

**STRENGTHENING METHODS OF RECRUITMENT
AND RETENTION FOR VA'S WORKFORCE**

HEARING

BEFORE THE

**COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES SENATE**

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STRENGTHENING METHODS OF RECRUITMENT AND RETENTION FOR VA'S WORKFORCE

WEDNESDAY, MARCH 22, 2023

U.S. SENATE,
COMMITTEE ON VETERANS' AFFAIRS,
Washington, DC.

The Committee met, pursuant to notice, at 3 p.m., in Room SR-418, Russell Senate Office Building, Hon. Jon Tester, Chairman of the Committee, presiding.

Present: Senators Tester, Brown, Blumenthal, Sinema, Hassan, King, Moran, Boozman, Cassidy, Tillis, Sullivan, Blackburn, and Tuberville.

OPENING STATEMENT OF CHAIRMAN TESTER

Chairman TESTER. I call this hearing to order. Good afternoon. Today we are going to be discussing an issue that is the backbone of the VA, its workforce, and I want to recognize the VA staff for all that you do. Thank you for bringing world-class care and benefits to our Nation's veterans and their families.

We do a lot of work up here to expand access to care and benefits to veterans through bills like the PACT Act, and we often provide funding to build health care facilities in areas with growing veteran populations. In my state it would be a place like Hamilton, Montana. But the tires are never going to hit the road without folks to staff these efforts.

I look forward to our conversation today about what the needs to build and maintain an effective workforce. I think it is no secret the VA's lengthy hiring process is one of those reasons that we lose qualified candidates. We want to hear from the VA on how to improve that.

During consideration of the PACT Act, it included a number of critical workforce-building provision, authored by myself and the good Senator from Arkansas, Senator Boozman, to ensure that the VA had the staff to meet the needs of these veterans. We also included reporting requirements and guardrails to ensure these authorities are being properly utilized, because we can give you the tools that you want but the VA will never be able to compete in a tight labor market if it is not aggressively using those tools.

The Tester-Boozman VA CAREERS Act was built directly on feedback from health care providers in Montana and across this country on what they need to staff those facilities that help our veterans. They might find it difficult, if not impossible, to keep up

with local salary rates for physicians. This bill revamps the senior clinician pay system to more easily keep up with market rates, something that is critically important.

We are giving the VA the tools to be competitive, not just in urban markets like L.A. but also markets like the one in my backyard, Great Falls, Montana.

I know that VA's labor partners have brought up some concerns about changing the physician pay system. I would say this: we hear you and we are working closely to include additional guardrails to ensure this provision works as intended. But I am going to tell you, with the PACT Act implementation underway and a rapidly aging veteran population with increasing health care needs, we cannot delay. And for those folks out there that think the VA will survive without a competitive market for hiring employees, they are wrong. It will not survive.

And so we need to do something about the way we hire folks and the amount of compensation we give them, moving forward, or the VA, quite frankly, will cease to exist.

So with that I am going to turn it over to Ranking Member Moran for his opening statement.

OPENING STATEMENT OF SENATOR MORAN

Senator MORAN. Chairman Tester, thank you. I thank our witnesses for joining us here today. I am interested in hearing what the VA can do to improve the hiring and retention of its workforce to deliver veterans the quality health care and benefits they deserve.

The VA has several legislative proposals to simplify and expand the authorities for hiring and setting the pay for doctors. The VA has also presented plans to revamp its hiring on the onboarding process to shorten the time it takes for new providers to begin patient care, and to do so in a way that is as painless as possible for the new employees.

Our Committee heard from professionals and labor organizations last week about just how dysfunctional the current onboarding process can be. We have also heard from some dedicated frontline VHA staff who are working through those challenges and implementing best practices at their facilities. VA Central Office should incorporate these best practices in any revamp of its current process, and it must engage with the frontline hiring managers and recruiters to know which hurdles need to be addressed. I also want to hear from the VA how much more flexibility in hiring and pay-setting authority will improve provider quality and reduce instances of substandard care.

I remain concerned about the VA's policies that allow physicians with multiple reported cases of substandard care, resulting in patient harm, to continue seeing veterans, and in some cases, being promoted to supervisor. VA ought to have the tools it needs to recruit and retain the very best physicians, nurses, and other clinical providers, but having the very best means they cannot accept or tolerate providers who repeatedly demonstrate an inability to safely treat our Nation's veterans.

On this topic of making certain that the workforce is supporting our veterans, making certain that our workforce is top notch, I

want to take a moment of my opening remarks to comment on the career and service of our Committee's Republican staff director, Jon Towers. Jon has had a long, distinguished career—Jon, I could do this myself without reading it, but your capable staff have given me words in front of me. But Jon has had a long and distinguished career working for both the Senate and the House VA Committees, but after nearly 26 years of service, five different chairmen and ranking members, he will be retiring at the end of this month.

Jon has been a leader and a resource for Senators, House members, and their staffs as we have negotiated serious challenges over the years. He was directly involved in addressing the wait times and the accountability scandals, and he provided a steady hand as Congress worked to finally address how the VA deals with military toxic exposures.

I want to say thank you. I do say thank you to Jon for his years of dedicated service. I thank also his fiancée, Lindsee, and to his entire family for sharing Jon with us as we took on important tasks of supporting our Nation's veterans. Most veterans who receive VA benefits, use their GI Bill, or access quality health care when and where they need, will not know the name of Jon Towers, but nevertheless, each of them personally benefits from the dedication, the thoughtfulness, and the passion that Jon has put into his work here.

On behalf of those veterans and on behalf of all of the members of this Committee and the committees which you have helped lead, we say thank you. Thank you for your service to our Nation, to our country's veterans. And from a personal side, Jon, it was a significant opportunity for me to be a better member of this Committee and to be a better chairman or ranking member when you arrived, and I am very grateful for all your help and the team that you helped assemble as we try to make certain that this Committee does its work on behalf of all who serve.

So Mr. Chairman, on behalf of you and my colleagues in the Committee, thank you to Jon Towers for his time with us. Thank you, Mr. Chairman.

[Applause.]

Chairman TESTER. I promised myself I would not bring up Towers, but since you brought him up—

Senator MORAN. I thought you promised not to cry.

Chairman TESTER. I have been weeping as you have been speaking. It was such beautiful words.

But I just want to say something. Jon and I have a connection because he spells his first name right, and he has been, from our side of the aisle, Senator Moran, he has been great for us to work with, and he is somebody that we truly will miss.

And I need to point this out for the cameras. He has two days left.

[Laughter.]

Chairman TESTER. So with that I want to welcome Tracey Therit, VA Chief Human Capital Officer. She is accompanied by Jessica Bonjorni, who is the Chief of VHA Human Capital Management. I want to thank you both for being here.

Ms. Therit, you may begin with your opening statement.

**STATEMENT OF TRACEY THERIT
ACCOMPANIED BY JESSICA BONJORNI**

Ms. THERIT. Good afternoon, Chairman Tester, Ranking Member Moran, and members of the Committee. Thank you for inviting us here today to discuss the Department's hiring efforts and present our views on Committee Print of S. 10, the VA Clinician Appreciation, Recruitment, Education, Expansion, and Retention Support (CAREERS) Act of 2023, and discuss our legislative workforce priorities for the 118th Congress. Joining me today is the Veterans Health Administration's, Jessica Bonjorni, Chief of Human Capital Management.

VA is dramatically increasing hiring, holding surge events to onboard staff more quickly and increasing incentives for recruitment and retention. The nationwide onboarding event held last November allowed us to hire more new staff at VHA in the first quarter of this fiscal year than in the same period in any previous year. Five months into the fiscal year, we have onboarded nearly 23,000 new hires, resulting in a 2.5 percent growth rate. These efforts well position us to meet our goal of 52,000 new VHA employees in this fiscal year, which would result in a growth rate of over 3.3 percent overall size of our workforce.

We are seeing the same sort of success in Veterans Benefits Administration hires, as we are continuing to build our claims processing capacity.

We appreciate the close collaboration of the Committee staff addressing some of the concerns the VA identified with previous versions of the CAREERS legislation in the prior Congress, and many of the sections are similar or identical to legislative proposals included in VA's fiscal year 2024 budget. We believe the current version is much improved and is a demonstration of the benefits of VA and Congress working together.

We want to highlight three sections that are VA's top priorities.

First, VA supports Section 201 that would eliminate performance pay and base and longevity pay components of the physician, podiatrists, and dentist pay system, and add optometrist to the pay system. We want to make it clear that this elimination would not reduce pay. It will change the pay structure and caps for this part of VA's health care workforce. In its place, VHA will have a single market pay component. VA supports these changes to the physician, podiatrist, and dentist pay system as they will allow VHA to be more competitive with local labor markets, meet the increased demand for critical clinical specialties, and more efficiently and effectively compensate providers.

Without these amendments to the current physician, podiatrist, and dentist pay system, VA risks losing high-quality providers in complex clinical specialties to the private sector, impacting VHA's ability to deliver quality care to veterans. The physician, podiatrist, and dentist pay system is over 16 years old and significant improvement is greatly needed to keep pace with the increasing economy, demographics, high market rates, rapid advancements in health care, and high costs of critical and complex clinical specialties.

