

Health Care Workforce Costs, 2022-2023

Frontline Workforce Costs for Provider Organizations
included in Oregon's Sustainable Health Care Cost Growth
Target Program

October 2025



OREGON
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About this report

This report explores health care workforce costs in Oregon. This report uses frontline worker data submitted by provider organizations who are subject to Oregon’s Sustainable Health Care Cost Growth Target Program for the 2022-2023 measurement period, along with other sources.

This report includes information for the 24 provider organizations that submitted frontline worker data to the Oregon Health Authority (OHA); it does not include data for all provider organizations who are subject to the Cost Growth Target and does not provide a statewide analysis of all provider organizations or frontline workforce costs.

For additional health care workforce information, please see OHA’s Health Care Workforce Reporting Program: <https://www.oregon.gov/oha/hpa/analytics/pages/health-care-workforce-reporting.aspx>

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For questions about this report, please contact: HealthCare.CostTarget@oha.oregon.gov.

Executive Summary

In 2023, the Oregon Legislature passed a law requiring the Oregon Health Authority to collect information on frontline health care workforce costs from hospital systems and medical groups, also known as provider organizations, participating in the Sustainable Health Care Cost Growth Target Program.

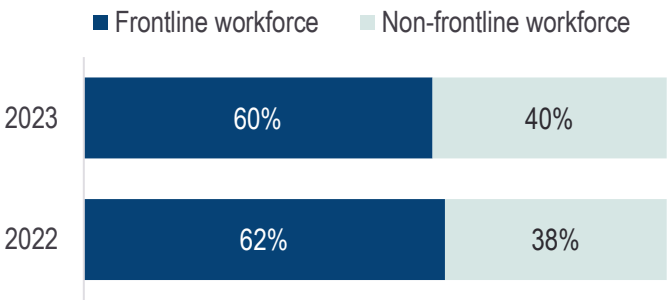
OHA first collected this data from 24 provider organizations in December 2024. This report is the first report analyzing this frontline workforce cost data, presenting data for the years 2022 and 2023.

ORS 442.385(1) defines a frontline health care worker as, “any worker whose total annual compensation is less than \$200,000 ... excluding executive managers and salaried managers.”

Key Findings

A majority of health care compensation costs are for frontline workers.

Frontline workforce compensation was 60% of total compensation in 2023, down from 62% in 2022. In 2023, medium and large-sized provider organizations had greater shares of frontline workers (69% and 64%, respectively), compared to smaller-sized organizations (54%).

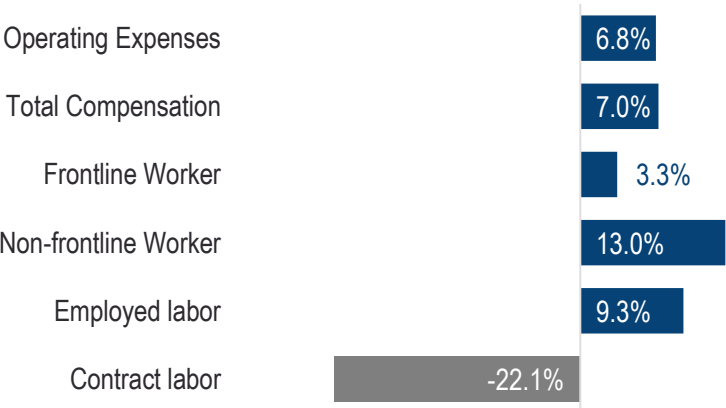


Increases in compensation for non-frontline workers drove total compensation cost growth for provider organizations.

From 2022-2023, frontline worker compensation increased by 3.3%, compared with a 13.0% increase in non-frontline worker compensation.

At the same time, total compensation increased by 7% and contract labor costs decreased by 22%.

Chart displays the percentage change in cost from 2022 to 2023 for provider organizations.



Introduction

This report explores health care workforce costs in Oregon. This report uses frontline worker data submitted by provider organizations who are subject to Oregon's Sustainable Health Care Cost Growth Target Program and other sources.

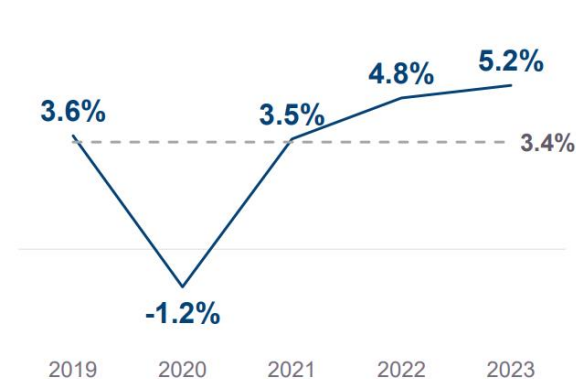
Oregon's Health Care Cost Growth Target aims to contain costs

Health care costs in Oregon continue to grow faster than the rest of the economy, making health care unaffordable for families across the state and straining the budgets of businesses and governments who pay for health care.

In 2023, health care spending in Oregon totaled nearly \$39 billion.¹ In 2023, people in Oregon spent \$9,155 per person on health care.² In 2024, 14.5% of adults in Oregon reported delaying health care due to cost.³ (See [Impact of Health Costs on People in Oregon, 2024](#) for more information about the increasing cost of health care.)

Established in 2019 by the Oregon Legislature, the Sustainable Health Care Cost Growth Target Program analyzes the costs of health care in Oregon and aims to find ways to keep those costs under control. The cost growth target provides a shared goal for how much health care spending should grow each year. Oregon's current cost growth target says the health care costs should not grow by more than 3.4% each year. The cost growth target brings health insurance plans and large provider organizations together to work towards a common goal of holding health care costs down.

Growth in Total Health Care Expenditures, 2018-2023



Each year, OHA collects data from health insurance companies to measure how much people and organizations have spent on health care in Oregon. These data show whether health insurance companies and provider organizations like hospitals and medical groups have been successful at reining in spending and meeting the cost growth target.

The Cost Growth Target Program creates transparency and accountability for cost growth through public reporting, performance improvement plans, and financial penalties. For more information, visit the [Sustainable Health Care Cost Growth Target website](#).

