

August 28, 2025

Management Labor Advisory Committee for Workers' Compensation, State of Oregon

Access to Care Subcommittee;

I will begin with a brief overview of background information relevant to the subcommittee's work.

In my opinion, there is a dwindling number of medical providers compared to population growth. I base my opinion on the data that has been presented to you earlier. It is also my opinion that there are many hassle factors for the same medical providers.

I started by examining whether medical providers typically retire at a specific age. I reviewed what factors influence a doctor to stop practicing. Doctors' satisfaction within the workplace and practice. What are the doctors' training and continuing education timelines?

I assume that the work-life balance would be the same for other medical providers, such as Nurse Practitioners, Physician Assistants, and Chiropractors, within the workers' compensation system here in Oregon. This background information was readily available online. As the workload increases, their work-life/balance is critical regarding the length of time a medical provider practices their craft.

The subcommittee has spent a considerable amount of time examining the factors involved in the hassle factors of a medical practice treating injured workers in the State of Oregon. I believe it is critical to include retention factors in the subcommittee's consideration. While there may be plenty of proposals and retention of medical providers in the workers' compensation field, I will include a possible retention proposal later in the document.

How many years does a doctor in Oregon practice medicine?

Generally, physicians in Oregon do not have a mandatory retirement age. Many factors influence when a doctor chooses to stop practicing, including career satisfaction, personal health, financial stability, and specialty.

However, some information suggests the average length of a physician's career:

- After factoring in college, medical school, and residency, a physician may begin their independent practice between the ages of 29 and 34.
- Assuming a retirement age of 65, the average length of a physician's career is estimated to be between 31 and 36 years.
- A 2021 survey indicated the average age of retirement for US physicians is 65, though this varies significantly depending on the factors mentioned above. Some doctors continue practicing well into their 70s or beyond.

It is important to note that many doctors choose to work part-time or in a consulting capacity after officially retiring from their primary practice.

In Oregon, physicians can practice medicine

as long as they hold an active medical license, which is typically subject to renewal requirements and may also require recertification or continuing medical education, depending on the specific license type and specialty board. There isn't a fixed number of years a doctor practices in Oregon; it depends on individual decisions about retirement or career changes.

Here's a more detailed breakdown:

- **Initial Licensure:**

To obtain an Oregon medical license, a physician must meet specific requirements, including completing medical school, postgraduate training, and passing required exams.

- **Active Practice:**

Once licensed, a doctor can practice medicine for as long as they maintain their license, which typically involves meeting renewal requirements, often including continuing medical education.

- **Recertification:**

Some specialties, particularly those certified by the American Board of Medical Specialties, may require recertification exams every 8-10 years, ensuring continued competency, [according to the American Board of Physician Specialties](#).

- **Career Length:**

The length of a physician's career varies. Some may practice for decades, while others may retire earlier or transition to different roles within healthcare. The average career length for physicians is between 31 and 36 years, [according to Work-Chron.com](#).

- Eligibility for an Unlimited License - MD/DO/DPM ... - Oregon.gov  
Applicant has completed four years of practice in Oregon under a Limited License, Medical Faculty (LLMF), or in another state under...
- Oregon Medical Board: Basic Requirements: FAQs: State of Oregon
- Medical Board Recertification | ABPS

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## **Joy of the Job**

The fact is, most physicians are passionate about their jobs, even late into their careers, and they feel that they are still able to make valuable contributions, according to a survey by Physicians Practice. They put a lot of effort into their education and acquiring skills through the years, and they don't want to leave that behind. The survey contacted physicians in family practice, emergency medicine, psychiatry, OB/GYN, and surgeons.

Many said they would miss the social aspects of work, such as interacting with their coworkers and patients. The Comp Health survey revealed that as they worry about staying competitive, they're also concerned about being bored in retirement, losing their sense of purpose, and becoming depressed.

## **Hard to Keep Up**

Yet, physicians find it challenging to keep up with all the advancements and changes in medicine, according to an article in Wall Street Physician. As they age, their health declines, as does everyone's, and they may find that they're slower and suffer greater fatigue than in their earlier years, simply due to the rigors of the job. In the Physicians Practice survey, 51 percent said they'd like to transition

to part-time hours before retiring completely. Available data, however, from the American Medical Association, which includes physicians who are active in their fields, doesn't distinguish between full-time and part-time work. Therefore, it's challenging to determine how many physicians work part-time before retiring.

### **Looking for Balance**

The shortage of physicians has caused many to work long hours throughout their careers, often missing out on various aspects of their non-work lives. As they reflect on this, many say that if they had the chance to do it over, they would insist on a better work-life balance. They recognize that if they retired, they'd have the time to spend with family and to take up hobbies.

### **Average Retirement Age**

Physicians in the Physicians Practice survey reported that they'd like to work until the age of 68. A 2016 report by the American Academy of Family Physicians found that, between 2010 and 2014, primary care physicians retired at an average age of 65. They found no difference between those who worked in various areas of the country or in other medical specialties. In the general U.S. population, people report that they hope to work until age 65, but the average age of retirement is 63. So, physicians are working longer than the average American.

### **Length of Career**

After four years of college, followed by four years of medical school, and between three and seven years spent in internships, depending on the chosen specialty, it takes between 11 and 16 years to become a fully qualified physician. Assuming that they entered college at age 18, this means that they begin their solo careers

between the ages of 29 and 34. Therefore, assuming that he or she retires at the age of 65, the average length of a physician's career is between 31 and 36 years.

\*A median salary is the midpoint in a list of salaries for one occupation, with half earning more and half earning less.