Second, VA supports Section 202, that would establish a separate compensation system under Title 38 for VA occupations of Medical

Center Director and Veterans Integrated Services Network Director, appointed under 38 U.S.C. 7401(4). Under this new system, the rates of pay for employees in these positions would be set and periodically adjusted by the Secretary of Veterans Affairs. The designated positions would remain eligible for performance awards in accordance with VA guidance. Pay would be determined based on market pay methodology, like the market pay authority currently in place for VHA physicians, dentists, and podiatrist, at 38 U.S.C. 7431.

Annual salary for each medical center director and network director would consist of a single market pay component, thus eliminating the base pay component. Subsequent pay adjustments would be based on performance and would be developed incorporating salary adjustment features aligned to physician performance and other criteria such as complexity of assignment, marketplace factors, labor market features, qualifications, and experience, as determined by the Secretary. The compensation system will have a limit on the annual market pay of the basic pay of the President, currently \$400,000. Pay for performance goals and objectives for the providers will be worked into their overall pay under the new pay system.

VHA continues to face significant challenges addressing the rapidly evolving and changing health care industry. To be part of this transformation, VHA must have medical center and network directors with the skill set to provide enterprise-wide solutions to their clients, our Nation's veterans. To recruit top health executives, the salary structure of VHA's senior health care executives and medical center and network director positions must be addressed.

Third, VA supports, if amended, Section 222, that would allow VA to consolidate any restored annual leave that covered employees accrued during calendar years 2020, 2021, 2022, and 2023, under Title 5, into one annual leave account. Employees would be allowed to utilize the leave through January 9, 2027.

In 2018 and 2019, pre-COVID, VA employees had roughly 101,657 hours of restored leave. In contrast, as of January 2023, over 29,000 VA employees have restored annual leave totalling 1.2 million hours. The individual balances of employees range between 1 to 416 hours. Employees would have the option to request a lump sum payout for the restored annual leave but have to agree to a period of obligated service in exchange.

VA is recommending edits to address certain administrative matters concerning the use of the annual leave and congressional reporting requirements and updated timeframes, based on regulation recently issued by the Office of Personnel Management. For example, to ensure employees are not prevented from exercising the lump sum payment option due to reaching annual aggregate pay limits, VA seeks to provide a provision under Paragraph C to exclude the lump sum from the annual pay limit.

With all the provisions of the VA CAREERS Act that VA supports, we will continue to work with Members of Congress, our sister agencies, our stakeholders to enhance VA's workforce.

[VA Views on S. 10 VA Clinician Appreciation, Recruitment, Education, Expansion, and Retention Support (CAREERS) Act of 2023 appear on page 33 of the Appendix.]

This concludes my statement, and my colleague and I are happy to answer any questions that the members of the Committee may have. Thank you.

[The prepared statement of Ms. Therit appears on page 27 of the Appendix.]

Chairman TESTER. Yes, thank you for your statement. We will start here.

Would you say that improving VA's hiring and retention is a top priority for the Department?

Ms. THERIT. Chairman Tester, it is our highest priority.

Chairman TESTER. Okay. And by your testimony, lifting pay caps, revamping the VA compensation system would be included in those priorities?

Ms. THERIT. It would, Chairman Tester.

Chairman TESTER. Okay. The VA CAREERS Act reimagines the way we pay VA docs. I believe this is critical. We hear complaints from providers in Montana. The biggest complaint is probably how long it takes, and we just had a roundtable session here a bit ago in Montana, and I believe the last one was around 10 months, which is insanely, ridiculously long, and the other one is pay.

How do market assessments currently work for the VA physicians?

Ms. THERIT. Chairman Tester, I am going to ask Ms. Bonjorni to answer that question.

Chairman TESTER. Sure. You bet.

Ms. BONJORNI. Sure. So currently we are required in statute to do a market pay review every two years, but we do them more frequently depending on market conditions. So we review both what is going on in the local labor market and whether the provider has any additional certifications or experience, and make adjustments in concert with their longevity and base adjustment.

Chairman TESTER. Are you familiar with the CAREERS Act?

Ms. BONJORNI. Yes.

Chairman TESTER. How will that change compared to what you are doing now?

Ms. BONJORNI. With the changes in the CAREERS Act we will be able to use exclusively a market pay component and it will give us more flexibility in doing the pay-setting without the adjustments for longevity and base pay. It also removes the performance pay component which was put in place to allow us to do some very targeted performance pay. We are going to continue to do performance pay but just under a new system with this model.

Chairman TESTER. Can you briefly—we will just stick with you if you want—can you briefly tell me why it is important to pull off the caps?

Ms. BONJORNI. Yes, absolutely. The caps are a real constraint for us for our high-level specialties and in high cost of living areas. So for specialties such as cardiology, neurology, radiology there are physicians coming right out of school who are making well over what we are able to offer right now to our very tenured providers, so our ability to compete in the market is significantly hampered by the caps.

Chairman TESTER. Okay. So we have heard from our labor partners that they are concerned that the new system would no longer incentivize longevity and performance at the VA. So my question to you is what new and existing systems will be in place to promote retention and high performance if the CAREERS Act were to pass?

Ms. BONJORN. We have existing systems to offer performance-based awards that we would now incorporate for our physician providers to replace the performance pay system. We also have the new authorities under the PACT Act that allow us to offer additional incentives on top of current pay authorities that do not count against the caps. Both of those would be used to recruit and retain.

Chairman TESTER. Okay. How does the new system compare to how the private sector determines clinician salaries?

Ms. BONJORN. It is much more in line with how the private sector operates. It will allow us to include different components in setting the pay and it gives us flexibility to make adjustments at a higher level.

Chairman TESTER. So I talked about the timeframes—and this is for either one of you—the timeframes to hire. What is the VA doing to reduce those timeframes to hire, if anything?

Ms. THERIT. Senator Tester, we are having onsite hiring events that abbreviate the time from a position being announced until the individual is offered a tentative job offer. The Veterans Benefits Administration had numerous job fairs during the month of February, hired over 1,000 individuals, averaging 100 at those events, so it dramatically decreased the time to hire within VBA.

On the Veterans Health Administration they are also holding the onboard surge events, which is the time between the tentative offer and the entry on duty, allowing all of the steps in the process—the fingerprinting, the credentialing, the physicals, the drug testing—to occur at one time, greatly abbreviating those timeframes.

We are also using direct hire authority, which is a tool to streamline hiring. It is able to get us larger pools of candidates to be able to bring employees on faster, and we are seeing the time to hire for those positions between 60 and 40 days, which is dramatically less than our average, which is usually around 100 days.

Chairman TESTER. So 100 days is three months. So what is the fastest you have ever hired a doc in the VA? Can you give me that answer?

Ms. THERIT. I would ask Ms. Bonjorni to answer the question.

Ms. BONJORN. Using expedited emergency authorities under the COVID emergency authorities we were able to onboard people in about two weeks for a physician.

Chairman TESTER. Right.

Ms. BONJORN. That means we delayed their credentialing until after they onboarded.

Chairman TESTER. And those riders are gone now. Correct?

Ms. BONJORN. Correct.

Chairman TESTER. Yes. Well, that is a whole lot different than 6, 8, 10 months, and I can tell you that if we are going to compete we have got to figure—and by the way, this is not just the VA. This is government-wide. If we are going to compete we have got to figure out how to make this selection process of hiring easier and more user friendly.

With that I will turn it over to Senator Boozman.

SENATOR JOHN BOOZMAN

Senator BOOZMAN. Thank you, Mr. Chairman, and thank you for focusing this hearing on the hiring and retention of the VA workforce. Also, I would like to thank you guys for being here. I appreciate your hard work.

The 2022 IG report on VHA's occupational staffing shortages identified more than 2,600 severe occupational staffing shortages across 285 occupations. This was an increase from 2021. It is clear we are experiencing staffing challenges. That is why Senator Tester introduced the VA CAREERS Act to help with the recruiting and retention challenges that VA currently faces. It is imperative that we hire and retain the best and brightest talents that this country has because our veterans and their families deserve the highest levels of care and support for the sacrifices that they have made in protecting our country.

The VA CAREERS Act is a crucial piece of legislation aiming to reduce vacancies and staffing shortages at the VA. The VA continues to be at a disadvantage when it comes to recruiting and retaining, as you have testified to, and the most talented medical professionals across the country, especially in rural areas, simply, it is very difficult to attract and retain.

Ms. Therit, can you briefly speak to what this legislation would mean for the VA and why it is important to ensure that the VA has the ability to recruit and retain the best health care professionals?

Ms. THERIT. Senator Boozman, thank you.

Senator BOOZMAN. That is an easy one.

Ms. THERIT. Thank you for that question. We have really appreciated the opportunity to work with the staff to develop the VA CAREERS Act. Ms. Bonjorni had highlighted some of the pay authorities, the top three that we have indicated in our testimony. But across the board it looks at both recruitment and retention, being able to pay those higher salaries to attract the providers into those occupations as well as some of the continuing education which allows for occupations to be able to grow and evolve in those positions.

We also add some areas of physician, pharmacist pay, of nurse executive pay, that would increase the limits and help us to be able to recruit and retain for those occupations as well.

Ms. Bonjorni, do you have anything to add regarding the CAREERS Act and the benefits that it will bring to the VHA team?

Ms. BONJORNI. I think you hit the key points.

Senator BOOZMAN. Very good. With approximately 3 million veterans living in rural communities and more than half of them over the age of 65, it is imperative that the rural medical facilities are properly staffed. Additionally, these veterans often have more complex medical conditions that involve specialty care, which requires specific training for VA providers.