Workforce costs are an important driver of health care cost increases.

As health care costs increase in Oregon and nationwide, workforce costs have emerged as a driver of cost increases. National organizations have reported that that labor costs can represent 50-60 percent or more of all provider organization operating expenses.⁴ And a 2024 Peterson-KFF analysis of federal Bureau of Labor Statistics’ data found that since mid-2021, health sector wages have increased slightly faster than overall average weekly earnings in other sectors.⁵

In recent years, provider organizations have reported that they struggle to hire and retain adequate staffing. To attract more workers, provider organizations have reported a need to increase compensation or pay higher rates to temporary contract workers.⁶

Addressing workforce costs in the Cost Growth Target Program.

In 2023, the Oregon Legislature recognized that rising workforce costs create challenges for provider organizations that are subject to the cost growth target and passed [House Bill 2045](#). This law specifies that if a provider organization’s cost growth in excess of the 3.4% target is due to increases in frontline worker costs, they will not be held accountable to the target through a Performance Improvement Plan (PIP) or financial penalties. The law also requires the Cost Growth Target Program to collect data on frontline health care worker costs from provider organizations participating in the program.

Implementing House Bill 2045

2023	2024	
HB 2045 specified that a provider shall not be accountable for cost growth resulting from total compensation provided to frontline workers.	CGT accountability rulemaking discussions resulted in a new requirement for large and medium-sized provider organizations to submit frontline worker compensation data annually	First frontline worker compensation data submission due to OHA Dec 1, 2024.

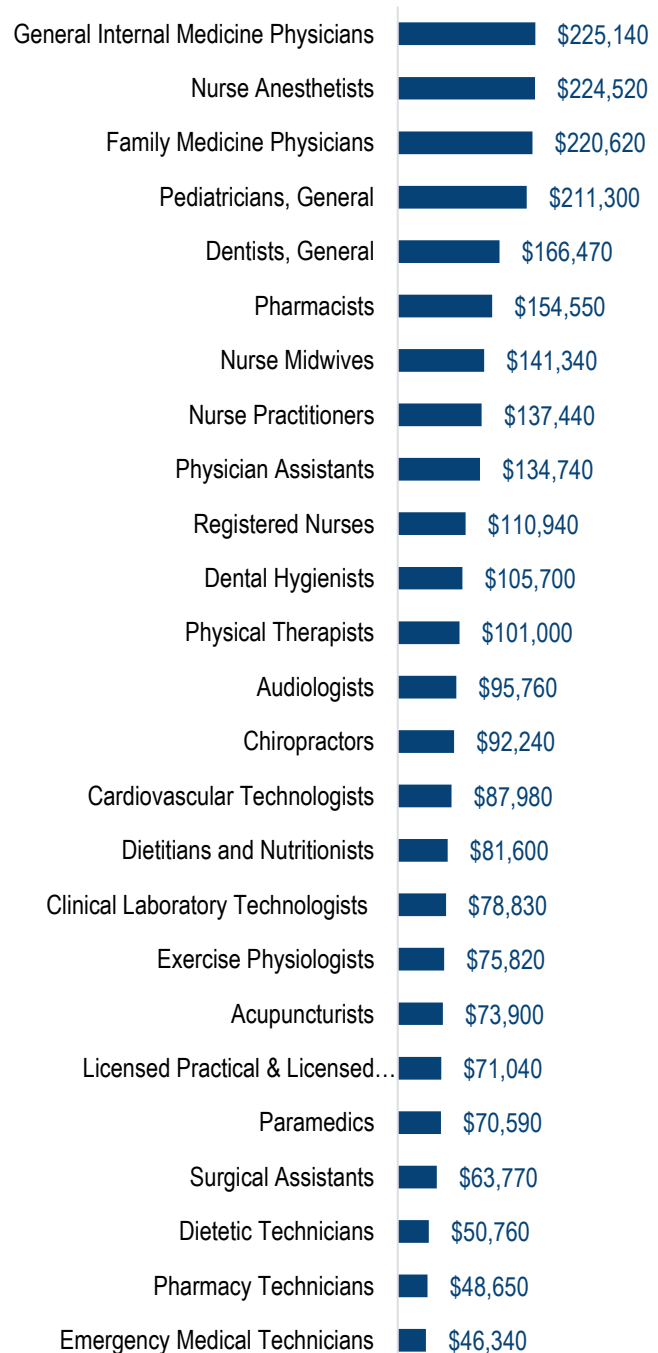
More information about provider organization frontline worker compensation reporting at: <https://www.oregon.gov/oha/HPA/HP/Pages/Cost-Growth-Target-for-Provider-Orgs.aspx>

Who counts as a “frontline worker?”

ORS 442.385(1) defines a frontline worker as “any worker whose total annual compensation is less than \$200,000, adjusted annually to reflect any percentage change in the Consumer Price Index for All Urban Consumers, West Region (All Items) ... excluding executive managers and salaried managers.” Because total compensation for a given worker may vary depending on their skills, experience, occupation, and employer, this definition is likely to identify a wide variety of workers as frontline workers.

Data from the U.S. Bureau of Labor Statistics on wages for health care workers reflect the range of salaries received even in the same occupation. Depending on the provider organization type and size, the frontline worker population may look very different, given variation in salary scales and total compensation packages. Still, there are certain health care professionals that are more likely to be excluded from this definition. Median annual wages for most types of physicians, for example, were high enough to exclude them from the frontline worker category in 2023.⁷

Annual Median Wage for Health Care Professions in Oregon, May 2023



General Internal Medicine Physicians	\$225,140
Nurse Anesthetists	\$224,520
Family Medicine Physicians	\$220,620
Pediatricians, General	\$211,300
Dentists, General	\$166,470
Pharmacists	\$154,550
Nurse Midwives	\$141,340
Nurse Practitioners	\$137,440
Physician Assistants	\$134,740
Registered Nurses	\$110,940
Dental Hygienists	\$105,700
Physical Therapists	\$101,000
Audiologists	\$95,760
Chiropractors	\$92,240
Cardiovascular Technologists	\$87,980
Dietitians and Nutritionists	\$81,600
Clinical Laboratory Technologists	\$78,830
Exercise Physiologists	\$75,820
Acupuncturists	\$73,900
Licensed Practical & Licensed...	\$71,040
Paramedics	\$70,590
Surgical Assistants	\$63,770
Dietetic Technicians	\$50,760
Pharmacy Technicians	\$48,650
Emergency Medical Technicians	\$46,340

Source: Bureau of Labor Statistics, May 2023

What is included in this report?

