January 25, 2026

OREGON CHIROPRACTIC ASSOCIATION

Teri Watson

Management-Labor Advisory Committee (MLAC)

350 Winter Street NE

Salem, Oregon 97309-0405

RE: Chiropractic Physicians Clinical Training & Cost of Care

Dear Co-Chairs, Patrick Priest and Scott Strickland and members of the committee,

our focus and goal for all stakeholders should be safeguarding Oregon's injured workers receive timely access to evidence-based safe, effective, and respectful treatment for their work-related injuries.

The Oregon Chiropractic Association wishes to specifically address MLAC's Subcommittee on Access to Care process, the planned interim Summit and Task Force on Access to Care, and to address specific statements made in an apparent MLAC document (Attached) sent to Representative Rob Nosse chairman of the House Health Committee on January 14, 2026, **eight days before the full MLAC meeting on January 22**. This document suggests management and labor had taken the position,

"...while we are supportive of PAs and NPs getting full AP status, we do not think that doing the same for Chiropractors would solve access to care issues for injured workers, nor maintain a balanced approach to care and costs."

However, at the end of the January 22nd full MLAC meeting labor member Margaret Weddell commented,

"Chair, from my perspective we have heard a lot of information from chiropractic physicians encouraging us to change how long they can be attending physicians, and I don't think that I have heard a position from management or actually from labor as a group, or from industry, what their position is on that question. So, I was hoping that at some point in time you know we have had so much information regarding skills and training, and studies about outcomes and cost, will that you would be able to encourage

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a response to those, that we as a group, not just management but, particularly I am interested in management."

Chairman Nosse referring to this MLAC document sent to him Jan. 14, ended with,

"Given all of this, but especially the very last point that the Management Labor Advisory Committee is the appropriate place to continue debate, I cannot move forward with an amendment at this time to the omnibus adding chiropractors. Sorry buddy."

During the long 2025 session SAIF Corp introduced HB-3374 and accepted -3 amendments calling for the removal of all restrictions on physician's associates and nurse practitioners allowing both to serve as attending "physicians," for the life of an injured workers claim. The Oregon Chiropractic Association had also introduced HB-3150 removing the current arbitrary restrictions on chiropractic physicians. The full MLAC did not come to consensus to move either bill creating an interim Access to Care Subcommittee to study these issues further. Emily Cronan (Labor) and Kim Schlessinger (Management) were appointed as co-chairs both nurse practitioners. After stakeholders gave invited input to the two co-chairs during several meetings over the summer, the subcommittee was to have one final meeting with stakeholders wherein a discussion of final recommendations was to occur, unfortunately that meeting never happened instead the two co-chairs simply presented their final recommendations to the full MLAC committee on November 6, 2025.

Those final subcommittee recommendations in part stated, *"The subcommittee recommends Dr. Saboe's proposal* (Oregon Chiropractic Assoc.), *that is currently linked to the SAIF HB 3374 (2025), be withdrawn and re-drafted without HB 3374."* The two co-chairs (both nurse practitioners) then recommend, *"Support a legislative concept that expands nurse practitioners and physician associates to full Type A Providers,"* no action was taken by the full MLAC at that time. However, there was mention in the co-chair's subcommittee report of an interim task force and a summit meeting the co-chairs report specifically stating,

"Stakeholders would like to see the access to care subcommittee continue as a task force to address access to care. The co-chairs would like to recommend a summit meeting in the Spring of 2026 where we bring comprehensive and geographically diverse group of stakeholders together that currently provide healthcare services in Oregon. This summit meeting will look at how we serve our communities as patients, what barriers are faced by injured workers in the healthcare space, and identify the areas of; duplication, delays in care, lack of providers, administrative burden on both providers and patients, regulatory incongruences or redundant obligations, lack of community and provider education operating within workers' compensation system."

These continued interim discussions were anticipated by the OCA to include the removal of restrictions on chiropractic physicians, naturopathic physicians, nurse practitioners, and physician's associates.

However, on January 8, 2026 LC-241, Chairman Nosse's 136-page omnibus bill was posted and then scheduled on the House Health Committee's agenda for January 16. The OCA discovered on page 64 of this 136-page bill a SECTION 49 removing all restrictions on physician associates and nurse practitioners, part of the very issues we anticipated discussing during the planned interim task force meetings and summit planned in Spring of 2026.

