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

FISCAL YEAR 2020 DEPARTMENT OF VETERANS' AFFAIRS BUDGET REQUEST FOR THE VETERANS HEALTH ADMINISTRATION

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AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES, AFL-CIO
80 F Street, N.W., Washington, D.C. 20001 (202) 737-8700 www.afge.org

Chairwoman Brownley, Ranking Member Dunn 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 on the Fiscal Year 2020 Department of Veterans Affairs (VA) Budget Request for the Veterans Health Administration (VHA). AFGE represents more than 700,000 federal and District of Columbia government employees, 260,000 of whom are proud VA employees.

The future of the VHA health care system as we know it is very uncertain. In a few weeks, the VHA is planning to implement a new private care program to replace Choice that is predicted to vastly increase the share of VHA health care dollars going outside the VHA without any additional funds to restore VHA's internal capacity to take care of veterans. The care that veterans are likely to get on the outside will be less veteran-centric, of lower quality, require longer wait times and end up with many veterans getting lost in the system because of poor care coordination and a lack of accountability when it comes to private providers.

The 260,000 VA employees represented by AFGE have serious concerns involving the future of the VHA health care system as they are already seeing the negative effects of going from the flawed Choice Program to the much larger and poorly planned MISSION Act private sector care program. VHA employees are witnessing firsthand the mistakes of contractors who have received payment for services they are not sufficiently delivering. Employees are also shouldering additional duties under the MISSION Act in order to manage private provider networks, all without any additional hiring.

The administration's budget makes clear that funding for the MISSION Act will come at the expense of VHA's internal capacity, which is already facing nearly 50,000 vacancies and unmet infrastructure needs. AFGE urges the Members of the Subcommittee to fully examine the existing needs of the VHA healthcare system and ensure that funding is not taken from critical resource areas such as staffing and other essential health care delivery and research needs in order to increase funding for implementation of the MISSION Act. Upholding the VA's mission and obligation as the primary provider of veterans' health care services must remain a priority for Congress and VA leadership during the FY 2020 funding process.

VA MISSION ACT PRIVATE CARE PROGRAM

The largest budgetary issue facing the VHA in FY2020 and beyond is the implementation of the MISSION Act and the new "community care" program which will exist in perpetuity (a misnomer given that VHA's own medical facilities have always been veterans' true community of choice). AFGE shares the concerns of the Independent Budget (IB) that the Administration's FY2020 request would result in a

significant shortfall in funding for expanded access under the MISSION Act based on its own cost estimates.

Once this program goes live in a few weeks the VHA will be in constant competition with the private sector for funding. The access standards for this new program – which were written without stakeholder input – authorize a vast expansion of the number of veterans who are now eligible to go outside of the VHA for their healthcare needs.

One of the most serious shortcomings of the access standards established under the Choice program was the arbitrary 30 day/40-mile rule. Under this program if a veteran's VHA facility had a 30 day wait, or if she or he lived 40 miles or more away from the nearest VHA facility, that veteran was authorized to seek care in the private sector. Under the Choice standards, approximately 8 percent of veterans were eligible to go into the private sector for care.

Unfortunately, the new proposed standards drastically increase the number of veterans eligible for care in the private sector. Under the proposed rule, if a veteran's nearest VHA facility has a 20-day wait time for primary care (including mental health) or a 28-day wait time for specialty care the patient will be sent to the private sector for care. Similarly, if a veteran can certify that she or he has an average drive time of 30-minutes for primary care and one-hour drivetime for specialty care, that veteran then becomes eligible for a referral to the private sector. AFGE is concerned that if a veteran finds a wait time is too long outside of the VHA and seeks care outside of the VHA, that veteran will have to go through an unclear process to come back in. This in many cases will not be "choice" or "access" but rather a one-way ticket to a fully outsourced VA.

