

110TH CONGRESS
1ST SESSION

H. R. 4651

To amend the Federal Employees' Compensation Act to cover services provided to injured Federal workers by physician assistants and nurse practitioners, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

DECEMBER 13, 2007

Mr. HARE (for himself and Mr. SOUDER) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Federal Employees' Compensation Act to cover services provided to injured Federal workers by physician assistants and nurse practitioners, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Improving Access to
5 Workers’ Compensation for Injured Federal Workers
6 Act”.

7 **SEC. 2. FINDINGS.**

8 Congress finds the following:

1 (1) Medical services and supplies provided by
2 physician assistants (PAs), nurse practitioners
3 (NPs), clinical nurse specialists (CNSs), certified
4 nurse midwives (CNMs), and certified registered
5 nurse anesthetists (CRNAs), are not included in the
6 definition of “medical, surgical, and hospital services
7 and supplies” in the Federal Employees’ Compensa-
8 tion Act (5 U.S.C. 8101 et seq.). PAs, NPs, CNSs,
9 CNMs, and CRNAs are not included in the defini-
10 tion of “physician” in such Act, and claims signed
11 by PAs, NPs, CNSs, CNMs, and CRNAs have been
12 denied by the Office of Workers’ Compensation Pro-
13 grams of the Department of Labor.

14 (2) In some rural areas where many of these
15 providers are the only full-time providers of care, in-
16 jured Federal workers may have to travel more than
17 100 miles to receive care that is reimbursable.

18 (3) In some cases, Federal workers have been
19 advised to use hospital emergency rooms for non-
20 emergency care, rather than receiving care after
21 hours at local clinics where many of these providers
22 are the only health care professionals on-site.

23 (4) PAs, NPs, CNSs, and CNMs are covered
24 providers within Medicare, Medicaid, Tri-Care, and
25 most private insurance plans.

1 (5) PAs, NPs, and CNMs are legally regulated
2 in all 50 States, the District of Columbia, and
3 Guam.

4 (6) All 50 States, the District of Columbia, and
5 Guam authorize physicians to delegate prescriptive
6 privileges to the PAs they supervise, authorize NPs
7 to prescribe medications under their own signature,
8 and 48 States, the District of Columbia, American
9 Samoa, and Guam provide prescriptive authority to
10 CNMs.

11 (7) PAs and NPs work in virtually every area
12 of medicine and surgery and are also employed by
13 the Federal government to provide medical care, in-
14 cluding by the Department of Veterans Affairs, the
15 Department of Defense, and the Public and Indian
16 Health Services.

17 (8) CNSs have clinical nursing expertise in di-
18 agnosis and provide direct care to prevent, reme-
19 diate, or alleviate illness and promote health. CNSs
20 practice in hospitals, clinics, nursing homes, and
21 other community-based settings.

22 (9) CNMs provide vital care to pregnant Fed-
23 eral workers who are injured on the job.

24 (10) CRNAs, the oldest of the advanced nurs-
25 ing specialties, administer more than 65 percent of

1 all anesthetics given to patients each year, and are
2 the sole providers of anesthetics in 85 percent of
3 rural hospitals.

4 (11) CRNAs work in almost every setting in
5 which anesthesia is given, including operating rooms,
6 dental offices, pain clinics, and ambulatory surgical
7 settings.

8 (12) Amending the Federal Employees' Com-
9 pensation Act to recognize PAs and NPs as covered
10 providers will bring this Act in line with the over-
11 whelming majority of State workers' compensation
12 programs, which recognize PAs and NPs as covered
13 providers.

14 (13) The exclusion of PAs, NPs, CNSs, CNMs,
15 and CRNAs from the category of covered providers
16 under the Federal Employees' Compensation Act
17 limits patients' access to medical care, services, and
18 supplies, disrupts continuity of care, and creates un-
19 necessary costs for the Office of Workers' Com-
20 pensation Programs.

21 **SEC. 3. INCLUSION OF PHYSICIAN ASSISTANTS AND AD-**
22 **VANCED PRACTICE REGISTERED NURSES IN**
23 **FEDERAL EMPLOYEES' COMPENSATION ACT.**

24 (a) INCLUSION.—Section 8101 of title 5, United
25 States Code, is amended—

1 (1) in paragraph (3), by inserting “other eligi-
2 ble providers,” after “chiropractors,”;

3 (2) by striking “and” at the end of paragraphs
4 (18) and (19);

5 (3) by striking the period at the end of para-
6 graph (20) and inserting “; and”; and

7 (4) by adding at the end the following:

8 “(21) ‘other eligible provider’ means a physician
9 assistant, nurse practitioner, clinical nurse specialist,
10 certified nurse midwife, or certified registered nurse
11 anesthetist, within the scope of their practice as de-
12 fined by State law, or as credentialed by the Federal
13 government.”.

14 (b) CONFORMING AMENDMENTS.—Chapter 81 of
15 title 5, United States Code, is amended—

16 (1) in section 8103(a)—

17 (A) in the matter preceding paragraph (1),
18 by inserting “or other eligible provider” after
19 “physician”;

20 (B) in paragraph (3), by inserting “or
21 other eligible providers” after “physicians”; and

22 (C) in the matter following paragraph (3),
23 by inserting “or other eligible provider” after
24 “physician”;

1 (2) in section 8121(6), by inserting “or other
2 eligible provider” after “physician”; and

3 (3) in section 8123(a)—

4 (A) in the second sentence, by inserting
5 “or other eligible provider” after “physician”;
6 and

7 (B) in the third sentence, by striking “of
8 the employee” and inserting “or other eligible
9 provider of the employee”.

10 **SEC. 4. EFFECTIVE DATE.**

11 The amendments made by this section shall apply be-
12 ginning on the first day of the second Federal fiscal year
13 quarter that begins on or after the date of the enactment
14 of this Act.

○