

[\[Categorical Listing\]](#) [\[Numerical Listing\]](#)

This policy is revised by HA Policy [98-035](#)



THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, DC 20301-1200

September 6, 1995

MEMORANDUM FOR: SURGEON GENERAL OF THE ARMY
SURGEON GENERAL OF THE NAVY
SURGEON GENERAL OF THE AIR FORCE

SUBJECT: Board Certification Pay for Non-Physician Health Care Providers

On April 29, 1994, the Department provided Congress with a report to implement board certification pay (BCP) for non-physician health care providers. The purpose was to provide an incentive for the highest level of professional achievement and to treat all health care providers equitably, when BCP authority exists. The report authorized optometrists, pharmacists, podiatrists, and social workers to receive this pay.

In September 1994, the Department formally implemented this pay and specified that audiologists and speech pathologists, dietitians, occupational therapists, physical therapists, and physician assistants were also eligible, based on the approved definition of a health care provider. To be eligible for this pay, the individual must: 1) be an officer in the Medical Service Corps of the Army or Navy, or an officer in the Army Medical Specialist Corps, or a Biomedical Sciences Corps officer in the Air Force; 2) be a health care provider; 3) have a post baccalaureate degree in the providers specialty, and 4) be certified by a professional board in the officer's specialty.

Actual implementation was delayed due to the uncertainty regarding which specialty boards should qualify for BCP. The [decision paper](#) at Tab A provided an objective analysis of the issue, concluding that regardless of which option is selected, there will be charges of unfairness. Although Health Affairs recommended option 2, the Services were in agreement that they could only support option 1 at the present time. This issue will be re-evaluated next fiscal year.

Based on the agreement by the Services, board certification pay shall be awarded to only those designated non-physician health care providers who are certified in their particular specialty by an approved board that is clearly above the norm (entry level). Entry level is defined as the minimum requirements for entry/retention in the Service. This decision will preclude audiologists and physicians assistants from receiving this pay at the present time. This pay is optional for FY95, but mandatory for FY96 and FY97. Attached at Tab B is the [request for](#)

[DFAS to begin payment](#) and attached at Tab C is the [current list of authorized specialty certification boards](#).

Edward D. Martin for
Stephen C. Joseph, M.D., M.P.H.

THE POINT OF CONTACT IS LIEUTENANT COMMANDER GRIFFITTS, (703) 681-8910.

Attachment
As Stated

HA POLICY 95-01

DECISION PAPER

SUBJECT: Board certification pay for Non-Physician Health Care Providers

BACKGROUND:

In accordance with section 302c, title 37, United States Code, the Department, on April 29, 1994, provided the Congress with a report implementing non-physician health care provider pay. This report indicated the Department was going to pay podiatrist, optometrists, social workers and pharmacists. The justification for the pay was, "... a means of influencing the force structure for these health care providers through the provision of an incentive for them to attain the highest level of professional achievement, board certification. There is also a need to treat all health care providers in an equitable manner when like special or incentive pay authority exists for different categories of providers ... Board certified pay is an incentive for attaining a demonstrated level of professional excellence significantly above that normally required for the profession. ... Use of this incentive must be consistent for all health care providers."

On September 22, 1994, the Department formally implemented this pay. It specified that in addition to the specialties listed in the report to Congress, audiologists and speech pathologists, dietitians, occupational therapists, physical therapists, and physician assistants were eligible for the pay. This increase in specialties was based on the Department's definition of health care provider as contained in DoD Directive 6025.11, "DoD Health Care Provider Credentials Review and Clinical Privileging." The guidance contained in this memorandum was identical to the report to Congress and the statutory language of title 37. Specifically, to obtain this pay, the

individual must: 1) be an officer in the Medical Service Corps of the Army or Navy, or an officer in the Army Medical Specialist Corps, or a Biomedical Sciences Corps officer in the Air Force; 2) be a health care provider; 3) have a post baccalaureate degree in the providers specialty, and; 4) be certified by a professional board in the officer's specialty.

This September 22, 1994 memorandum was signed despite opposition from the three Services. The Army failed to take any action to implement the pay, as required by the memorandum. As a result, the ASD(HA) revisited the issue on May 15, 1995, making the pay optional for FY 1995, but mandatory for FY 1996 and FY 1997. The May 15, 1995 memorandum provided no implementing guidance.

DISCUSSION:

In order for eligible officers to receive this pay, the Defense Finance and Accounting Service needs specific instructions to proceed with payment. In preparing this guidance it became apparent that there was no way to fairly implement this pay, as different specialty boards have different requirements and opportunities for advanced certification. The key to finalizing the Department's position in this matter begins with the audiology and physician assistant specialties.

All audiologists in the military have a master's degree and are certified by the Clinical Certification Board of the American Speech-Language Hearing Association. There is no higher certification available. The same situation holds for physician assistants. All military physician assistants are required to become certified by the National Commission of Certification of Physician Assistants. Physician assistants, however, are not required to obtain a master's degree.