This report uses data from multiple sources, with a focus on frontline worker data submitted by provider organizations who are subject to Oregon's Cost Growth Target Program.

Beginning in 2024, provider organizations that meet certain requirements must submit annual frontline worker compensation data to OHA. Data submitters provide information about operating expenses, payroll expenses, and compensation for frontline, non-frontline, and contract workers. More information about data submission requirements is posted to [OHA's website](#).

This report only includes data for provider organizations that submitted frontline worker data, which are a subset of all provider organizations subject to the cost growth target. It does not include a comprehensive analysis of all provider organizations in Oregon and does not represent all provider organizations who are subject to the cost growth target.ⁱ

24 provider organizations submitted data on health care workforce costs

This report uses data on health care workforce costs collected from provider organizations for the 2022-2023 measurement period, the first data cycle following the passage of HB 2045.

For this data cycle, 24 provider organizations submitted data on their frontline workforce costs, total compensation, and overall operational costs. Sixteen of the provider organizations were required to report and eight voluntarily reported data.

For this report, OHA grouped the data submitters by size based on the number of full time equivalent (FTE) positions.ⁱⁱ

Which provider organizations are required to submit frontline workforce cost data?

Provider organizations with at least 120,000 attributed member months in cost growth target data, excluding federally qualified health centers (FQHCs) and pediatric providers. For more detailed information about data submitters, see Appendix. B.

- Small organizations are those with less than 1,000 FTE.

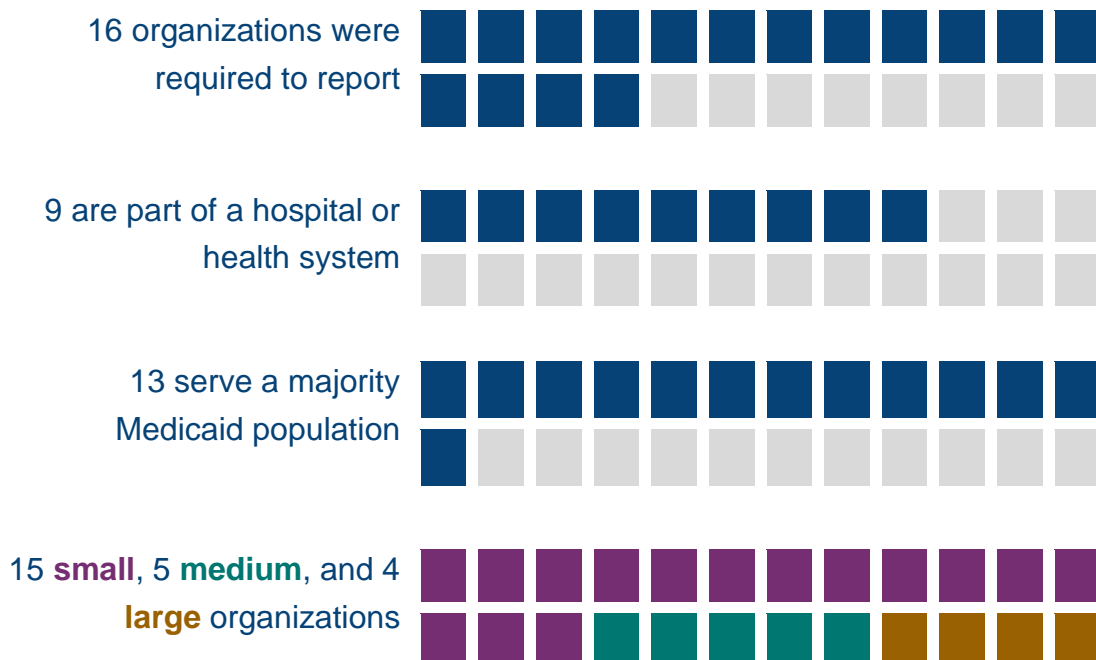
ⁱ In 2024, 52 provider organizations were subject to the Cost Growth Target Program.

ⁱⁱ This categorization may differ from other Cost Growth Target Program reports that group organizations based on the number of attributed patients.

- Medium organizations have between 1,000 and 9,999 FTE.
- Large organizations have more than 10,000 FTE.

The majority of the data submitters (15) had fewer than 1,000 employees, while around a third of entities had at least 1,000 employees. The size of provider organizations in terms of number of employees and overall budget varied significantly. The organization with the smallest operational costs in 2023 spent \$17.6 million and employed around 129 full-time equivalent (FTE) employees, not including contract workers. At the opposite end, the provider organization with the largest operational costs had an operating budget of \$5.3 billion and around 14,425 FTE.

Additionally, around a third of data submitters are part of a hospital or health system, and thirteen data submitters served a population that was primarily made up of Medicaid enrollees, based on 2022-2023 cost growth target data submitted by payers.⁸

