



STATEMENT FOR THE RECORD

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NURSES ORGANIZATION OF VETERANS AFFAIRS (NOVA)

BEFORE

HOUSE COMMITTEE ON VETERANS' AFFAIRS

SUBCOMMITTEE ON HEALTH

WITH RESPECT TO

VETERANS' LEGISLATION

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Chairman Brownley, Ranking Member Bergman and Members of the Subcommittee; on behalf of the nearly 3,000 members of the Nurses Organization of Veterans Affairs (NOVA), I would like to offer our comments on several bills being considered today.

NOVA is a professional organization for nurses employed by the Department of Veterans Affairs (VA). Our members are the frontline and specialty healthcare professionals taking care of Veterans at facilities around the country. As such, we will be providing our thoughts on bills that fall under our purview and align with our legislative priority goals.

**NOVA enthusiastically supports the *Department of Veterans Affairs Nurse and Physician Assistant Retention and Income Security Enhancement Act* or *VA Nurse Physician Assistant RAISE Act*, and thanks the Committee, and Representatives' Lauren Underwood and David Joyce for its introduction.**

Nursing professionals make up the largest component of VA health care numbering over 113,000. Nursing occupations have the greatest impact on patient care and are essential to ensuring Veterans are provided timely access to high quality care throughout the system. NOVA has advocated for years the need to change the current salary pay cap in order to make critical adjustments to the current pay limitations and significant compressed pay schedule between compensation levels. It is one of our top legislative priority goals.

The *VA Nurse Physician Assistant RAISE Act* will provide that change by amending title 38, United States Code, to increase the rate of pay for Registered Nurses, Advanced Practice Nurses, Executive Nurses, Physician Assistants and other medical positions serving VHA facilities.

The current salary cap for nurses has severely affected the ability of VHA facilities to recruit and retain highly qualified healthcare professionals, especially in high-cost areas where the pay limitation is causing significant pay compression. For example, in areas like California, the Pacific Northwest, Texas and many cities along the East Coast pay is compressed such that VA nurses at Levels II, III, IV and V are all set at the same current pay limitation. This affects staff nurses as well as higher-level nurses and provides no incentive for advancement or additional compensation.

The National Center for Organization Development and the VA Office of Nursing Services alongside with Workforce Management & Consulting Office provides examples from Veterans Integrated Service Networks (VISN) 21 and 22 of vacancy rates, and burnout among RNs.

**Data included the following:**

- VISN 21: 46% of nurses reported 1 or more symptoms of burnout which is 3 percentage points greater than prior year.
- VISN 22: 48% of nurses reported 1 or more symptoms of burnout which is 4 percentage points greater than prior year.
- VISN 21: 708 RN vacancies, average RN vacancy rate of 13.5% with the highest facility at 15.5%.
- VISN 22: 796 RN vacancies, average RN vacancy rate of 11.4% with the highest facility at 18.9% (NCOD/VAONS/WMC).<sup>1</sup>

The data provided here exemplifies the need for removal of the salary cap – a salary cap that has not been updated in over ten years. The current maximum rate of basic pay for VA RNs and NPs at Executive Level IV was established under Public Law 111-163, the *Caregivers and Veterans Omnibus Health Services Act of 2010*. This pay cap, established over 11 years ago, is no longer

competitive and woefully outdated salaries which have increased dramatically across the United States.

A proposal was included under the same law (Public Law 111-163) where in Congress adjusted the rate of pay for Certified Registered Nurse Anesthetists (CRNAs) in order for VA to remain competitive with its private sector counterparts. The legislation was adopted and increased CRNA pay limitation from Level IV to Level I of the Executive Schedule under Title 5.

NOVA believes that as we face critical staffing shortages it is time to adjust salaries and include all nurse professionals to provide VA with the flexibility to remain competitive in all areas of its care. The *VA Nurse and Physician Assistant RAISE Act* would increase the pay limitation of APRNs and PAs from Level IV to Level I of the Executive Schedule – the same currently offered CRNAs (*for 2021 this would increase the VA salary limit for APRNs from \$172,500 to \$221,400*). It would also allow an increase in RN salaries from Level IV to Level II of the Executive Schedule (*for 2021, this would increase the VA salary limit from \$172,500 to \$199,300*).

Without this needed change, the system cannot maintain competitive salaries or the flexibility to recruit and retain valuable staff. As we continue facing an uncertain COVID-19 pandemic environment, we have seen a shift in staffing needs and turnover - many RNs are leaving the profession nationwide. The U.S. Bureau of Labor estimates that nearly **11 million** more nurses are required to fulfill the already existing nursing shortage in the U.S. As of June 2021, VA's vacancy rate has risen 2.5% since January 2021 to 11.9% representing a loss of almost 2,000 RNs.<sup>2</sup>

As primary care services continue to evolve across the U.S. healthcare system and within VA, the roles and responsibilities of nurse professionals are expanding. VA must be able to recruit and retain this valuable and critical workforce to ensure that our nation's Veterans are able to continue to receive the highest quality of care they have earned and deserve.