On January 8, 2026 I personally contacted Representative Nosse informing him in our opinion the PAs and nurse practitioners were attempting to circumvent the planned interim task force meetings and spring summit and as such perform an "end-run" around the "MLAC process." Representative Nosse asked, who coordinates MLAC?" I informed Representative Nosse Teri Watson was the coordinator and gave him her contact information. I also alerted the MLAC co-chairs attaching LC-241 referencing page 64 and SECTION 49, Co-chair Patrick Priest said he would forward to Ms. Watson.

January 14, 2026 eight days before the January 22 full MLAC meeting, I receive an email from Rep. Nosse with an MLAC document (please see attached) sent to the representative. There are numerous statements made within this document we wish to address but respectful of the committee's time will only address only three of the more important statements these include,

Second paragraph, last sentence, ***"The current treatment matrix for different providers has worked well in the past, and while we are supportive of PAs and NPs getting full AP status, we do not think that doing the same for Chiropractors would solve access to care issues for injured workers, nor maintain a balanced approach to care and costs."***

1. ***"The current treatment matrix for different providers has worked well in the past."*** Respectfully, the current matrix isn't working at all, there is a significant lack of providers of all types. The great majority of medical and osteopathic primary care physicians as well as the PAs that work for them refuse to be involved in workers' compensation claims nor treat injured workers. Recall the December 19, 2012 **"Blue Research"** survey prompted by the Workers' Compensation Division and prepared for SAIF Corp revealed of the **5,000** surveys sent to other medical providers, MDs., DOs, FNP., PAs only **77** (1.54%) completed the survey. Of the 77 medical providers that responded it is unclear how many were actually willing to treat injured workers. In contrast, of the **1,500** surveys

sent to chiropractic physicians **445** (29.67%) responded with the great majority willing to treat injured workers. The "treatment matrix" is not working in part due to most MDs, DOs, FNPs and PAs not wishing to participate in Oregon's workers' compensation system significantly affecting Oregon's injured worker access to timely care.

2. ***"...while we are supportive of PAs and NPs getting full AP status, we do not think doing the same for Chiropractors would solve access issues for injured workers,..."*** As the blue survey indicated the vast majority of the current 1,800 to 2,000 Oregon chiropractic physicians are willing to treat and manage injured workers and we believe would indeed help reduce the access to timely, effective, and respectful care for injured workers.

3. ***"...nor maintain a balanced approach to care and costs,"*** this will be addressed in a moment, specifically **"balance"** and **"costs."**

Fourth paragraph, 5th bullet point, *"**Chiropractors cannot prescribe medication** (different than MD, PA, NP, DO)."*

1. Though an on-going debate within the chiropractic profession Oregon chiropractic physicians to date have chosen not to pursue legislation allowing chiropractors to prescribe the myriads of potentially harmful drugs. The Oregon Chiropractic Association believes there are more than enough prescribers and note Oregon still has an opioid narcotic problem as well as the entire nation. On a personal note, during my now 44 years of clinical practice and an estimated 150,000+ patient visits I can count on two hands the number of patients that were in such severe pain they required power prescription pain medication. These exceptional pain patients were better served with my sending them to the local urgent care clinic down the street or to the Albany General Hospital ED for oral or injected pain medications with instructions on home rest and ice compresses. In my 44 years of clinical experience and that of my chiropractic physician colleagues most patients presenting for chiropractic management who tend to have a lower pain tolerance can adequately manage their pain with limited OTC pain medications such as ibuprofen (Advil) or acetaminophen (Tylenol) during our management of their on-the-job injuries.