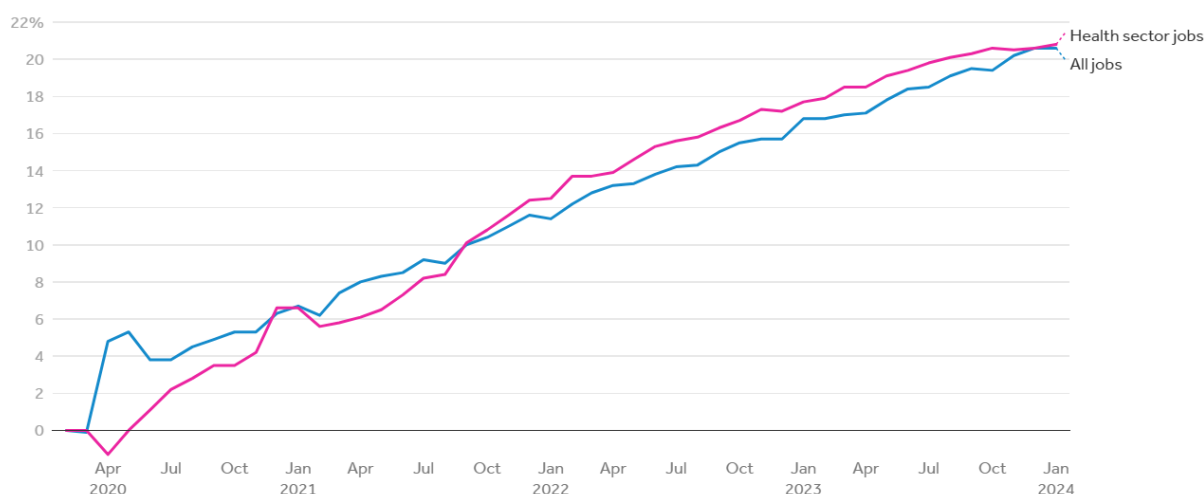


Workforce trends

Nationwide workforce trends

In 2023, nearly 11% of people employed in the U.S. worked in health care jobs.⁹ Wage increases among health care workers nationally have been similar to increases for workers in other sectors; from February 2020 through January 2024, health care wages rose 20.8%, while wages for private sector employees rose 20.6%.¹⁰

Cumulative % change in average weekly earnings from February 2020 - January 2024, all employees and health sector employees



Note: All data is seasonally adjusted. Data from the latest month is preliminary.

Source: Bureau of Labor Statistics Current Employment Statistics • Get the data • PNG

Peterson-KFF
Health System Tracker

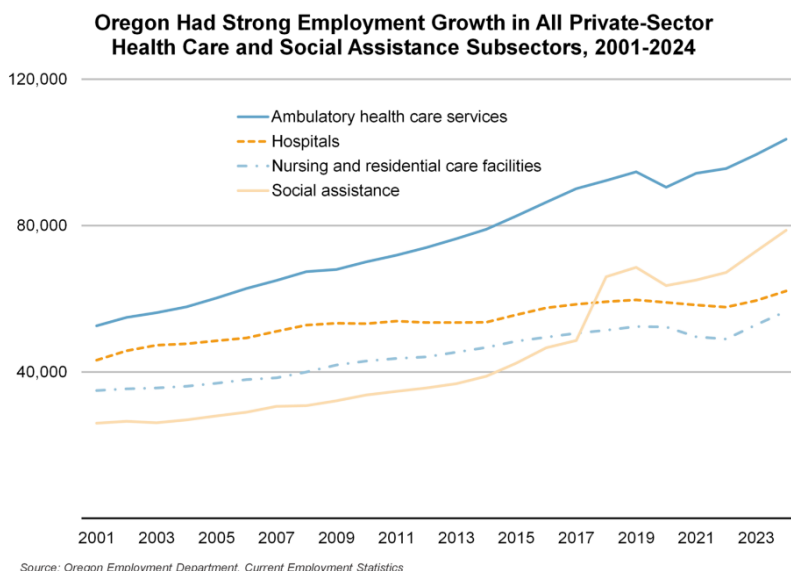
Nationwide, the health care workforce faces some key challenges:¹¹

- **Shortages:** As of June 2024, roughly 75 million people live in a Health Professional Shortage Area (HPSA), a federal designation that identifies areas and population groups in the United States that experience a shortage of health care providers.
- **Provider burnout and job satisfaction:** A 2024 survey found that nearly half of physicians felt burnt out.¹²
- **Aging population and increased demand:** By 2050, an estimated 23% of the U.S. population will be 65 years old and older.¹³ Because older adults typically have greater health care needs, a larger population of older adults will require increases in the number of health care workers to meet their needs.

Oregon workforce trends

In Oregon, around 11% of employed people work in health care.¹⁴ In 2023, more than 283,000 people in Oregon worked in health care and social assistance. The Oregon Department of Employment projects that the number people employed in health care will increase 10%-17% by 2033.¹⁵

At the same time as the demand for health care workers is increasing, the median wage for health care jobs increased less than the rate of inflation in Oregon. From first quarter 2022 to first quarter 2023, real median wages for health care and social assistance jobs decreased by 1.6% and the real dollar value of hourly wages decreased by \$0.42.¹⁶



Oregon is facing workforce shortages.

Oregon has current shortages of health care providers in several key areas, including primary care, behavioral health, and oral health.¹⁷ One study estimated that Oregon required as many as 27,000 additional workers in the health science industry to meet the population's needs in 2024.¹⁸

Even though Oregon has seen steady increases in the number of practicing health professionals in recent years, demand for health workers is expected to increase in the future. The State of Oregon Employment Department estimates that health care and social assistance employment will grow by 19% between 2023 and 2033. By 2033, one in five new jobs in Oregon will be related to health care and social assistance.¹⁹

