

Primary Care Providers in Oregon

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Oregon Value:

290.8

Number of active primary care providers (including general practice, family practice, obstetrics and gynecology, pediatrics, geriatrics and internal medicine physicians, as well as physician assistants and nurse practitioners) per 100,000 population

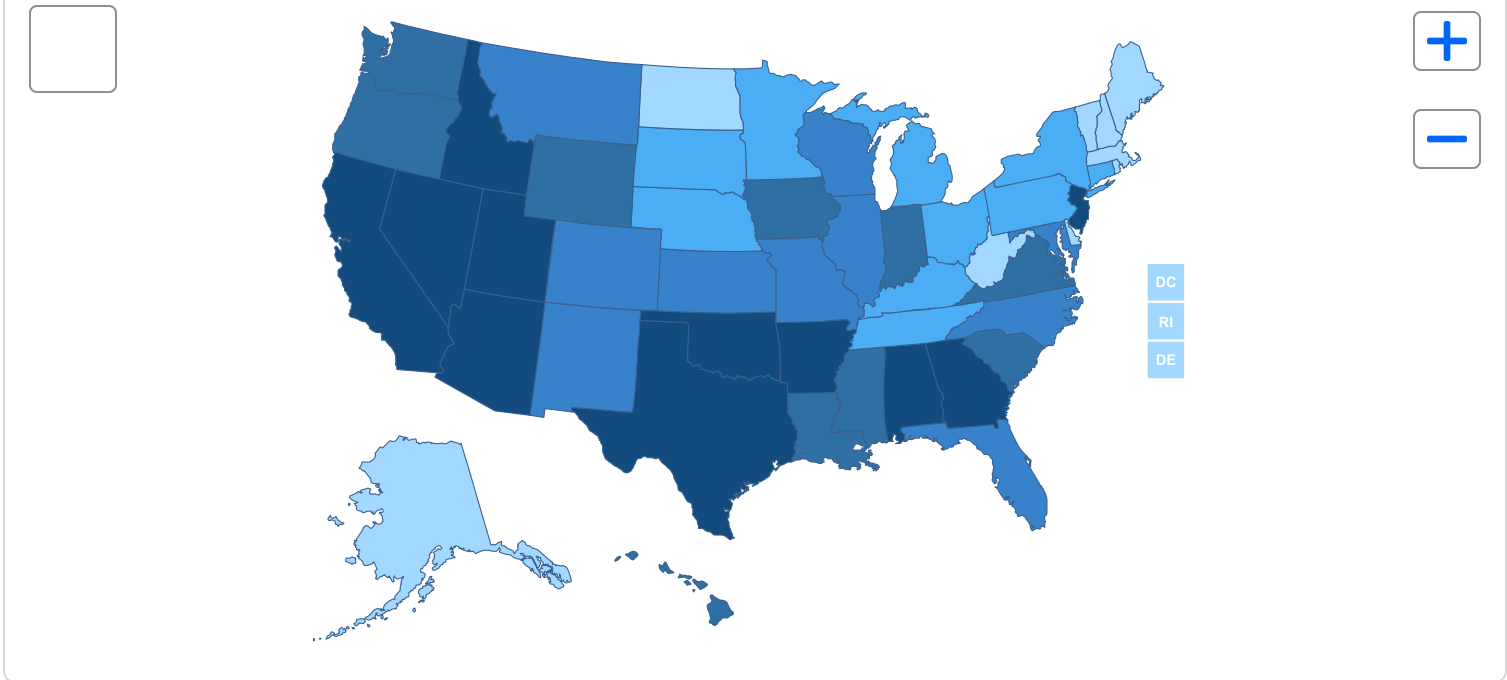
Value and rank based on data from September 2025

Oregon Rank:

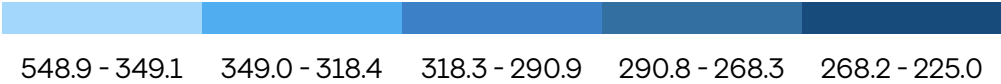
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Primary Care Providers by State

Number of active primary care providers (including general practice, family practice, obstetrics and gynecology, pediatrics, geriatrics and internal medicine physicians, as well as physician assistants and nurse practitioners) per 100,000 population



Data from U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services, National Plan and Provider Enumeration System, September 2025

