

IMPROVING ACCESS TO WORKERS' COMPENSATION FOR
INJURED FEDERAL WORKERS ACT OF 2025

DECEMBER 4, 2025.—Committed to the Committee of the Whole House on the State
of the Union and ordered to be printed

Mr. WALBERG, from the Committee on Education and Workforce,
submitted the following

R E P O R T

[To accompany H.R. 3170]

[Including cost estimate of the Congressional Budget Office]

The Committee on Education and Workforce, to whom was referred the bill (H.R. 3170) to amend chapter 81 of title 5, United States Code, to cover, for purposes of workers' compensation under such chapter, services by physician assistants and nurse practitioners provided to injured Federal workers, and for other purposes, having considered the same, reports favorably thereon with an amendment and recommends that the bill as amended do pass.

The amendment is as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the “Improving Access to Workers’ Compensation for Injured Federal Workers Act of 2025”.

SEC. 2. INCLUSION OF PHYSICIAN ASSISTANTS AND NURSE PRACTITIONERS IN FEDERAL EMPLOYEES’ COMPENSATION ACT.

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

(1) in paragraph (3), by inserting “, other eligible providers,” after “osteopathic practitioners”;

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

(3) by striking the period at the end of paragraph (20) and inserting “; and”; and

(4) by adding at the end the following:

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

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

(1) in section 8103(a)—

(A) by inserting “or other eligible provider” after “physician” each place it appears; and

- (B) in paragraph (3), by inserting “or other eligible providers” after “physicians”;
 - (2) in section 8121(6), by inserting “or other eligible provider” after “physician”; and
 - (3) in section 8123(a)—
 - (A) by inserting “or other eligible provider” after “The employee may have a physician”; and
 - (B) by inserting “or other eligible provider” after “United States and the physician”.
- (c) REGULATIONS.—Not later than 6 months after the date of enactment of this Act, the Secretary of Labor shall finalize rules to carry out the amendments made by this Act.

PURPOSE

H.R. 3170, the *Improving Access to Workers’ Compensation for Injured Federal Workers Act of 2025*, expands the role of nurse practitioners (NPs) and physician assistants (PAs) in providing services to injured federal workers under the *Federal Employees’ Compensation Act* (FECA) program within the scope of the practices of NPs and PAs as defined by state law.

COMMITTEE ACTION

117TH CONGRESS

First Session—Hearing

On December 2, 2021, the Subcommittee on Workforce Protections held a hearing entitled “Strengthening the Safety Net for Injured Workers.” The Subcommittee heard testimony on the difficulty injured federal workers face finding a physician willing to participate in the FECA program and the need for increased access to care for this population. The witnesses were Mr. Christopher J. Godfrey, Director, Office of Workers’ Compensation Programs, U.S. Department of Labor, Washington, D.C., and Mr. Thomas M. Costa, Director of Education, Workforce, and Income Security, Government Accountability Office, Washington, D.C.

Second Session—Legislative Action

On November 30, 2021, Representative Joe Courtney (D-CT) introduced H.R. 6087, the *Improving Access to Workers’ Compensation for Injured Federal Workers Act*, with Representative Tim Walberg (R-MI) as an original cosponsor. The bill was referred solely to the Committee on Education and Labor. On March 16, 2022, the Committee considered H.R. 6087 in legislative session. The Committee considered an Amendment in the Nature of a Substitute offered by Representative Courtney making technical changes. The amendment was adopted by voice vote. The Committee then reported the bill favorably, as amended, to the House of Representatives by voice vote. On June 7, 2022, the House agreed to a motion to suspend the rules and pass H.R. 6087 by a vote of 325–83.

118TH CONGRESS

Second Session—Hearing

On May 1, 2024, the Committee on Education and the Workforce held a hearing entitled “Examining the Policies and Priorities of the Department of Labor” to examine the Department of Labor’s

(DOL) Fiscal Year 2025 budget priorities and evaluate the effectiveness of its enforcement programs. The sole witness was the Honorable Julie A. Su, Acting Secretary of Labor, Washington, D.C. Representatives Walberg and Courtney inquired about DOL's position on H.R. 618, the *Improving Access to Workers' Compensation for Injured Federal Workers Act*.

