

STATEMENT FOR THE RECORD
PARALYZED VETERANS OF AMERICA
FOR THE
HOUSE COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEE ON HEALTH & ECONOMIC OPPORTUNITY
CONCERNING
DRAFT LEGISLATION TO IMPROVE THE AUTHORITY OF THE SECRETARY OF
VETERANS AFFAIRS TO HIRE AND RETAIN PHYSICIANS AND OTHER
EMPLOYEES OF THE DEPARTMENT OF VETERANS AFFAIRS

MARCH 16, 2016

Chairmen Benishek and Wenstrup, Ranking Members Brownley and Takano, and members of the Subcommittees, Paralyzed Veterans of America (PVA) would like to thank you for the opportunity to present our views on the pending legislation impacting the Department of Veterans Affairs (VA) employment authority. No group of veterans understand the full scope of care provided by the VA better than PVA's members—veterans who have incurred a spinal cord injury or disease. Most PVA members depend on VA for 100% of their care and are the most vulnerable when access to health care, and other challenges, impact quality of care. Elements of this bill will help ensure that veterans receive timely, quality health care and benefits services.

In order to accomplish VA's strategic goal, "to be an employer of choice in the national labor market," VA must be able to recruit and retain qualified professionals, and administrative, technical and other staffs, by providing competitive compensation, and opportunities for professional and technical development. The Association of American Medical Colleges estimates the United States will have a shortage of 130,600 physicians by 2025. Today, the most vulnerable populations, including rural communities and veterans with specialty needs are the first to feel the effects. While VA recruitment efforts are improving, the inexcusably long process it takes to bring an employee onboard continue to turn away highly qualified candidates. VA must provide its human resources management staff with the resources and training necessary to correct these issues.

Section 2 of the proposed draft bill would eliminate the current statutory requirements that the Medical Directors of VA Medical Centers (VAMCs) and directors of Veterans Integrated Service Networks (VISNs) be a doctor of medicine or dentistry. Rather, it would require they be, to the "extent practicable" a qualified medical professional. Further, it would allow these directors to receive market pay in addition to base pay, with the market pay reviewed by the secretary on a case by case basis. PVA supports any effort intended to recruit and retain the highest quality health care providers. Our nation's veterans deserve no less than the very best. Congress should also consider other incentives, such as child care, flexible scheduling, and continuing education.

In 2004, Congress passed P.L. 108-445, the "Department of Veterans Affairs Health Care Personnel Enhancement Act." The act was intended to aid VA in recruitment and retention of VA physicians, especially scarce subspecialty practitioners, by authorizing VA to offer highly competitive compensation to full-time physicians oriented to VA careers. VA has fully implemented the act, but PVA suspects the act may not have been sufficient enough. PVA urges Congress to provide oversight and to ascertain whether VA has adequately implemented its intent in enacting P.L. 108-445.

Section 3 would allow the Secretary to modify the hours of employment for personnel of VHA so they can have more or less than 80 hours in a biweekly pay period as long as their total hours per calendar year do not exceed 2,080 hours. PVA supports this modification. Currently, VA emergency room physicians work inflexible 12-hour shifts within the required 80 hours per pay period that denote full-time status. This rigidity does not exist in the private sector. Irregular work schedules are needed to provide high quality patient care. Additionally, the Veterans Health Administration (VHA) antiquated system interferes with recruitment and retention efforts.

Section 4 would allow the Secretary to pay for 66 percent of the Yellow Ribbon Program under the Post-9/11 G.I. Bill for a graduate degree in the mental health field as opposed to only “up to 50 percent.” The applicant would have to be eligible for the Post-9/11 G.I. Bill and eligible for the Yellow Ribbon Program and intend to become a mental health professional for VA. PVA supports this provision.

Currently, the Veteran Access Choice and Accountability Act requires the VA Office of Inspector General (VAOIG) determine annually the five occupations within VHA that had the highest staff shortages. Section 5 of this draft would require the VAOIG to evaluate staffing shortages for five clinical occupations and five nonclinical occupations within each VISN. PVA supports this provision as it would add clarity to the staffing capacity where care is directly provided.