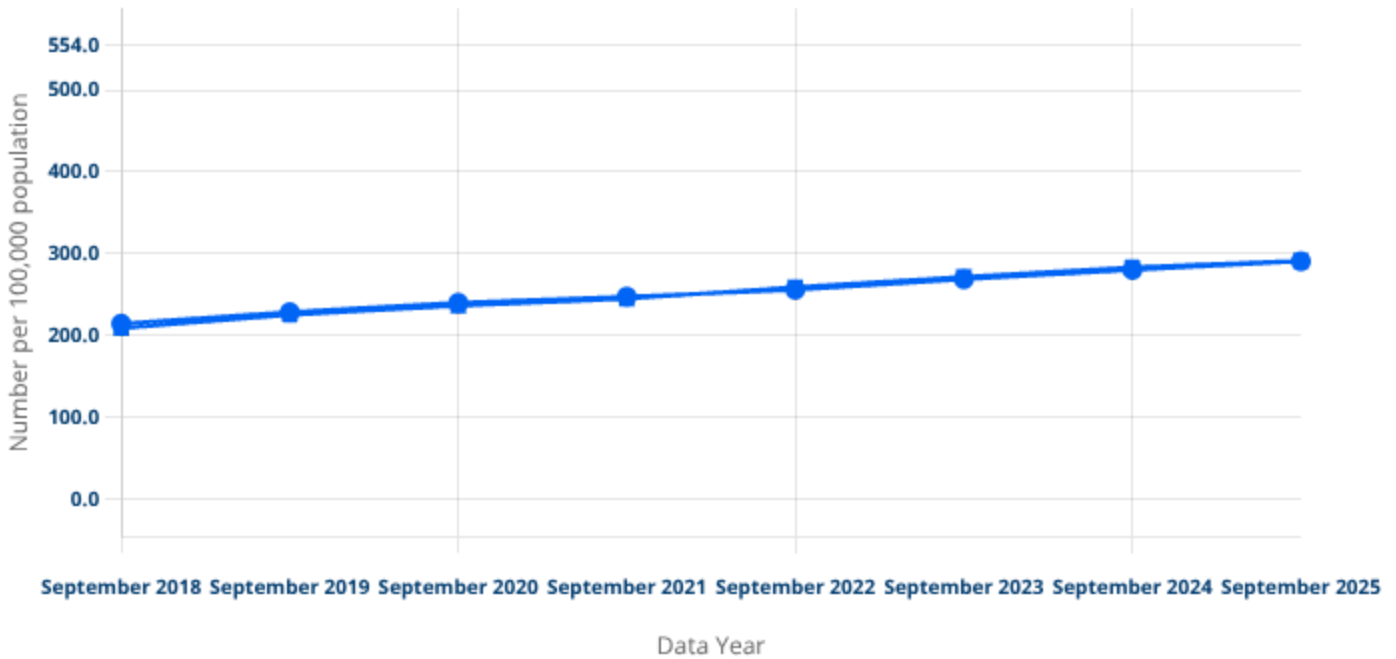


• Data Unavailable

Top States	Rank	Value
Massachusetts >	1	400.2
Maine >	2	386.1
Rhode Island >	3	379.4
Your State	Rank	Value
Missouri > , New Mexico >	28	296.9
Oregon >	30	290.8
Washington >	31	288.4
Bottom States	Rank	Value
California >	48	238.7
Nevada >	49	235.6
Texas >	50	225.0

Primary Care Providers Trends

Number of active primary care providers (including general practice, family practice, obstetrics and gynecology, pediatrics, geriatrics and internal medicine physicians, as well as physician assistants and nurse practitioners) per 100,000 population



- Oregon
- United States

Source: U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services, National Plan and Provider Enumeration System

About Primary Care Providers

US Value: 291.4

Top State(s): Massachusetts: 400.2

Bottom State(s): Texas: 225.0

Definition: Number of active primary care providers (including general practice, family practice, obstetrics and gynecology, pediatrics, geriatrics and internal medicine physicians, as well as physician assistants and nurse practitioners) per 100,000 population

Data Source and Years(s): U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services, National Plan and Provider Enumeration System, September 2025

Suggested Citation: America's Health Rankings analysis of U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services, National Plan and Provider Enumeration System, United Health Foundation, AmericasHealthRankings.org, accessed 2026. ([Copy Citations](#))

Why does this matter?