Second Session—Legislative Action

On January 30, 2023, Representative Walberg introduced H.R. 618, the *Improving Access to Workers' Compensation for Injured Federal Workers Act*, with Representative Courtney as an original cosponsor. The bill was referred solely to the Committee on Education and the Workforce. On June 13, 2024, the Committee considered H.R. 618 in legislative session. The Committee considered an Amendment in the Nature of a Substitute offered by Representative Walberg making technical changes. The amendment was adopted by voice vote. The Committee then reported the bill favorably, as amended, to the House of Representatives by a vote of 36–0.

119TH CONGRESS

First Session—Hearing

On May 6, 2025, the Subcommittee on Workforce Protections held a hearing entitled “FECA Reform and Oversight: Prioritizing Workers, Protecting Taxpayer Dollars.” The Subcommittee heard testimony on the difficulty injured federal workers face finding a physician willing to participate in the FECA program and the need for increased access to care for this population. The witnesses were Mr. Scott Szymendera, Congressional Research Service, U.S. Library of Congress, Washington, D.C.; Mr. Luiz Santos, Acting Inspector General, U.S. Department of Labor, Washington, D.C.; Mr. Brian Renfroe, National President, National Association of Letter Carriers; and Ms. Tammy Hull, Inspector General, U.S. Postal Service, Washington, D.C.

First Session—Legislative Action

On May 1, 2025, Committee on Education and Workforce Chairman Walberg introduced H.R. 3170, the *Improving Access to Workers' Compensation for Injured Federal Workers Act*, with Representative Courtney as an original cosponsor. The bill was referred solely to the Committee on Education and Workforce. On June 25, 2025, the Committee considered H.R. 3170 in legislative session. The Committee considered an Amendment in the Nature of a Substitute offered by Chairman Walberg making technical changes. The amendment was adopted by voice vote. The Committee then reported the bill favorably, as amended, to the House of Representatives by a vote of 34–0.

COMMITTEE VIEWS

INTRODUCTION

H.R. 3170 allows NPs and PAs to act as eligible providers under the FECA program within the scope of their practice according to state law.

CURRENT LAW

Under FECA, which was enacted in 1916,¹ only a physician may make the diagnosis, certify the injury and extent of the disability, and oversee the patient's treatment and care.² "Physician" includes surgeons, podiatrists, dentists, clinical psychologists, optometrists, chiropractors, and osteopathic practitioners within the scope of their practice as defined by state law.³ As such, under current law, NPs and PAs are unable to diagnose, certify an injury and extent of disability, or oversee the treatment and care of FECA beneficiaries without physician oversight.

NURSE PRACTITIONERS

NPs are advanced practice registered nurses who obtain graduate education at the master's, post-master's, or doctoral level and obtain national board certification. NPs are educated under the nursing model, where clinical training is integrated into their core curriculum. NP programs are competency-based, not time-based; as such, a student must demonstrate mastery of content before advancing.⁴ Daily NP responsibilities often include making physical examinations, diagnosing and treating common acute and chronic problems, interpreting lab results and X-rays, prescribing and managing medications and therapies, and providing teaching and counseling to support healthy lifestyle behaviors.⁵

PHYSICIAN ASSISTANTS

A PA is a licensed medical professional who holds an advanced degree and may provide direct patient care. The specific duties of a PA are determined by their supervising physician and state law, but PAs provide many of the same services as a primary care physician.⁶ They practice in every state and in a wide variety of clinical settings and specialties.⁷ PA daily responsibilities include making rounds and performing patient exams, diagnosing illnesses, assisting in surgery, ordering and interpreting lab tests and X-rays, prescribing medications, developing and managing treatment plans, and advising patients on preventative care and optimal health practices.⁸

OTHER FEDERAL PROGRAMS

The FECA program's prohibition on the utilization of NPs and PAs to treat beneficiaries distinguishes it from other federal programs. In Medicare, Medicaid, the Federal Employees Health Benefits Program, and TRICARE, NPs and PAs may provide and oversee care consistent with state scope-of-practice laws. This is also the case within the Veterans' Health Administration, the Depart-

¹ Act of Sept. 7, 1916, Pub. L. No. 64-267, 39 Stat. 742 (1916).

² 5 U.S.C. § 8101(2).

³ *Id.*

⁴ Memorandum from MaryAnne Sapio, Vice President of Fed. Gov't Aff., Am. Ass'n of Nurse Prac., to Kimberly Latimore, Leg. Assistant, Off. of Sen. Sherrod Brown, and Maria Olson, Leg. Assistant, Off. of Sen. Susan Collins (Jan. 8, 2024) (on file with Comm.).

