

NORTHWOOD HEALTH CENTER

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DANIEL J. MILLER, D.C., P.C. MARLON JOHNS, D.C. MAKSIM SHCHEGKYAK, L.AC.

CHIROPRACTIC REHABILITATION ACUPUNCTURE MASSAGE DECOMPRESSION WEIGHT LOSS

January 19, 2026

Teri Watson, Coordinator
Management-Labor Advisory Committee (MLAC)
350 Winter Street NE

Dear Ms. Watson;

I do not agree with the proposal to expand attending provider status to physician assistants (PA) or nurse practitioners (NP), considering their education is limited and focused. However, if Oregon expands any attending authority, it should do so consistently and based on clinical competency and outcomes.

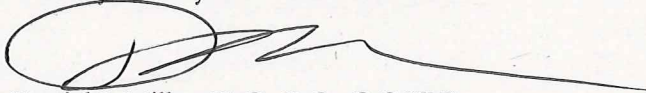
The majority of workers' compensation claims involve musculoskeletal sprain/strain-type injuries. Chiropractic physicians have a larger scope of practice than PA's or NP's, and are specifically trained to diagnose and provide hands-on, non-pharmacologic treatment for these conditions. Excluding chiropractors while expanding attending status to providers who do not deliver hands-on musculoskeletal care creates an imbalance that disadvantages injured workers and increases reliance on prescription medications.

Chiropractors receive more extensive class-room training in orthopedics, neurology, radiology, differential diagnosis, and manual treatment than all other providers, including MD's. They routinely manage work-related injuries conservatively, coordinate return-to-work care, with better patient satisfaction and do so without prescribing opioids or other high-risk medications.

Peer-reviewed studies show that early access to chiropractic care is associated with lower opioid use, fewer downstream procedures, faster return to work, and lower total workers' compensation costs.

If LC-241, Section 49 expands attending provider authority, chiropractors should be included as full attending providers for Workers' Compensation injuries. This aligns with Oregon's goals of improving outcomes, reducing opioid exposure, and controlling system costs.

Thank you for your consideration.



Daniel J. Miller, D.C., P.C., C.C.W.P.



From: [Michael Nelson](#)
To: [AMPAH Baaba * DCBS](#)
Subject: opposition to LC-241 Section 49
Date: Wednesday, January 21, 2026 6:41:48 AM

You don't often get email from info@renovo chiropractic.com. [Learn why this is important](#)

To Whom it may concern,

I wish to oppose this bill as it offers "full physician status" to those not trained for it. They would only prescribe medication instead of treating patients. Opioid addiction and prescription is higher among medical than chiropractic patients. Prescribing pain medications without physical treatment is similar to removing the batteries from the smoke alarm without first figuring out why it's sounding in the first place.

Sincerely,

Michael A. Nelson, DC

Renovo Chiropractic
2137 NW HWY 101, Ste C
Lincoln City, OR 97367
Phone: 541-961-8116
Fax: 541-614-0963
renovo chiropractic.com

From: [Michael Lell](#)
To: [WATSON Teri A * DCBS](#); [AMPAH Baaba * DCBS](#)
Cc: [Rep Nosse](#); [Rep Munoz](#); [Rep Nelson](#); [Rep McIntire](#); [Rep Diehl](#); [Rep Javadi](#); [Rep Harbick](#)
Subject: Opposition to LC-241, SECTION 49, Pg. 64
Date: Monday, January 19, 2026 7:39:30 PM

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To Whom It May Concern,

This proposal is not in the best interest of injured workers, I respectfully ask you not support this change to Oregon law.

Nurse practitioners and PAs are limited to a prescription pad as per their treatment of injured workers presenting with the most common and costly work-related injury e.g., lower back, neck and mid back sprain/strain injuries.

These providers prescribe primarily pain medications and muscle relaxers which actually increase loss work days/time loss rather than keeping injured workers on the job.

Please vote no on this proposed legislation

Respectfully,

--

Michael Lell
Beaverton, Oregon

From: [Tony Marasco](#)
To: [AMPAH Baaba * DCBS](#)
Subject: Opposition to LC-241, SECTION 49, Pg. 64
Date: Monday, January 19, 2026 3:28:33 PM

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To Whom It May Concern,

Please accept this letter as my formal public comment requesting that MLAC oppose the section allowing Nurse Practitioners (NPs) and Physician Associates (PAs) to be designated as Attending Physicians within the state's Workers' Compensation system.