Ms. Therit, we addressed the CAREERS Act. Can you tell us, though, setting that aside, what initiatives and strategies are currently being discussed to improve staffing and training in these rural areas?

Ms. THERIT. Senator Boozman, we are grateful for the authorities that we have in the PACT Act. We have largely implemented all of those authorities. One that we are currently working on is the Rural Recruitment and Training Plan that is due to the Committee within 18 months of enactment. I know the VHA team is working on that piece of the PACT Act, and I am going to ask Ms. Bonjorni to elaborate further on some of the work that is happening there.

Ms. BONJORNI. Sure. One of the things we are doing to address this is creating new positions that will be a national sourcing office. So that is the very first part of the recruitment process. And those sourcers will then find talent and send them out to our rural facilities so that we are able to generate more leads to come into those organizations. And we are dedicating additional resources toward our recruitment marketing, directly targeting rural areas.

Senator BOOZMAN. Ms. Therit, we have had a problem with VA administrators being there for short periods of time or detailed to other places, really having a situation where you have got a leaderless VA, which again, is a real problem. Can you talk about the importance of having a leader in place at our medical centers and how having a director in place leads to providing the best care and recruiting the best people, as opposed to the opposite of that, where people really just do not know where they are at, and it is just a difficult situation.

Ms. THERIT. Senator Boozman, leadership at those VA medical centers is critical. We appreciate Section 104 of the CAREERS Act, which would give us an opportunity to share with you information when someone is detailed out of a position, who is being identified to replace them, and make sure that those periods of time are kept to the least possible so that we have permanent leadership at those medical centers.

We also acknowledge, through our all-employee survey data, that employee engagement is higher at those medical centers where they have permanent leadership. So we are going to continue to work with you and the Committee to make sure that you get information when individuals are detailed out of those positions and how long it is taking to get permanent leadership in those positions.

Senator BOOZMAN. Thank you very much. Thank you, Mr. Chairman.

Chairman TESTER. Senator Brown.

SENATOR SHERROD BROWN

Senator BROWN. Thank you, Mr. Chairman. Thanks for how seriously you take this issue. I appreciate that.

Ms. Therit, thanks for your testimony. I want to raise an issue that VA employees have talked to me about, and to my office, about the executive leadership teams at different medical centers have apparently have not worked collaboratively enough with local union leaders. I hope that you and folks at the VA Central Office remind staff in the field that a strong labor management relationship is essential to the effective and efficient operation of VA and to improve the provision of care and benefits to veterans. And the unions, as you know, unions are an important component of that.

Last year, Congress included several workforce provisions in the PACT Act. As I travel the state and do roundtables with veterans in every part of the state we can all envision this surge in care and the importance of scaling up hiring. So I know we have required VA to implement a national recruitment and hiring plan. I think of the hospital in Ohio, in Chillicothe. There are plenty of community-based outpatient clients too that are in rural areas.

So talk about, given the challenge, provide us with an update on that plan, if you would.

Ms. THERIT. Senator Brown, thank you for that question. I want to reinforce our commitment to working with our labor partners. Our American Federation of Government Employees is in town this week, having their semi-annual meeting. I know the Secretary is addressing them as well as other leaders within the Department. We have also recently reached a memorandum of agreement with the National Federation of Federal Employees, continuing to find ways to improve hiring. So we are actively working with all of our labor partners. I know when the Secretary visits our facilities he meets with them and asks them about their labor management forums, makes sure that they are meeting and actively engaging.

With respect to the PACT Act, we have implemented every provision except for four that are pending: the rural recruitment plan, that I mentioned, the one-year plan that we owe the Committee on human resources positions, recruitment, and retention, as well as the service contract buyout policy, which is being drafted and soon to be released. And then, finally, we are also working on the final provision with the Office of Personnel Management around pay waiver authority.

But every other authority is available to our workforce. We implemented them in waves. The first wave was removing the restrictions on hiring housekeeping aides. We know how essential those positions are to our medical centers. The second wave was ensuring that we are bringing in the next generation of talent to the VA. That was expediting hiring of college graduates, post-secondary students, and increasing limits on student loan repayment program. The third wave was around retention, removing some of the caps on bonuses and awards for our hardworking VA employees as well, as Ms. Bonjorni had mentioned, increasing those special contribution award limits so that we can really recognize the great work that is happening across the Department.

The fourth wave focused on our systems. As important as our people are, we do not want to lose good people to being frustrated with the systems that they have to use to perform their daily job. So with respect to our HR system we improved some enhancements so that individuals can see where recruitment actions are in the process. We added some employee self-service capabilities, so employees are able to use those systems to be able to do things more effectively and efficiently.

And the last wave is implementing all of our pay authorities. Critical skills incentives are being processed. Recruitment, relocation, and retention incentives are being processed at the higher limits. Critical pay positions are being identified, as well as special salary rates implemented to keep up with the tight labor markets and competing with the private sector.

So all of those provisions of the PACT Act are actively being rolled out. I know Ms. Bonjorni and her team are communicating them to the field so that we are leveraging all of these authorities to ensure that we have staff at the levels that we need them.

And I think the events that have been happening in VHA and VBA are demonstrating that VHA, as I mentioned, has already brought on over 22,000 external hires in five months. That is record-breaking. The Veterans Benefits Administration has grown by 5 percent in bringing on over 2,000 new hires to process claims. And our retention rates are lower, half of what they were a year ago. We were seeing 4 percent turnover. This year we are about 2 percent turnover.

Senator BROWN. Retention rates are twice, not half.

Ms. THERIT. Our turnover rate is cut in half.

Senator BROWN. Thank you. Thank you. And I just want to remind you that this is the most pro-worker, pro-labor administration probably in my lifetime, as you work your way navigating each of these waves, as you implement the PACT Act.

One other question, Mr. Chairman. Local VA employee medical center directors talk about the human resource modernization efforts that started in 2018. Some of us thought that was a wrong-headed move by the previous administration of the VA. We can put that aside for a moment. But it is clearly harder to hire people. There are other factors. I am not putting it all on this. It takes longer to get folks—I had never heard the word “onboarded” until you used it today. I get what that means. They leave for a job in the community facilities, I mentioned Chillicothe but others, the more urban centers too, have been hosting local hiring fairs to get folks hired more quickly.

Tell us why we cannot just move back to a model where local HR professionals, who know the facilities’ needs, who know the communities’ needs, why do we not go back to their being directly responsible for hiring folks in these facilities?

Ms. THERIT. Senator Brown, I am going to ask Ms. Bonjorni to answer the question on the VHA modernization efforts.

Ms. BONJORNI. Sure. Thank you for the question, Senator. I remember being here——

Senator BROWN. I am sorry to interrupt, but from Senator Tester’s question to both of you about how long it takes a doctor to be onboarded. It just does not make sense to me that we are not driving this locally, where they know the community’s needs, they know the facility’s needs, and they can make it much faster, I would think, than going up to Ann Arbor, in my case, or even to Washington.

Sorry I interrupted. Go ahead.

Ms. BONJORNI. Sure. If we look at our data on how time to hire has trended over time, right now our time to hire has returned to pre-pandemic levels. When we had special authorities, we were able to hire faster than we are able to hire right now. But that is not tied to the organizational structure of our human resources.

In fact, the change that we made to move to shared services for human resources allowed us to hire the volumes we have been hiring, allowed us to rapidly change policies and practices tied to special hiring authorities during the pandemic, and allowed us to shift

resources. The challenge we had with decentralized human resources is that smaller facilities, especially, had a challenge keeping HR staff on board, and then when they had vacancies they had no one to hire. So moving to shared services allows us to shift across an entire region to facilitate the hiring process.

Chairman TESTER. Senator Tillis.

SENATOR THOM TILLIS

Senator TILLIS. Thank you, Mr. Chairman, and thank you both for being here.

Mr. Chairman, I would like unanimous consent to send forth an article that was published in *MilitaryTimes* talking about this subject.

Chairman TESTER. Without objection.

[The article referred to appears on page 46 of the Appendix.]

Senator TILLIS. Yes, and we will make sure you all have a copy because I would like you to fact check it. In your testimony, some of it you have already affirmed. But it talks about some of the structural problems, the workload for existing employees and challenges that you all are having. And I think that on one hand you have got a lot of people working hard serving veterans, and on the other hand we have got a lot of vacancies to fill.

Senator Tester asked about, it is my understanding it is now, without the emergency authorities, 100 to 120 days for hiring, onboarding process, and I had a report it is somewhere close to 80 different steps along the way. I would like to get, specifically, what it is, because how many of those steps were going to job fairs or job environments, so they are pre-real onboarding. They are candidate selection, and then all the things you have to go through. Because without the emergency authorizations that you had—and, Mr. Chair, I think we should go back and say if it is working why did we stop it. I understand why but Congress can fix that.

But, you know, if I am a medical professional, a clinician, a nurse, or somebody that you are looking for to ramp up the PACT Act or other things, this is a highly sought skill in the private sector. And even with your signing bonuses and other things you are going to have a very difficult time. And if somebody is smart and they are looking at an offer—and most of these people are. They are well-educated, well-trained—if they got an offer from you and you say, “Now we have just got to complete the remaining 60 steps of the process. We are going to make a decision in 100 to 120 days,” number one, they probably have a hedging strategy and they are looking at other opportunities, and number two, they are likely not going to be there when you need them. Not in every case but in many cases.

And so just a quick question, for, let us say, specialties that you hired under the emergency authorities under COVID. How many of those people have you fired, proven to be unqualified for the position that they were hired for?