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## References

- [Wall Street Physician: Physician Retirement Age: When is the Right Time to Retire?](#)
- [Physicians Practice: Physicians Hesitant to Retire, Study Finds](#)
- [CompHealth: Survey Report - Physician Views on Retirement](#)
- [Healthline: Should a Doctor's Age Matter?](#)
- [Bureau of Labor Statistics: Physicians and Surgeons](#)

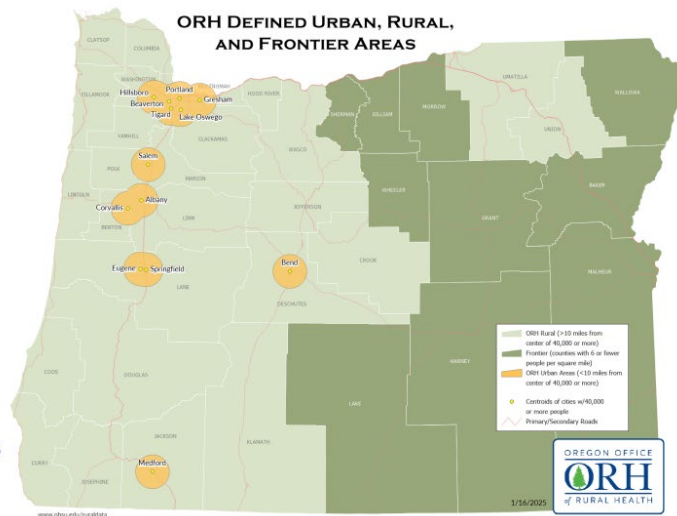
Below is the data submitted to the subcommittee. I included it here as a quick reference. This data was supplied to the subcommittee by the department. I will let you draw your own conclusions from this data.

## Oregon Health Science University Area Designations

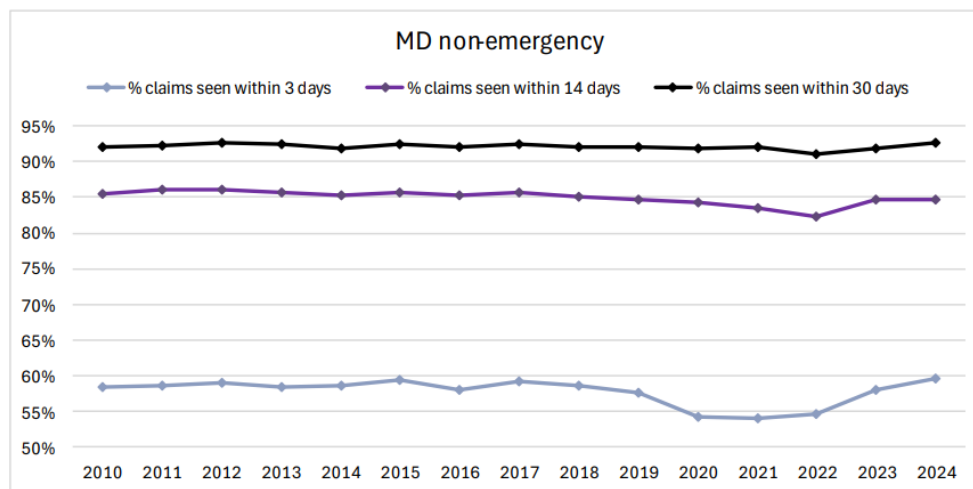
OHSU's Office of Rural Health Designates Areas by zip code or county

- **Urban areas** (Yellow Areas; zip code):  
< 10 miles from center with 40k+ people
  - 65% of Oregon population (2024)
- **Rural areas** (Light Green; zip codes):  
> 10 miles from center of 40k+ people
  - 33% of Oregon population (2024)
- **Frontier areas** (Dark Green) – County with 6 or less people per square mile
  - 2% of Oregon population (2024)

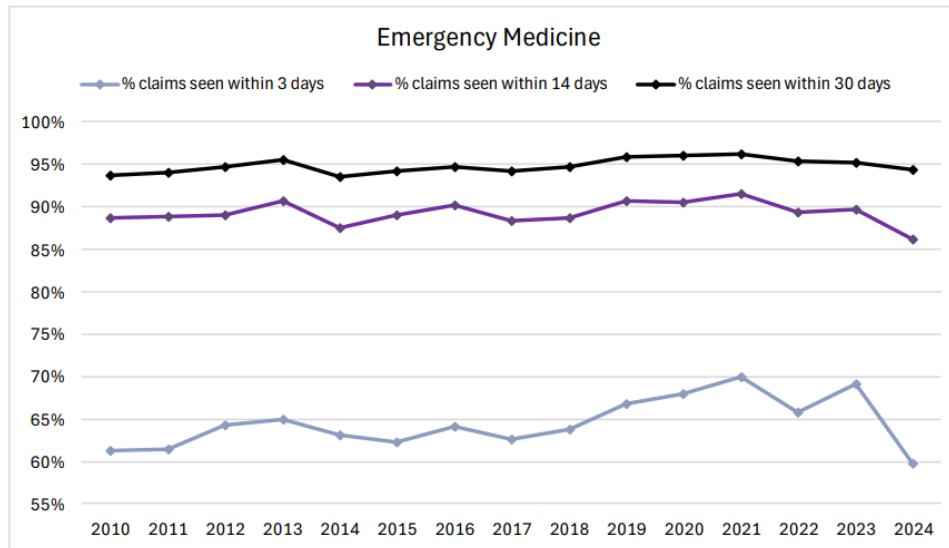
Frontier and Rural areas were combined as "Rural" for analyses.



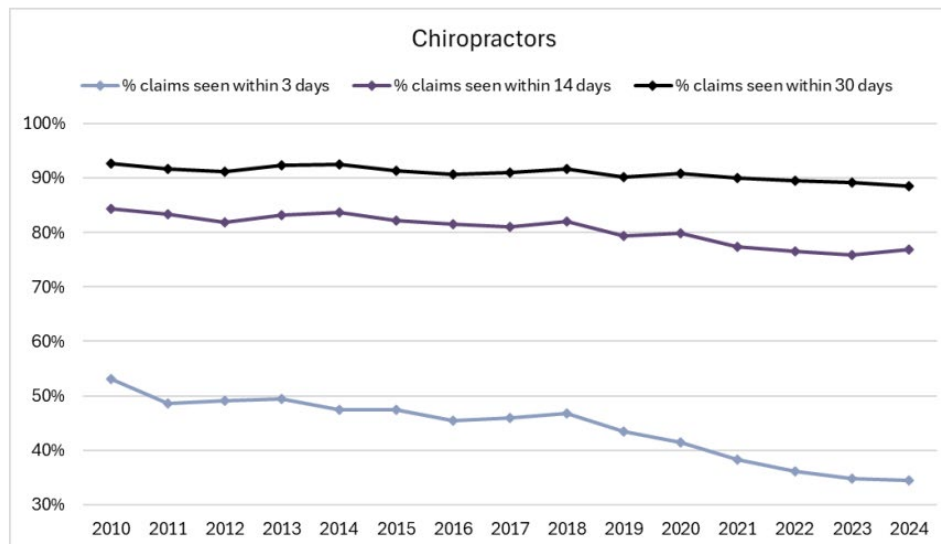
## Non-emergency MDs saw a decrease in percent of claims seen within three days during COVID-19 pandemic, but have since returned to their highest levels



