Written Testimony of Patrick Howe

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Before the House Education and Workforce Committee

Subcommittee on Workforce Protections

"Strengthening Federal Workers' Compensation Programs: Ensuring Integrity, Efficiency, and Access"

March 18, 2026

Thank you, Chair Mackenzie, Ranking Member Omar, and members of the Subcommittee.

I am Patrick Howe, and I serve as Executive Vice President, Nuclear Care Partners (NCP). Our company provides specialized in-home health care for former Department of Energy (DOE) atomic weapons workers who suffer from debilitating illnesses—such as cancers and chronic lung conditions—caused by their exposure to radiation and toxic substances while serving our nation.

Thank you for the opportunity to testify today in support of the Health Care for Energy Workers Act (H.R. 4122), introduced by Representatives Rick Allen (R-GA) and Lucy McBath (D-GA). This bipartisan legislation would modernize the 25-year-old Energy Employees Occupational Illness Compensation Act (EEOICPA) and improve health care for former DOE atomic workers and contractors who have served our country.

Founded in 2011, Nuclear Care Partners is a trusted national provider of home health care and holds home health care accreditation from the Accreditation Commission for Health Care (ACHC). This status is a mark of excellence and formal validation that NCP meets rigorous national standards for quality and safety, confirming our compliance with federal requirements. NCP operates in twenty-eight states, providing health care for former DOE employees and contractors who receive compensation and medical benefits under the EEOICPA, administered by the Department of Labor's (DOL) Office of Workers Compensation Programs. NCP's core belief is that these atomic heroes who gave so much in service to our country deserve compassionate and exceptional care.

I am a veteran with 40 years of clinical and business experience in health care. I served for four years as a combat medic in the U.S. Army, including during Operation Desert Storm, where I provided trauma support including helicopter medivac for the 85th Evac Hospital. Following my military service, I worked as an Emergency Room Nurse and later as an RN/ Physician Extender in Interventional Radiology at the Mayo Clinic in Rochester, Minnesota. More recently, I have held several executive leadership roles in the medical technology industry.

At NCP, I lead strategic efforts to expand access to specialized in-home care, education and advocacy for EEOICPA patients. One of these groundbreaking programs is Care+ Kidney, which provides specialized support for patients navigating chronic kidney disease (CKD) and end-stage renal disease.

Background on EEOICPA

During the Cold War, more than 600,000 Americans worked in the development and testing of the nation's nuclear weapons (GAO. 2010. *Energy Employees Compensation* (Report No.10-302)). Some of these workers were exposed to radiation, beryllium, silica, and other toxic substances. As a result of this occupational exposure to radiation and toxic chemicals, many developed serious illnesses.

The EEOICPA, enacted in 2000, provides financial compensation and health care coverage to chronically ill former DOE energy workers and contractors and their survivors for covered conditions (Title XXXVI, P.L 106-398).

These former nuclear workers were employed at more than 300 sites across the United States. Based on a review of DOL data, the top 12 states for EEOICPA claimants to date are Tennessee, New Mexico, Washington, Ohio, South Carolina, Nevada, Colorado, Kentucky, California, Texas, Georgia and Florida (U.S. Department of Labor, Energy Workers Program, EEOICP Statistics).

The EEOICPA specifies that physicians may order care for eligible EEOICPA patients (42 USC 7384t). As a result, under DOL policy only physicians are permitted to authorize care, including essential health care services for these patients.

Need for an updated care model for EEOICPA patients

This policy of only allowing physicians to order care for patients results in long delays for these patriots due to the shortage of physicians, especially in rural areas. Many former DOE sites were in remote areas for security reasons. Today, those communities face severe physician shortages. In many rural clinics, nurse practitioners (NPs) and physician assistants (PAs) are the primary, and sometimes only, providers. Many patients settled near these DOE sites and frequently must wait months for appointments with a physician. Others must drive 50 to 100 miles or more to reach a physician’s office.

