?)
5. Is the transaction in the interest of consumers? (yes/no) If yes, explain why and include any other relevant information not already provided that justifies the emergency exemption.
6. Provide a detailed explanation of all the terms, conditions and agreements of the transaction and the manner in which such terms, conditions and agreements will respond to the conditions necessitating expedited consideration of the emergency exemption application. (e.g., how will the transaction change ownership/governance, how will the transaction change providers or support staff). You may attach supporting documents if helpful.

7. Has the applicant or any entity involved in the material change transaction engaged with consumers about the proposed transaction and received input from consumers? (yes/no) If yes, describe.
8. As a result of the emergency transaction, will there be a significant reduction or elimination of essential services?<sup>1</sup>
9. Ideally, by what date does the applicant want a decision from OHA?  
Note that OHA will strive to accommodate an expedient review of this application for emergency exemption but must consider each application on a case-by-case basis.

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<sup>1</sup> Add link to forthcoming guidance document