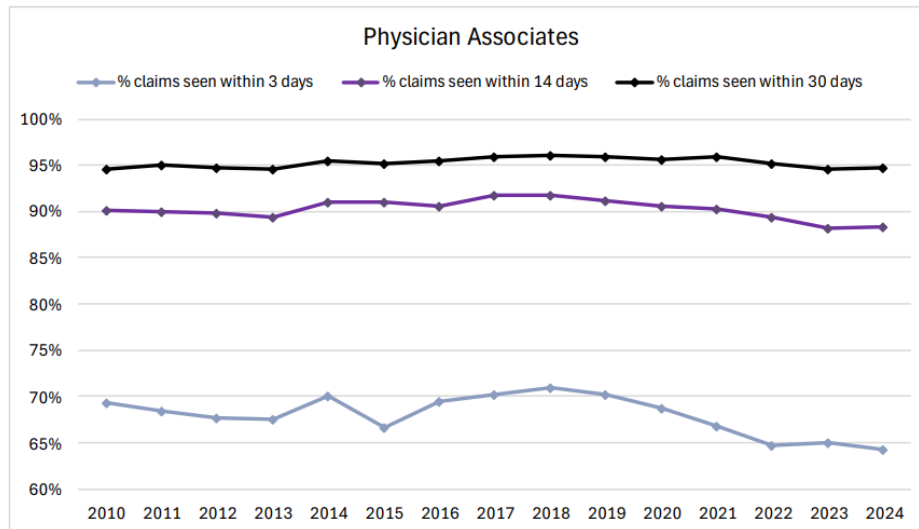
## MDs with Emergency Medicine specialty saw an increase in percent of claims seen within three days during COVID-19 pandemic



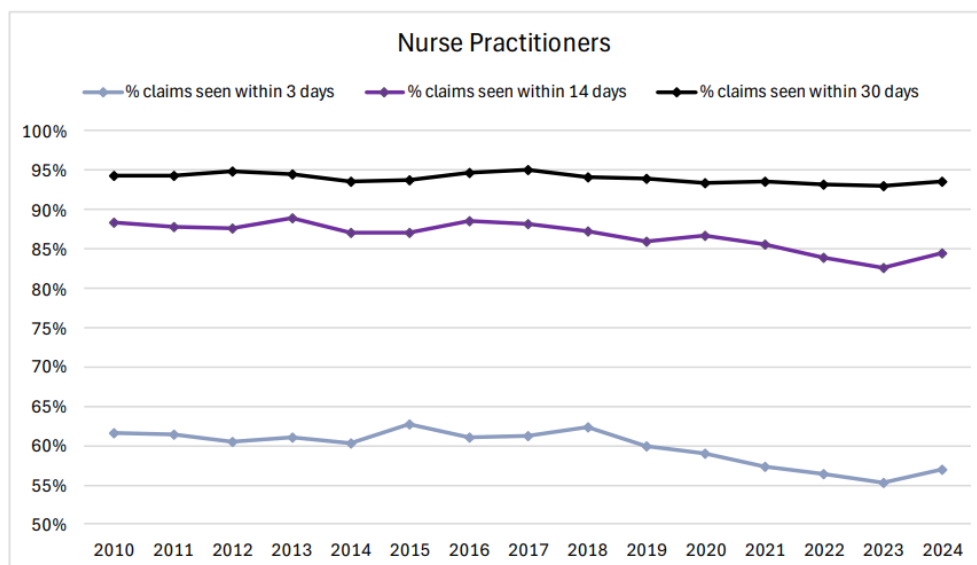
## It is taking longer for claimants to see Chiropractors for Evaluation & Management appointments



**Physician Associates are seeing about the same number of claimants within 30 days at E&M appointments, but fewer earlier in the claim process**



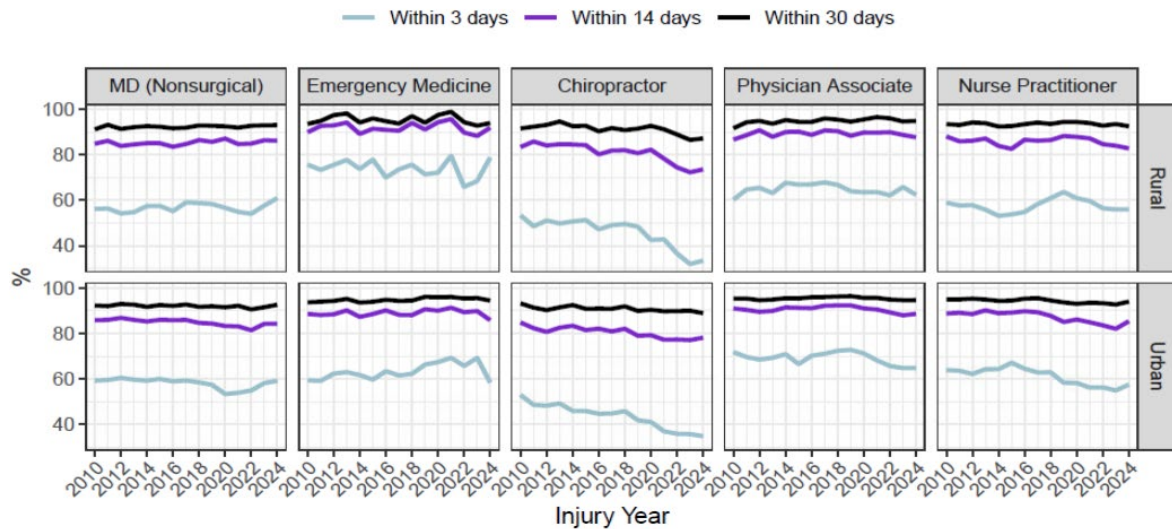
**Nurse Practitioners are also seeing about the same number of claimants within 30 days at E&M appointments, but fewer earlier in the claim process**