The majority of NPs and PAs do not possess the education or clinical training necessary to independently manage most work-related injuries from start to finish. Similar to many Occupational Medicine physicians, NPs and PAs frequently refer injured workers to physical therapists, chiropractors, and other specialists who are more specifically trained in the evaluation and treatment of occupational and musculoskeletal injuries. Allowing injured workers to remain with a single, appropriately trained provider would reduce unnecessary referrals, duplicative examinations, and overall case costs for insurers such as SAIF.

If any provider group should be added to full Attending Physician status, it should be Chiropractic Physicians. Chiropractic Physicians are fully licensed physicians with specialized training in the evaluation and treatment of musculoskeletal injuries and a significant percentage of work-related injuries. Restoring this status would also meaningfully improve access to care for injured workers. Over the past several months, my provider team has encountered repeated challenges securing continued care for patients once the 60-day period expires. This issue is not due to a shortage of NPs or PAs, as they are already permitted to treat injured workers under a Medical Doctors supervision. Rather, there is a significant lack of NPs, PAs, and Medical Doctors willing to accept Workers' Compensation cases at all.

As a result, many injured workers are forced to travel throughout the metro area in search of care, and too often discontinue treatment entirely before their injuries are fully resolved. Allowing patients to remain with a single, qualified provider would not only improve clinical outcomes but also reduce administrative burden and avoid the additional examination costs associated with transferring care among multiple providers, further decreasing overall claim values.

Thank you for taking the time to consider my comments. I respectfully request confirmation that this public comment will be presented to and heard by the committee on Thursday, January 22, 2026, at 10:00 a.m.

Sincerely,

Anthony Marasco, DC
WellCore Health and Chiropractic
862 SE Oak St, Ste 2A
Hillsboro, OR 97123
503-648-6997

From: marlonj@northwoodhealthcenter.com
To: [AMPAH Baaba * DCBS](#); [WATSON Teri A * DCBS](#)
Subject: Opposition to, LC-241, SECTION 49
Date: Monday, January 19, 2026 6:31:14 PM

Some people who received this message don't often get email from marlonj@northwoodhealthcenter.com. [Learn why this is important](#)

Dear Ms. Watson

I oppose the proposed legislation in LC 241, Section 49, which would grant full attending provider status to physician associates (PAs) and nurse practitioners (NPs). While PAs and NPs have important roles in healthcare, they do not receive physician-level training. Although they may legally prescribe certain medications, this does not provide the first-contact, primary care education and clinical preparation of fully licensed physicians.

If Oregon elects to expand attending provider status under LC-241, Section 49, that expansion should be grounded in clinical competency of the providers, patient outcomes, and alignment with the needs of injured workers. From that perspective, chiropractors should be included as attending providers for workers' compensation cases.

Most workers' compensation claims involve musculoskeletal conditions such as sprains, strains, and related functional impairments. Chiropractic physicians are extensively trained in the diagnosis and conservative management of these conditions, with focused education in orthopedics, neurology, radiology, differential diagnosis, and hands-on treatment. Their clinical role is directly aligned with the types of injuries most commonly seen in the workers' compensation system.

Evidence in the peer-reviewed literature demonstrates that **early access to chiropractic care is associated with reduced opioid utilization, fewer invasive downstream procedures, faster return to work, and lower overall claim costs. Excluding chiropractors while expanding authority to other provider types** who are less directly trained in manual musculoskeletal care is inconsistent with Oregon's stated goals of improving outcomes, controlling costs, and **addressing Oregon's statewide opioid addiction crisis.**

For these reasons, I respectfully urge inclusion of chiropractic physicians as full attending providers should any expansion of attending authority move forward.

Thank you for your time and consideration.

Dr. Marlon Johns

From: mja@hillsdale-chiropractic.com
To: [AMPAH Baaba * DCBS](#)
Subject: Opposition to LC-241, SECTION 49, Pg. 64
Date: Monday, January 19, 2026 9:05:35 AM

You don't often get email from mja@hillsdale-chiropractic.com. [Learn why this is important](#)

To Whom It May Concern,

Please let this serve as an official request for public comment that MLAC should oppose the section above allowing Nurse Practitioners and Physician Associates to be added as Attending Physicians in the states Workers Comp system.

They neither have the training nor education or skillset to manage the majority of the musculoskeletal injuries we see on a daily basis in the industry. If anything, Chiropractic Physicians should be returned to full Attending Physician Status as we are fully licensed physicians trained to not only evaluate but treat the majority of musculoskeletal cases. NPs and PAs only have the ability to evaluate and refer for the type of work DCs are able to perform and manage. NPs and PAs can prescribe meds under the license of an attending MD or DO and other than that drive up the cost to manage the claims due to not being able to directly manage the patient outcomes.