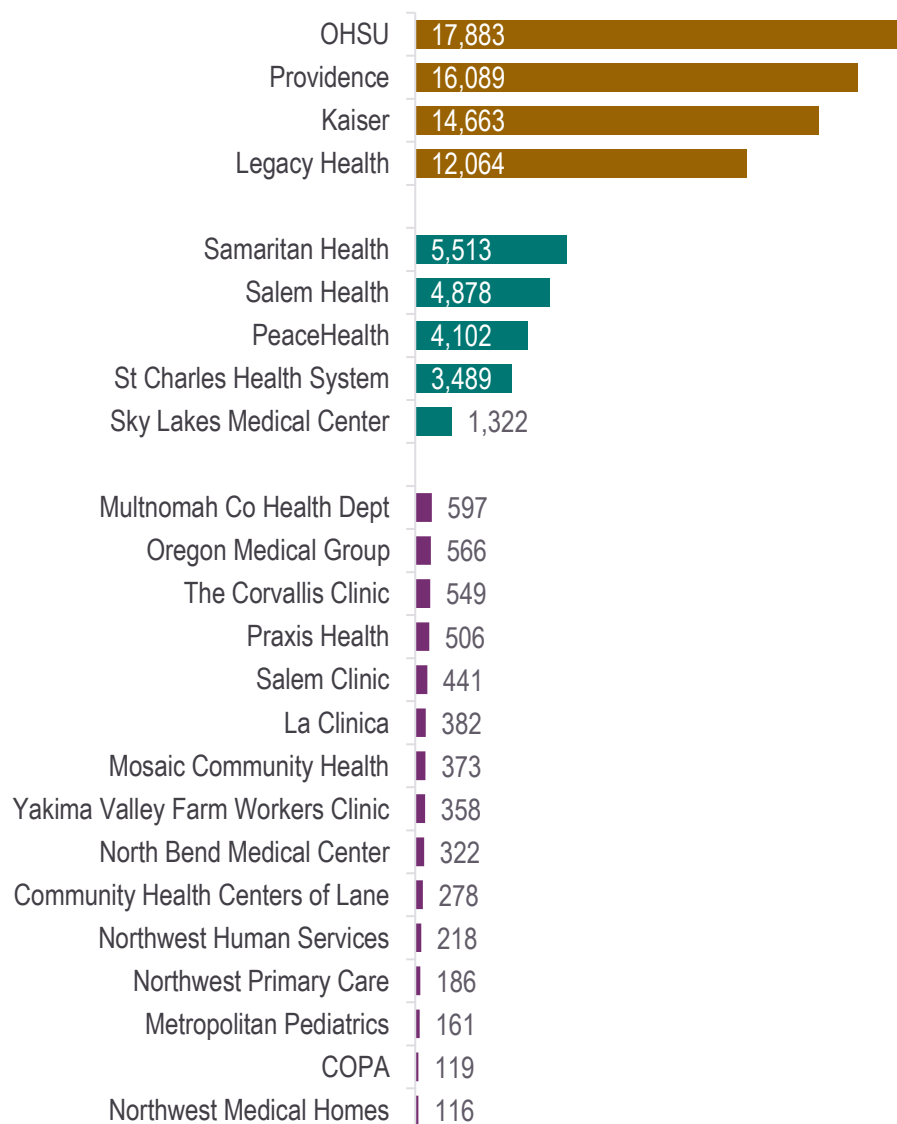
Key findings: size of the workforce

OHA uses FTE or full-time equivalent to measure size and workload of provider organizations. FTE aggregates all full and part time positions to represent the number of full-time positions at an organization.

Total FTE varied widely across provider organizations.

In 2023, provider organization FTE ranged from 116 FTE to 17,883 FTE. The average FTE across all provider organizations was 3,549 in 2023. The chart below shows 2023 FTE reported by each provider organization.

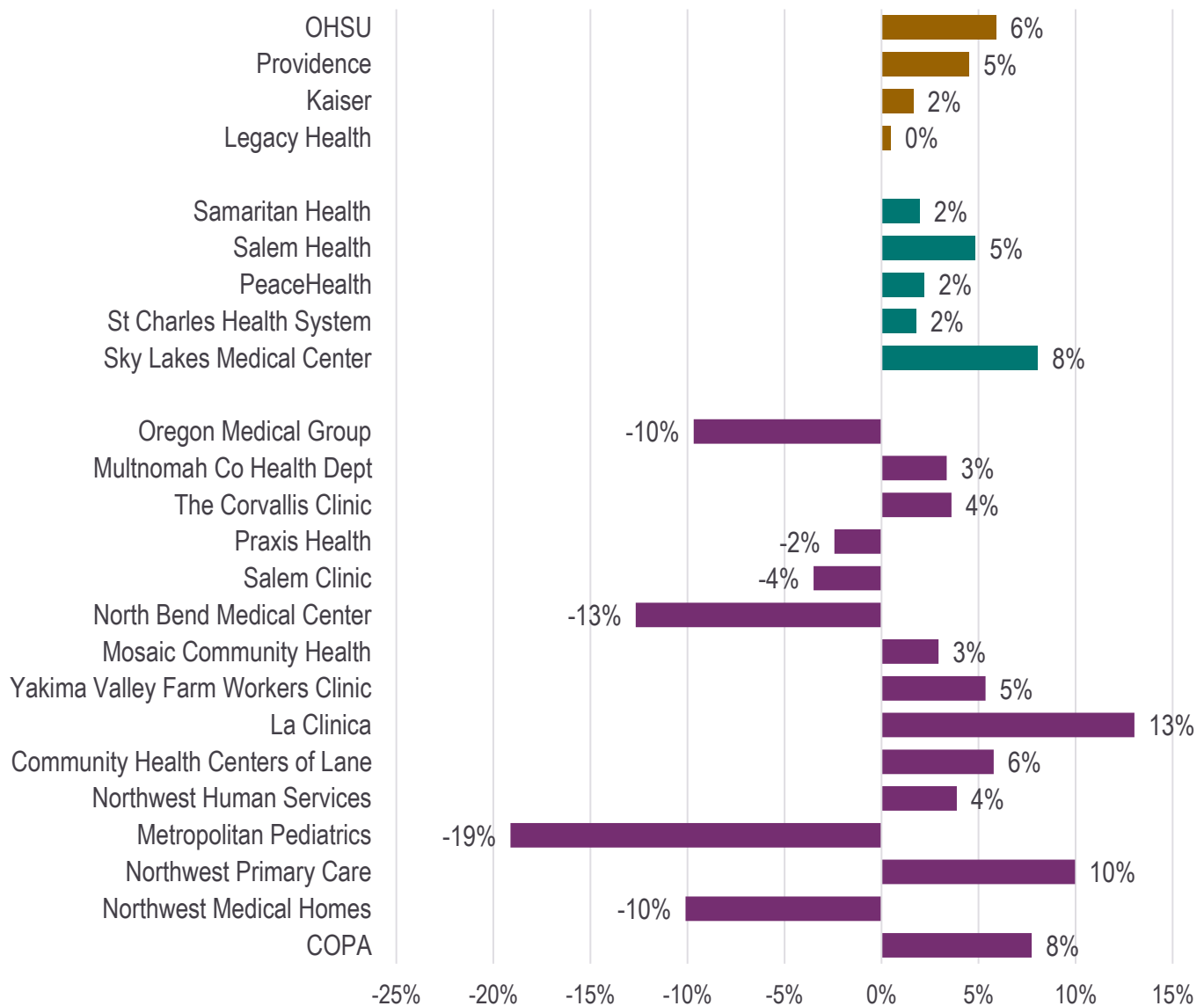
2023 FTE for **small**, **medium**, and **large** providers.