NOVA urges the Committee to pass this bill without delay and provide VA with the resources it needs to fulfill its mission to take care of Veterans.

***NOVA supports H.R. 4794, Making Advances in Mammography and Medical Options for Veterans Act which would improve mammography services furnished by the Department of Veterans Affairs (VA).***

Breast cancer is one of the leading causes of death in the United States and a 2009 National Institute of Health (NIH) study confirmed that incident rates of breast and other cancers were significantly higher among the military population.<sup>3</sup>

This legislation will provide critical improvements in how VA provides breast cancer care, screening and imaging services to its Veteran population by:

- Creating a pilot program that will provide telemammography to Veterans in areas where VA does not offer these services.

- Requiring VA to upgrade and update its breast imaging services to the latest technology – 3-D mammography.
- Expanding genetic/BRCA testing and studies.
- Ensuring disability access to breast services for paralyzed and disabled Veterans, and
- Entering into partnerships with NIH and the Department of Defense to enhance breast cancer care and research to include clinical trials.

As the number of women Veterans using VA healthcare services continues to increase, it is vitally important that VA be able to offer access to life-saving screenings, critical testing and breast cancer research. NOVA is happy to join our Veterans Service Organizations colleagues in supporting this bill which will improve and save the lives of many Veterans.

***NOVA supports H.R. 5317, VA Governors Challenge Expansion Act of 2021.***

This legislation as written would build on the successful partnership between the Substance Abuse and Mental Health Services Administration (SAMHSA) and VA by expanding grants under the Governors Challenge Program to States and American Indian and Alaska Native tribal communities for veteran suicide prevention services.

The purpose of the Governors Challenge Program is to develop and implement state-wide suicide prevention best practices for Servicemembers, Veterans and their families (SMVF), using a public health approach.

Currently thirty-five states are working with interagency military and civilian team leaders to develop an implementation plan to prevent suicide among SMVF. The goal is to advance the VA's *National Strategy for Preventing Veteran Suicide* and incorporate evidence-based strategies from the CDC's *Preventing Suicide: A Technical Package of Policy, Programs, and Practices*.

The program's objectives align with evidence-based and best practices to prevent and reduce suicide and engage city, county and state stakeholders to encourage local and state-wide suicide prevention efforts. We would note that it is critical to include oversight, and measurables along with a reporting mechanism as part of the funding requirements so that true outcomes are identified.

VA nurses and NOVA members have seen firsthand the inequities in many of these underserved areas and understand that Native American Veterans are often at increased risk of suicide – this bill will provide funding to help states and tribes develop and implement life-saving suicide prevention tools tailored to the needs of this particular Veteran population.

***NOVA supports Draft legislation that will amend title 38, United States Code, to expand eligibility for hospital care, medical services and nursing home care from the Department of Veterans Affairs to include World War II.***

According to the U.S. Department of Veterans Affairs, as of February 2021 around 300,000 World War II Veterans are still alive, and around 370 of them die each day. Extending VA healthcare and nursing home services to all who served in this era is the right thing to do. NOVA urges the Committee to get this done quickly so those who served as part of the “Greatest Generation” can find comfort and peace of mind in their last days

***NOVA supports draft legislation to Authorize the Secretary of VA to furnish seasonal influenza vaccines to certain individuals and for other purposes.***

As nurses on the frontline of care we have seen the success of the COVID -19 vaccine distribution under the SAVES LIVES Act (PL 117-4) and believe that expanding VA’s ability to provide influenza shots in the same manner will mitigate the spread of flu across the VA healthcare system and in the communities it serves. VA currently follows the Centers for Disease Control (CDC) guidelines and its own priority vaccination process for enrolled Veterans. Chairman Takano’s bill will enable VA medical centers to vaccinate more Veterans as well as caregivers, spouses and some beneficiaries under the Civilian Health and Medical Program of the Veterans Administration (CHAMPVA) by expanding VA legal authority to provide the flu vaccine. As we continue battling the COVID-19 pandemic and look ahead to the Winter flu season, it is imperative that VA allow all those who come to its facilities to receive a flu vaccine have the ability to do so.

Thank you for allowing us to provide our thoughts on the bills before you today, we look forward to working with the Committee to ensure that VA can continue to provide timely, high quality compassionate care now and into the future.

*NOVA is a nationwide, nonprofit professional organization whose members are nurses working for the Department of Veterans Affairs Medical Centers and Clinics. NOVA is not part of the VHA, nor is NOVA sanctioned or endorsed by the VHA.*

1. Data Source: NCOD/Vacancy Rates: ONS/WMC
2. [Statistics on Nursing Shortage by States in the USA \(medicoreach.com\)](https://www.medicoreach.com)
3. [nihms158630.pdf](#)