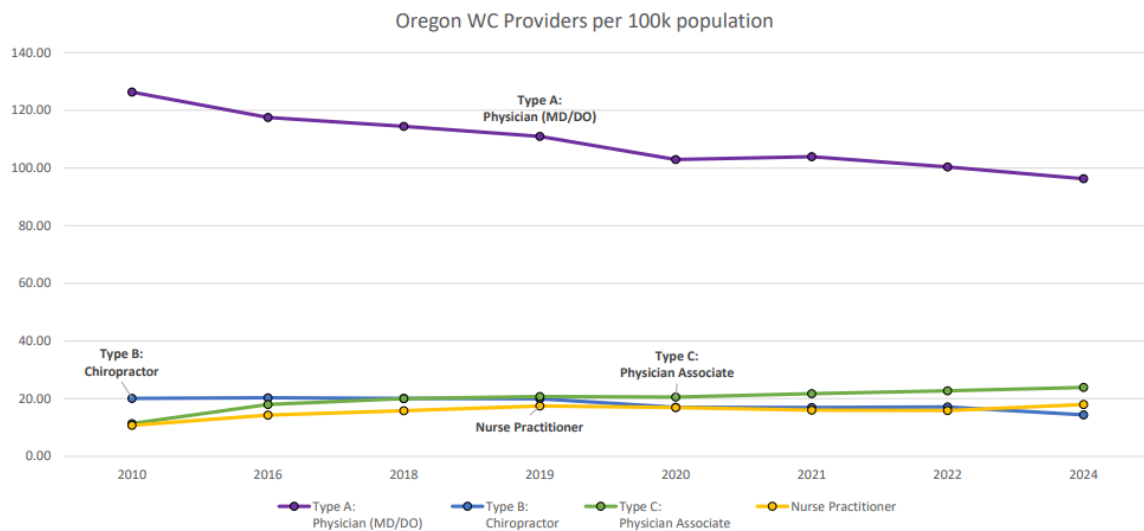
## Rural areas are maintaining their trends better than urban areas

Percent of claimants seen within 3, 14, and 30 days after injury, 2010–2024

First non-emergency E&M visit  
By provider type and area

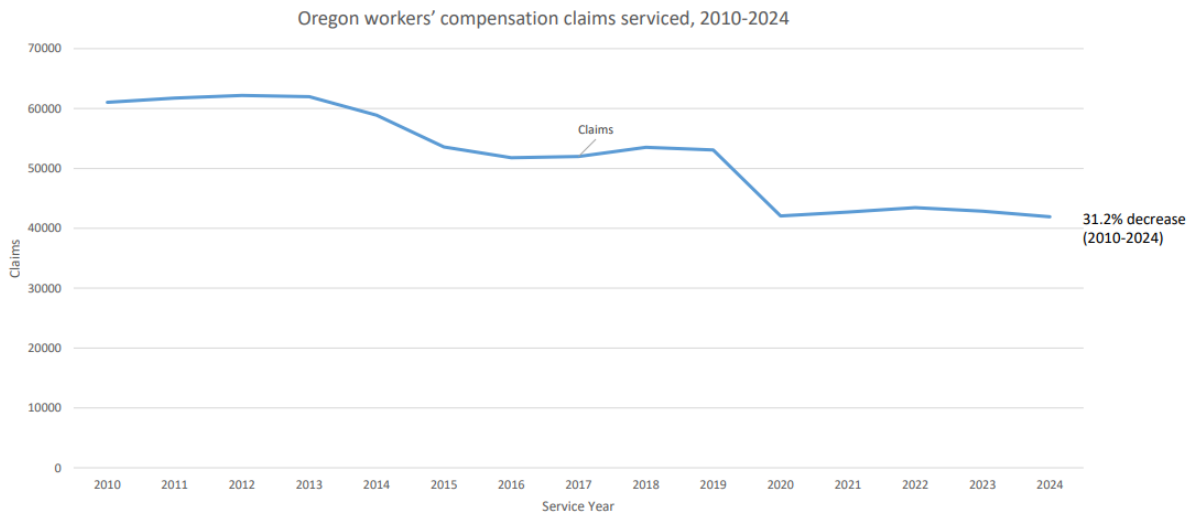


## The number of workers' compensation serving physicians and chiropractors per capita have decreased in Oregon



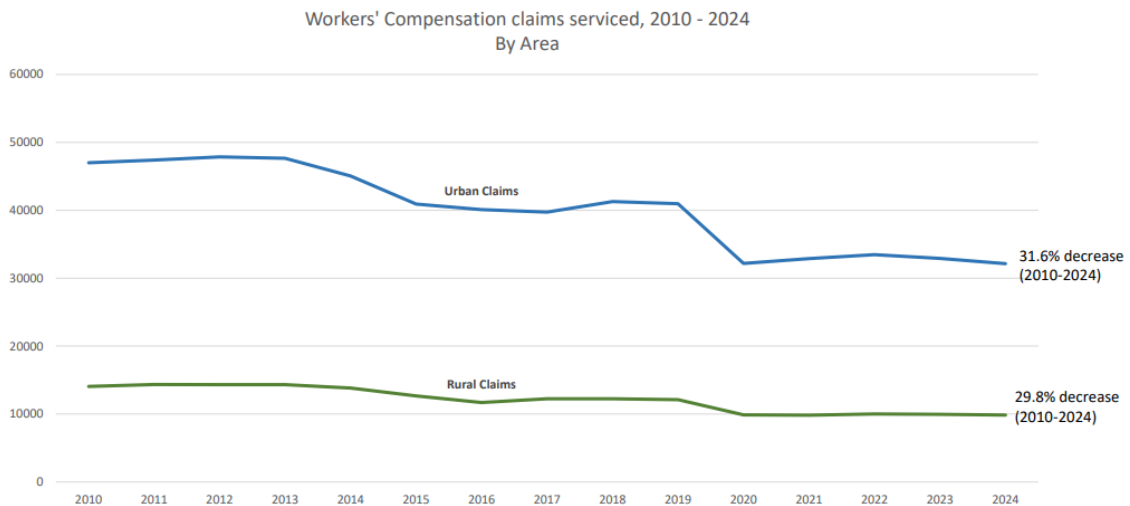
Notes: Population values sourced from Oregon Health Authority's Health Care Workforce Supply Reports (<https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/Health-Care-Workforce-Reporting.aspx>).