⁵ MAYO CLINIC C. OF MED. & SCIENCE, NURSE PRACTITIONER, college.mayo.edu/academics/explore-health-care-careers/careers-a-z/nurse-practitioner/ (last visited July 18, 2025).

⁶ MAYO CLINIC C. OF MED. & SCIENCE, PHYSICIAN ASSISTANT, college.mayo.edu/academics/explore-health-care-careers/careers-a-z/physician-assistant/ (last visited July 18, 2025).

⁷ Letter from Lisa Gables, Chief Exec. Off., AAPA, to Reps. Joe Courtney & Tim Walberg (Mar. 15, 2022) (on file with Comm.).

⁸ MAYO CLINIC C. OF MED. & SCIENCE, PHYSICIAN ASSISTANT, *supra* note 6.

ment of Defense, the Indian Health Service, and the U.S. Coast Guard, among other federal agencies. Since 2017, the Social Security Administration has considered NPs and PAs, along with physicians, to serve as acceptable sources of information for documenting the existence of an impairment for purposes of determining a disability. Additionally, NPs and PAs are medical examiners listed on the National Registry of Certified Medical Examiners for the purpose of performing mandatory medical examinations for drivers of commercial motor vehicles.⁹

STATE LAWS

In the majority of state workers' compensation programs that oversee private sector employees, NPs and PAs may provide services. As of 2024, NPs may make a diagnosis and oversee and coordinate care in 28 states.¹⁰ PAs are included as covered providers in 44 states, while six states defer to the insurance carrier. Thirty-five states allow PAs to submit claims under their own National Provider Number (NPI), nine states defer to the insurance carrier, and another six do not permit PAs to file under their own NPI.¹¹

ACCESS TO CARE

According to the Medicare Payment Advisory Commission, NPs and PAs account for one third of all primary care clinicians treating Medicare beneficiaries nationwide. In rural communities, their presence is closer to half of the primary care clinicians.¹² During a 2021 Workforce Protections Subcommittee hearing titled "Strengthening the Safety Net for Injured Workers," Christopher Godfrey, the director of the Office of Workers' Compensation Programs, testified on the challenges of accessing care in rural communities. He said there is often no doctor in town, and an NP or PA may be the only clinician who can provide the immediate treatment or ongoing care needed following a workplace injury. He also stated that utilizing NPs and PAs will make it much easier for FECA beneficiaries to access the care they need.¹³

Mr. Scott Szymendera of the Congressional Research Service testified at a hearing on May 6, 2025, before the Subcommittee on Workforce Protections. In response to a question asked by Chairman Walberg about the current FECA program's limitation on physicians being allowed to certify a worker's compensation claim, Mr. Szymendera stated:

Expanding the pool of providers to include nurse practitioners, physician assistants, or as I think their national academy now prefers referred physician associates could expand the pool, and allow greater access to physicians. It also could bring certain non-traditional facilities such as

⁹Memorandum from MaryAnne Sapio, *supra* note 4.

¹⁰AM. ASS'N OF NURSE PRAC. (AANP), AANP WORKERS' COMPENSATION STATE LIST (on file with Comm.).

¹¹AM. ACADEMY OF PHYSICIAN ASSISTANTS, WORKERS' COMP CHART 2020 (on file with Comm.).

¹²MEDICARE PAYMENT ADVISORY COMM'N, MEDICARE AND THE HEALTH CARE DELIVERY SYSTEM 27 (June 2022) https://www.medpac.gov/wp-content/uploads/2022/06/Jun22_MedPAC_Report_to_Congress_SEC.pdf.

