



September 21, 2024

The Honorable Sherrod Brown  
United States Senate  
Washington, DC 20510

The Honorable Susan Collins  
United States Senate  
Washington, DC 20510

The Honorable Tim Walberg  
United States House of Representatives  
Washington, DC 20515

The Honorable Joe Courtney  
United States House of Representatives  
Washington, DC 20515

Dear Senators Brown and Collins and Representatives Walberg and Courtney:

On behalf of the American College of Physicians (ACP), representing over 161,000 internal medicine physicians, related subspecialists, residents, and medical students, I write to express our concerns with the Improving Access to Workers' Compensation for Injured Federal Workers Act, H.R. 618/ S. 131. While we recognize the well-meaning intentions behind this legislation, to assist federal workers who are injured on a job to get treatment and certification for an injury under the Federal Employees' Compensation Act (FECA), we are concerned that this legislation will have unintended consequences, resulting in poor health outcomes for federal workers and higher costs in care, without increasing access to care.

ACP agrees with the current statute that designates licensed physicians as the sole health care clinician responsible for making determinations of federal worker injuries under FECA. Physicians have the breadth of education, training, and expertise needed to appropriately assess injuries and effectively manage injured patients' health care needs. Nurse practitioners (NPs) and physician assistants (PAs) are trained to assist physicians in providing comprehensive care within their skillset as part of a physician-led team model, which has been shown to be the best approach for delivering high-quality, affordable, and accessible care for patients. ACP's [policy position paper](#) on physician-led team-based care underscores the importance of ensuring that patients have access to an internal medicine physician, or another physician trained in primary care to deliver whole-person, comprehensive, and longitudinal care. Injured federal workers deserve the opportunity to be assessed by the most skilled clinicians in physician-led care teams, where doctors can work with other health care practitioners, including NPs and PAs, to manage their needs, improve their health, and reduce the costs of care.

This legislation would effectively remove the physician from the care team and allow NPs and PAs to independently diagnose, prescribe, treat, and certify an injury and extent of disability for purposes of compensating federal workers under the FECA. While this legislation refers to states' scope of practice laws, passing it would set a dangerous precedent, expanding the scope



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of practice for non-physician clinicians into other federal and state programs. We respectfully urge Congress to reconsider this legislation.

While this approach might seem like the answer to quickly address federal workers' concerns for swift compensation determinations, we believe that it will do more harm than good for federal workers. Studies have shown that NPs and PAs are more likely to overprescribe [opioids](#) and [antibiotics](#), order unnecessary [diagnostic imaging](#), and [seek](#) multiple consultations and referrals compared to physicians. These practices weaken the quality of care patients receive, leading to higher delays in care and incurring higher costs to the health care system.

Disability assessments and eligibility for compensation are complex and nuanced determinations that can significantly impact affected employees and have substantial financial implications for the FECA Claims Administration, if done incorrectly. The potential for denial of services or compensation for deserving federal employees, or conversely, inappropriate disability determinations and awards would be catastrophic for federal workers and financially ruinous to the FECA Claims Administration if less-trained health care practitioners were to make these determinations.

H.R. 618/ S. 131 would do the exact opposite of what Congress intends for it to do – slow down claims determinations leading to longer recovery times for federal workers, increase the costs of care, and potentially increase the overall costs for the FECA Claims Administration. Further, multiple state workforce studies have [shown](#) that scope expansion for non-physician clinicians does not necessarily lead to increased access to care for patients in rural and underserved areas. Data shows that primary care physicians and non-physician clinicians practice in the same areas of the state, even when state laws allow for non-physician clinicians to practice independently.

An overwhelming [majority](#) of Americans prefer to have physicians leading and managing their health care needs. A contributing factor to their preference is due to a physician's expertise, having had many years of education and training. While NPs and PAs play a critical role within a multidisciplinary care team, they do not have the same training and education as licensed physicians and therefore their roles should not be interchangeable with physicians. Internal medicine physicians complete four years of medical school and are required to complete a three-year residency program, including 12,000-16,000 hours of clinical training. By contrast, NPs complete only two to three years of post-nursing education, have no residency requirement, and complete 500-720 hours of clinical training. The current PA education model is two years total of post-graduate education, with only 2,000 hours of clinical care– and no residency requirement. Given their more extensive training, physicians should lead care teams in diagnosing and treating injured federal workers. Their education and training ensure that they are the most skilled health care practitioners to make complex clinical determinations on the nature of an injury and extent of disability.



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Federal workers are crucial servants of our country and deserve the highest level of care should they suffer injury or illness at work. H.R. 618/ S. 131 would offer them less than this gold standard. Thank you for the opportunity to share our concerns on H.R. 618/ S. 131. If you have questions, please contact please do not hesitate to contact Vy Oxman, Senior Associate of Legislative Affairs at 202-261-4515 or via email at [voxman@acponline.org](mailto:voxman@acponline.org).

Sincerely,

A handwritten signature in black ink, appearing to read "Opole", is positioned below the word "Sincerely,".

Isaac O. Opole, MBChB, PhD, MACP  
President