## Workers' compensation claims have declined statewide



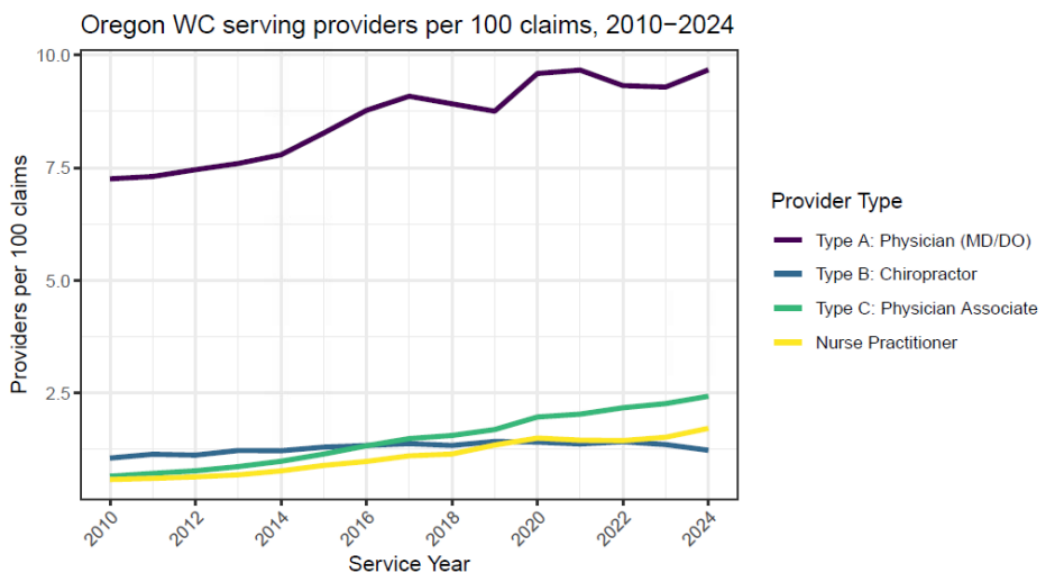
Notes: May include accepted, denied, disabling, and non-disabling claims. Only includes claims that are associated with individual providers. A single claim can be serviced in multiple years.

## The drop in claims has been slightly higher in Urban areas



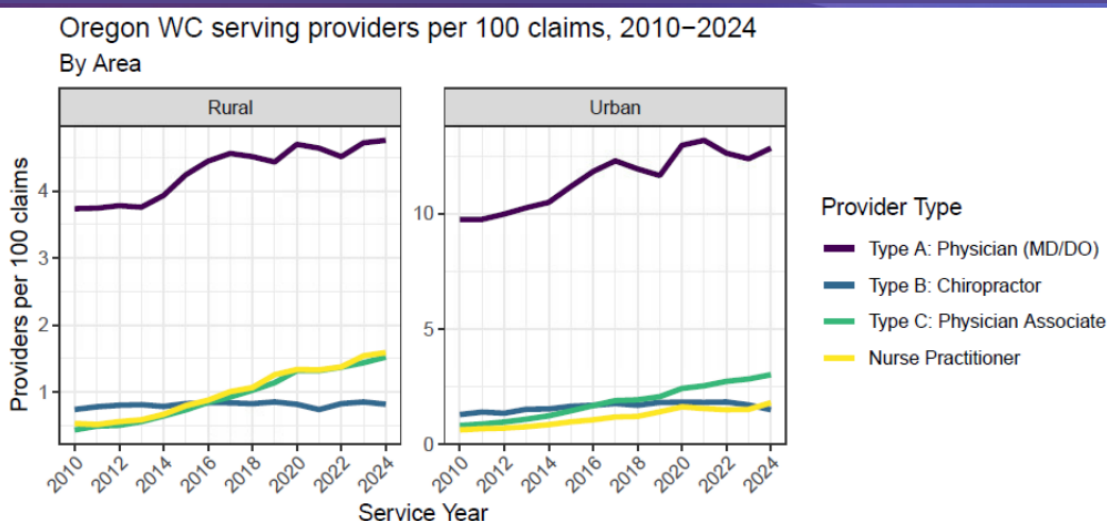
Notes: May include accepted, denied, disabling, and non-disabling claims. Only includes claims that are associated with individual providers. A single claim can be counted in multiple years depending on service date. Areas based on first provider's zip code. Areas from OHSU (<https://www.ohsu.edu/oregon-office-of-rural-health/about-rural-and-frontier-data>). "Frontier" and "Rural" areas combined.

## Available providers per claim is increasing statewide with large gains for PAs and NPs



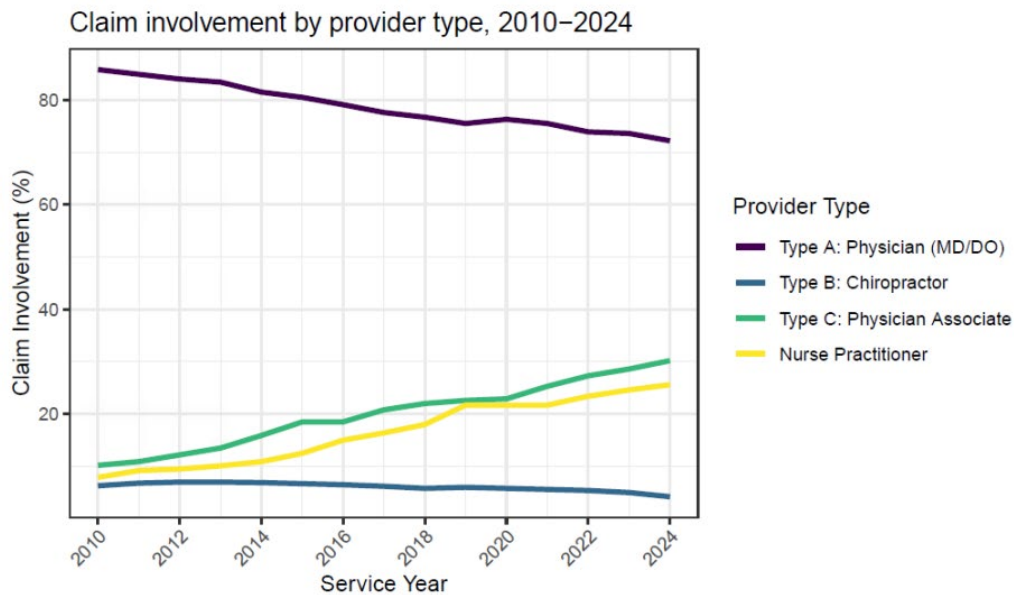
Notes: May include accepted, denied, disabling, and non-disabling claims. Only includes claims that are associated with individual providers. A single claim and provider can be counted in multiple years.