¹³*Strengthening the Safety Net for Injured Workers: Hearing Before the Subcomm. on Workforce Protections of the H. Comm. on Educ. & Lab.*, 117th Cong. 57–58 (2021).

urgent care clinics, or medical clinics and retail stores into a greater role in providing care.¹⁴

Mr. Brian Renfroe, National President, National Association of Letter Carriers, testified at the same hearing. In response to a question from Representative Ilhan Omar (D-MN) about potential reforms that Congress should consider to improve the FECA claims process, he testified that H.R. 3170 “is bipartisan legislation that would expand that access to include physician assistants, and nurse practitioners. It really is a common sense solution to that problem that follows a trend that we have seen . . . around the country.”¹⁵

EXPEDITED RETURN TO WORK

An essential goal of any workers’ compensation program is to safely return injured workers back to work. By providing workers with more opportunities to access care, H.R. 3170 assists workers’ abilities to return to work in a more timely manner. H.R. 3170 serves both injured workers and taxpayers by updating the FECA program in a manner that the Congressional Budget Office (CBO) estimates will not add costs for taxpayers. CBO has reiterated that H.R. 3170’s impact on the budget—a zero score—is the same as its estimate for H.R. 618 from the 118th Congress.¹⁶ Such a policy change assists workers, ensures government efficiency, and costs the taxpayer nothing.

CONCLUSION

For years, the Committee has examined issues of fraud and access to benefits in the FECA program. Comprehensive changes are needed to ensure the FECA program is meeting the needs of workers and taxpayers. In particular, injured federal workers need increased access to care, especially in rural communities where the closest physician may be several hours away. H.R. 3170 takes an important step to authorize NPs and PAs to act as eligible providers under the FECA program within the scope of their practice according to state law, as NPs and PAs are often the only clinicians within many communities. This legislation will increase health care access for FECA beneficiaries at a time when many areas of the country are grappling with provider shortages. H.R. 3170 will help bring the nation one step closer to a program that prevents abuse by bad actors, reflects the realities of the 21st century, and provides adequate support to workers. Committee Republicans recognize that maintaining the status quo is not an option. Federal workers and taxpayers deserve a more efficient and effective program.

¹⁴ *FECA Reform and Oversight: Prioritizing Workers, Protecting Taxpayer Dollars: Hearing Before the Subcomm. on Workforce Protections of the H. Comm. on Educ. & Workforce*, 119th Cong. (2025) (testimony of Scott D. Szymendera, Analyst of Disability Pol’y, Cong. Research Serv.).

¹⁵ *Id.* (testimony of Brian L. Renfroe, President, Nat’l Ass’n of Letter Carriers).

¹⁶ CONG. BUDGET OFF., COST ESTIMATE FOR H.R. 618 (June 18, 2024), <https://www.cbo.gov/system/files/2024-06/hr618EdW.pdf>.

SUMMARY

H.R. 3170 SECTION-BY-SECTION SUMMARY

Section 1. Short title

Section 1 provides that the short title is “Improving Access to Workers’ Compensation for Injured Federal Workers Act of 2025.”

Section 2. Inclusion of physician assistants and nurse practitioners in Federal Employees’ Compensation Act

Section 2 allows nurse practitioners and physician assistants acting within the scope of their practice under state law to (1) prescribe or recommend treatment for injured federal workers; (2) certify the nature of an injury and probable extent of disability; (3) provide prescribed treatment for injured federal workers; and (4) participate, with a physician designated by DOL, in a mandatory workers’ compensation examination of an injured worker. Section 2 also directs DOL to finalize rules to carry out Section 2 within six months of enactment.

STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

In accordance with clause (3)(c) of rule XIII of the Rules of the House of Representatives, the goal of H.R. 3170 is to increase access to care for injured federal workers.

EXPLANATION OF AMENDMENTS

The amendment in the nature of a substitute is explained in the body of this report.

APPLICATION OF LAW TO THE LEGISLATIVE BRANCH

Section 102(b)(3) of Public Law 104–1 requires a description of the application of this bill to the legislative branch. H.R. 3170 increases access to care for injured federal workers, including eligible employees of the legislative branch.

UNFUNDED MANDATE STATEMENT

Pursuant to Section 423 of the Congressional Budget and Impoundment Control Act of 1974, Pub. L. No. 93–344 (as amended by Section 101(a)(2) of the Unfunded Mandates Reform Act of 1995, Pub. L. No. 104–4), the Committee traditionally adopts as its own the cost estimate prepared by the Director of the Congressional Budget Office (CBO) pursuant to section 402 of the Congressional Budget and Impoundment Control Act of 1974.

EARMARK STATEMENT

H.R. 3170 does not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of House rule XXI.

ROLL CALL VOTES

Clause 3(b) of rule XIII of the Rules of the House of Representatives requires the Committee Report to include for each record vote on a motion to report the measure or matter and on any amend-

ments offered to the measure or matter the total number of votes for and against and the names of the Members voting for and against.

