

WORKERS' COMPENSATION
MANAGEMENT-LABOR ADVISORY COMMITTEE
Access To Care Subcommittee Committee Meeting

September 26, 2025

9:00 a.m.– 11:00 a.m.

Committee members present via zoom:

Emily Cronan, Oregon Nurses Association

Kim Schlessinger, Samaritan Health Services

Staff:

Teri Watson, MLAC Committee Administrator

Baaba Ampah, MLAC Assistant

Agenda Item	Discussion
Opening	
(00:01:15)	Co-chair Emily Cronan called the meeting to order.
	Summary of ATC concerns
(00:02:10)	Co-chair Cronan shared the ATC table , with the intention to give stakeholders time to review the document and provide feedback. She summarized some of the trends and instances of improving the system that were gathered over the course of the subcommittee.
	Proposal Oregon Trial Lawyer Association (OTLA), Keith Semple and Jovanna Patrick
(00:07:15)	Keith Semple and Jovanna Patrick shared OTLA's proposal to the subcommittee.
(00:13:34)	Co-chairs shared their appreciation.
	Proposal Lon Holston
(00:14:06)	Lon Holston explained his proposal to the subcommittee.
(00:21:12)	Co-chair Cronan shared her appreciation, and noted that she is still trying to understand the costs for Lon's proposal. Co-chair Schlessinger also shared her appreciation, and noted that during the Bend MLAC off-site meeting, an attendee had proposed a similar idea having to do with setting aside money for injured workers' retirement fund.
	Proposal Dr. Saboe
(00:23:25)	Dr. Vern Saboe shared his proposal to the subcommittee.
(00:27:15)	Steve Bennett, American Property Capital Insurance Association (APCIA), shared his concerns about open panels, stating that there is a reason to close

panels due to a necessity that people could get qualified work injury cases, so workers can return to work efficiently.

(00:28:12) It was clarified that Dr. Saboe submitted a legislative concept to his proposal, so when the committee receives that language, it will be posted on the MLAC website and it would be a better time to ask questions.

SAIF - HB 3374 2025 session Ivo Trummer and Elaine Schooler

(00:29:16) Ivo Trummer and Elaine Schooler, SAIF, gave a presentation on [HB 3347](#).

(00:44:02) Lon Holston showed his appreciation and asked about the proposed funding mechanism for SAIF's proposed student loan forgiveness for medical providers. Ivo Trummer answered that the plan is to figure out what funds SAIF has available, it is not system wide and will only be enable by SAIF.

(00:45:45) Steve Bennett, APCIA, stated that the SAIF proposal is a dangerous proposal, and APCIA is in favor of an efficient medical system. He continued that he is in agreeance with OTLA as reforms are needed to be made. APCIA would love to see an improved medical system in Oregon where it is efficient, but SAIF's concept will only help one part of the market. APCIA is against any state run entity competing against the private market. He noted that SAIF is a quasi-state entity that runs more than half the market, and private insurers are not permitted to run health services. Steve Bennett stated he would like a level-playing field between private insurer members and SAIF, and encouraged the subcommittee to propose solutions that would help all stakeholders. Ivo Trummer and Elaine Schooler, SAIF reiterated that the potential MCO (Managed Care Organization) would be open to all insurers to utilize, and clarified that SAIF is not a quasi-state entity, but rather a state entity. They agreed that the Oregon system should be effective and equitable to injured workers.

(00:50:02) Steve Bennett responded that access to care is important to all stakeholders, and should be good for the people competing against private insurers. Ivo Trummer also responded that private insurers are welcome to put forward an amendment if interested. Elaine Schooler reiterated that the SAIF MCO, or partnership with an MCO, will be a separate entity from SAIF, so the competitive advantage may not be as strong as suggested. The SAIF MCO will have its own board of directors appointed by the governor, a firewall with an audit by the workers compensation division; it would be more regulated with oversight. The MCO will provide quality care to injured workers that is appropriate and reasonable.

(00:52:29) Keith Semple, OTLA, mentioned that the delay in care during the pandemic is very significant across the board in all health system. He noted that OTLA would like to begin with recommendations for more providers, and the past subcommittee meetings when providers have presented, none of the providers have expressed the need for an additional MCOs or more guidance from an MCO. Keith Semple mentioned the decline in MCOs could be that more

legislation is needed to decrease the barriers related to MCOs, or the MCO model is not working great. He stated it seemed like some providers stated that MCO might be adding another layer of administrative burden to workers' compensation. Keith Semple suggested looking to see if MCOs are part of an essential system, as there is a lot of interference with the claim functions like trying to direct the claim closure, and coercing providers to not be attending physicians. Elaine Schooler responded that the processes can be improved, and she referenced Dr. Bowman, who acknowledged the benefits of MCOs. She noted that SAIF sees the assistance of MCOs, which includes connecting injured workers with medical specialist when appropriate and ensuring workers return to work.