Ms. BONJOURN. Senator, we can certainly come back to you with that information.

Senator TILLIS. I would like to know. My guess is only a handful, if any at all. And my point there is one of the lessons that we are

not learning consistently about the emergency orders that we had under COVID, whether it is FDA emergency use approvals, whether it is hiring approvals in the VA. You got a chance to use it, you got a chance to stress-test it. If it proves to be efficacious then you all should be coming back to us and saying that these temporary authorities need to be reinstated. Because if you are still working with an 80-step plan and a 100- to 120-day process—some of it was imposed by VA, and you should figure out which of those you can streamline, some imposed by Congress—we have got to fix it because you are not going to be successful no matter how hard you work, and I know you are all working hard. I have generally very good things to say about the VA, and I think my time on this Committee has proven it. I know you are trying to solve a problem.

One thing that I think would be helpful, number one is timely response to questions for the record. If you go back in my history that are not gotcha questions. They tend to be geeky, technically oriented, focused on implementation. But I have got QFRs out there since September of last year. So if you want us to help you, you have got to help us and give us, at least in my case, and I will speak for my questions, I think we need a more timely response, and we have got to put a priority on that.

Chairman TESTER. Excuse me just for a second. Stop the clock. This is really, really, really important. If we have got a member, especially off of this Committee, that asks information—and look, I have been here when people have given you busywork. Stop the clock, because I want him to have his minute left.

Senator TILLIS. I had four minutes left.

Chairman TESTER. No, you did not.

[Laughter.]

Chairman TESTER. To be sure you had 56 seconds left.

But the truth is if a member of this Committee wants to get information it should be a priority. And if Senator Tillis, who I do not agree with all the time, by the way—

Senator TILLIS. Most of the time.

Chairman TESTER [continuing]. But I agree with him most of the time, has a question out from September and he still has not gotten an answer for it, I hate to tell you but on the farm they call that bull-something, Okay?

Senator TILLIS. Bull butter.

Chairman TESTER. Go ahead.

Senator TILLIS. And again, it may even be that some of that information is not relevant based on where we are today, but just a question.

One thing that I would like to get you all to commit to is that in each category, each unique category you have got a different story to tell about potential candidates. You have got a different story to tell about process execution, how long. You have got a different story to tell about people you really wanted to hire but they just could not wait the 100 or 120 days. And then you have also got a story to tell about where the market is just not providing enough of these people wherever you are going to hire them.

And we will form it as a QFR, but I think you understand, strategically, what I am talking about. If you are heading the recruiting and the HR function, you need to know what you need for crit-

ical staffing levels, and you need to communicate to us the ones that you are simply not going to be able to do with the current constraints, and some of them you are not going to be able to do to fully implement the PACT Act and other things that are very important to us.

So it would be helpful if we got that, to what extent you need help to achieve at least a minimum performance, and where we have got to think differently about staffing out the VA.

Thank you, Mr. Chairman.

Chairman TESTER. Senator Hassan.

SENATOR MARGARET WOOD HASSAN

Senator HASSAN. Thanks, Mr. Chair, and thanks to our witnesses too for the work you do.

I really appreciate the increased effort by VA to fill vacancies in the Veterans Health Administration. We have just been talking about some things, and I agree with my colleagues, we should be looking at new ways, things we have learned from the pandemic if we can.

But I wanted to drill down on a bill that Senator Braun and I worked on that was signed into law. In 2021, we passed the bipartisan Hire Veterans Health Heroes Act. And it was signed into law. It directs the VA to recruit and hire Department of Defense medical personnel who are transitioning out of military service for open positions at the VA. Can you discuss how implementation of this is going?

Ms. THERIT. Senator Hassan, Ms. Bonjorni's team has been implementing that bill so I am going to ask her to answer.

Senator HASSAN. Great. Thank you.

Ms. BONJORNI. Sure, and thank you for that bill. We are very supportive of it and have taken it very seriously in implementation. We are working closely with DoD. We have a direct marketing campaign that we use, based on the occupational code of people transitioning out, where we send them messages and encourage them to come work for us. We have also established a new physician provider recruiter position at facilities, and those are the people who go out to different military installations and pitch VA as an employer directly to people when they are transitioning out. We also have a dedicated location on our VA careers website, not to be confused with the bill, that directs transitioning military members to come work for the VA.

Senator HASSAN. Are you seeing results?

Ms. BONJORNI. We are. So right now the physician provider recruiters are a new position, so we are waiting to see the impact of that. But we do anticipate that we will see more of that as we have that boots on the ground support.

Senator HASSAN. Yes. Okay. Thank you.

Ms. Therit, in response to a letter that I led last year, the President's Pay Agent recently expanded competitive locality pay to areas in New Hampshire and Vermont that struggle to recruit and retain Federal employees. These areas include the VA Medical Center in White River Junction, Vermont, which provides services to many veterans living in New Hampshire.

How does expanding competitive locality pay help VA recruit and retain highly skilled workers in rural areas, including at rural VA health facilities?

Ms. THERIT. Senator Hassan, we are members of the Federal Prevailing Rate Advisory Committee as well as the Federal Salary Council, and we are always looking for opportunities to promote the locations where we are seeing that our wages are not keeping up with the salaries in that area. So we welcome the opportunities to do both, in those forums and other forums, bring forward areas where locality pay is lagging or efforts need to be made to address those.

The one challenge that we have with our wage grade workforce is that work is done by our Department of Defense colleagues, so we need opportunities to both leverage the Federal Salary Council as well as the Federal Prevailing Rate Advisory Committee so that we can find pay equity across the board, not just with our GS, general schedule, positions, but also with our wage-grade positions.

So we welcome opportunities to work with you and other members where those locality pay areas need to be adjusted and bring those locations forward in those forums.

Senator HASSAN. I would look forward to following up with you on that because it is obviously a critical issue not only in my area but I think for a lot of the members of this Committee and for our constituents and veterans.

I want to switch topics a little bit. I frequently hear from Granite State veterans about how much they appreciate their VA nurses, their doctors, their caregivers, but far too often they have to get care elsewhere because we have had real infrastructure issues in New Hampshire—failures, not just issues.

The VA Medical Center in Manchester is more than 70 years old and its facilities are inadequate and frequently fail. Twice in the past year Manchester VA Medical Center closed portions of its campus because of burst water pipes, and that has forced veterans to go elsewhere for care, and reduced available treatment spaces, obviously, for clinicians.

Can you discuss what impact infrastructure failures like these have on recruitment and retention challenges that we are all talking about today?

Ms. BONJOURNI. Well, Senator, I think that the wage issues that Tracey mentioned earlier really are where we can speak to that, and making sure that the people who maintain those facilities, some of them quite aging, need to be paid effective wages. So we have boiler plant operators, HVAC operators, engineers, folks who maintain the facilities, we need to be able to pay them fairly to keep the facilities running.

Senator HASSAN. Right. But look, I will tell you that no matter what your skill as a facility manager, when you have pipes that have been soldered with different materials that are not particularly good for cold weather, for instance, you can be the best manager in the world, and we really need to upgrade these facilities. And in my experience, having done a fair amount of HR-related work, people look at what their workspace is going to be like and whether they are going to have the modern tools and spaces they

need to provide excellent care, and in New Hampshire that is getting harder and harder for our clinicians to do.

So as you get feedback about that as a factor that people may be considering in their decisions, you know, highly sought after clinicians are going to have choices. And it seems to me that if we are providing them with very old infrastructure where they cannot be guaranteed that they can give quality care to patients, that that is going to be a recruitment problem. Thank you.

Chairman TESTER. Senator Blackburn.

SENATOR MARSHA BLACKBURN

Senator BLACKBURN. Thank you, Mr. Chairman, and thank you all for being with us today.

Ms. Therit, I want to ask you about how we continue to have providers who have as many as five documented cases of delivering substandard care. And as I have looked through the proposed market pay system I really—it is hard to square how we would give local leaders more flexibility when we have an issue with having these providers that give substandard care.

And then what I would like to know is do you have a policy, is there a policy in place that removes these providers and puts them on a do-not-rehire list? So if you will just walk me through that.

Ms. THERIT. Senator Blackburn, I am going to ask Ms. Bonjorni to speak to the processes that are used to address that substandard care and how it would be applied in this market pay system.

Ms. BONJORNI. Sure. Thank you for the question, Senator Blackburn. We do have processes in place to do ongoing monitoring of the competencies of our providers as well as focused evaluations if there is a concern raised. Those processes are standard and consistent with how they operate in the private sector. And so the number where we have substandard care being provided is a very low fraction of our workforce, and absolutely we would be making sure that we take those seriously and address them through normal disciplinary processes, through the Medical Executive Committee in each case.

The compensation structure is not tied to that specifically. If we had somebody who was in a situation where they were providing substandard care we would address that through disciplinary processes or removing their privileges. The compensation system is designed to operate for the vast majority of providers who are providing excellent care to veterans, and so we would look at performance indicators, certainly, in that evaluation of setting pay.

Senator BLACKBURN. Okay. and then how do you apply this and how do you get a waiver on the cap for physicians and dentists and professionals, medical professionals, that do not provide patient care but are on staff? What is your differentiation there?

Ms. BONJORNI. So we would continue to use the pay table structure that we already have for physicians, dentists, and podiatrists, and potentially optometrists if the new law passes. Usually clinical providers are accounted for in the first few pay tables and then the last one is for supervisory type of positions that may not provide direct care. So we do an evaluation based on how they might be paid in the private sector.

