

H.R. 6087, Improving Access to Workers' Compensation for Injured Federal Workers Act of 2022

As ordered reported by the House Committee on Education and Labor on March 16, 2022

By Fiscal Year, Millions of Dollars	2022	2022-2026	2022-2031
Direct Spending (Outlays)	*	*	*
Revenues	0	0	0
Increase or Decrease (-) in the Deficit	*	*	*
Spending Subject to Appropriation (Outlays)	*	*	*
Statutory pay-as-you-go procedures apply?	Yes	Mandate Effects	
Increases on-budget deficits in any of the four consecutive 10-year periods beginning in 2032?	No	Contains intergovernmental mandate?	No
		Contains private-sector mandate?	No
* = between -\$500,000 and \$500,000.			

H.R. 6087 would allow nurse practitioners and physician assistants to diagnose, prescribe treatment, and certify an injury and extent of disability for 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 outlays to reimburse medical providers for care expected after 2031 could occur earlier. On the other hand, if injured workers receive treatment faster, they may return to work more quickly, which could reduce costs for some FECA cases. Thus, CBO estimates that enacting H.R. 6087 would have an insignificant net effect on direct spending.

While 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 H. Samuel Papenfuss, Deputy Director of Budget Analysis.