Date:
06/25/2025

COMMITTEE ON EDUCATION AND WORKFORCE RECORD OF COMMITTEE VOTE

Roll Call: 9

Bill: H.R. 3170

Amendment Number: N/A

Disposition: Adopted by a Full Committee Roll Call Vote (34Y-0N)

Sponsor/Amendment: Motion to Report bill; as amended

Name & State	Aye	No	Not Voting	Name & State	Aye	No	Not Voting
Mr. WALBERG (MI) (Chairman)	X			Mr. SCOTT (VA) (Ranking)	X		
Mr. WILSON (SC)	X			Mr. COURTNEY (CT)	X		
Mrs. FOXX (NC)	X			Ms. WILSON (FL)	X		
Mr. THOMPSON (PA)	X			Ms. BONAMICI (OR)	X		
Mr. GROTHMAN (WI)	X			Mr. TAKANO (CA)	X		
Ms. STEFANIK (NY)	X			Ms. ADAMS (NC)	X		
Mr. ALLEN (GA)	X			Mr. DESAULNIER (CA)	X		
Mr. COMER (KY)	X			Mr. NORCROSS (NJ)	X		
Mr. OWENS (UT)	X			Ms. MCBATH (GA)	X		
Ms. MCCLAIN (MI)	X			Ms. HAYES (CT)	X		
Mrs. MILLER (IL)	X			Ms. OMAR (MN)	X		
Ms. LETLOW (LA)			X	Ms. STEVENS (MI)	X		
Mr. KILEY (CA)	X			Mr. CASAR (TX)			X
Mr. RULLI (OH)	X			Ms. LEE (PA)	X		
Mr. MOYLAN (GU)	X			Mr. MANNION (NY)	X		
Mr. ONDER (MO)			X	Ms. ANSARI (AZ)	X		
Mr. MACKENZIE (PA)	X						
Mr. BAUMGARTNER (WA)	X						
Mr. HARRIS (NC)	X						
Mr. MESSMER (IN)	X						
Mr. FINE (FL)	X						

TOTALS: Ayes: 34

Nos: 0

Not Voting: 3

Total: 37 / Present: 34 / Report: 34Y-0N

STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

In accordance with clause (3)(c) of House of Representatives rule XIII, the goal of H.R. 3170, the *Improving Access to Workers' Compensation for Injured Federal Workers Act of 2025*, expands the role of nurse practitioners (NPs) and physician assistants (PAs) in providing services to injured federal workers under the *Federal Employees' Compensation Act* (FECA) program within the scope of the practices of NPs and PAs as defined by state law.

DUPLICATION OF FEDERAL PROGRAMS

No provision of H.R. 3170 establishes or reauthorizes a program of the Federal Government known to be duplicative of another Federal program, a program that was included in any report from the Government Accountability Office to Congress pursuant to section 21 of Public Law 111–139, or a program related to a program identified in the most recent Catalog of Federal Domestic Assistance.

STATEMENT OF OVERSIGHT FINDINGS AND RECOMMENDATIONS OF THE COMMITTEE

In compliance with clause 3(c)(1) of rule XIII and clause 2(b)(1) of rule X of the Rules of the House of Representatives, the Committee's oversight findings and recommendations are reflected in the body of this report.

REQUIRED COMMITTEE HEARING

In compliance with clause 3(c)(6) of rule XIII of the Rules of the House of Representatives the following hearing held during the 119th Congress was used to develop or consider H.R. 3170: On May 6, 2025, the Subcommittee on Workforce Protections held a hearing on "FECA Reform and Oversight: Prioritizing Workers, Protecting Taxpayer Dollars."

NEW BUDGET AUTHORITY AND CBO COST ESTIMATE

Clause 3(d)(1) of rule XIII of the Rules of the House of Representatives requires an estimate and a comparison of the costs that would be incurred in carrying out H.R. 3170. However, clause 3(d)(2)(B) of that rule provides that this requirement does not apply when, as with the present report, the Committee adopts as its own the cost estimate for the bill prepared by the Director of the Congressional Budget Office.