Senator BLACKBURN. So you use some subjectivity and flexibility on that table.

Ms. BONJOURNI. Yes. There are pay ranges for each one of them.

Senator BLACKBURN. Okay. That is great. Thank you for that. And then I have got a question on the PACT Act, because VBA has talked about the number of additional claims processors that are going to be needed to handle this and to handle the call centers for what they are expecting from the PACT Act. And we have discussed personnel and being able to meet that demand some with the Secretary. And it is hard to kind of look at this. So many people are still working remote, and then we have this huge backlog, and then we are expecting to have this influx.

So walk me through the hurdles that you have in hiring and getting people trained and what the problem is addressing this in a timely manner.

Ms. THERIT. So Senator Blackburn, specific to our Veterans Benefits Administration, they have done exceptional work with their onsite hiring events and being able to staff to the levels that they need to process the PACT Act claims. Productivity last year was at record levels in terms of having a hybrid work environment where they were able to work onsite as well as telework and be able to deliver those benefits to those who are filing those claims.

In terms of training, we are working very closely with the Veterans Benefits Administration to make sure they have the resources that they need so that they are not taking folks off the lines to conduct the training and putting them back on to process claims. So we are actively working with them and using the direct hire authority that the Office of Personnel Management gave us over the next five years to be able to hire up to 15,000 claims examiners. So really working closely with them to make sure that they have the resources on board, using every authority available in the PACT Act.

Senator BLACKBURN. And, of course, having people still working remotely, you have got this backlog that is enormous. I mean, I am having a tough time squaring what you all are saying you are doing and not getting a specific timeline, and then looking at this backlog that continues to grow, continues to grow. And it is a tremendous frustration when we have veterans that are waiting 100 days in Tennessee for a primary care appointment. It is so unacceptable when they cannot get to professionals within that system. And then there is hesitancy to do community care. We have a lot of frustrated veterans.

But we appreciate the work that you are doing, and thank you, Mr. Chairman.

Chairman TESTER. Senator King.

SENATOR ANGUS S. KING, JR.

Senator KING. Thank you, Mr. Chairman. If you are curious about status on this Committee, those of us who have our own desk, that is a special status, just so you know.

[Laughter.]

Chairman TESTER. You ain't kidding that is special.

Senator KING. Maybe not in the way that I meant.

I want to follow up on Senator Brown's question. Why can't hiring be local? If the CBOC in Bangor needs a social worker, why do they have to have anything to do with Washington or Boston? Why can't that decision be made in Bangor? We need somebody, we have got the authority, we have got the budget for it, we want to post it and hire them. And maybe they can do that, but let me know.

Ms. BONJOURNI. Yes, Senator King, thank you for the question. They do have the authority to make all the decisions about the hiring process at the local level, so the decision-making remains local. It is the processing actions that human resources takes that are now handled primarily at a shared service unit, but there is still HR staff onsite at the majority of our facilities.

The challenge that we face right now in a post-pandemic world is it is very difficult to find HR staff who are a mission-critical occupation across the Federal Government in almost any location and especially in some of our more rural sites.

Senator KING. My impression is there are steps that have to be involved that take it back to Washington, that decisions are made other places other than onsite. Am I wrong about that?

Ms. BONJOURNI. Decisions made in Washington related to hiring would be related to executive hiring but not to any frontline staff hiring decision.

Senator KING. Okay. Now let me dig into the numbers a bit. Well, that is encouraging, by the way. I appreciate that.

We have been talking about time to onboard someone. I take it that is from the time that the job is posted, this 120 days we have been talking about?

Ms. BONJOURNI. It is earlier than that. So the time-to-hire model that is used across the Federal Government is from the date the position is approved to recruit, so that includes getting ready to post the job, posting the job—

Senator KING. So I am looking for the number further back. How long does it take to get approval to recruit?

Ms. BONJOURNI. Within VHA, getting approval to recruit is taking quite some time at this point. So that is taking almost as much time right now as it takes to do the rest of the hiring process, which is why we are focusing on this full time to fill, which is what we call that part of it, from the time the vacancy occurs until the time it is no longer available.

Senator KING. So it is really not 120 days. It is 240 days or more.

Ms. BONJOURNI. Right now the time to fill in VHA is closer to 230 days.

Senator KING. That is a long time.

Ms. BONJOURNI. I agree.

Senator KING. And the other question I wanted to dig in on, the 120, 240, 230. I take it that is some kind of average. Are there different numbers for different types of jobs?

Ms. BONJOURNI. Yes. We have different targets and different averages for different types of jobs, and there is variability across the system. Some locations are hiring faster than others.

Senator KING. Could you give us a list of occupations and give us the time-to-hire number for the various billets, if you will?

Ms. BONJOURNI. Absolutely. Some information about time-to-hire is already provided in the publicly reported MISSION Act 505 data, but we can provide you with additional information.

Senator KING. Why does it take so long before you get to the posting? Why does it take 120 days? If you have got a social worker at the CBOC and they leave, why does it take so long to decide you need another one?

Ms. BONJOURNI. This is something that we are working through right now. At local facilities each have a process that they use to manage resources and determine when positions can be backfilled automatically and others have to come back to a review to evaluate the budget before they are allowed to recruit. So this is something that every single facility is very focused on during this fiscal year as we are just now able to track that data for the first time this year. So now that they can see the data, they can work to improve it.

Senator KING. Well, you used the word "review." Who does the reviewing?

Ms. BONJOURNI. The reviewing of whether or not a position can be filled?

Senator KING. Correct.

Ms. BONJOURNI. Generally a resource management committee.

Senator KING. And where are they?

Ms. BONJOURNI. At the facility.

Senator KING. At the facility.

Ms. BONJOURNI. Yes.

Senator KING. Not in VISN 1 or—

Ms. BONJOURNI. No. It is a facility decision.

Senator KING. Thank you. Thank you, Mr. Chairman.

Chairman TESTER. Senator Sullivan.

SENATOR DAN SULLIVAN

Senator SULLIVAN. Thank you, Mr. Chairman, and I want to follow up on my good friend, Senator King. We have a great VA workforce in Alaska, but they have asked the identical questions on this timeline in which you guys get to announce vacancies, and then the timeline in which it takes to fill them.

And this was just a very specific question, the identical question, really, that a lot of the VA in Alaska, you guys have done a great job over the last 4 or 5 years to really surge big hiring in my state, and then it has kind of diminished. And one of the big challenges, when I talk to the VA employees in Alaska, is exactly what Senator King mentioned.

So is there a way for you guys to look at this and maybe come back to the Committee and try to truncate this timeline, both on the posting and the time it takes in which to hire? Because, you know, you have got people who might be interested and they are kind of hanging out there for 6 or 7 or 8 months, and then you lose interest or they have another opportunity. But it seems kind of like a self-inflicted wound, and this is directly what I am hearing from the VA employees in Alaska. So can you guys come back to the Committee and maybe say, "Hey, all right, we have thought about it. You have got two different Senators raising it. Here is what we

can maybe do to kind of shorten this timeline to bring on more workers.”

What do you think?

Ms. THERIT. Senator Sullivan, I would welcome that opportunity. We are equally frustrated. I think that is one thing our labor partners and we agree on is that it takes too long to hire.

Senator SULLIVAN. Yes, and if you need statutory authority or—no offense, but whenever I hear you say, “It is done by committee at a facility,” I am just like, oh geez, that is going to be a year.

Ms. THERIT. Well, I think we are having the conversations that we want to have, but there is a time to fill, which is from the time somebody leaves until that next person arrives. That is really the impact at the local level. And then there is the time to hire, which is the Office of Personnel Management model, which gives you all the steps that need to be done, and what they say is 80 days is their model. Eighty days is still a long time.

Senator SULLIVAN. A long time.

Ms. THERIT. And then we talked about—

Senator SULLIVAN. Too long.

Ms. THERIT [continuing]. With Senator Tillis the authorities that we had to expedite the process, and Ms. Bonjorni mentioned two weeks. I mean, that is what we really strive for. So when we look at all of this collectively how we can work together to achieve that outcome is really what we want to do.

Senator SULLIVAN. Well, why don't you guys try to come back to this Committee and give us your plans, and thoughts and ideas on it, because I think it is kind of a win-win. And if your employees are telling us—they are certainly telling me—and if Senators are raising it, and if you guys agree, and if you need authorities we will give them to you, but it does not seem like you would need authorities.

So can I get your commitment you guys will come back to the Committee with ideas on tightening that?

Ms. THERIT. You have our commitment, Senator.

Senator SULLIVAN. Okay. And then my other quick question is, you know, one thing that we do on this Committee is look at ways in which our veterans who are getting out, who are still on active duty, can plug into like the labor unions, or go through an apprentice program with IBEW, and so they are plugging into a good job even before they are off active duty.

I like that idea. We try to do that a lot in Alaska with our active-duty military force. But it just seems to me, do you guys have a program like that? So do you see what I am saying? Like let us say a guy has four more months on active duty. I know the State of Alaska actually has a program where you could bring in a currently serving military member and say, “Hey, here is some training. Here is what we would like, if you guys are interested, and we will hire you the minute you walk out the gates of Elmendorf Air Force Base.”

Does the VA have anything like that, because it would seem like that would be a no-brainer. A lot of military guys want to join the VA. You guys can train them and entice them while they are still on active duty. Do you have a program like that?

