

111<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

# H. R. 5270

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.

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## IN THE HOUSE OF REPRESENTATIVES

MAY 11, 2010

Mr. HARE (for himself, Mr. GEORGE MILLER of California, and Mr. SOUDER) introduced the following bill; which was referred to the Committee on Education and Labor

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## 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, CRNAs, and CNMs are  
24 covered providers within Medicare, Medicaid, Tri-  
25 Care, and most private insurance plans.

1           (5) PAs, NPs, CRNAs, and CNMs are legally  
2 regulated in all 50 States, the District of Columbia,  
3 and 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 48 States, the District of Columbia, American  
9 Samoa, and Guam provide prescriptive authority to  
10 CNMs; and CRNAs have prescriptive authority in  
11 28 states (and the District of Columbia) and order  
12 and administer anesthesia medication and provide  
13 anesthesia and interventional pain management serv-  
14 ices in all 50 states and the District of Columbia.

15           (7) PAs, NPs, and CRNAs work in virtually  
16 every area of medicine and surgery and are also em-  
17 ployed by the Federal Government to provide med-  
18 ical care, including by the Department of Veterans  
19 Affairs, the Department of Defense, and the Public  
20 and Indian Health Services.

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

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

3           (10) CRNAs, the oldest of the advanced prac-  
4           tice nurse specialties, administer approximately 32  
5           million anesthetics to patients each year in the U.S.,  
6           and in some States are the sole providers of anes-  
7           thetics in nearly 100 percent of rural hospitals.

8           (11) CRNAs work in almost every setting in  
9           which anesthesia is given, including operating rooms,  
10          dental offices, pain clinics, ambulatory surgical set-  
11          tings, and provide interventional pain management  
12          service.

13          (12) Amending the Federal Employees' Com-  
14          pensation Act to recognize PAs, NPs, CRNAs,  
15          CNSs, and CNMs as covered providers will bring  
16          this Act in line with the overwhelming majority of  
17          State workers' compensation programs, which recog-  
18          nize each of these providers as covered providers.

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

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

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

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

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

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

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

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

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

21 (1) in section 8103(a)—

22 (A) in the matter preceding paragraph (1),  
23 by inserting “or other eligible provider” after  
24 “physician”;

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

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

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

6 (3) in section 8123(a)—

7 (A) in the second sentence, by inserting  
8 “or other eligible provider” after “physician”;  
9 and

10 (B) in the third sentence, by striking “of  
11 the employee” and inserting “or other eligible  
12 provider of the employee”.

13 **SEC. 4. EFFECTIVE DATE.**

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

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