I would like to receive a response that this public comment will be heard by the committee on Thursday 1-22-2026 at 10 am.

Thank you,

Michael J. Arnot, D.C.
Chiropractic Physician
OCA Board of Directors
Hillsdale Chiropractic & Rehabilitation Center
6339 SW Capitol Hwy. Portland, OR 97239
503-246-1881 Fax 503-246-1557
www.hillsdale-chiropractic.com

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From: mja.hillsdale-chiropractic.com
To: [WATSON Teri A * DCBS](#)
Cc: [Rep Nosse](#); [Rep Munoz](#); [Rep Nelson](#); [Rep McIntire](#); [Rep Javadi](#); [Rep Harbick](#)
Subject: RE: Opposition to LC-241, SECTION 49, Pg. 64
Date: Sunday, January 18, 2026 7:13:26 AM

You don't often get email from mja@hillsdale-chiropractic.com. [Learn why this is important](#)

To Whom It May Concern,

This proposed change to Oregon's workers' compensation law would inappropriately give full attending "physician" status to physician assistants (PAs) and nurse practitioners, please vote no on this proposal.

PAs and nurse practitioners do not receive "physician" level education and clinical training they are not physicians. Additionally, PAs and nurse practitioners with extremely rare exceptions perform no "hands-on treatment" of Oregonians injured on the job suffering common back and neck injuries. Hands-on treatments meaning spinal or extremity (shoulder, elbow, wrist/hand, hip, knee, foot/ankle) manipulation and/or mobilization, soft tissue work, passive rehab stretching, strain/counter strain, muscle energy work, etc.

PAs and nurse practitioners "treatment," with rare exceptions, consist of a prescription pad and nothing more. These providers prescribe primarily pain medications and muscle relaxers. Simply because PAs and nurse practitioners successfully gained legislation now allowing them to prescribe potentially harmful medications, this simply does not equate to having received physician level training and clinical skill sets.

Please vote **no** on this proposed legislation,

Sincerely,

Michael J. Arnot, D.C.
Chiropractic Physician
OCA Board of Directors
Hillsdale Chiropractic & Rehabilitation Center
6339 SW Capitol Hwy. Portland, OR 97239
503-246-1881 Fax 503-246-1557
www.hillsdale-chiropractic.com

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From: [John-Paul Whitmire DC](#)
To: [AMPAH Baaba * DCBS](#)
Subject: statements/testimonies at the full MLAC committee
Date: Wednesday, January 21, 2026 10:39:43 AM

Thanks for reading my comments in regards to my opposition to LC-241 section 49 where the PA's and NP's are given **"full attending physician status"** to workers compensation injured workers cases.

I have worked with nurse practitioners in the past so I have personal experience when I say the average PA or NP has a level of examination ability and understanding the details regarding injuries is very poor. They do not receive the level of training or have the level of clinical skills to manage injury cases. I have had several tell me that their training was glorified " pharmacist training" with most of their training on pharmaceuticals with minimal examination skills. I have worked with several that had minimal abilities of physical examination which is a necessity for case management of injuries.

The PA and NP have no training of hands on treatment skills from Rehab, stretching, or basic palpation skills which are important to understand the orthopedic testing results (that they have minimal training in also). Physical injuries are the most common workers compensation injuries and hands on abilities to evaluate and treat is essential. Medications are symptoms control and there is a need for injury healing and recovery through hands on training or rehab at the bar minimum.

There are rare exceptions to PA and NP learning treatment or rehab techniques to help injured patients but these are rare to find. I have interviewed many as needed additions to my clinic and all have been lacking the skills to treat or evaluate injured patients.

Medications are a necessity often for our injured workers but any sports medicine program would fire you for making that the primary "CURE" for an injured player.

Injured workers improve (like athletes) when they are engaged in physical courses of treatment as soon as possible. The 30 to 90 day wait for PT or rehab while a course of medications are used is less than adequate for getting injured workers back to health and on the job.

Chiropractors are defined as " physicians in Oregon law and are able to be first contact for injured patients as a portal of entry physician. Chiropractic offices provide more detailed examinations than most other providers and prescriptions for patients that have higher outcomes for injured workers in many studies.

Doctors of chiropractic receive physician levels training, have physician level clinical skill sets, do not prescribe medications but are well known for all the known forms of physical therapies and teach home rehab as well in most offices. We are a one stop shop for treating physical injuries without medications.

