H.R. 2787, H.R. 3696, H.R. 5521, H.R. 5693, H.R. 5864, H.R. 5938, H.R. 5974 and Draft Legislation

Jun 13, 2018

Statement of

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Before the

United States House of Representatives
Committee on Veterans' Affairs
Subcommittee on Health

With Respect To

H.R. 2787, H.R. 3696, H.R. 5521, H.R. 5693, H.R. 5864, H.R. 5938, H.R. 5974 and Draft Legislation

WASHINGTON, DC

Chairman Wenstrup, Ranking Member Brownley, and members of the Subcommittee, on behalf of the women and men of the Veterans of Foreign Wars of the United States (VFW) and its Auxiliary, thank you for the opportunity to provide our remarks on legislation pending before this subcommittee.

H.R. 2787, *Veterans-Specific Education for Tomorrow's Medical Doctors Act or the VET MD Act*

The VFW supports the *Veterans-Specific Education for Tomorrow's Medical Doctors Act,* with suggestions to improve the legislation. This legislation would mandate VA carry out a pilot program at no less than five Department of Veterans Affairs (VA) facilities to provide a

diverse selection of undergraduate students with clinical observation experience. The goals of this clinical observation pilot would be to increase awareness and knowledge of veterans' health care of future medical professionals and increase the diversity of future medical professionals.

While VA facilities across the country are already allowing students to observe clinical hours, this program would be a practical way to expand this practice. The VFW also finds it to be valuable that the legislation includes consideration of areas with staffing shortages within VA, in an attempt to hopefully later recruit new providers. However, the VFW would find this to be more advantageous if the language also included projected staffing shortages within VA. The VFW suggests including veterans as a priority along with those who live in an area with a shortage of health care professionals and/or are first generation college students.

The VFW also suggests more precisely defining the term "timely manner" under "Other Matters" regarding the notification to Congress, as the term can be too loosely defined and may result in Congress receiving notification at a much slower rate than intended. Lastly, the VFW recommends including metrics to determine how many students who took part in the program go on to a graduate medical program for fields determined to have a staffing shortage within VA.

H.R. 3696, *Wounded Warrior Workforce Enhancement Act*

Section 2

The VFW agrees with the intent of this section, but cannot support the language as written. This section would mandate that VA provide grants to research programs with orthotic and prosthetics education programs accredited by the National Commission on Orthotic and Prosthetic Education in cooperation with the Commission on Accreditation of Allied Health Education Programs.

One of VA's four statutory missions is to educate and train health professionals to enhance the quality of care provided to veteran patients within VA. This is accomplished through coordinated programs and partnerships with affiliated academic institutions.

The *Wounded Warrior Workforce Enhancement Act* would not require any form of partnership, yet would provide millions of dollars in grants for non-VA institutions to expand, build, supplement salaries, provide financial aid, or purchase equipment for graduate level orthotic and prosthetics programs for very specifically defined institutions. While the language does state that schools that are partnered with VA would be prioritized for grants, and schools that apply must show a willingness to participate; that is not enough. The VFW believes this must be tied back to delivery of care for veteran patients within VA. If VA is to fund grants such as this, veterans must see a positive outcome from which they can benefit.

Section 3

The VFW opposes this section, which would require VA to provide a grant to build a non-VA center of excellence for orthotics and prosthetics at a graduate orthotic and prosthetics program accredited by the National Commission on Orthotic and Prosthetic Education in cooperation with the Commission on Accreditation of Allied Health Education Programs. Aside from the same concerns as in Section 2 regarding the lack of partnership or contracts with VA, this section would ultimately require VA to fund this non-VA entity that is not only unnecessary as VA and the Department of Defense (DOD) lead the way in orthotics and prosthetics, but would again have no direct tie to care provided to veterans.

It is imperative that America's providers are able to treat patients for orthotics and prosthetics. There are currently five Polytrauma Rehabilitation Centers and 21 Polytrauma Network Sites within VA –– that does not include the Polytrauma Support Clinic Teams, Polytrauma Points of Contact or Department of Defense prosthetic centers of excellence and other clinics. With this in mind, the VFW cannot justify outsourcing valuable VA resources to bolster a non-VA entity that would not benefit veterans. The grant for this program, which would be substantial, would again be eligible for use toward training, salary supplementation, financial aid, building renovations and equipment purchases.

H.R. 5521, *VA Hiring Enhancement Act*

Section 2

The VFW supports this section which would remove barriers for employment of health care providers who were required to sign a non-compete contract with previous employers. By removing this barrier more medical professionals who want to treat veterans would be able to pursue a career at VA medical facilities.