   However, with that said commonly prescribed and OTC non-opioid drugs have common mild to serious side effects as well as being known to cause lost work days for example,

a. **Muscle relaxants** e.g., Flexeril, Robaxin, Amrix, Soma etc. Frequently cause drowsiness, dry mouth, dizziness, fatigue, constipation, blurred vision, lightheadedness, headache, nausea, anxiety, trouble sleeping, with more serious risks involving coordination loss, rapid heartbeat, and potential for abuse or dependency.
b. **NSAIDs** e.g., Advil, Ibuprophen, Motrin, Naproxen etc. Lead to upper GI complications in 15% - 60% of acute users. 2% - 4% suffer serious bleeding and perforation of the upper GI track. NSAIDs like Advil are the 2nd leading cause of peptic ulcers, result in 100,000+ hospitalizations and cause 15,000 to 17,000 deaths yearly.
c. **Acetaminophen** (Tylenol). Common side effects include nausea, stomach upset, headache, and trouble sleeping. Less common serious side effects involve primarily severe damage to the liver. Making matters worse acetaminophen is found in over 600 over the counter & prescription medications making it much easier for an injured worker to unknowingly overdose causing damage to their liver. Tylenol results in 56,000 ER visits, 26,000 hospitalizations and some 500 deaths annually.
d. **Gabapentin** (Neurontin, Lyrica) common side effect include drowsiness, dizziness, fatigue, unsteadiness, coordination problems, nausea, vomiting, and swelling in the hands/feet. The FDA has given warnings of possible severe respiratory problems with Gabapentin with no proven benefit for acute, subacute, or chronic low back pain.
e. **Opioids** (Tramadol, Vicodin). Common side effects of Tramadol include nausea, dizziness, drowsiness, headache, dry mouth, sweating and vomiting. Less common more serious risks include seizures, slowed breathing and "serotonin syndrome" requiring immediate medical help. In addition to these symptoms Vicodin is known to cause more allergic reactions or liver/kidney issues, Vicodin combines an opioid with acetaminophen (Tylenol).

On another personal note on August 3, 2023, Governor Kotek signed into law House Bill 2395 known as the, "Opioid Harm Reduction Package," designed as a multi-pronged response to the state's fentanyl and opioid crisis focusing on increasing access to life-saving tools. One month later on September 6, 2023 I found my 28-year-old son Jackson, who was my best friend and certified chiropractic assistant passed away in his little studio apartment, inadvertently exposed to a lethal dose of a friend's <u>legal</u> fentanyl. He loved our patients and they all loved Jackson, fortunately my son had recently return to Jesus Christ as his Savior and Lord I get to see him again. With the passage of HB-2395 chiropractic physicians are now included as mental health care providers. Chiropractic physicians who undergo further training and then certified by the Mental Health & Addiction Certification Board of Oregon can no diagnose and treat substance use disorders (SUD); certified chiropractic physicians now receive reimbursement for these services and have access to opioid antagonists.

2. As noted by the landmark Agency for Health Care Policy and Research acute low back pain guidelines (1994) and not refuted by any subsequent research or guidelines, spinal manipulation both relieves pain and restores joint function while pain medications relieve pain but do not restore joint function. In addition to spinal and extremity manipulation chiropractic physicians also implement, long lever joint mobilization, muscle energy work, and various deep soft tissue treatments to name just a few. Chiropractic physicians also implement a myriad of adjunctive physiotherapies including but not limited to, ultrasound, shock wave therapy, laser, several forms of electrical stimulation, diathermy, mechanical traction, infrared and hot or cold therapy. We also perform when clinically indicated, supervised therapeutic exercise, neuromuscular reeducation, gain training, therapeutic activities, self-care/home management training, orthotic management and training, preventive medicine counseling including but not limited to general healthy living habits, diet, smoking cessation, nursing/lactation and safe sex practices.

Fourth paragraph, 7th bullet point, ***"The average number of visits per (SAIF) claim with a Chiropractor serving as Attending Physician for a sprain/strain is 10.5 visits over 60 days*** & 8th bullet point, ***"This compares to other providers (MD, PA, NP, DO) with an average number of 5.4 visits for a sprain/strain over 60 days."***

1. The 10.5, *"...average number of visits,"* to a chiropractic physician cited by SAIF Corp., would include an initial consultation/history taking, a physical examination as well as actual "hands on" treatment. These "hands-on" treatments typical include but are not limited to, spinal manipulation and/or mobilization, adjunctive physical therapy modalities, such as laser, ultrasound, electrical stimulation, mechanical traction etc. These visits when clinically indicated can also include physical therapy and rehabilitative services such as supervised therapeutic exercise, neuromuscular reeducation, gain training, therapeutic activities, self-care/home management training, orthotic management and training etc.