Oregon still has an opioid epidemic due to overutilization of narcotic for management of pain and injuries which have poor overall outcomes in the research. Chiropractic offers research backed and supported (non-pharmacological) treatments such as chiropractic spinal manipulation, mobilization, soft tissue therapies, rehab therapies, hoe rehab education, and adjunctive therapies

that reduce opioid use while still being highly effective.

I have attached some summarized data to back up my assertions (minimal summaries to avoid boring the reader hopefully).

- *The landmark 1994 study by the federal Agency for Health Care Policy and Research acute low back pain guidelines, not refuted by any subsequent research or guidelines, noted chiropractic spinal manipulation both relieves pain and restores joint function, while pain medications relieve pain but do not restore function.*
- *A 2021 study on chiropractic management of injured workers by the "Workers' Compensation Research Institute" revealed that only 1% of injured workers treated exclusively by chiropractic physicians received opioids vs. 10.3% for those who had not chiropractic management. Study citation: "Wang, D., Mueller, K.L. Murphy, D.R. & Lea, R.D. Chiropractic Care for Workers with Low Back Pain. Cambridge, MA: Workers Compensation Research Institute."*
 - o *A study of 2 million claims spread across 28 states dating from Oct. 1, 2015 through Sept. 30, 2017*
- *This same study on chiropractic management of injured workers also revealed only 4.3% injured workers received an expensive MRI when managed by a chiropractic physician vs. 18.9% who had only medical management.*
 - o *There was a 61% cost savings for injured workers who treated exclusively with a chiropractic physician, case cost average \$1,366 vs. \$3,522 for medicine.*
 - o *Time loss costs, average for cases managed by a chiropractic physician \$492 vs. managed by medicine \$3,604.*
- *A May 15, 2013, Washington State workers' compensation study revealed that approx. 42.7% of injured workers who first consulted a surgeon for back pain ended up having lumbar spine surgery, compared to only 1.5% of those who first consulted a chiropractic physician.*
- *In Washington State unlike Oregon, one-third of all work-related low back injuries are managed by chiropractic physicians.*

Managing workers compensation cases must be properly examined and treated quickly. Delays harm the employer, the employee, and the taxpayers. Delays of treatment of the conditions should not have days to weeks waiting to get started. Professional athletes get started immediately and that is how we should try to treat our injured workers.

Thanks for your time.

John-Paul D. Whitmire DC

Whitmire Chiropractic

1126 Lancaster Dr. NE
Salem, OR 97301
503-362-1002

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January 20, 2026

Teri Watson, Coordinator
Management-Labor Advisory Committee (MLAC)
350 Winter Street NE
RE: Opposition to, LC-241, SECTION 49

Dear Co-Chairs, Scott Strickland (Labor), Patrick Priest (Management) and members of the committee.

Management Labor Advisory Committee (MLAC)
Department of Consumer and Business Services
350 Winter Street NE
Salem, Oregon 97309

RE: Chiropractic Physicians/Type A Providers – Workers’ Compensation

Doctors of chiropractic receive comprehensive 4-year training (please see attached) with a focus on the examination and treatment of common musculoskeletal injuries e.g., lower back, neck, mid back, shoulder, elbow, wrist & hand, hip, knee, foot and ankle injuries. With that said, Oregon chiropractic physicians are first contact portal of entry physician types and defined in Oregon statute as “primary care physicians.”

Doctors of chiropractic perform evidence-based “hands-on” treatments that include but are not limited to, spinal and extremity manipulation and/or long lever mobilization, soft tissue work, physical medicine and rehabilitative services, adjunctive physiotherapy modalities as well as ultrasound, traction, diathermy, laser, interferential current therapy, shock wave therapy and more.

Musculoskeletal injuries are the most frequent and common worker related injury here in Oregon, nationally and internationally. Multiple high quality scientific studies (see attached) have both validated the clinical efficacy and cost savings of chiropractic treatment and management of common musculoskeletal injuries with consistent patient satisfaction of 83% to over 97%. A 2021 Workers’ Compensation Research Institute study of 2 million claims across 28 states revealed a 61% cost savings when injured workers were exclusively treated by a chiropractor, \$1,366 vs. \$3,522. Additionally, 1% of patients treated by a chiropractor were given opioids vs. 10.3% not treated by a chiropractor and 4.3% received an MRI vs. 18.9%.

For these reasons and more we recommend removing the restrictions on chiropractic physicians.

Sincerely,

A handwritten signature in black ink that reads "Amanda Tipton Stiller, DC". The signature is fluid and cursive.

Amanda Tipton Stiller, DC
President

CC: Chairman Nosse and members of the House Health Committee