## Available providers per claim increasing across areas but NPs are increasing further in rural areas.

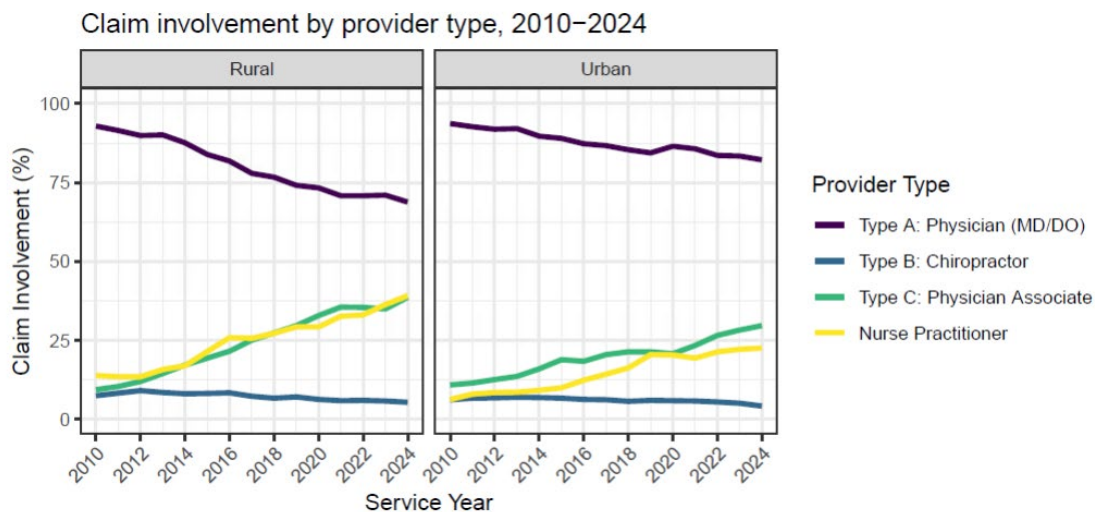


Note: Area based on provider and claimant zip codes. Area types from OHSU (<https://www.ohsu.edu/oregon-office-of-rural-health/about-rural-and-frontier-data>) "Frontier" and "Rural" areas combined. A single claim and provider can be counted in multiple years if services occur across years. A single claim can be counted in multiple areas.

## Despite increase in availability, physician and chiropractor involvement in claims is decreasing with NPs/PAs filling a larger role

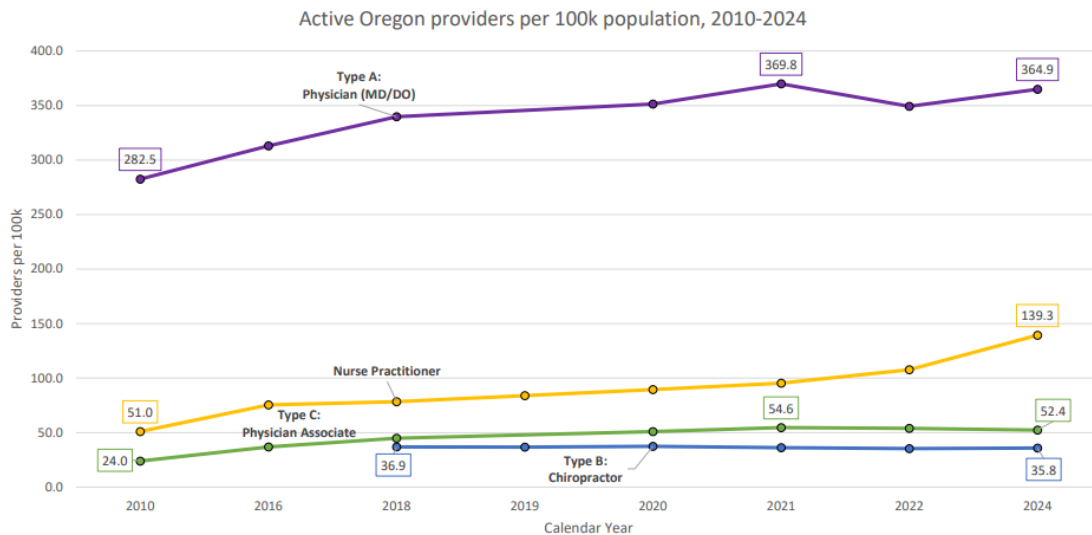


## The decrease in physician claim involvement and increase in PA involvement is stronger in rural/frontier areas



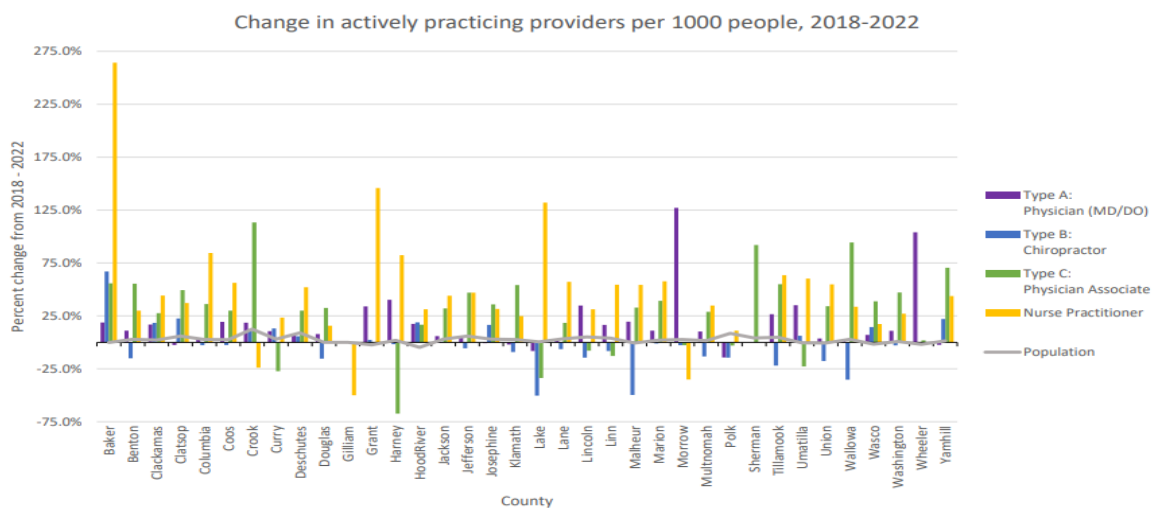
Note: Area types from OHSU (<https://www.ohsu.edu/oregon-office-of-rural-health/about-rural-and-frontier-data>)  
 "Frontier" and "Rural" areas combined. Area based on provider zip code. A single claim can be serviced in multiple areas.