2. The 5.4 visits by, *"...other providers (MD, PA, NP, DO),"* with rare exceptions are for consultations and reexaminations and no "hands on" treatments. These providers then write prescriptions for medications and/or a trial course of physical therapy by a licensed physical therapist usually both but, for the vast majority provide no "hands-on" treatment of injured workers.

3. Two questions for SAIF Corp., then become, A. what are the average number of visits per SAIF claim to a licensed physical therapist for, *"sprain/strain*? B. What is the average cost per claim for those same visits to a licensed physical therapist?

Fourth paragraph, 9th bullet point, ***"SAIF data shows that the average physical medical costs for a sprain/strain claim is higher with Chiropractors than with other provider types ($1,747 on average versus $1,330 on average with other provider types)."***

1. The, *"...average physical medical costs for a sprain/strain claim are higher with Chiropractors than with other provider types ($1,747 on average versus $1,330 on average with other provider types,"* is a misrepresentation. The other provider types being MD, PA, NP, DO as previously noted do not with rare exceptions, include "hands-on" treatment of an injured worker. MD, PA, NP, and DOs "treatment toolboxes" consist of a prescription pad typically writing a script for medication(s) and/or a trial course of care by a physical therapist, usually both. In our opinion the, *"$1,330 on average with other provider types..."* with rare exceptions, only represents the costs of consultations and examinations and no "hands-on" treatments they write scripts. The, *"$1,330 on average with other provider types,* (MD, PA, NP, DO) also does not include the cost of prescribed medications or their prescribed courses of physical therapy performed by a licensed physical therapist. Lastly, the, *"$1,330,"* likely does not include the cost of first-line imaging e.g., X-rays nor the cost of special imaging e.g., MRI or CT ordered by these same provider types.

2. Alternatively, as first contact portal of entry primary care physicians' doctors of chiropractic perform consultations, physical examinations of injured workers including closing examinations and permanent impairment ratings. Chiropractic physicians take and read their own in-house X-ray imaging when X-rays are clinically indicated. As previously noted, unlike the other provider types, we perform a myriad of "hands-on" treatments including all forms of physical therapy which is in our scope of license to provide and we do not prescribe potentially harmful medications which represent additional direct and indirect (treatment of side effects) costs. Our chiropractic clinics are essentially, "one-stop-shops" for injured workers as a consequence, the SAIF cited $1,747 vs. $1,330 misrepresents.

3. In stark contrast to, *"SAIF data,"* suggesting average claim costs were higher ($1,747 vs. $1,330) with a chiropractic physicians care is a 2021 study conducted by the, *"Workers' Compensation Research Institute"* revealing just the opposite. This study of 2 million claims from 28 states with injuries dating from Oct. 1, 2015 through Sept. 30, 2017, revealed a 61% lower cost when injured workers treated exclusively with a chiropractic physician, $1,366 vs. $3,522. Additionally, time loss costs on average were less for workers who treated exclusively with a chiropractic physician $492 vs. $3,604. Injured workers who treated exclusively with a chiropractic physician also used fewer drugs and had fewer diagnostic imaging scans, 4.3% of injured workers received an MRI scan vs. 18.9% for other provider types. 1%

of the injured workers managed by a chiropractic physician were prescribed opioids vs. 10.3% for medical providers.

Study citation: *"Wang D., Mueller, K.L. Murphy, D.R., & Lea, R.D. (2022). Chiropractic care for Workers with Low Back Pain. Cambridge, MA: Workers' Compensation Research Institute."*

We respectfully ask that MLAC support removing the restrictions on chiropractic physicians, improving access to evidence-based, drug free, effective, and respectful care for Oregon's injured workers.

Sincerely,

Vern A. Saboe Jr., DC., DACAN., FICC., DABFP., DIANM
Oregon Chiropractic Association

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Dear Members of the Oregon Management-Labor Advisory Committee,

Thank you for the opportunity to provide public comment. My name is Dr. Matthew Tompkins, and I am a licensed chiropractic physician practicing in Oregon.

I am writing to formally express my opposition to LC-241, Section 49, which proposes granting physician assistants and nurse practitioners full attending "physician status."