Ms. THERIT. So Senator Sullivan, we do partner with the Department of Defense on their SkillBridge program.

Senator SULLIVAN. Yes, SkillBridge. That is exactly what it is.

Ms. THERIT. And we have worked with them. One example is with our police officers. Police officers are a shortage occupation. We have a law enforcement training center in Little Rock, Arkansas. We work with those transitioning servicemembers who may be interested in coming to join the VA team after they get out, send them through those training programs. The challenge is resources and the ability to run those programs.

Senator SULLIVAN. Yes. But you do the SkillBridge program?

Ms. THERIT. We do.

Senator SULLIVAN. Okay. Good. Thank you, Mr. Chairman.

Senator KING [presiding]. On behalf of the Chairman, Senator Blumenthal.

SENATOR RICHARD BLUMENTHAL

Senator BLUMENTHAL. Thank you. Thank you, Senator King. Thank you, Mr. Chairman, and thank you for being here.

I know that the VA is struggling with the same challenges that every private employer is, and we see it in Connecticut, the need for training and skills and so forth. We have just provided you, and I know others have asked about it, with a new responsibility in the PACT Act. I want to ask whether you think there are different skills required to process these applications, considering that there is now a presumption in the PACT Act that certain facts will justify a service-connection for certain kinds of diseases, and how much of a burden will it be in terms of additional skills that will be required to implement it?

Ms. BONJOURNI. On behalf of the VBA team, which I am not a part of, I think as they look at their claims examiners they are designing the new skills that they are going to need to evaluate into their training. As far as for our providers, in VHA we have provided all the information to them about how to make the appropriate evaluation of veterans when they come in, and we believe they already have the skill sets they need right now to do additional exams for veterans.

Senator BLUMENTHAL. Are you then equipped, being staffed up to do these evaluations now?

Ms. BONJOURNI. We are continuing to staff up. So getting to our 52,000 hire goal this year will help us meet that expectation, yes.

Senator BLUMENTHAL. By what time period?

Ms. BONJOURNI. The 52,000 goal is for this fiscal year, so by September 30th of this year, but we do also anticipate some additional needs related to the PACT Act over the course of the next decade. But we think so far, with our attrition rates trending downward, we will probably surpass our 52,000 goal this year, so I believe we will hit that before the end of the fiscal year.

Senator BLUMENTHAL. So you do not see personnel, that is recruitment, as being at all an obstacle to implementation of the PACT Act?

Ms. BONJOURNI. Not an obstacle for VHA. VBA, I know, is also continuing to recruit. We do not think that is going to be an obstacle. It is the same obstacle that we have, though, in general, sepa-

rate from the PACT Act, that the labor market continues to be tight and especially for some of our entry-level occupations we are still having a hard time competing at the lower-wage categories.

Senator BLUMENTHAL. Is that true in some parts of the country more than others?

Ms. BONJOURNI. It is but it is also a national problem that we are facing, as well as when you look at more entry-level health care positions, like nursing assistants and LPNs, that is an area where we are continuing to see high attrition and fewer people wanting to go into those careers.

Senator BLUMENTHAL. Why do you think that is?

Ms. BONJOURNI. The state of the health care environment over the last couple of years. They are stressful jobs that are very important but they are probably not earning enough money. So in the VA we will use the PACT Act to help us entice them to come into the occupation.

Senator BLUMENTHAL. The PACT Act could be a recruitment tool.

Ms. BONJOURNI. Absolutely.

Senator BLUMENTHAL. Great. Thank you very much, Mr. Chairman.

Senator KING. I was just making a note to close this hearing with a quote from Abraham Lincoln about change, that I think is very applicable to this situation. "The dogmas of the quiet past are inadequate to the stormy present. The occasion is piled high with difficulty. Therefore, we must rise with the occasion. As our case is new so we must act anew and think anew, and then we shall save our country."

We are in a perfect storm of the PACT Act, the tight economy, the aging veteran population, and we have to really be thinking anew about how to meet that challenge, because time is of the essence. We are in a race with the claims coming in, with the aging veterans, and with the tight economy, that is very difficult for everyone to obtain new employees. We cannot let the veterans down by not meeting that challenge.

Thank you very much for your testimony and for joining us today, and we look forward to continuing to work with you on this issue.

Thanks again. The hearing is adjourned.

[Whereupon, at 4:10 p.m., the hearing was adjourned.]

A P P E N D I X

Prepared Statement

**STATEMENT OF MS. TRACEY THERIT, CHCO
OFFICE OF HUMAN RESOURCES AND ADMINISTRATION/
OPERATIONS, SECURITY AND PREPAREDNESS
DEPARTMENT OF VETERANS AFFAIRS
"STRENGTHENING METHODS OF RECRUITMENT AND RETENTION
FOR VA'S WORKFORCE"
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES SENATE**

MARCH 22, 2023

Good afternoon, Chairman Tester, Ranking Member Moran and members of the Committee. Thank you for the opportunity to discuss the Department of Veterans Affairs' (VA) health care hiring and staffing opportunities, as well as the state of VA's human capital management programs. I am joined today by Ms. Jessica Bonjorni, Chief, Human Capital Management, Veterans Health Administration (VHA).

We are here today to discuss the steps we are taking to recruit and retain VA's number one asset, our employees. We know that an investment in our employees is an investment in Veterans.

The Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act of 2022 (PACT Act), which was signed into law on August 10, 2022, marked the largest and most significant expansion of Veteran care and benefits in decades, empowering VA to deliver additional care and benefits to millions of Veterans and their survivors. We are grateful for this opportunity, and now that the bill has become law, it is our job to implement it in a way that is seamless, efficient and timely for the Veterans we serve—and most importantly, ensure that eligible Veterans can receive the care and benefits they deserve.

We immediately began implementation when the legislation became law. To expedite Veterans' access to PACT Act-related benefits, we made all 23 presumptive conditions in the PACT Act applicable—the day the bill was signed into law—rather than following the phased-in approach allowed by the Act. We also launched [VA.gov/PACT](https://www.va.gov/PACT)—a one-stop-shop website for understanding the PACT Act and applying for benefits—as soon as the Senate sent the bill to President Biden's desk for signing. Additionally, we have enhanced 1-800-MyVA411—an easy-to-remember telephonic front door for Veterans and their supporters—to include self-service PACT Act Frequently Asked Questions and seamless navigation to 24/7 live agents to address Veterans' concerns. And we immediately began executing a comprehensive, targeted outreach effort to encourage Veterans and survivors to apply now for PACT Act-related care and benefits.

These efforts have already generated enthusiasm among Veterans and survivors. On August 11, 2022, one day after the PACT Act was signed into law, [VA.gov/PACT](https://www.va.gov/PACT) garnered more than 3.3 million views. Since the PACT Act was signed,

as of March 4, 2023, Veterans and their survivors have filed more than 1,185,301 total claims, an increase of more than 25.4% over the same period last year. As of March 4, 2023, VA has received more than 362,000 PACT Act- related claims since August 10, 2022, and completed over 157,000 claims. —

VHA also executed a successful pilot of the new toxic exposure screening required by section 603 of the PACT Act and implemented a nationwide effort to screen Veterans who already get care from us to determine potential toxic exposures. As of March 7, we have screened nearly 2.3 million Veterans, with 42% reporting exposures. Effective November 8, this is a routine part of care in every medical center in the country. In addition, it allows us to refer Veterans directly to the Veterans Benefits Administration (VBA) as they may qualify for additional benefits, or an increase in their priority group.

VA has taken steps to implement the priorities within title IX of the PACT Act. VA quickly established an integrated project team (IPT) with internal and external stakeholders to identify the policies, procedures, systems and training required to implement each section of title IX. IPT meets on a weekly basis to address any issues that arise during implementation and track progress. Implementation has resulted in the following several new tools to help with recruitment and retention:

- Removing restrictions on hiring housekeeping aides;
- Modifying statutory limitations on awards and bonuses;
- Enhancing systems to improve hiring;
- Increasing limits on expedited hiring of post-secondary students and college graduates;
- Increasing student loan repayment limits;
- Increasing the cap on special contribution awards;
- Increasing the limits for recruitment, relocation and retention incentives and payment of retention incentives as a lump sum upfront;
- Increasing the limits for and the number of critical pay positions; and
- Increasing the limits for special salary rates.

Ensuring that VA has the appropriate mechanisms in place to track, measure and provide oversight of PACT Act title IX implementation is a VA priority. We will continue to develop and refine metrics ensuring we can measure the effectiveness of these authorities and the impact on VA's recruitment and retention efforts. VA is tracking progress through recurring reports and dashboards with oversight by VA governance processes.

VA is hiring more staff across the Department to ensure that care and benefits are delivered in a timely manner. VA is also focused on improving employee experience to achieve better outcomes for Veterans, their families, caregivers and survivors, which makes sure that we keep the Veteran at the center of everything we do. VA is implementing new hiring authorities and new retention authorities to grow and maintain a diverse, talented workforce with a shared mission to provide more care and benefits to

Veterans. VBA is using the recently approved Direct Hire Authority for its mission critical occupations. VBA was able to increase its total workforce by more than 5% (more than 1,300 employees) in the first 4 months of fiscal year (FY) 2023, compared to less than 1% growth in the workforce over the same time period in FY 2022.