Total FTE grew 3% between 2022-2023.

Across all of the provider organizations included in this reporting, total FTE grew by 3.1% from 2022 to 2023. The growth in FTE was driven by hospital-affiliated provider organizations (with a 3.3% average increase) compared with non-hospital affiliated organizations, which saw a slight decrease in average FTE (-0.5%). See the chart below for changes by provider organization.

2022-2023 percent change in total FTE for **small**, **medium**, and **large** provider organizations



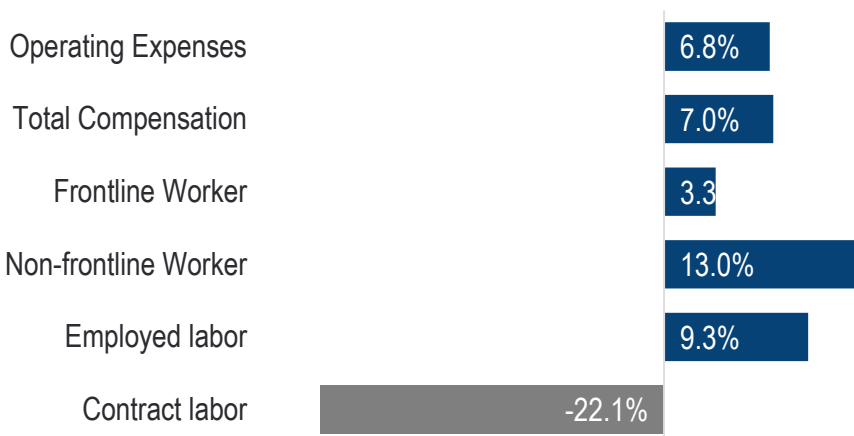
Key findings: workforce compensation

OHA analyzed data submitted by provider organizations to understand workforce costs and cost increases in 2022 and 2023. This section presents findings on total compensation growth, frontline and non-frontline worker compensation, and employed and contract labor costs.

Total compensation growth was similar to operating expense growth.

From 2022-2023, total compensation costs increased by 7.0%, compared to a 6.8% growth in provider organization operating expenses.

From 2022 to 2023, total compensation costs increased by 7.0%.
(Chart displays the percentage change in cost from 2022 to 2023.)



Contract labor costs decreased by 22.1%, while employed labor costs increased by 9.3%.

The majority of compensation costs are for frontline workers.

In 2023, frontline workforce compensation represented 60% of total compensation, down from 62% in 2022. That is, of all the expenses for salary, benefits and contract labor that provider organizations spent in each year, more than half went toward frontline workers.

Frontline workforce compensation was 60% of total compensation in 2023, down from 62% in 2022.

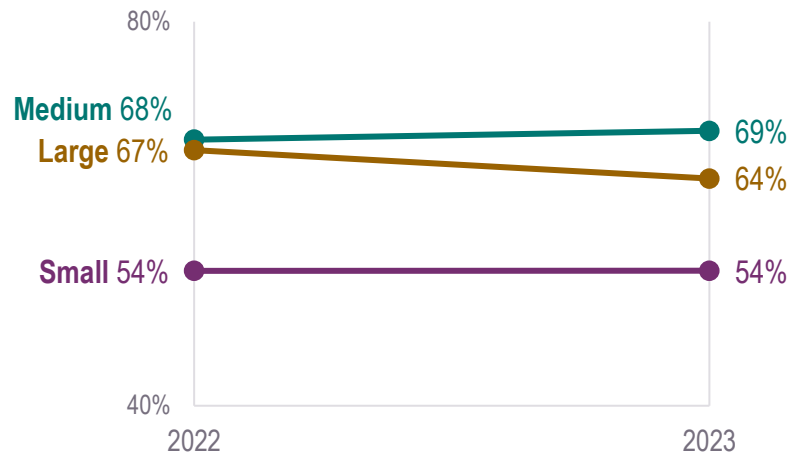


On average, medium and large provider organizations have a greater share of frontline workers, compared to small provider organizations.

In 2023, frontline worker costs comprised 54% of average total compensation for small provider organizations, compared with 69% for medium providers and 64% for large providers.

Frontline worker costs are also a larger share of total compensation for provider organizations that are part of a hospital or health system. For hospital and health system organizations, frontline worker costs in 2023 were, on average, 66% of total compensation, compared with 54% for organizations that were not part of a hospital or health system.

From 2022-2023, the average percentage of frontline worker costs decreased slightly for **large** organizations and changed little for **small** and **medium** organizations.

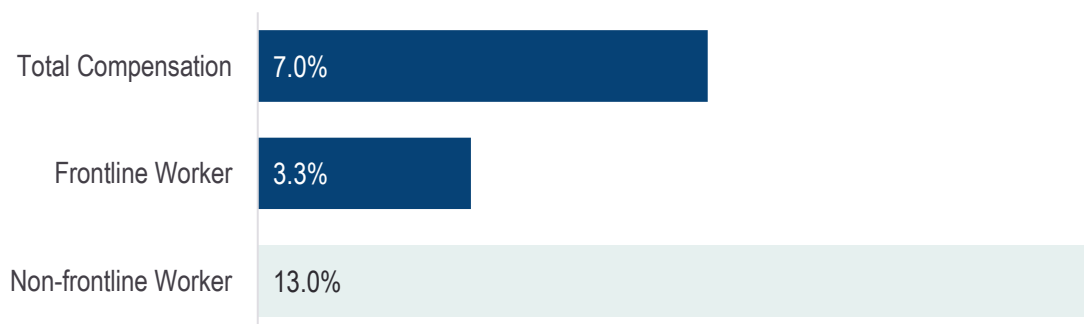


Total compensation costs were driven by increases for non-frontline workers.

From 2022-2023, frontline worker compensation increased by 3.3%, compared with a 13.0% increase in non-frontline worker compensation.

From 2022 to 2023, non-frontline worker compensation increased 13%, while frontline worker compensation increased by 3.3%.