(00:56:50) Ivo Trummer agreed that the pandemic has made access to care for everyone worse in the healthcare system, but the proposal is in the spirit of trying to change it. Joy Chand, Takacs Clinic, agreed with Keith Semple, noting that the biggest problems for providers is working with insurance companies. She mentioned that MCOs create extra work and delays than non-MCO claims, and questioned if providers are being compensated for the extra work. Joy Chand mentioned that despite MCOs claiming their panels are closed because they have enough doctors, patients have noted not being able to find providers. She concluded that providers need something that work for them that does not create extra work. Joy showed appreciation for the ATC subcommittee, the division and stakeholders for trying to help the providers make the system work.

(01:00:42) Joy Chand confirmed Keith Semple's assumption that providers get paid less in MCO claims because the MCO gets a portion of the reimbursement. She expressed confusion for this reason.

Next Steps

(01:02:15) Co-chair Cronan's statement was confirmed that from now until the next meeting, the subcommittee will gather additional feedback around issues ranging from 'lower hanging fruit' problems to complex systemic challenges; so that there is more time to thoroughly review the issues and its corresponding solutions.

(01:03:50) The next MLAC meeting was scheduled from October 9, 9 -11 a.m. The next MLAC meeting will be the final meeting, where the subcommittee will review additional feedback, and summarize proposals. Final recommendations will be made at the larger MLAC committee meeting in November. All stakeholders must send feedback through Teri Watson.

(01:06:44) Co-chair Schlessinger noted that the subcommittee is compiling issues and summarizing proposals for the subcommittee recommendations. Teri Watson added that in the end, a recommendation letter will be written, and presented to MLAC.

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- (01:08:09) **Public Comment -Stakeholder Feedback***
Thais Lomas, Sedgwick, asked as people are synthesizing responses in October, to consider the Oregon employers and injured workers who have access to MCO enrollment, due to the contract limitation, and explore ways to simplify and provide that access to everyone.
- (01:09:39) Co-chair Schlessinger asked what determines who is enrolled in an MCO. Thais Lomax responded that it depends on the insurance, and whether that insurer has a contract with the MCO. She shared that in her current open claims her team manages, only 30 out of 1,100 are enrolled in an MCO. To Co-chair Schlessinger's question, Thais Lomax confirmed that injured workers who are not enrolled in an MCO can still receive care from any provider who is willing to participate in the workers' compensation system, but they lack the referrals for treatment plans, and coordinated appointment scheduling that MCOs offer, leaving them to navigate care on their own.
- (01:13:59) Keith Semple expressed that none of his clients actively seek MCO enrollment, sharing examples of administrative hurdles and systematic delays in the MCO system. He noted the MCO list is not accurate as it includes contingencies that has caused mechanisms through rulemaking to allow workers to treat outside the MCO when up to three providers are unable to schedule an appointment. Keith Semple mentioned that it is unreasonable that providers give a portion of their bill to the MCO. He noted that he and his clients are opposed to MCOs.
- (01:17:22) Jovanna Patrick thanked participants for their comments and raised concerns about defining "good doctors" within MCOs. She argued that such labels are subjective and often controlled by MCOs, which can exclude qualified providers and prioritize cost-saving over comprehensive care for injured workers. Jovanna urged the reviewing of providers who are not allowed in the MCO before expanding MCOs to continue to allow private companies to decide what a "good doctor" is. Ivo Trummer reflected on Oregon's pre-MCO system in the 1980s, describing it as a crisis with high employer rates and the worst outcomes for workers. He stated that the MCO system helps to manage cost and care; and showed appreciation to the different opinion of OTLA. He commented that although the MCO system may not be perfect, for the most part it does work.
- (01:20:51) Paloma Sparks raised concerns about comments on industry views on "good doctors", noting that everyone is trying to make sure the system works. She highlighted the outdated paperwork process of the workers' compensation system, and suggested improving the paperwork process, by looking at other states for ways to ease that burden. She continued to suggest streamlining and adopting modern technology, like provider portals, that could improve efficiency and access. Paloma Sparks shared she has just begun looking into solutions herself.
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(01:24:10) Co-chair Cronan shared her appreciation, and expressed that the predominant concern is to improve the experience of injured workers.

(01:25:34) Co-chair Cronan adjourned the meeting at 10:26 a.m.

*These minutes include time stamps from the meeting video found here:

<https://www.youtube.com/watch?v=k9fJ-w1KZhQ>

**Referenced documents can be found on the MLAC Meeting Information page here:

<https://www.oregon.gov/DCBS/mlac/Pages/access-to-care-subcommittee.aspx>