H.R. 3170, Improving Access to Workers' Compensation for Injured Federal Workers Act				
As ordered reported by the House Committee on Education and the Workforce on June 25, 2025				
By Fiscal Year, Millions of Dollars	2025	2025-2030	2025-2035	
Direct Spending (Outlays)	0	*	*	
Revenues	0	0	0	
Increase or Decrease (-) in the Deficit	0	*	*	
Spending Subject to Appropriation (Outlays)	0	*	*	
Increases <i>net direct spending</i> in any of the four consecutive 10-year periods beginning in 2036?	No	Statutory pay-as-you-go procedures apply?		Yes
		Mandate Effects		
Increases <i>on-budget deficits</i> in any of the four consecutive 10-year periods beginning in 2036?	No	Contains intergovernmental mandate?		No
		Contains private-sector mandate?		No
* = between -\$500,000 and \$500,000.				

H.R. 3170 would allow nurse practitioners and physician assistants to diagnose, treat, and certify an injury and extent of disability for the purposes of compensating federal workers under the Federal Employees' Compensation Act (FECA). Using information from the Department of Labor, CBO expects that nonphysician providers would be compensated at the same rate as physicians and that total benefits provided to injured federal workers would not significantly change. Some people may receive treatment more quickly under the bill, which could increase costs over the 10-year period because some payments to medical providers that would have occurred in 2036 under current law could be paid in 2035. On the other hand, if injured workers receive treatment faster, some may return to work more quickly, which could reduce costs. CBO has no basis to estimate which effect would predominate, but expects that those effects would roughly offset each other. Thus, CBO estimates that enacting H.R. 3170 would affect net direct spending by an insignificant amount.

Although FECA payments are mandatory, the costs are charged back to a claimant's employing agency and those amounts are paid from the agency's salaries and expense accounts. Any effect on spending would be subject to future appropriation actions.

The CBO staff contact for this estimate is Meredith Decker. The estimate was reviewed by Christina Hawley Anthony, Deputy Director of Budget Analysis.

PHILLIP L. SWAGEL,
Director, Congressional Budget Office.

COMMITTEE COST ESTIMATE

Clause 3(d)(1) of rule XIII of the Rules of the House of Representatives requires an estimate and a comparison of the costs that would be incurred in carrying out H.R. 3170. However, clause 3(d)(2)(B) of that rule provides that this requirement does not apply when, as with the present report, the Committee has re-

quested a cost estimate for the bill from the Director of the Congressional Budget Office.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italics, and existing law in which no change is proposed is shown in roman):

TITLE 5, UNITED STATES CODE

* * * * *

PART III—EMPLOYEES

* * * * *

SUBPART G—INSURANCE AND ANNUITIES

* * * * *

CHAPTER 81—COMPENSATION FOR WORK INJURIES

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SUBCHAPTER I—GENERALLY

§ 8101. Definitions

For the purpose of this subchapter—

(1) “employee” means—

(A) a civil officer or employee in any branch of the Government of the United States, including an officer or employee of an instrumentality wholly owned by the United States;

(B) an individual rendering personal service to the United States similar to the service of a civil officer or employee of the United States, without pay or for nominal pay, when a statute authorizes the acceptance or use of the service, or authorizes payment of travel or other expenses of the individual;

(C) an individual, other than an independent contractor or an individual employed by an independent contractor, employed on the Menominee Indian Reservation in Wisconsin in operations conducted under a statute relating to tribal timber and logging operations on that reservation;

(D) an individual employed by the government of the District of Columbia;

(E) an individual appointed to a position on the office staff of a former President under section 1(b) of the Act of August 25, 1958 (72 Stat. 838);

(F) an individual selected pursuant to chapter 121 of title 28, and serving as a petit or grand juror; and

(G) an individual who is a System member of the National Urban Search and Rescue Response System during a period of appointment into Federal service pursuant to section 327 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act;
but does not include—

(i) a commissioned officer of the Regular Corps of the Public Health Service;

(ii) a commissioned officer of the Reserve Corps of the Public Health Service on active duty;

(iii) a commissioned officer of the Environmental Science Services Administration; or

(iv) a member of the Metropolitan Police or the Fire Department of the District of Columbia who is pensioned or pensionable under sections 521–535 of title 4, District of Columbia Code; and

(2) “physician” includes surgeons, podiatrists, dentists, clinical psychologists, optometrists, chiropractors, and osteopathic practitioners within the scope of their practice as defined by State law. The term “physician” includes chiropractors only to the extent that their reimbursable services are limited to treatment consisting of manual manipulation of the spine to correct a subluxation as demonstrated by X-ray to exist, and subject to regulation by the Secretary;