(Chart displays the percentage change in cost from 2022 to 2023.)

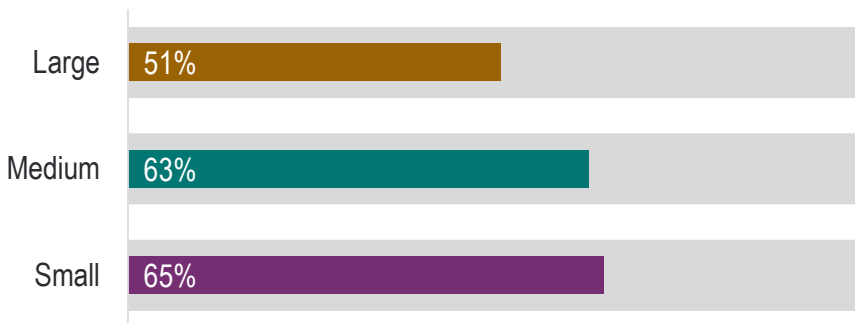


On average, compensation costs make up a greater share of operating expenses for small provider organizations than for large providers.

In both 2022 and 2023, total compensation accounted for 52% of operating expenses.

In 2023, compensation accounted for a greater share of **operating expenses** for **small** provider organizations, compared with **medium** and **large** provider organizations.

In 2023, total compensation costs were a greater share of operating expenses for small providers (65%) than for large providers (51%).

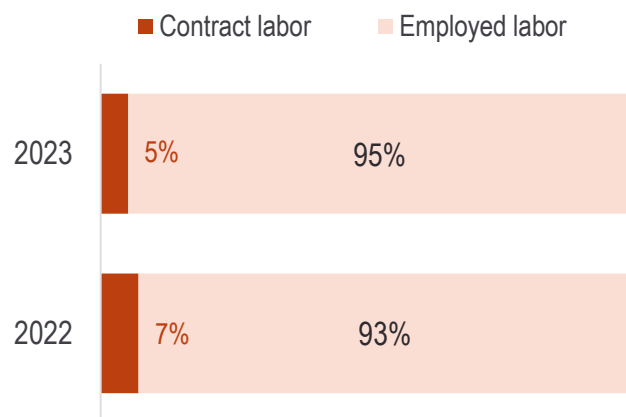


Only 5% of total compensation costs were for contract labor in 2023.

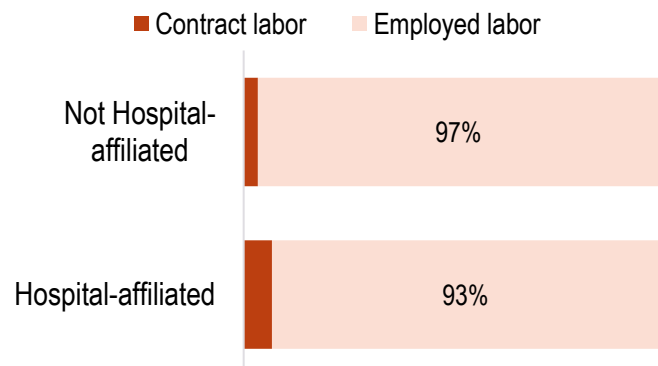
Costs for contracted labor decreased from 7% of total compensation in 2022 to 5% in 2023 across all provider organizations included in this report.

Hospital and health system provider organizations reported spending more on contract labor costs. In 2023, contract labor was 6.8% of average total compensation for hospital and health system organizations and 3.4% for provider organizations that are not part of hospitals or health systems.

Contract labor costs were 5% of total compensation in 2023, down from 7% in 2022.



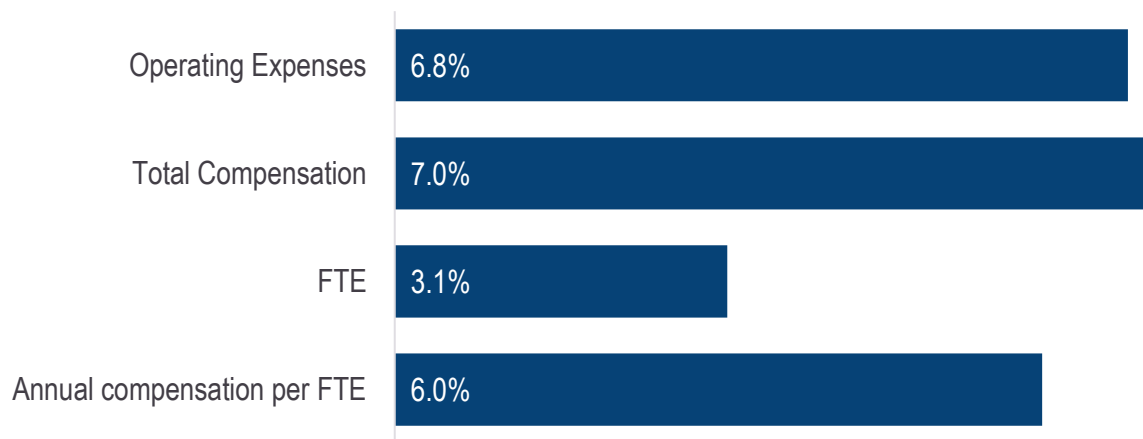
Contract labor costs represented more of total compensation spending for hospital and health system organizations in 2023.



Wages and benefits increased at a greater rate than the number of positions.

Across all of the provider organizations included in this reporting, total FTE, which measures the number of full-time equivalent positions, grew by 3.1% from 2022 to 2023. Annual compensation per FTE, which measures expenses for wages, benefits, and contract labor, grew by 6%, from roughly \$131,500 in 2022 to roughly \$139,500 in 2023.

From 2022 to 2023, FTE grew by 3.1%, while annual compensation per FTE grew by 6.0%.
(Chart displays the percentage change in cost from 2022 to 2023.)



As noted above, the growth in FTE was driven by hospital-affiliated providers (3.3% increase) compared with non-hospital providers, which saw a slight decrease in FTE (-0.5%).

