Congresswoman Vicky Hartzler
Veterans Affairs Committee Member Day
May 27, 2021

Chairman Takano, Ranking Member Bost, and distinguished members of the committee, I want to applaud you for your commitment and dedication to improving outcomes for our veterans and for allowing me to share my views on the Department of Veterans Affairs' (VA) critical staffing issue that is impacting the care our veterans receive.

Our veterans deserve the best. Unfortunately, top-notch care is often hampered by a shortage of doctors at the VA. I believe that my bill, H.R. 3401 – The VA Hiring Enhancement Act, which I introduced along with Representatives Zeldin, Turner, and Diaz-Balart, will help the VA fill some of these vacancies. Our bill has three main provisions.

First, it would allow physicians to be released from non-compete agreements only for the purpose of serving in the VA for at least one year. Non-compete agreements are supposed to prevent a physician from building up a patient base, and then taking those patients with them as they set up their own practice. A physician moving to the VA simply does not fit that description as private-sector doctors don't have patients who wouldn't already be going to the VA. This provision would ensure that a non-compete agreement is never used to keep a physician from serving veterans at a VA facility, and only applies to such a circumstance.

Second, our bill updates the minimum training requirements for VA physicians. Completion of a medical residency is widely accepted as standard comprehensive training for clinical physicians in the United States. However, current law only requires that a physician be licensed in order to treat veterans. In the case of some medical specialties, the difference between licensing and completing residency can represent six years of training. Some have suggested that this provision would exacerbate the shortage of physicians at the VA by shrinking the pool from which the VA can hire. However, the VA currently hires almost exclusively those physicians which have completed residency training, so this provision would not result in such an impact. It would ensure every VA receives care from the most qualified doctors.

Others have rightly submitted that veterans are largely satisfied with the quality of care they receive at the VA. They, therefore, submit that we do not need to legislate a higher standard. I contend that as long as Congress sees fit to impose any standard on the VA regarding those caring for veterans, we have a duty to ensure that the standard is appropriate. Completion of residency training is the accepted standard in this nation, and we should never expect veterans to accept anything less. This is a common-sense update to something federal law already addresses and ensures that only fully trained physicians care for those who have served our nation.

Finally, our bill would place veterans' hospitals on a level playing field with the private sector when it comes to recruiting timelines. Often, private sector health care providers begin recruiting medical residents as they begin their final year of residency, sometimes even earlier. Most residents have school debt they will need to start paying off—an average of $190,000. During residency they treat patients and work upwards of 80 hours a week, sometimes with single shifts up to 28 hours. These residents—rightfully motivated to secure a post-residency job with better pay and better hours—often accept a solid job offer from the private sector before VA recruiters are able to get their recruiting process started.

Our bill authorizes VA recruiters to make job offers to physicians up to 2 years prior to fulfilling all of the VA's requirements, contingent on meeting all requirements before they begin treating veterans. It offers job security to medical residents who want to work at the VA when they complete their training and allows VA facilities and recruiters to shore up appointments further in advance, helping them to plan and forecast medical workforce needs. VA recruiters are already pitching a great opportunity for physicians,

and we owe them policies that make them as competitive as possible with private sector recruiters. I believe that advancement of this legislation will help begin to fill the VA's many vacant health care positions.

We've worked closely with this committee's staff, VA recruiters, and VSOs on this bill, and I'm pleased to report that it has garnered wide support and formal endorsement from 10 VSOs including the American Legion, Blinded Veterans Association, AMVETS, Disabled American Veterans and Paralyzed Veterans of America. We are forever indebted to the brave men and women who serve in uniform and we owe them our continued support as veterans. It's my hope we can work together to move this bill to the House floor soon.

Also, the 106th Congress gave the Secretary of Veterans Affairs (VA) the authority to reimburse certain veterans for emergency treatment they receive in a non-VA facility. Eligible veterans include those that have been billed for emergency treatment and have no other health coverage entitling them to reimbursement for that treatment. In other words, the law provides a safety net to ensure that emergency expenses do not leave a veteran in financial ruin.

The law also limits reimbursement for care up to the time that a veteran can be safely transferred to a VA facility. This wise provision ensures that the VA, with their expertise in caring for veterans, can begin aiding the veteran's recovery as soon as possible. It ensures maximum continuity of care and supports the cost-effective use of each tax-payer dollar.

Unfortunately, the VA does not interpret current law as granting them authority to reimburse for this transfer to a VA facility. In practice, this means that a veteran who wakes up in a non-VA emergency room after being medically stabilized is given an impossible choice: either pay out of pocket for a transfer to a VA facility, or pay without reimbursement for continued care in the non-VA hospital. Ambulance transportation averages nearly $500, but can be significantly higher, especially in rural areas. Continued care in the non-VA facility can cost exponentially more.

The bi-partisan VA Emergency Transportation Act, H.R. 3400, that I introduced with 15 original cosponsors clarifies that the transfer to a VA facility, once a veteran is medically stable and a VA facility is able to accept the transfer, is a reimbursable expense. This change fixes a large, costly hole in the safety net the original law was intended to provide.

Thank you, again, for your time and consideration.

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Member of Congress