Section 3

This section would require VA to hire health care providers who are board eligible. The Choice Act required VA's Office of Inspector General to annually determine the top five hiring shortages. Since this enactment in 2014, medical officers have been ranked as the number one staffing need within VA. With nearly 38,000 current job vacancies within VA, the VFW cannot support limiting VA's hiring pool.

As determined by studies such as *Comparing VA and Non-VA Quality of Care: A Systematic Review*, published by the RAND Corporation in the Journal of General Internal Medicine, 2016, VA either outperforms or performs on par with non-VA care. So while this legislation is intended to limit applications to the most highly qualified, the VFW feels this is not a necessary precaution at this time.

Lastly, this section's attempt to provide VA the authority to hire residents is redundant with current law. In Section 206 of *VA Choice and Quality Employment Act of 2017* the secretary received authority to hire students and recent graduates.

H.R. 5693, *Long-Term Care Veterans Choice Act*

The VFW supports this legislation which would authorize VA to enter into contract agreements for non-VA medical foster homes. By expanding this option of long-term care to veterans who are unable to live independently but do not want to be institutionalized, Congress would be providing veterans with the ability to receive the care they need while also maintaining a higher quality of life. The VFW urges Congress to pass this legislation, which would provide more options for veterans to decide what form of long-term care is right for them.

H.R. 5864, *VA Hospitals Establishing Leadership Performance Act*

The VFW supports this legislation which would establish qualifications for human resources positions within the Veterans Health Administration. In doing so, this legislation would assure standardized performance metrics and require VA to report the established qualifications and metrics, as well as the implementation and quality of the metrics.

H.R. 5938, *Veterans Serving Veterans Act of 2018*

The VFW agrees with the intent of this draft legislation, but has very serious concerns with its impact on privacy. This draft legislation would establish a vacancy and recruitment database to facilitate recruitment of members of the armed forces to fill open positions within VA.

Requiring VA and DOD to work together to establish a functional and correct database of individuals actively serving in the military with military occupational specialties that would link individuals with corresponding vacant positions within VA, would require excessive amounts of time, funding and technology. While the desired goal of filling desperately needed positions is commendable, establishing a database is neither realistic nor the right way to do it.

The VFW also has concern with how this legislation would allow those in the armed forces to elect not to be listed in the database, but requires the member to submit this request in writing with no other options or outreach directive to assure they are properly notified of this option. Once on the list, the secretary of VA would have authority to determine who within the department has access to the information. These options are listed as offices, officials and employees. The VFW believes that VA must be more selective with who has access to the name, contact information and other personal information of transitioning service members.

H.R. 5974, *Department of Veterans Affairs Creation of On-Site Treatment Systems Affording Veterans Improvements and Numerous General Safety Enhancements Act*

The VFW supports this legislation which would direct VA to use on-site regulated medical waste treatment systems. At this point in time, most VA facilities are contracting out medical and biohazardous waste disposal. These contracts come with a high price tag and require the transportation of infectious waste such as blood, microbiological cultures, body parts, used dressings and more. In areas where it would result in cost savings, there is absolutely no reason why VA should not be discarding their own medical waste instead of using contractors.

Draft Legislation to improve productivity of the management of Department of Veterans Affairs health care, and for other purposes.

The VFW agrees with the intent of this draft legislation but has some concerns that must be addressed before we are able to support. This legislation would require VA to reports its relative value units (RVUs). RVUs are a national standard used for determining budget, expenses, cost benchmarking and productivity, which was first introduced by the American health care systems by Centers for Medicare and Medicaid Services in 1992. While the private sector has found RVUs to be statistically reliable, they are at times flawed – and predominantly used to determine provider payments.

There would most certainly be value to tracking RVUs and the levels of productivity within VA. The VFW believes it would provide data showcasing that as funding increases within VA, so does productivity. With this said, there are still concerns regarding comparison to the private sector and maintaining the level of care that veterans prefer.

The private sector is not required to make data publicly available the way VA is required, which at times causes an unsettling double standard. VFW members report in surveys time and time again that one of the reasons they prefer VA is due to increased face time with their providers. VA providers typically spend more time with patients, which leads to higher patient satisfaction and better quality care. Veteran patients who use VA are also statistically sicker than patients who do not use VA. This requires more time between patients and their providers. These and other factors are not reflected in RVUs. The VFW is grateful this legislation would take into account non-clinical duties, as VA providers conduct more research and training than private sector providers. However, the VFW would like to know how Congress intends to use RVUs before supporting this bill. The VFW warns against basing legislation or appropriations on how VA RVUs compare to private sector RVUs. Doing so would fail veterans and the system specifically created to meet their health care needs.

Mr. Chairman, this concludes my testimony. I am prepared to take any questions you or the subcommittee members may have.