## The pool of providers actively practicing in Oregon is generally outpacing or matching its population growth...



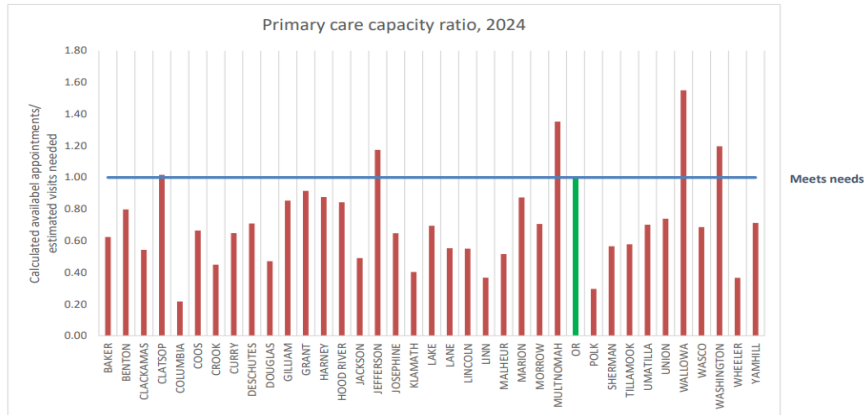
Notes: Active provider estimates, and population values sourced from Oregon Health Authority's Health Care Workforce Supply Reports (<https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/Health-Care-Workforce-Reporting.aspx>). Physician and Physician Associate data missing for 2019, Chiropractor data unavailable before 2018.

## ...and this can be seen across most Oregon counties



Notes: Active provider estimates, and population values sourced from Oregon Health Authority's Health Care Workforce Supply Reports (<https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/Health-Care-Workforce-Reporting.aspx>).

## Despite the pool of available providers increasing, most Oregon counties do not have capacity to meet their patient needs



Source: Oregon Rural Health Areas of Unmet Health Care Needs 2024 Report (<https://www.ohsu.edu/oregon-office-of-rural-health/health-care-need-designations>). The primary care include general and family physicians, pediatricians, obstetrician-gynecologists, internists, primary care physician associates, and primary care nurse practitioners. Calculated available appointments based on provider FTE, estimated visits needed based on demographics

## There are multiple reasons for the increase in patient demand

Oregon provider supply has grown, but patient demand has also increased

- There are now more insured individuals able to receive affordable care
  - Percentage of uninsured Oregonian's has decreased from 14.6% in 2011 to 2.7% in 2024  
Source: OHA (<https://www.oregon.gov/oha/HPA/ANALYTICS/pages/ohis-coverage.aspx>)
- The population in Oregon is skewing older
  - Percentage of population over age 65 has increased from 13.5% (518,786) in 2010 to 19.9% (848,078) in 2024  
Source: Portland Population Research Center  
(<https://www.pdx.edu/population-research/population-estimate-reports>)
  - The 65+ age group has 4x the number of office visits as 1-44 year-olds and nearly 2x the visits of 45-64 year-olds  
Source: CDC Characteristics of Office-based physician visits by age, 2019
- > 50% of Oregonians have at least one chronic medical condition (e.g., diabetes, arthritis, heart disease etc.)

Source: Oregon Health Authority Chronic Conditions and Risk Factors  
(<https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/CHRONICDISEASE/DATAREPORTS/Pages/Adult-Prevalence.aspx>)

# Summary

- **Time to first non-emergency E&M visit has increased since 2010**
  - Fewer claimants are seen within 3 days of injury across multiple provider types
- **There are more providers available per workers' compensation claim**
  - This is primarily due to decreases in the overall number of workers' compensation claims not increases in provider supply
- **Nurse practitioners and physician associates have increased their involvement in workers' compensation claims while physician involvement has decreased**
  - This could partially explain increases in time to first appointment for these groups
- **Overall providers active in Oregon have outpaced its population growth, however, demand has increased further leading to inability to meet capacity statewide**

## Conclusion;

Being injured on the job is highly disruptive to a worker's family life and their relationship with their employer. The employer wants their employee back, and the employee wants to continue functioning and benefiting their employer. The family of an injured worker regains its normal balance when the injured worker returns to work.

It is my opinion that an injured worker who is damaged needs to be treated quickly, rehabilitated through physical therapy, and when medically stationary, put back to work as soon as possible. A conclusion that I draw from listening to the providers testify, discussions with providers, and my experience within the workers' compensation system is that maintaining a medical clinic is a challenging endeavor. The provider is hiring extra staff to handle Workers' Compensation claims. There is a steep training factor in bringing staff up to speed, especially in billing.

The stresses of staying competitive, maintaining cash flow, making payroll, and providing benefits for staff contribute to work-life fatigue and a reduction in work-life balance. Providing benefits, such as retirement plans, to both providers and staff is a significant expense.

In the slide, the number of providers for workers' compensation per hundred thousand citizens shows that there are approximately 157 providers per hundred thousand Oregonians. If we apply this to 2,082,000 workers,  $20.8 \times 157 = 3,265.6$  workers' compensation medical providers.

## Workers Benefit Fund (WBF)

The purpose of Oregon's Workers' Benefit Fund (WBF) is to provide a variety of benefits and programs for injured workers, their families, and employers, funded through a small, cents-per-hour assessment on worker payrolls. Its key functions include paying for cost-of-living increases on older permanent total disability (PTD) and death benefits, funding incentives for employers to implement return-to-work programs, and providing benefits to families of workers who die from workplace injuries or diseases.