Section 6 would repeal the compensation panels to determine market pay for physicians and dentists. PVA currently has no official position on this provision.

Section 7 would require the Secretary to select at least 18, but no more than 30, employees to participate in a one year fellowship with a private sector company or entity that administers or delivers health care or other services similar to those provided within VBA and VHA. PVA

generally supports this idea. In the current environment there could be a benefit to sending VA senior executives into the private sector to better understand best practices from both sides. At the same time, sending already limited resources and talent outside of VA could further undermine the existing training programs within the Department.

Section 8 would require the Secretary to conduct an annual performance plan of VA's political appointees. The plan would be similar to those employees who are members of the Senior Executive Service and would assess recruitment and retention of qualified employees, engagement and motivation, and performance and accountability. While surprised there is not already a performance plan for VA political appointees, PVA considers this a reasonable provision.

Section 9 would expand veterans preference to reservists by counting their cumulative service rather than consecutive. PVA supports offering the preference in hiring to those not currently eligible and hopes such an expansion would allow VA to hire more veterans.

Section 10 would allow the Secretary to noncompetitively reappoint a former VA employee to any position within the Department as long as the position is not more than one grade higher than their former position and as long as the employee left the Department voluntarily within the prior two years and maintained necessary licensures and credentials. PVA has concerns about bringing back a former employee to a higher grade through a noncompetitive process. Such a hiring pathway allows for personal relationships to dictate placement. While PVA supports the intent to easily fill critical vacancies, we are not convinced hiring former employees through a noncompetitive process is the most appropriate.

Section 11 would require the Secretary to create a single recruiting database to list any vacant positions the Secretary determines are critical to the mission of VA, or difficult to fill, or both. It would keep information on applicants not selected for initial positions but who are qualified for

other positions in the department. The Secretary would be required to use the database to fill any vacant positions. PVA does not believe a recruiting database is necessary. Given the current condition that is VA and its relationship to IT, we are unsure how the creation of a new apparatus will quicken the Department's efficiencies. Presumably, the 'mission critical' positions the proposed database would house are currently residing in the existing system, if not USAJobs.gov. Why these are not suitable means for discovering their listing we would wish to know before offering a final opinion.

PVA generally supports Section 12 that would require the Secretary to provide the proper training for human resources (HR) professionals for recruiting and hiring Title 38 employees within VHA. Currently, most HR professionals are primarily trained for hiring under Title 5, while a majority of VHA's hiring is for Title 38 employees. VA must reduce the amount of time it takes to bring new employees on board and provide its HR staff with adequate support through updated hiring processes and proficiency training. The development and implementation of defined goals for recruitment and retention (to include promotions, continuing education, etc.) should be components of HR staff's performance plans. VA HR management staff are not accountable to direct service providers. PVA believes they should be held accountable. HR performance is not measure by the degree to which they meet hiring and recruitment goals. As a consequence, failure to fill a critical vacancy in a timely manner carries no adverse effect on the involved HR staff.

PVA thanks the Subcommittees for their work to recruit and retain excellent employees at VA. However we are unsure how all of the aims of this draft bill would be meeting the needs of the Department. This concludes PVA's statement for the record. We would be happy to answer any questions for the record that the Committee may have.

Information Required by Rule XI 2(g)(4) of the House of Representatives

Pursuant to Rule XI 2(g)(4) of the House of Representatives, the following information is provided regarding federal grants and contracts.

Fiscal Year 2016

Department of Veterans Affairs, Office of **National Veterans Sports Programs & Special Events** — Grant to support rehabilitation sports activities — \$200,000.

Fiscal Year 2015

Department of Veterans Affairs, Office of **National Veterans Sports Programs & Special Events** — Grant to support rehabilitation sports activities — \$425,000.

Fiscal Year 2014

No federal grants or contracts received.

Disclosure of Foreign Payments

Paralyzed Veterans of America is largely supported by donations from the general public. However, in some very rare cases we receive direct donations from foreign nationals. In addition, we receive funding from corporations and foundations which in some cases are U.S. subsidiaries of non-U.S. companies.