



CONGRESSIONAL TESTIMONY

STATEMENT FOR THE RECORD

AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES, AFL-CIO

PROVIDED TO THE

HOUSE COMMITTEE ON VETERANS' AFFAIRS

**SUBCOMMITTEE ON HEALTH
HEARING ON**

PENDING LEGISLATION

SEPTEMBER 11, 2024

Chairwoman Miller-Meeeks, Ranking Member Brownley, and Members of the Subcommittee:
The American Federation of Government Employees, AFL-CIO (AFGE) and its National Veterans Affairs Council (NVAC) appreciate the opportunity to submit a statement for the record for the September 11 House Veterans' Affairs Health subcommittee legislative hearing. AFGE represents more than 750,000 federal and District of Columbia government employees, 304,000 of whom are Department of Veterans Affairs (VA) employees. AFGE's positions on several of the bills being considered are below:

H.R. 9146, Ensuring Continuity in Veterans Health Act (Rep. Franklin)

H.R. 9146 requires the Secretary to include "continuity of care" as one of the criteria used to determine when private care would be in the best medical interest (BMI) of a veteran. We oppose this provision because it will make it harder for VA to bring veterans back to VA from private care in instances when private care is no longer in the best interest of the veteran by requiring that continuity of care in the community be considered as a criterion in determining medical best interest. This would hamper VA's efforts to reverse excessive privatization by bringing back more veterans to direct care after receiving private for-profit care. VA already has flexibility under the current statute to consider continuity of care if it is in the best interest of the veteran. But adding it as a required criterion in determining best interest would limit VA's ability to decide that transferring a veteran back to the VA from private care is truly in the best interest of that veteran. This would particularly impact the VA's ability to rein in costly private care following emergency care by transferring veterans to VA hospitals after a veteran has been stabilized. In a recent [Hospital Consumer Assessment of Healthcare Providers and Systems](#) (HCAHPS) survey conducted by the Centers for Medicare & Medicaid Services, nearly 80% of VA medical facilities received a four or five-star rating compared to only 40% of non-

VA hospitals. This only adds to an already large body of evidence that VA provides higher quality care to veterans than private providers. It therefore is neither in the best interest of the veteran nor the taxpayer to legislate keeping veterans out of VA where they receive high-quality care specifically targeted to their needs at lower cost than private for-profit care.

H.R. 6330, the Veterans Sentinel Act

H.R. 6330 establishes an Office of Mental Health and Suicide Prevention, a pilot program under which the Secretary establishes a working group to collect and analyze data regarding on-campus suicides and on-campus attempted suicides. AFGE supports efforts to improve suicide prevention by collecting data on direct care suicides and conducting root cause analysis.

However, the bill should be amended to include parallel data collection and analysis for suicides that happen when veterans are served at non-VA facilities.

Pilot program to fill vacancies with non-departmental staff

This bill creates a pilot program under which the Secretary would contract out to fill vacancies at a medical facility with non-department health care providers. This would create a new program that fills vacancies with non-department health care workers in addition to the Integrated Critical Staffing Program (ICSP) for temporary contractors, which the VA already has in place. The ICSP has already created a troubling precedent for outsourcing hiring at the expense of permanent staff. In recent months, VA directed medical centers to remain FTE-neutral, a policy it applied to permanent workers but not to contractors. VA has admitted that it needs an additional 5,000 FTE in FY 2025 to meet its direct care needs. If VA continues rely on this privatization accounting scheme to hire contractors to meet these needs and not permanent workers, contract workers will effectively crowd out funding for permanent FTE. Rather than

further expanding costly temporary staffing, the VA should pass a comprehensive recruitment and retention bill that addresses problematic hiring and compensation policies.

Veterans' Mental Health Access Act (Chairman Bost)

The Veterans' Mental Health Access Act would create a pilot for a new program to create non-VA outpatient mental health. This program would provide grants to nonprofit organizations that have operated at least one outpatient mental health facility in the United States for a continuous period of at least three years. AFGE opposes creating a parallel private mental health program that supplants VA's direct care system rather than supplement it when veterans cannot reasonably access VA care. Veterans are already eligible for private care if the VA cannot provide it within 20 days or 30 minutes of drive time. VA, however, must authorize this care. This bill would undermine the direct care system by creating a parallel private program that veterans would access without VA authorization. This would erode the integrity of the VA's integrated delivery system which depends on VA to coordinate veterans' care. Finally, the bill does not include quality or licensing standards for these providers. Rather than create a private, standard-free program for mental health outpatient treatment, Congress should invest in direct care mental health by funding additional VA mental health providers.

H.R. 9438, the No Wrong Door for Veterans Act,

H.R. 9438 would amend and reauthorize the VA Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program which supports nonprofit community organizations and government agencies that identify at-risk veterans and provide an array of suicide prevention interventions such as suicide risk education and peer support services. The focus of the program is on supplementing VA's clinical program with community-based prevention programs.

H.R. 9438 introduces a new 72-hour deadline for the VA to provide services after a veteran is referred for follow-up care. If the VA can't meet this deadline, the veteran becomes eligible for private care. This drastically reduces the wait time for VA mental health care from the current 20 days (under the MISSION Act) to just 3 days. This new standard is impossible for the VA to consistently meet. We have opposed other provisions like this. Again, Congress should instead fund additional VA mental health providers.

AFGE looks forward to working with members of the health subcommittee to advance legislation that strengthens the VA workforce to improve veteran care.