### What the WBF Funds

- **Retroactive Program:**

This program provides cost-of-living increases to workers who were permanently and totally disabled or to the families of workers who died from workplace injuries or diseases before 1990.

- **Return-to-Work Programs:**

The WBF funds incentives for employers to help injured workers return to their jobs as quickly as possible.

- **Other Programs:**

The fund supports various other programs that assist injured workers and employers within the Oregon workers' compensation system.

### How it's Funded

- The WBF is funded by a cents-per-hour assessment, which both employers and employees pay.
- The current rate is set by the Department of Consumer and Business Services (DCBS), which annually reviews and may adjust it to meet fund balance requirements.
- Employers are responsible for withholding their employees' half of the assessment from their wages and then paying the full amount to the state.

## Concept Proposal

The workers' benefit fund has been designed and funded to provide benefits to injured workers. I propose that we utilize the workers' benefit fund as a mechanism to retain medical providers who treat injured workers.

*While we could use the workers' benefit fund FTEs to help administer the medical provider retirement fund, they would be standalone funds. These funds could be invested as one fund to*

*maximize benefits. Still, they would be administered separately from the workers' benefit fund if the workload became so great, and additional FTEs would be hired to handle the workload.*

*Helping providers fund a retirement supplement would help retain medical providers while benefiting injured workers. I would propose that we use the workers' benefit fund model and accountability to supply a retirement supplement. Amended October 19, 2025.*

The workers' benefit fund could provide dual relief for injured workers and medical providers by providing a retirement supplement to medical providers on a sliding scale. This sliding scale would be based on the number of injured workers seen and treated in a year, from the start of the practice to the retirement and sale/closing of the medical provider-owned clinics. The funding mechanism for a retirement supplement for medical providers would be through an hourly assessment for both the employer and the employee, collected by the employers and submitted to the Workers' Compensation department, workers' benefit fund. The Secretary of State's office would audit the retirement supplement funding every year.

#### **Estimates of our current standing in the workers' benefit fund.**

- Workers' benefit fund current assessments for 2025 stand at a rate of two cents per hour.
- Oregon's nonfarm employment is estimated to be 2 million workers as of 2023.
- The number of farm laborers in Oregon. The number of farm laborers in Oregon is estimated to be 82,000.
- Workers' benefit fund Revenue for 2025 is estimated to be \$ 86.9 million.

The assessment would be accounted separately from the workers' benefit fund assessment for injured workers and employers.

- Investment retirement supplement funds would be through the Treasurer's office of the State of Oregon.
- Audits would be through the Secretary of State's office.
- There would be an increased accounting and administrative burden for the department.
- Medical providers for workers' compensation stand at an estimated 155 per 100,000 Oregonians.
- Retirement supplement amounts at retirement would be based on the percentage of injured worker claims a medical provider treats per year, compared to the number of patients treated.

**Example;**

| Injured Workers'      | Years in Practice    | Retirement Benefit   |
|-----------------------|----------------------|----------------------|
| % Treated In Practice |                      |                      |
| 70% to 100%           | 20-Retirement        | \$ 1000.00 per month |
| 55% to 70%            | 15-19, and 11 months | \$ 750.00 per month  |
| 40% to 55%            | 10-18 and 11 months  | \$ 500.00 per month  |
| 25% to 40%            | 5-9 and 11 months    | \$ 150.00 per month  |

**How do we fund the concept proposal?**

Workers' 2,082,000

Employers, enough to employ 2,082,000

**How Much of an Assessment?**

**1 cent?** For argument's sake, I will settle for 1/8 of a cent per hour for workers and for the employers per hour. Let us see how that works out. For arguments sake, the total assessment between employees and employers would be 1/4 of a cent per hour.

| Employees                                                                                | Employers | Hours in a Month    | Months | Employee/Employer |
|------------------------------------------------------------------------------------------|-----------|---------------------|--------|-------------------|
|                                                                                          |           | straight time hours | 12     | 4,164,000         |
| $\$0.00125 \times 2 = \$0.0025 \times 160 = \$0.4 \times 12 = \$4.80 \times 4,164,000 =$ |           |                     |        |                   |

**Amount Raised per Year: \$19,987,200 for the concept proposal and medical provider retirement supplements.**

**Math Check;**  $0.00125 \times 2 \times 160 \times 12$ 

1. First:

$$0.00125 \times 2 = 0.0025$$

2. Next:

$$0.0025 \times 160 = 0.4$$

3. Finally:

$$0.4 \times 12 = 4.8$$

**The result is 4.8.**

$$4.8 \times 4,164,000 =$$

**Calculate:**

$$4.8 \times 4,164,000$$

Break it down:

$$4.8 = 48 / 10$$

So,

$$4.8 \times 4,164,000 = (48 \times 4,164,000) / 10$$

Multiply  $48 \times 4,164,000$ :

- $4,164,000 \times 40 = 166,560,000$
- $4,164,000 \times 8 = 33,312,000$

**Add them:**

$$166,560,000 + 33,312,000 = 199,872,000$$

Place the decimal (since  $4.80 = 48/10$ ):

Divide by 10:

$$199,872,000 \div 10 = 19,987,200$$

**The result is \$19,987,200.**

My first thought is that this is a pretty significant number.

With the assumption that there are 3265.6 workers' comp medical providers in Oregon, I have no way of knowing the number of injured workers that each practice may treat. As you can see, \$ 19,987,200 is more than enough money to immediately fund six months of retirement supplements for the 3,265.6 medical providers who provide 70% to 100% of their services to injured workers being treated in their practices. While we may not have 3265 providers at 70% to 100% capacity, I hope this gives you an idea of what is possible. We should probably limit the retirement supplements to only those licensed medical providers in Oregon. Implementing this concept would require a statutory change.

I will apologize, and hopefully you will forgive me if I do not provide actual assessment numbers for consideration, as this concept proposal includes numerous estimates and assumptions. I am also sure that it has something that would be objectionable or a nonstarter to almost everyone. Pulling the accurate data could be challenging without cooperation.

Remember, this is a concept proposal that the Department, stakeholders, the Management Labor Advisory Committee, and the Medical Advisory Committee should consider and decide whether this is a possible solution.

Sincerely,

Lon Holston



