

110TH CONGRESS  
1ST SESSION

# S. 1795

To improve access to workers' compensation programs for injured Federal employees.

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IN THE SENATE OF THE UNITED STATES

JULY 17, 2007

Mr. KENNEDY (for himself, Mr. ISAKSON, and Ms. COLLINS) introduced the following bill; which was read twice and referred to the Committee on Homeland Security and Governmental Affairs

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## A BILL

To improve access to workers' compensation programs for injured Federal employees.

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:

9 (1) Medical services and supplies provided by  
10 physician assistants (PAs) and nurse practitioners

1 (NPs) are not included in the definition of “medical,  
2 surgical, and hospital services and supplies,” in the  
3 Federal Employees’ Compensation Act (5 U.S.C.  
4 8101 et seq.), PAs and NPs are not included in the  
5 definition of “physician” in such Act, and claims  
6 signed by PAs and NPs have been denied by the Of-  
7 fice of Workers’ Compensation Programs of the De-  
8 partment of Labor.

9 (2) In some rural areas where PAs and NPs  
10 are the only full-time providers of care, injured Fed-  
11 eral workers may have to travel more than 100 miles  
12 to receive care that is reimbursable.

13 (3) In some cases, Federal workers have been  
14 advised to use hospital emergency rooms for non-  
15 emergency care, rather than receiving care after-  
16 hours at local clinics where PAs or NPs are the only  
17 health care professionals on-site.

18 (4) PAs and NPs are legally regulated in all  
19 fifty States, the District of Columbia, and Guam.  
20 Forty-eight States, the District of Columbia, and  
21 Guam authorize physicians to delegate prescriptive  
22 privileges to the PAs they supervise, and forty-nine  
23 States, the District of Columbia, and Guam author-  
24 ize NPs to prescribe medications under their own  
25 signature.

1           (5) PAs and NPs work in virtually every area  
2 of medicine and surgery and are covered providers  
3 within Medicare, Tri-Care, and most private insur-  
4 ance plans. PAs and NPs are also employed by the  
5 Federal Government to provide medical care, includ-  
6 ing by the Department of Veterans Affairs, the De-  
7 partment of Defense, and the Public and Indian  
8 Health Services.

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

15           (7) The exclusion of PAs and NPs from the  
16 category of covered providers under the Federal Em-  
17 ployees' Compensation Act limits patients' access to  
18 medical care, services, and supplies, disrupts con-  
19 tinuity of care, and creates unnecessary costs for the  
20 Office of Workers' Compensation Programs.

21 **SEC. 3. INCLUSION OF PHYSICIAN ASSISTANTS AND NURSE**  
22 **PRACTITIONERS IN FEDERAL EMPLOYEES'**  
23 **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 adding at the end the following:

4 “(21) ‘other eligible provider’ means a nurse  
5 practitioner or physician assistant within the scope  
6 of their practice as defined by State law.”.

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

9 (1) in section 8103(a)—

10 (A) in the matter preceding paragraph (1),  
11 by inserting “or other eligible provider” after  
12 “physician”;

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

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

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

20 (3) in section 8123—

21 (A) in subsection (a), by inserting “or  
22 other eligible provider” after “physician” each  
23 place that such occurs; and

24 (B) in subsection (c), by inserting “or  
25 other eligible provider” after “physician”.

1 **SEC. 4. EFFECTIVE DATE.**

2       The amendment made by this section shall apply be-  
3 ginning on the first day of the second Federal fiscal year  
4 quarter that begins on or after the date of the enactment  
5 of this Act.

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