

MLAC Subcommittee on Access-to-Care
Summary of Comments from Meetings
September 2025

Objective: Identify key barriers to accessing timely and appropriate care in Oregon's workers' compensation system and to develop evidence-based, stakeholder-informed recommendations that support provider participation, reduce administrative burdens, and improve outcomes for injured workers.

1. Access barriers to provider participation and explore expanded provider roles.

- Delay of care/coordination of care burdens, e.g. difficulty in coordinating diagnostics including access to provider network and time loss delays. Difficulty accessing a specialists (surgeons, neurologist, orthopedics, ophthalmologist); prolonged response time from adjusters, TPAs, etc.;
- Lack of shared provider network among MCOs or large health systems do not allow providers to participate in WC - no response from administrators associated with large healthcare conglomerates (Providence, Kaiser, OHSU, Legacy) to discuss workers' compensation issues.
- Lack of education/certification of workers' compensation billing process.
- Lack of a streamlined process for injured workers' bills to be processed and paid.
- Pre-authorization and other processes that hinder streamlined care and require additional provider office coordination, costing time and money for providers.
- Occupational model vs primary care physician – PCP will not see a patient for a WC injury, complicates or delays initial care
- MCO panels are too small or are too restrictive – there is not a minimum or standard requirement for services lines in an MCO. This limits holistic care options and alternative modalities.
- Lack of networking amongst providers that currently treat injured workers versus those who do not.
- Limitations on mid-levels and other providers – require worker to be transferred out of care if injury recovery process longer than allowed attending privileges. This may deter providers from participating.

2. Identify and recommend policy and system changes that reduce administrative barriers.

- Administrative and documentation burden from MCOs, insurers, and TPAs (20% more paperwork/communicate than in general healthcare)

- Accountability around response time from insurers and TPAs. *This is true for injured workers, legal representation and provider office. Is there any way to improve the response time, or hold person(s) accountable for delaying decisions that result in delay of care?
- Ineffective process for sending approval letters resulting in delays of care and increased time loss: e.g. start date for treatment (Physical Therapy) is based on the written date, rather than the date the injured worker actually begins treatment, causing the injured worker to receive reduced number of visits, and significant back and forth
- Pre-authorization for treatment can be delayed, which leads to increase time loss. Can authorizations be done electronically to expedite the process? Portal?
- Changing adjusters mid-claim is not seamless and causes disruption/delay of care.
- Duplicative documentation or clunky referral/approval process.
- Decision making process is different for accepting treatment for injured workers and involves another layer of approval process/decision making that is not solely based on clinical judgement of provider guidelines in workers' compensation insurance system versus regular healthcare insurance is different.
- Confusion about accepted conditions, co-morbidities and decisions on what is compensable - which leads to delays in care. Treatment of body parts versus the whole person – the role of pre-existing conditions and how this impacts the injured worker.
- Interpretation of HB 2093 – restricting the choice of healthcare providers, workers' right to choose healthcare provider – has led to providing no information or help for the injured worker and leaving it up to them to find the appropriate care for their on-the-job injury. Delays of care, increased time loss.

3. Map system-level pain points and corresponding solutions (*to be discussed at the next meeting*).