According to the VA's own Economic Regulatory Impact Analysis the total number of veterans eligible to receive private sector care is estimated to increase from 8 percent to 39 percent if the proposed rule under the MISSION Act goes into effect. AFGE urges the Committee to demand that the VA withdraw and re-write this proposed rule. If these new access standards are implemented, they will perpetuate the egregious double standard already inflicted upon VHA providers (who must meet stricter competency standards than private sector providers treating veterans). The private sector will not have to meet the same or even similar access standards. There is no metric in place that will guarantee that a veteran who qualifies for a private sector referral will not be sent out into the "community" to wait 20 days or more for primary care or drive 30 minutes or longer. Without providing an equal playing field the VHA is setting itself up to fail and continues the push toward outright privatization.

Another problematic aspect of the MISSION Act is the increased reliance on walk-in clinics for veterans' healthcare needs. It's important to look at the Department's past performance with walk-in clinics to articulate our fears; when then-Secretary Shulkin authorized the use of CVS Minute Clinics as a pilot program in 2017, the Department exercised virtually no oversight of the providers. It is premature to allow

open access to walk-in clinics without a further study of the comparable costs associated with these walk-in providers and the quality of care they provide.

It is difficult to conceive of any appropriate instance when mental health treatment would be suitably provided in a walk-in clinic. The VHA is the national leader in integrating primary care and mental health; walk-in clinics will result in inferior, fragmented mental health care by providers with significantly less veteran-centric training and accountability. This will most certainly lead to negative health outcomes for veterans. Instead of outsourcing this vital component of veteran care, the VA should be working to build internal mental health capacity.

The VHA must commit to building internal capacity and providing adequate funding for staffing and internal resources. For the VHA to be fully operational it must be fully staffed. In addition to creating a new, permanent private sector care program, the VA MISSION Act also requires the Department to publish data on vacancies and hiring. Since the first set of data was published on August 31, 2018, the number of vacant positions at the VHA has steadily increased. As noted earlier, of the most recent reporting, the total number of unfilled positions at the VHA is nearly 50,000 – with approximately 43,000 of those positions located in VHA. Instead of finding ways to justify sending patients outside of the VA to receive their care, the VHA should be laser focused on hiring more fulltime professionals who want to make a career out of serving veterans.

MENTAL HEALTH AND SUICIDE PREVENTION

Rushing to send veterans outside the VHA for mental health care by the current June 6th deadline is likely to be a matter of life or death for some veterans. The majority of veterans treated at the VA are in the highest risk group for suicide, according to May 8th testimony of Terry Tanielian, RAND Senior Behavioral Scientist, before the House Oversight and Reform Committee's Subcommittee on National Security. If veterans at high risk of suicide fall between the cracks of a private care program that lacks assurances of equal quality or access, lives will be lost.

Rather, "efforts should be pursued to expand the workforce that serves them, prioritize training in evidence-based techniques, and ensure that any use of community-based sources of care for these same individuals meets the same high standard for quality" according to Ms. Tanielian.

Mental Health Clinician Staffing

As Chairman Takano recently noted, "dedicated doctors, nurses and VA employees have saved over 240 veterans from committing suicide on VA campuses in recent years." The VA has acknowledged current staffing levels for the delivery of mental health care are inadequate. AFGE members regularly report that front line provider patient assignments in mental health clinics far exceed VHA's policies setting patient-provider ratios.

The VHA Office of Mental Health and Suicide Prevention has set a minimal facility staffing ratio of at least 7.72 full-time equivalent (FTE) mental health clinicians per 1,000 mental health patients. Currently, only 37% of VA facilities meet this minimal standard resulting in poor Strategic Analytics for Improvement and Learning Value Model (SAIL) hospital system performance measures.

Therefore, AFGE requests that the Subcommittee mandate that every VHA health care system be made whole by hiring qualified mental health providers up to the minimal 7.72 FTE staffing threshold. These FTE should be new positions, not transferred from other critical VHA programs. We hope the Subcommittee will also consider ways to improve the working conditions and compensation of VHA mental health professionals so that it can compete with other health care employers to attract and retain a highly qualified health care workforce.