We are proud to report that our emphasis on hiring more competitively led to a record number of more than 48,500 hires in VHA last year, and we are well on our way to exceeding that number this year. VHA's total workforce grew by 7,868 employees (2.1%) in the first 4 months of FY 2023. This represents VHA's highest growth rate in more than 20 years.

VA currently stands at 447,327 employees and continues to grow each year in response to increased demand for its services, improved access to care and benefits, reduced wait times, improved quality, enhanced Veteran satisfaction and overall mission growth. VHA accounts for approximately 89% of VA employees, and most of the additional staffing needed at VA in the past 5 years has been in clinical occupations, which account for approximately 63% of VA employees. As the largest integrated health care delivery system in America, VA's workforce challenges mirror those faced in the private health care industry. Across the private health care sector, hospitals and ambulatory care centers have reported higher turnover, increased labor costs and increased reliance on travel nurses. While VA's turnover rate has historically been extremely competitive at or below 10% annually, that rate increased to 10.1% in fiscal year 2022, due in part to higher wages and bonuses offered by private health care systems coupled with Coronavirus Disease 2019 pressures and burnout.

Despite these challenges, VA's unique mission attracts new employees yearly, and nearly 30% of VA's workforce are Veterans themselves, who identify closely with our mission. Other unique benefits attracting employees include working for a nationwide health care organization that provides flexibility to move to facilities in other parts of the country without leaving VA employment, while maintaining a single professional license or credential. VA benefits also include scholarships for employees to gain education in a critical shortage occupation, loan repayment to help those who already completed their education, liability protection, work schedule flexibilities, telework options and the opportunity to participate in cutting-edge medical research.

VA is responding to concerns raised by customers and other stakeholders about delays in the hiring and onboarding process through rollout of its Candidate Care Model. The Candidate Care Model is a framework and set of tools supported by customer experience principles that will assist VHA hiring managers and Human Resources (HR) specialists in providing an outstanding onboarding experience for candidates. VHA has spearheaded initiatives to standardize and improve the onboarding process, including work done by VHA HR standardization teams, an onboarding deep dive conducted by the Veterans Experience Office and an onboarding rapid process improvement workshop conducted by VHA Human Capital Management. The result is a new modernized and interactive onboarding experience that redesigns candidate

touchpoints with fewer people across fewer systems, infused with consistent, candidate-friendly messaging.

To mitigate some of the hiring challenges in clinical occupations, VA continues to lead the way in using telehealth and mobile deployment clinics to reach Veterans living in areas defined as health professional shortage areas. VA is a leader in virtual health care delivery and is well positioned to expand in this area. Additionally, VA continues to use direct hiring authorities; recruitment and retention flexibilities and incentives; hiring initiatives; virtual trainee recruitment events; improved employee engagement; HR modernization; workforce planning; targeted recruitment of military spouses and Service members transitioning from the Department of Defense; national recruiter programs for hard-to-fill occupations and specialties including in historically underserved communities and regions; and strategies for filling Medical Center Director positions throughout VA.

Conclusion

I am proud to be part of this noble mission to care for the Nation's Veterans. I look forward to working with each of you on this Committee on health care hiring and staffing opportunities across VA, as well as investing in our current employees so they can continue to provide the best care and service to deserving Veterans and their families. This concludes my testimony. My colleague and I are prepared to respond to any questions you may have.

Submissions for the Record



THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

March 27, 2023

The Honorable Jon Tester
Chairman
Committee on Veterans' Affairs
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

Enclosed for the Committee's consideration are the Department of Veterans Affairs (VA) views on S. 10, the VA Clinician Appreciation, Recruitment, Education, Expansion, and Retention Support (CAREERS) Act of 2023, which is a topic on the agenda for the Committee's March 22, 2023, oversight hearing.

VA is committed to delivering timely, world-class care and services to the Nation's Veterans, their families, caregivers and survivors. Our workforce is at the forefront of this mission. Hiring is VA's highest priority. The CAREERS Act contains provisions that are critical to recruiting and retaining health care professionals in an increasingly competitive labor market.

VA appreciates the intent of many provisions in this bill. For example, we share the aims of expanding health care in rural areas and ensuring Veterans with medical training have continued opportunities to serve. There are, however, provisions in the CAREERS Act that require amendment. While we continue to implement the workforce provisions that were enacted in the historic Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act of 2022, we welcome the opportunity to work with you and your staff to further our shared goal of continuing to strengthen our workforce for current and future generations of Veterans.

Thank you for your continued support of our mission.

Sincerely,

A handwritten signature in black ink, appearing to read "DMcDonough".

Denis McDonough

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THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

March 27, 2023

The Honorable Jerry Moran
Ranking Member
Committee on Veterans' Affairs
United States Senate
Washington, DC 20510

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Sincerely,

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Denis McDonough

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**Department of Veterans Affairs (VA)
Views on S. 10 VA Clinician Appreciation, Recruitment, Education, Expansion,
and Retention Support (CAREERS) Act of 2023**

We appreciate the close collaboration of Committee staff, addressing some of the concerns the Department of Veterans Affairs (VA) identified with previous versions of this legislation in the prior Congress (S. 4156), and many of the sections are similar or identical to legislative proposals included in VA's FY 2024 budget request. As included in the budget, a portion of estimated costs for certain proposals may be paid for from the Cost of War Toxic Exposures Fund, as authorized in The Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act of 2022 (Public Law 117-168; PACT Act), and the remaining portion from discretionary appropriations. We believe the current version is much improved and is a demonstration of the benefits of VA and Congress working together.

VA position on section 101: VA supports section 101 if amended and subject to the availability of appropriations.

Section 101 requires the VA Secretary to pay the costs of any licensing examinations and certifications required for any current recipient of a covered health professional scholarship from VA. Veterans Health Administration's (VHA) position is Support, if amended to include the following:

- (b) (13) The National Physical Therapy Licensing Examination for Physical Therapists*
- (14) The Board of Registration Examination for Kinesiotherapy (KT) for VHA KT fellowship and internship trainees*

It should be, however, noted that this legislation will establish differential treatment for employees who are scholarship recipients and employees who are not. For new hires who are required to have a license before they are hired to qualify for their position, it has been determined that payment of licensing fees by VA is a conflict between the agency's role as employer and employee statutory requirements for appointment. Payment of licensing fees for scholarship recipients would not be a conflict of the employer role but does establish differential treatment for employees who are scholarship recipients and those who are not.

Cost estimates total costs through FY2026 at \$7.5 million and through FY31 \$22.5 million.

VA position on section 102: VA supports section 102 as written and subject to the availability of appropriations.

Section 102 focuses on improvement of workforce training and team models to meet the needs of older Veterans. Section 102(a) would expand the Rural Interdisciplinary Team Training program to not fewer than one rural site in each VISN and ensure access at such sites to learning opportunities through the Geriatric Scholars Program. Section

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102(b) would provide continuing professional education for clinical staff who provide care for Veterans with Alzheimer's disease and dementia. This education is to be implemented in consultation with the Office of Rural Health established under 38 U.S.C. § 7308 to ensure equitable access to learning opportunities for employees in rural and highly rural areas.

Section 102(c) will expand the Geriatrics Patient Aligned Care team model and the geriatric and palliative specialty services to every medical center, any community-based outpatient clinic at which such an expansion is determined by the Secretary to be feasible and needed and provide access to all Veterans that need these services, including through implementing Geriatric and Palliative Specialty Consultative Clinical Resource Hubs to meet the needs of the aging Veteran population. The Secretary may waive the application of the requirement to all VAMC. The Secretary shall conduct a study on the variations in the structure and model consistency of the Geriatric Patient Aligned care team model and delivery and utilization of geriatric and palliative care throughout the Department and how those variations impact quality of care and patient outcomes.

Section 102(d) includes a report to Congress not later than 2 years after the date of the enactment of this Act, and not less frequently than annually thereafter for the following 5 years, submit to Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the implementation of this section. The report will include the identification of any medical center in receipt of waiver under subsection (c) and the reason for the waiver.

For Section 102, the terms rural and highly rural have the meanings given those terms under the Rural-Urban Commuting (RUCA) coding system of the Department of Agriculture.

Section 102(a) Cost estimate through FY28 is \$54.2 million and ten year total of \$116 million.

Section 102(b) Cost estimate through FY28 is \$953K and ten year total through FY33 is \$2 million

Section 102(c) Cost estimate through FY28 is \$5 million and ten year total through FY33 is \$10 million.

VA position on section 103: VA supports section 103 as written and subject to the availability of appropriations.

Section 103(a) requires that not later than 2 years after the enactment of this Act, VA will complete a study on barriers to hiring and retaining staff at VA Community Living Centers (CLC). The study will include best practices for improving recruitment and retention of such staff with an emphasis on nursing staff.

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Section 103(b) requires that not later than 180 days after completion of the study a report will be submitted to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives. This report will summarize key findings with respect to barriers to hiring and retaining staff at CLC and best practices for improving recruitment and retention of such staff, including any barriers or best practices specific to rural areas and include recommendations for any administrative action as the Secretary considers appropriate.

VA position on section 104: VA supports section 104, if amended and subject to the availability of appropriations.

Section 104 proposes the following: (1) notification to Congress within 90-days of when a Medical Center Director is detailed out of their position; (2) requirement to appoint someone to act in the Medical Center Director position within 120-days; (3) requirements to submit a report to Congress as frequently as every 30-days when Medical Center Directors are detailed out of their position; (4) time limitations for detailing Medical Center Directors to other positions of not more than 180-days; and (5) requests for waivers for individuals detailed for successive 90-day increments.