Based on the statutory language, and the implementing guidance, these specialties would be eligible to obtain certification pay. Granting these specialties eligibility, however, raises additional questions. The report to Congress stated the Department was implementing the pay for "attaining a demonstrated level of professional excellence significantly above that normally required for the profession." Audiologists argue that the military requirement for certification and a master's degree is not the norm. Those opposed to implementing this pay, however, will argue that the norm must be based on military standards, and that the Services cannot afford to pay a military audiologists or physician assistants for attaining certification that is a requirement for Service.

Moreover, if audiologists and physician assistants are made eligible for this pay, dietitians, occupational therapists, and physical therapists will argue that they all have entry level certification/registration/licensure requirements that are every bit as stringent as those experienced by audiologists and physician assistants. This later group of officers, however, have specific certification boards available to them that are of a higher standard than entry level. Consequently, they will maintain that they are being penalized because their specialty has set additional certification standards above those specified for the professions of audiology and physician assistant.

OPTIONS:

1. Award board certification pay to only those specialties that are above the norm (entry level). Entry level is defined as the minimum requirements for entry/retention in the Service. This would preclude audiologists and physician assistants from receiving this pay.

2. Award board certification to those individuals who are certified at the highest level available by each specialty board. This decision would allow audiologists and physician assistants, who are otherwise eligible to receive this pay.
3. Award board certification pay to any individual who is certified by a professional organization, regardless of the level of certification.

RECOMMENDATION:

Approve Option 1 or 2. Either option can be supported. The question is who do we want to disappoint. The Services for paying officers for obtaining the minimum certification standards for Service, or the officers who are specialists without advance certification opportunities.

Option 1 is approved

Edward D. Martin for
Stephen C. Joseph, M.D., M.P.H.

9/6/95

Attachments:

As stated



THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, DC 20301-1200

September 6, 1995

MEMORANDUM FOR:

DEFENSE FINANCE AND ACCOUNTING SERVICE (DFAS)

SUBJECT: Implementation of Diplomate Pay for Psychologists and Non-physician Board Certification Pay


The Department made the decision on September 22, 1994 to implement diplomate pay for psychologists and board certified pay to non-physician health care providers. For various reasons, this pay has been slow to implement. In May 1995 this pay was made discretionary for fiscal year 1995, but mandatory for fiscal years

1996 and 1997.

The implementing guidance published last September was not complete in the boards recognized for payment. [Specific boards approved for recognition and payment](#) are attached.

The Services are authorized to begin paying this pay effective October 1, 1994, as determined by each individual Service. Request DFAS begin to implement this pay, accordingly.

This memorandum is effective for fiscal years 1995 and 1996. My point of contact for this action is Lieutenant Commander Steve Griffitts, 681-8910.

 for
Stephen C. Joseph, M.D., M.P.H.

Attachments:

As stated

cc:

ASA(M&RA)

ASN(M&RA)

ASAF(MRAI&E)

NON-PHYSICIAN SPECIALTY BOARDS

DIETITIANS: (Board Certified)

SPONSOR: American Dietetic Association

RESPONSIBILITY: Commission on Dietetic Registration

BOARDS:

- 1) Pediatric Nutrition
- 2) Renal Nutrition
- 3) Metabolic Nutrition

OCCUPATIONAL THERAPY: (Board Certified)

SPONSOR: American Occupational Therapy Association

RESPONSIBILITY: American Occupational Therapy Certification Board

BOARDS:

- 1) Pediatrics
- 2) Hand Therapy (Recognized by Aota, but Part of American Society of Hand Therapy)

OPTOMETRY: (Fellow)

SPONSOR: American Optometric Association
RESPONSIBILITY: American Academy of Optometry
BOARD: Fellow in the American Optometric Association

PHARMACY: (Board Certified)

SPONSOR: American Pharmaceutical Association
RESPONSIBILITY: American Board of Pharmaceutical Specialties
BOARDS:
1) Nuclear Pharmacy
2) Pharmacotherapy
3) Nutrition Support Pharmacy Practice

PHYSICAL THERAPY: (Board Certified)

SPONSOR: American Physical Therapy Association
RESPONSIBILITY: American Board of Physical Therapy Specialists
BOARDS:
1) Cardiopulmonary
2) Clinical Electrophysiology
3) Geriatrics
4) Neurology
5) Orthopedics
6) Pediatrics
7) Sports

PODIATRY: (Board Certified)

SPONSOR: American Podiatric Medical Association
RESPONSIBILITY: The Council on Podiatric Medical Education
BOARDS:
1) American Board of Podiatric Orthopedics and Primary Podiatric Medicine
2) American Board of Podiatric Public Health
3) American Board of Podiatric Surgery

PSYCHOLOGY: (Diplomate)

SPONSOR: American Psychological Association
RESPONSIBILITY: American Board of Professional Psychology
BOARDS: Diplomate

SOCIAL WORK: (Diplomate)

SPONSOR: American Board of Examiners in Clinical Social Work
RESPONSIBILITY: Same
BOARDS: Diplomate in Clinical Social Work (BCD)
or
SPONSOR: National Association of Social Workers
RESPONSIBILITY: Competence Certification Commission
BOARDS: Diplomate in Clinical Social Work (DCSW)

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Last update: 12/18/1998