(3) “medical, surgical, and hospital services and supplies” includes services and supplies by podiatrists, dentists, clinical psychologists, optometrists, chiropractors, osteopathic practitioners, *other eligible providers*, and hospitals within the scope of their practice as defined by State law. Reimbursable chiropractic services are limited to treatment consisting of manual manipulation of the spine to correct a subluxation as demonstrated by X-ray to exist, and subject to regulation by the Secretary;

(4) “monthly pay” means the monthly pay at the time of injury, or the monthly pay at the time disability begins, or the monthly pay at the time compensable disability recurs, if the recurrence begins more than 6 months after the injured employee resumes regular full-time employment with the United States, whichever is greater, except when otherwise determined under section 8113 of this title with respect to any period;

(5) “injury” includes, in addition to injury by accident, a disease proximately caused by the employment, and damage to or destruction of medical braces, artificial limbs, and other prosthetic devices which shall be replaced or repaired, and such time lost while such device or appliance is being replaced or repaired; except that eyeglasses and hearing aids would not be replaced, repaired, or otherwise compensated for, unless the damages or destruction is incident to a personal injury requiring medical services;

(6) “widow” means the wife living with or dependent for support on the decedent at the time of his death, or living apart for reasonable cause or because of his desertion;

(7) “parent” includes stepparents and parents by adoption;

(8) “brother” and “sister” mean one who at the time of the death of the employee is under 18 years of age or over that age and incapable of self-support, and include stepbrothers and stepsisters, half brothers and half sisters, and brothers and sisters by adoption, but do not include married brothers or married sisters;

(9) “child” means one who at the time of the death of the employee is under 18 years of age or over that age and incapable of self-support, and includes stepchildren, adopted children, and posthumous children, but does not include married children;

(10) “grandchild” means one who at the time of the death of the employee is under 18 years of age or over that age and incapable of self-support;

(11) “widower” means the husband living with or dependent for support on the decedent at the time of her death, or living apart for reasonable cause or because of her desertion;

(12) “compensation” includes the money allowance payable to an employee or his dependents and any other benefits paid for from the Employees’ Compensation Fund, but this does not in any way reduce the amount of the monthly compensation payable for disability or death;

(13) “war-risk hazard” means a hazard arising during a war in which the United States is engaged; during an armed conflict in which the United States is engaged, whether or not war has been declared; or during a war or armed conflict between military forces of any origin, occurring in the country in which an individual to whom this subchapter applies is serving; from—

(A) the discharge of a missile, including liquids and gas, or the use of a weapon, explosive, or other noxious thing by a hostile force or individual or in combating an attack or an imagined attack by a hostile force or individual;

(B) action of a hostile force or individual, including rebellion or insurrection against the United States or any of its allies;

(C) the discharge or explosion of munitions intended for use in connection with a war or armed conflict with a hostile force or individual;

(D) the collision of vessels on convoy or the operation of vessels or aircraft without running lights or without other customary peacetime aids to navigation; or

(E) the operation of vessels or aircraft in a zone of hostilities or engaged in war activities;

(14) “hostile force or individual” means a nation, a subject of a foreign nation, or an individual serving a foreign nation—

(A) engaged in a war against the United States or any of its allies;

(B) engaged in armed conflict, whether or not war has been declared, against the United States or any of its allies; or

(C) engaged in a war or armed conflict between military forces of any origin in a country in which an individual to whom this subchapter applies is serving;

(15) “allies” means any nation with which the United States is engaged in a common military effort or with which the United States has entered into a common defensive military alliance;

(16) “war activities” includes activities directly relating to military operations;

(17) “student” means an individual under 23 years of age who has not completed 4 years of education beyond the high school level and who is regularly pursuing a full-time course of study or training at an institution which is—

(A) a school or college or university operated or directly supported by the United States, or by a State or local government or political subdivision thereof;

(B) a school or college or university which has been accredited by a State or by a State-recognized or nationally recognized accrediting agency or body;

(C) a school or college or university not so accredited but whose credits are accepted, on transfer, by at least three institutions which are so accredited, for credit on the same basis as if transferred from an institution so accredited; or

(D) an additional type of educational or training institution as defined by the Secretary of Labor.