VHA Police Staffing

Short staffing of VHA police officers at VHA medical facilities puts veterans, their families and the employees who care for them at increased risk of assault and veteran suicide. Too many lives have been tragically lost to suicide and workplace assaults on VA employees.

AFGE concurs with the December 2018 recommendations of the VA Office of Inspector General (OIG)(Report #17-01007-01) that the VA ensure that new staffing models are put in place at VA medical facilities and that resources and procedures are provided to conduct timely inspections of police units and needed investigations at each facility. The VA OIG identified a national shortage of VA police. AFGE local leaders have reported chronic problems with recruitment and retention of VA police officers over the years due to low pay and too little law enforcement authority. The VA loses many of its police officers to other federal agencies and the private sector who provide more attractive employment options.

VHA's outdated one-size-fits-all policies on police staffing leave many areas of VHA inpatient and outpatient facilities without adequate protection, especially high-risk areas such as emergency rooms and mental health units, and outpatient clinics that are not able to rely on local non-VA police protection.

Contracting out police protection to unqualified private security forces is not a solution. Yet some medical centers are turning to contracting out because of huge obstacles to expanding their own police workforces.

Therefore, AFGE asks the Subcommittee to take action to fill the widespread vacancies in the VA police force. Also, we urge the Subcommittee to mandate new VA police staffing policies and provide increased funding for hiring and new staffing policies that considers facility size, high risk units and other key factors. We hope the

Subcommittee considers the perspective of front-line VA police, clinicians and others who see the daily impact of inadequate VA police protection.

Non-VA Provider Qualifications

Experts have consistently recognized the uniquely veteran-centric and superior mental health treatment for post-traumatic stress (PTSD), and other mental health conditions provided by VHA as compared to the private sector. As Ms. Tanielian from RAND testified, the VA is a "national leader in suicide prevention" and RAND's research indicates that veterans are receiving high-quality care from the VA that "generally exceeds the care offered in other health care systems".

Therefore, AFGE requests that the Subcommittee conduct oversight and investigation into the qualifications of private sector providers treating veterans in non-VA office settings and walk-in clinics to ensure that veterans do not become the collateral damage of a double standard between highly trained and specialized VHA in-house mental health providers and those outside the VHA.

Executive Order on Veterans Transitioning from the Military

President Trump's Executive Order #13822 (EO) established an unfunded mandate that is currently being rolled out that requires the VA to contact roughly 245,000 servicemembers who transition out of the military every year within 90 days of separation and at subsequent times over the year to provide peer support and other essential services. The E.O. estimates that 32,000 of these veterans will seek mental health treatment in their year following discharge.

This unfunded mandate also poses a threat to existing VHA programs that are already underfunded. Failure to fund this new mandate should not result in a "rob Peter to pay Paul" diversion of staff and funds from other critical in-house VA programs. Without these funds, VHA will have insufficient staffing, leading to contracting out of transition mental health services to private sector providers, despite the lack of evidence of equivalent qualifications, quality or access.

Therefore, AFGE asks the Subcommittee to address this unfunded mandate and ensure that mandatory supplemental funds are made available to the VHA for expanded peer support programs, to hire VHA mental health providers, and meet the space and infrastructure needs for these services.

Funding for Infrastructure

AFGE concurs with the IB that the Administration's FY2020 budget request for major and minor construction falls significantly short of current need. Our members struggle on a daily basis as they deliver health care in aging and cramped facilities.

As the MISSION Act “BRAC” process looms ahead, we are gravely concerned that a neglected infrastructure will provide an easy justification for facility closures and the dismantling of our world-class VA health care system.

AFGE urges the Subcommittee to provide additional construction funding at the levels recommended by the IB. In addition, we request that the Subcommittee conduct an inventory of each medical center to determine the number of closed service lines including, but not limited to, emergency rooms, surgical units and urgent care clinics.

Thank you for the opportunity to present the views of AFGE and its National VA Council on these important VHA budget issues. We stand ready to work with you and share the views of the front-line employees who best understand the workforce changes that the VA needs to make to fulfill its mission and keep its promise to veterans.