Glossary

Abbreviations

CGT	Cost Growth Target
FTE	Full Time Equivalent
HPSA	Health Professional Shortage Area
OHA	Oregon Health Authority

Definitions

Full Time Equivalent (FTE): FTE aggregates all full and part time positions to represent the number of full-time positions at an organization.

Provider organization: Health care providers that are subject to the Cost Growth Target and provided data for this report. For the Cost Growth Target Program, provider organization refers to a health care entity with primary care providers that directs the care of its patients and thereby assumes responsibility for a total cost of care for that person.

Operating expenses: The sum of all expenses incurred through normal business operations including but not limited to payroll, materials, supplies, equipment, contract services, management fees, depreciation, interest, taxes, utilities, pharmaceuticals, insurance, rent, and marketing. Should include both total compensation AND any other non-workforce operating expenses.

Compensation costs: All expenses for payroll, benefits, and contract labor.

Frontline worker costs: All expenses related to compensation for workers making less than \$200,000 annually, excluding executive managers and salaried managers.

Non-frontline worker costs: All expenses related to compensation for workers making more than \$200,000 annually, executive managers, and salaried managers.

Contract labor costs: Total expenses for all contracted labor, including frontline and non-frontline workers. For example, a hospital may contract with a temporary staffing agency to bring in traveling health care professionals.

Employed labor costs: Total payroll and benefit expenses for all workers who are employees of a provider organization, including frontline and non-frontline workers.

Appendix A: Methodology

Identification of mandatory reporters

Provider organizations with 10,000 or more attributed patients in at least one market (Medicaid, Medicare Advantage, or Commercial) are required to report Frontline Worker Compensation Data to OHA's Sustainable Health Care Cost Growth Target (CGT) program. The number of attributed patients by provider organization used to identify which provider organizations are mandatory reporters is taken from the most recent annual CGT Health Care Cost Trends report. OHA provides notification to mandatory reporters each year.

How attribution works

When payers submit data to the cost growth target program, they attribute their members to provider organizations based on where those members receive primary care. Payers use one of these three approaches to attribute members, listed in hierarchical order:

1. Member selection: Members who were required to select a primary care provider or a primary care home by plan design should be assigned to that primary care provider's organization.
2. Contract arrangement: Members not included in #1 who were attributed to a primary care provider or a primary care home during the measurement period pursuant to a contract between the payer and provider, should be attributed to that primary care provider's organization. For example, if a provider is engaged in a total cost of care arrangement, then the payer may use its attribution model for that contract to attribute members.
3. Utilization: Members not included in #1 or #2 who can be attributed to a primary care provider or a primary care home based on the member's utilization, using the payer's own attribution methodology.

Not all members are attributed to provider organizations. In 2023, about 63% of members were attributed to provider organizations. For more information about CGT attribution methods, please see this [Q&A for Provider Organizations](#).

Voluntary submissions

Per Oregon Administrative Rule 409-065-0028(2), provider organizations with less than 10,000 attributed patients in a given market, pediatric provider organizations, or federally qualified health centers, are not required to submit annual Frontline Worker Compensation data to OHA but may do so on a voluntary basis.

As the 2022-2023 data submission cycle was the first time this data was collected and the first time OHA sent out notification, there was some confusion. Some provider organizations may have believed they were mandatory reporters and thus, provided CGT-4 data files. As a result, OHA received submissions from eight voluntary reporters.

Frontline Worker Compensation Data submission and validation

Providers organizations must submit data using the [CGT-4 Frontline Worker Compensation Data Submission Template](#). Data submissions for the 2022-2023 time period were due to OHA by December 6, 2024. Data submitters were only required to complete the cover page of the submission template; it was optional to complete additional tabs with more supporting information.

For each file, OHA reviewed to identify any errors, miscalculations, or data inconsistencies. Validation results were shared with provider organizations and OHA worked with provider organizations to address any issues. Once no issues were detected in the submitted file, OHA accepted the submission.

Data limitations

Applying the statutory definition of a frontline worker to a variety of provider organizations across the state who may have different pay scales and different workforce compositions, may limit the value in comparing findings across organizations.

Appendix B: CGT-4 Data Submitters

The table below provides information about each provider organization included in this report. Provider organizations are listed in increasing order by FTE.

Provider Organization	FTE	Size ³	Hospital or health system?	Mandatory Reporter?	Type
Northwest Medical Homes	116	Small		●	
COPA	119	Small			Pediatric
Metropolitan Pediatrics	161	Small			Pediatric
Northwest Primary Care	186	Small		●	
Northwest Human Services	218	Small			FQHC
Community Health Centers of Lane	278	Small			FQHC
North Bend Medical Center	322	Small		●	
Yakima Valley Farm Workers Clinic	358	Small			FQHC
Mosaic Community Health	373	Small			FQHC
La Clinica	382	Small			FQHC
Salem Clinic	441	Small		●	
Praxis Health	506	Small		●	
The Corvallis Clinic	549	Small		●	

³ Small organizations are those with less than 1,000 FTE; medium provider organizations have 1,000-9,999 FTE; and large organizations have 10,000 or more FTE. This categorization may differ from other Cost Growth Target Program reports that group organizations based on the number of attributed patients.

Provider Organization	FTE	Size ³	Hospital or health system?	Mandatory Reporter?	Type
Oregon Medical Group	566	Small		●	
Multnomah Co Health Dept	597	Small			FQHC
Sky Lakes Medical Center	1,322	Medium	●	●	
St Charles Health System	3,489	Medium	●	●	
PeaceHealth	4,102	Medium	●	●	
Salem Health	4,878	Medium	●	●	
Samaritan Health	5,513	Medium	●	●	
Legacy Health	12,064	Large	●	●	
Kaiser	14,663	Large	●	●	
Providence	16,089	Large	●	●	
OHSU	17,883	Large	●	●	

References

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- ⁶ Testimony on HB 2697 in Oregon's 2023 Legislative Session. <https://olis.oregonlegislature.gov/liz/2023R1/Measures/Testimony/HB2697>; Oregon Employment Department. Growing Demand and Workforce Needs in Oregon's Health Care and Social Assistance Sector. June 2025. <https://www.qualityinfo.org/documents/d/guest/growing-demand-and-workforce-needs-in-oregon-s-health-care-and-social-assistance-sector>
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