Such an individual is deemed not to have ceased to be a student during an interim between school years if the interim is not more than 4 months and if he shows to the satisfaction of the Secretary that he has a bona fide intention of continuing to pursue a full-time course of study or training during the semester or other enrollment period immediately after the interim or during periods of reasonable duration during which, in the judgment of the Secretary, he is prevented by factors beyond his control from pursuing his education. A student whose 23rd birthday occurs during a semester or other enrollment period is deemed a student until the end of the semester or other enrollment period;

(18) “price index” means the Consumer Price Index (all items—United States city average) published monthly by the Bureau of Labor Statistics; [and]

(19) “organ” means a part of the body that performs a special function, and for purposes of this subchapter excludes the brain, heart, and back; [and]

(20) “United States medical officers and hospitals” includes medical officers and hospitals of the Army, Navy, Air Force, Department of Veterans Affairs, and United States Public Health Service, and any other medical officer or hospital designated as a United States medical officer or hospital by the Secretary of Labor[.]; and

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

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§ 8103. Medical services and initial medical and other benefits

(a) The United States shall furnish to an employee who is injured while in the performance of duty, the services, appliances, and supplies prescribed or recommended by a qualified physician *or other eligible provider*, which the Secretary of Labor considers likely to cure, give relief, reduce the degree or the period of disability, or aid in lessening the amount of the monthly compensation. These services, appliances, and supplies shall be furnished—

(1) whether or not disability has arisen;

(2) notwithstanding that the employee has accepted or is entitled to receive benefits under subchapter III of chapter 83 of this title or another retirement system for employees of the Government; and

(3) by or on the order of United States medical officers and hospitals, or, at the employee's option, by or on the order of physicians *or other eligible providers* and hospitals designated or approved by the Secretary.

The employee may initially select a physician *or other eligible provider* to provide medical services, appliances, and supplies, in accordance with such regulations and instructions as the Secretary considers necessary, and may be furnished necessary and reasonable transportation and expenses incident to the securing of such services, appliances, and supplies. These expenses, when authorized or approved by the Secretary, shall be paid from the Employees' Compensation Fund.

(b) The Secretary, under such limitations or conditions as he considers necessary, may authorize the employing agencies to provide for the initial furnishing of medical and other benefits under this section. The Secretary may certify vouchers for these expenses out of the Employees' Compensation Fund when the immediate superior of the employee certifies that the expense was incurred in respect to an injury which was accepted by the employing agency as probably compensable under this subchapter. The Secretary shall prescribe the form and content of the certificate.

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§ 8121. Claim

Compensation under this subchapter may be allowed only if an individual or someone on his behalf makes claim therefor. The claim shall—

(1) be made in writing within the time specified by section 8122 of this title;

(2) be delivered to the office of the Secretary of Labor or to an individual whom the Secretary may designate by regulation, or deposited in the mail properly stamped and addressed to the Secretary or his designee;

(3) be on a form approved by the Secretary;

(4) contain all information required by the Secretary;

(5) be sworn to by the individual entitled to compensation or someone on his behalf; and

(6) except in case of death, be accompanied by a certificate of the physician *or other eligible provider* of the employee stat-

ing the nature of the injury and the nature and probable extent of the disability.

The Secretary may waive paragraphs (3)–(6) of this section for reasonable cause shown.

* * * * *

§ 8123. Physical examinations

(a) An employee shall submit to examination by a medical officer of the United States, or by a physician designated or approved by the Secretary of Labor, after the injury and as frequently and at the times and places as may be reasonably required. The employee may have a physician *or other eligible provider* designated and paid by him present to participate in the examination. If there is disagreement between the physician making the examination for the United States and the physician *or other eligible provider* of the employee, the Secretary shall appoint a third physician who shall make an examination.

(b) An employee is entitled to be paid expenses incident to an examination required by the Secretary which in the opinion of the Secretary are necessary and reasonable, including transportation and loss of wages incurred in order to be examined. The expenses, when authorized or approved by the Secretary, are paid from the Employees' Compensation Fund.

(c) The Secretary shall fix the fees for examinations held under this section by physicians not employed by or under contract to the United States to furnish medical services to employees. The fees, when authorized or approved by the Secretary, are paid from the Employees' Compensation Fund.

(d) If an employee refuses to submit to or obstructs an examination, his right to compensation under this subchapter is suspended until the refusal or obstruction stops. Compensation is not payable while a refusal or obstruction continues, and the period of the refusal or obstruction is deducted from the period for which compensation is payable to the employee.

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