For many years, we and other companies who provide care to these patients have seen firsthand that they are not receiving timely health care because of this outdated policy. Many of these patients are critically ill, and some are receiving hospice care. The delays they encounter directly impact their quality of care and their life expectancy. Requiring these patients to drive for hours to see a physician or wait months for an appointment is inhumane and not what these selfless workers who sacrificed so much for their country deserve. This is not criticism of physicians but a reflection of the reality of today’s care models and rural medicine. EEOICPA does not provide the flexibility that today’s care models deliver to ensure efficient, timely, and excellent health care.

For example, one of our New Mexico patients had to make a four-hour round trip to reach his kidney physician for an appointment. The trip was extremely taxing for him. There were nurse practitioners with the training to provide high-quality health care who could have seen him closer to home, but current policy does not allow it.

One of our Louisiana patients, a former driver at the Nevada test site, has been unable to find a local physician who will treat EEOICPA patients. She suffers from pneumoconiosis, a chronic lung condition, and requires constant oxygen. She has been forced to travel 1500 miles to Las Vegas, Nevada, to receive medical care. She is concerned about her continuing ability to make these long trips and would greatly benefit from a policy change to allow her to be treated by a local nurse practitioner.

For some patients who are bedridden, it is necessary to find a physician willing to come to the home, and that can take days or even weeks. In some cases, patients pass away before receiving the visit. Physicians will

always be involved in the care of these former workers, but the program needs to provide flexibility to reflect care options in the communities where these beneficiaries live and worked.

Additionally, it is often a challenge to find a physician willing to work with EEOICPA patients due to the added prior authorization requirements that take extra time. That compounds the challenge of extended wait times to be seen or traveling a great distance to see a physician.

Health Care for Energy Workers Act

NCP strongly supports the Health Care for Energy Workers Act, which would allow NPs and PAs to order care for eligible EEOICPA patients in accordance with state scope-of-practice laws. NPs and PAs perform these functions under the supervision of a physician, who continues to play an important role in patient care.

The EEOICPA should be updated to reflect the significant role that NPs and PAs play in our health care system and to improve access to health care for EEOICPA patients. The bipartisan Allen-McBath legislation would help address the shortage of care options facing these patients in many rural and urban communities. Allowing NPs and PAs to be able to order care for EEOICPA patients would improve the health care and quality of life for these critically ill patients.

Centers for Medicare and Medicaid Services / Veteran Administration Policies on NPs and PAs

The EEOICPA policy prohibiting NPs and PAs from ordering health care contrasts with the policies of the Centers for Medicare and Medicaid Services (CMS) and the Department of Veterans' Affairs (VA). Both VA and CMS already recognize NPs and PAs as qualified providers who can order care. Within the VA about one third of primary care visits are with PAs or NPs (Christine M. Everett, et.al., Journal of the American Academy of Physician Assistants. (32 (6): 36-42, 2019). In accordance with state scope-of-practice laws, these agencies reimburse NPs and PAs for certain types of care they order for patients. This legislation would bring care parity across the federal government.

Additional Improvements to the EEOICPA Health Care Program

NCP also recommends modernizing the program by expanding telemedicine options available to EEOICPA patients. During the COVID-19 pandemic, DOL granted waivers to allow expanded telemedicine for these patients. This benefited this critically ill population. Currently, telemedicine is available only for routine physician appointments. As previously noted, these critically ill patients often face delays and long trips to reach a physician's office. A more flexible telemedicine policy would make it easier for patients to connect with physicians and ease the burdens they face in traveling to their appointments.

Conclusion

The Health Care for Energy Workers Act will modernize the EEOICPA and improve access to care for the heroic men and women who served our country. These atomic heroes were at the front line of the Cold War. They did their jobs with professionalism, but with profound effects on their quality of life and health. This bill will ensure more timely health care services for a critically ill patient population that is frequently located in rural areas with limited access to health care. We must update this program to reflect the care models in 2026, not 2000, and ensure our patients can receive their care in their own communities, near their own families. We urge the House and Senate to pass this much-needed legislation so that these workers receive the respect and care they deserve. Thank you again for this opportunity and I am happy to answer any questions.