

The Honorable Marcy Kaptur (D-OH)
Written Testimony
Prepared for the House Committee on Veterans' Affairs
Subcommittee on Health

Concerning
H.R. 2787, the Veterans-Specific Education for Tomorrow's Medical Doctors (VET MD) Act
June 13, 2018

Chairman Dunn, Ranking Member Brownley, and members of the Subcommittee, thank you for the invitation to appear before you today. I truly appreciate the opportunity to join you to discuss how we can increase opportunities for future physicians interested in veterans' health care. At the same time, we have the potential to address the critical physician shortage facing the Veterans Health Administration.

Thank you for including in today's hearing, bipartisan legislation I introduced to create a shadowing program for pre-medical undergraduate students who need to gain clinical observation experience. H.R. 2787, the Veterans-Specific Education for Tomorrow's Medical Doctors (VET MD) Act, would expose America's future physicians to the unique needs faced by our veteran population. This exposure would better prepare future physicians to provide veteran-centered care no matter where they choose to practice.

Several years ago, two pre-medical undergraduate students highlighted to my team the struggles disadvantaged, minority, and other young people who lack personal and familial connections in medical communities face as they apply for medical school. Through their own struggle to access clinical observation experience, they realized an immense opportunity.

In the current medical school admissions system, 73 percent of medical schools either highly recommend or require applicants to have clinical observation experience.¹ In fact, medical schools recommend applicants have 40 hours of observation experience at minimum. However, there is no formal system through which students can apply to shadow or observe clinicians in hospital or clinical settings.

More than 87 percent of medical schools report that applicants without clinical observation experience may be at a disadvantage in the admissions phase and that preference tends to be given to applicants with observation experience.² Further exacerbating the situation, opportunities for clinical observation are very limited. Students from or who attend schools outside major cities and whose families lack connections to the medical community are at a significant disadvantage in the search to find clinical observation opportunities.

In 2015, the percentage of Black or African American medical school graduates was 6 percent and Hispanic or Latino medical school graduates was 5 percent.³ Whites and Asians continue to

¹ Association of American Medical Colleges. (2016). Clinical Experiences Survey Summary. Retrieved from <https://www.aamc.org/download/474256/data/gsa-coa-clinical-shadowing-experience-executive-summary.pdf>

² Association of Medical Colleges, Ibid.

³ Association of American Medical Colleges. (2016). Current Trends in Medical Education. Retrieved from <http://aamcdiversityfactsandfigures2016.org/report-section/section-3/>

represent the largest proportion of medical school graduates with 58.8 percent and 19.8 percent respectively.⁴ Yet, as the American population becomes more diverse, the same trends are anticipated of our veteran population too. In the next thirty years, the number of veterans who are non-Hispanic White is expected to drop from 77 percent to 64 percent. The number of Hispanic veterans is expected to nearly double from 7 percent to 13 percent, while the number of Black veterans is expected to increase from 12 percent to 16 percent.⁵ It is vital we work to find solutions to build and increase the diversity of the physician pipeline. We know that a more diverse medical profession means better care for a diverse America, especially for our veterans.

After working closely with experts at the VA, their recommendations were included in the discussion draft to ensure the pilot program is more manageable for VA hospitals, clinicians, and participating students and we prioritize student applicants from Minority-Serving Institutions. These revisions do not change the underlying intent of the original bill, to create a pilot program for undergraduate pre-medical students to participate in clinical observation opportunities.

While the primary purpose of this bill is to provide a pathway for pre-med students to gain valuable shadowing hours, an important secondary goal is to address the physician shortage at the VA. Not only does the VA have a high demand for physicians, a critical needs occupation according to the VA Office of Inspector General (OIG), recruitment and retaining of physicians are both especially challenging. In an FY17 report from the VA OIG, total gains in critical needs occupation were offset by total losses.⁶ As you all are acutely aware, the VA is facing many staffing challenges.

In a 2017 Government Accountability Office (GAO) report about physician staffing at the VHA, the GAO identified incomplete data issues which prevented the VHA to accurately count the number of physicians who provide care at VA Medical Centers. This report also identifies that the VHA is unable to estimate their own staffing shortages due to data collection issues.⁷ However, the United States overall will face a physician shortage of between 40,000 and 104,000 by 2030, according to the Association of American Medical Colleges.⁸ Even though the VA's share of that immense shortage is unknown, Members of Congress must be able to craft creative solutions to make a dent in those enormous numbers.

Creating a pipeline of physicians with veteran specific exposure at an early point in medical training is incumbent upon us as policymakers. As health professionals serving within the VHA are well aware, men and women who have served in the armed forces have specific medical needs such as exposure-based conditions and mental health issues.

⁴ Association of American Medical Colleges, Ibid.

⁵ Bialik, K. (2017, November 10). The changing face of America's veteran population. Retrieved from <http://www.pewresearch.org/fact-tank/2017/11/10/the-changing-face-of-americas-veteran-population/>

⁶ Department of Veterans Affairs Office of the Inspector General. (2017, September). OIG Determination of VHA Occupational Staffing Shortages FY2017. Retrieved from <https://www.va.gov/oig/pubs/VAOIG-17-00936-385.pdf>

⁷ U.S. Government Accountability Office. (2017, October 19). Veterans Health Administration: Better Data and Evaluation Could Help Improve Physician Staffing, Recruitment, and Retention Strategies. Retrieved from <https://www.gao.gov/products/GAO-18-124>

⁸ Research Shows Shortage of More than 100,000 Doctors by 2030. (2017, March 14). Retrieved from <https://news.aamc.org/medical-education/article/new-aamc-research-reaffirms-looming-physician-shor/>

A deeper understanding of veterans' specific health needs and experiences is critical for these health professionals. This pilot program has great potential to train the next generation of VHA physicians. Our number one priority is to ensure that our veterans, those who have sacrificed so much for their country, receive high quality health care from highly trained physicians. We have a responsibility as Members of Congress to guarantee that health professionals who serve those who served us, are highly trained in practicing medicine and in veteran centered care.

Thank you again for inviting me to testify regarding H.R. 2787, the VET MD Act. This legislation will allow the VA to create a pilot program for pre-med students to gain the observation experience they need to become qualified medical school applicants. I look forward to working with you to move this bill forward and am happy to answer any questions you may have.