[Primary care physicians](#) are typically a patient's first point of contact with the health care system and provide critical preventive care, disease management and referrals to specialists.

The Health Resources and Services Administration has estimated that, as of September 2025, an additional [14,900](#) primary care providers are necessary to meet current U.S. health care needs in designated health workforce shortage areas. That deficit is expected to grow to at least 20,200 [physicians](#) by 2036, reflecting continued strong demand.

Having a better or sufficient supply of primary care physicians in a community has numerous [benefits](#), including:

- Lower rates of low birth weight in infants.
- Lower all-cause mortality and longer life spans.
- Reductions in health system costs.
- Reductions in health disparities.

Who is affected?

Populations disproportionately affected by lack of access to primary care include:

- [Black and Hispanic](#) adults compared with white adults.
- [Uninsured](#) adults.
- Those living in [rural areas](#) compared with those in urban areas.
- Those living in [low-income](#) households compared with those in high-income households.

What works?

Immediate and long-term measures to address the nation's primary care shortage include:

- Increasing primary care capacity by [expanding the roles](#) ↗ of nurse practitioners and physician assistants to perform more responsibilities.
- [Increasing](#) ↗ federal funding for medical residency training positions.
- [Promoting](#) ↗ primary care practice among medical residents.

Another important approach to the shortage is increasing diversity within the physician workforce, which [includes establishing](#) ↗ :

- High-quality education within underserved and underrepresented communities.
- Programs to encourage minority students to pursue medicine as a career.
- College and medical school admissions procedures that allow for the consideration of race and ethnicity.
- Mentorship for minority students in medical school.

The U.S. Department of Health and Human Services implemented [policy changes](#) ↗ in response to the COVID-19 public health emergency to make telehealth more accessible. Continuation of those policies may allow more physicians to [continue offering](#) ↗ those services, expanding geographic access to primary care. [Remote patient monitoring](#) ↗ is one area that may be particularly well-suited to telehealth adaptations, allowing providers to manage chronic conditions in patients who face travel or transportation barriers.

The Centers for Medicare and Medicaid Services has developed the [Rural Health Strategy](#) ↗ in response to the modern needs of rural Americans. [Educational interventions](#) ↗ are particularly effective at increasing and retaining a rural health workforce. These include selecting university students with rural backgrounds, providing university and post-graduate training in rural locations and supporting further education for qualified rural health professionals. However, more research is needed to address the physician shortage in rural areas.

Goals

Healthy People 2030 has multiple [objectives](#) related to primary care physicians, including:

- [Increasing](#) the proportion of people with a usual primary care provider.
- [Reducing](#) the proportion of people who can't get medical care when needed.

References

2021 National Healthcare Quality and Disparities Report. Rockville, MD: Agency for Healthcare Research and Quality, December 2021.

<https://www.ahrq.gov/sites/default/files/wysiwyg/research/findings/nhqrdr/2021qdr.pdf>.

Horstman, Celli, and Corinne Lewis. "How Primary Care Is Faring Two Years into the COVID-19 Pandemic," 2022. <https://doi.org/10.26099/ZZVH-RB70>.

Rajan, Suja S., Julia M. Akeroyd, Sarah T. Ahmed, David J. Ramsey, Christie M. Ballantyne, Laura A. Petersen, and Salim S. Virani. "Health Care Costs Associated with Primary Care Physicians versus Nurse Practitioners and Physician Assistants." *Journal of the American Association of Nurse Practitioners* 33, no. 11 (November 2021): 967-74.

<https://doi.org/10.1097/JXX.0000000000000555>.

Russell, Deborah, Supriya Mathew, Michelle Fitts, Zania Liddle, Lorna Murakami-Gold, Narelle Campbell, Mark Ramjan, et al. "Interventions for Health Workforce Retention in Rural and Remote Areas: A Systematic Review." *Human Resources for Health* 19, no. 1 (August 26, 2021): 103. <https://doi.org/10.1186/s12960-021-00643-7>.

Starfield, Barbara, Leiyu Shi, and James Macinko. "Contribution of Primary Care to Health Systems and Health." *The Milbank Quarterly* 83, no. 3 (September 2005): 457-502.

<https://doi.org/10.1111/j.1468-0009.2005.00409.x>.

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