Physician assistants and nurse practitioners play an important role within the healthcare system; however, they do not receive physician-level education or clinical training, nor do they practice at the same scope or depth as physicians. Their treatment model is, with limited exceptions, primarily pharmaceutical in nature and does not include hands-on, restorative care. As a result, patients are often routed toward prescriptions, imaging, or surgery rather than functional recovery.

By contrast, chiropractic physicians are explicitly defined in Oregon law as portal-of-entry, primary care physicians. Doctors of Chiropractic receive extensive physician-level training in diagnosis, imaging interpretation, and evidence-based, non-pharmacologic treatment. Our clinics deliver comprehensive conservative care—including spinal manipulation, mobilization, soft tissue therapies, and physiotherapeutic modalities—without reliance on opioids or other high-risk medications. We function as true one-stop providers for musculoskeletal conditions.

This distinction is not theoretical—it is well documented. Federal guidelines dating back to the 1994 Agency for Health Care Policy and Research study, and supported by subsequent research, demonstrate that chiropractic care both reduces pain and restores function, unlike medication-only approaches. More recent workers' compensation research shows dramatically lower opioid use, fewer MRIs, lower surgery rates, reduced time-loss, and substantial cost savings when injured workers are managed by chiropractic physicians.

Oregon continues to face an opioid and cost-containment challenge. Elevating non-physician prescribers to attending physician status does not address this problem and risks increasing dependency on medications and costly interventions. Strengthening access to proven, non-pharmacologic, physician-led care does.

For these reasons, I respectfully urge the committee to oppose LC-241 Section 49.

Thank you for your time and consideration.

Respectfully,

Dr. Matthew Tompkins, DC
Licensed Chiropractic Physician
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January 22, 2026

Teri Watson, Coordinator
Management-Labor Advisory Committee (MLAC)
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RE: Chiropractors as Type I Physicians

Dear Ms. Watson:

I am writing you regarding ongoing efforts to include Chiropractors as Type I physicians under the Workers' Compensation laws of the state of Oregon.

First, as a claimants' attorney, I can attest to the shortage we have in treating providers willing to serve as attending physicians. This often causes substantial delays in treatment, and burnout amongst the few practitioners willing to become attending physicians. Overall, it creates a system that is sub-par and impossible to navigate.

Second, many workers have already established contact with their neighboring chiropractors for care. It makes sense that they be able to obtain treatment in relation to their work injuries and have continuity of care.

Third, Oregon has one of the broadest scopes of practice for chiropractors in the United States, which includes the ability to act as a patient's initial point of contact for healthcare, capable of providing diagnostic and therapeutic procedures, including the ability to perform well-woman examinations. As such, if the state of Oregon has given chiropractors such authority, it makes sense that the workers' compensation laws reflect the same.

Fourth, Chiropractors are highly skilled and their examinations are incredibly detailed, which is crucial in documenting illness/injury within the workers' compensation jurisdiction where medically stationary status is measured by findings of progress, and compensability determinations rely on proper documentation supported by objective findings.

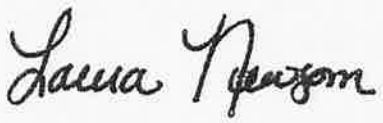
Fifth, a 2021 Workers' Compensation Research Institute study of 2 million claims across 28 states revealed a 61% cost savings when injured workers were exclusively treated by a chiropractor, $1,366 vs. $3,522. 1% of injured workers treated by a chiropractic physicians were given opioids vs. 10.3% not treated by chiropractors. 4.3% of chiropractic patients received an MRI vs. 18.9% for medicine.

Sixth, we need more physicians willing to perform closing examinations. Right now, Attending Physicians are reliant on defense IMEs that lack details and miss crucial determinations such as whether a chronic condition exists. In turn, this leads to appeals of the closures, which overloads the Appellate Review Unit at the Workers' Compensation Division. If chiropractors were given Type I status, they would be able to perform closing examinations.

Seventh, MCOs, such as Majoris, see chiropractors as Type I physicians. If Majoris sees the benefit of using chiropractors as Type I physicians, the state of Oregon should as well.

Thank you for your time in reading my letter. I hope that in the near future, I will be able to send my hard-working clients to chiropractors with management of their claims beyond 60 days.

Sincerely,



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