VA can notify Congress when a Medical Center Director is detailed out of their position. VHA immediately identifies and appoints a qualified individual to act in a Medical Center Director position as soon as the position becomes vacant. As such, the requirement to detail within 120-days is already being done in the agency.

Submitting updates to Congress every 30-days would be a significant administrative burden to implement. VA proposes an amendment to S.10, section 104 that would reduce this burden by removing the requirement for a 30-day update and replacing it with notification to Congress of any waiver of the 180-day limitation by the Secretary of Veterans Affairs.

VA also proposes to amend S.10, section 104 by removing the 540-day limitation on details and replacing it with the statutory and regulatory limits that govern details in the senior executive service (see 5 C.F.R. § 317.903) not to exceed 240 days.

If unamended S.10, section 104 may impact continuity of operations as well as on-going projects and initiatives that require Medical Center Directors' leadership. Normally, when Medical Center Directors are detailed to other vacant Medical Center Director positions, it is because of their technical and leadership skills needed at the detailed location. VA would like to retain the flexibility regarding details of Medical Center Directors, but keep Congress informed of such details, with VA's proposed amendments to the legislation.

Cost estimates are not yet available.

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VA position on section 201: VA supports section 201, subject to the availability of appropriations. This is similar to our FY 2024 legislative proposal, 'Aggregate Pay Limitation for VHA Physicians, Podiatrists, and Dentists.'

Section 201 proposes to eliminate the performance pay, the base and longevity pay components of the physician, podiatrist and dentist pay system, and add optometrists to the pay system. In its place, VHA will have a single market pay component. Section 201 also includes a provision to allow the Secretary to waive the \$400,000 cap on market pay in limited cases, but it sunsets five years after enactment. Section 201 does not include a VHA request for legislative relief to retroactively pay physicians deferred earnings that were never paid due to the discontinued practice in December 2017 of paying physicians, podiatrists and dentists deferred earnings each calendar year.

VA supports these changes to the physician, podiatrist and dentist pay system as they will allow VHA to be competitive with local labor markets, meet the increased demand for critical clinical specialties and more effectively and efficiently compensate physicians, podiatrists and dentists based on desired clinical outcomes in a way that is more advantageous to our providers. Without these amendments to the current physician, podiatrist and dentist pay system, VHA risks losing high quality providers in complex clinical specialties to the private sector, impacting VHA's ability to deliver quality care to Veterans. Using only market pay to establish physician pay will allow VHA significant flexibility to more closely match salaries to pay in the local labor markets. The physician, podiatrist and dentist pay system is over 16 years old and significant improvement is greatly needed to keep pace with the increasing economy, demographics, high market rates, rapid advancements in health care and high costs of critical and complex clinical specialties.

The legislative relief for retroactive pay only covers the retroactive period (2006-2017) when earnings were being deferred and paid out the next calendar year when there was no legal authority to do so (the lack of legal authority to defer earnings came to VA's attention in December 2017). However, the most recent text did not include critical language authorizing the payment of deferred earnings for calendar year 2017 that are currently being held in abeyance and were never paid. This legislative relief to pay employees for any excess earnings not paid for 2017 would compensate impacted employees for earnings that they expected to receive, and that VA intended to pay at the beginning of 2018. VA's physicians have operated in good faith in their employment and have provided high quality health care to Veterans. The payment of excess 2017 earnings will help to restore the trust necessary in providing continued quality health care to the Nation's Veterans. Deferred earnings were discontinued in January 2018 and providers only receive pay under title 38 up to the \$400K aggregate limit. The cost of paying excess earnings for 2017 to approximately 210 physicians is estimated to be a one-time cost less than \$3.5 million. Currently, approximately 210 physicians are impacted, including some who have left VA. These impacted physicians are assigned to

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physician and dentist pay table 4 and have earnings at or near the limit in current 38 U.S.C. § 7431(e)(4)(currently \$400,000) and maximum rate of pay table 4. VHA lacks the legal authority to defer any compensation that is over the limit, leaving no provision to make the impacted employees whole relative to the deferred earning they expected to receive in January 2018.

VHA understands there has been apprehension about the elimination of performance pay. Pay for performance goals and objectives for the providers will be worked into their overall pay under the new pay system. Performance goals and objectives will still be issued and reviewed annually for completion. As the third component of the current physician pay system performance pay is included in total pay but is not used to address the inability to offer market pay competitive with the local labor market. Providers whose pay is currently near the pay cap are not receiving performance pay because it exceeds the \$400,000 pay limit. Including performance in the single market pay component will allow VA to be competitive with local rates and continue to award stellar performance.

VA notes that there are also some technical amendments required to the legislative text. VA welcomes the opportunity to work with the Committee to provide input on necessary technical amendments.

Cost estimate through FY28 is \$28 million and ten year cost through FY33 is \$116 million.

VA position on section 202: VA supports section 202, subject to the availability of appropriations. This is similar to our FY 2024 legislative proposal, 'Title 38 Compensation System for Medical Center Directors and Network Directors.'

Section 202 would establish a separate compensation system under title 38 for the VHA occupations of Medical Center Director and Veterans Integrated Services Network (VISN) Director appointed under 38 U.S.C. § 7401(4). Currently, Medical Center Directors and VISN Directors are paid pursuant to 38 U.S.C. § 7404(a) and 5 U.S.C. § 5377. Under this new system, the rates of pay for employees in these positions would be set and periodically adjusted by the Secretary of Veterans Affairs. The designated positions would remain eligible for performance awards in accordance with VA guidance. Pay would be determined based on market pay methodology like the market pay authority currently in place for VHA physicians, dentists, and podiatrists at 38 U.S.C. § 7431.

Annual salary for each Medical Center Director and Network Director would consist of a single, market pay component, thus eliminating a base pay component. Subsequent pay adjustments would be based on performance-based measures and would be developed incorporating salary adjustment features aligned to position performance and other criteria such as the complexity of the assignment, marketplace factors, labor

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market features, qualifications and experience and so forth, as determined by the Secretary. This compensation system will have a limit on the annual market rate of basic pay of the President's salary (currently \$400,000).

Currently, 38 U.S.C. § 7401(4) provides for the appointment of Medical Center and Network Directors. Pay for these positions is authorized under 38 U.S.C. § 7404(a). If these individuals are appointed under title 38 and they are not a physician, dentist or podiatrist, their basic pay is generally capped at Executive Level (EX) II (\$212,100 in 2023). The same is true of those appointed under title 5. These individuals provide critical knowledge of health care operations, and this compensation limitation creates a compensation disparity with physician, dentist and podiatrist peers in the same position as well as limiting the ability of VHA to compete with the private sector in the recruitment and retention of health care executives in these critical roles that directly impact and uphold the standard of high-quality patient care.

VHA continues to face a significant challenge addressing the rapidly evolving and changing health care industry. To be part of this transformation, VHA must have Medical Center and Network Directors with the skill set to provide enterprise solutions for our clients, the Nation's Veterans. Compensation is a primary driver to ensure VHA is successful in recruitment and retention of dedicated health care leadership that can make the tough decisions in delivering sustainable quality health care and continual performance improvement. To recruit top health care executives, the salary structure of VHA senior health care executives in Medical Center and Network Director positions must be addressed. Medical Center and Network Directors have oversight of the Nation's largest integrated health care delivery system within all 50 States, several U.S. territories and the District of Columbia.

Network Directors and Medical Center Directors work collaboratively to ensure VHA remains a highly effective, innovative, data-driven, evidence-based, continuously improving and reliable health care system.

Of note, the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act of 2022 amended title 38 to explicitly allow VHA executives appointed under 7306, in addition to those under 7401(4), to be eligible for critical pay under section 5377 of title 5. Changes to section 7404(a)(1)(B), as included in the bill, are not needed and may create ambiguity.

Cost estimate through FY27 is \$73 million and ten year cost through 2032 is \$162 million.

VA position on section 203: VA supports section 203, subject to the availability of appropriations. This is similar to our FY 2024 legislative proposal, 'Increasing Pharmacist Executive Special Pay Limitation from \$40,000 to \$100,000 (previously \$75,000).'

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Section 203 modifies the language in 38 U.S.C. § 7410(b) to increase the maximum pharmacy special executive pay. Currently, pharmacist executives are eligible to receive special pay amount up to \$40,000 annually. This legislation would increase the special pay amount up to \$100,000 annually. VA supports this bill in anticipation of continued difficulty recruiting and retaining pharmacy executives. Special pay is used as an attractive tool which provides VA with a competitive edge. The ability to grant up to \$40,000 under the special pay authority has lessened the pay differences found between Federal and non-Federal positions, however a significant gap remains. Increasing the maximum amount of special pay to \$100,000 will further bolster recruitment of pharmacist executives and ensure future needs are successfully met in the retention of highly qualified staff.

The increase in special pay will help facility directors remain competitive in pay and aligns the maximum amount to the amount of special pay authorized for nursing executives. VA welcomes the opportunity to provide input on potential edits to ensure this authority can be fully leveraged, consistent with Congressional intent.

Cost estimate proposed through FY28 is \$5 million and a ten year cost through FY33 is \$13 million.

VA position on section 204: VA supports section 204, subject to the availability of appropriations. This is similar to our FY 2024 legislative proposal, 'Amendment to Expand Coverage for Nurse Executive Special Pay.'

Section 204 modifies the language in 38 U.S.C. § 7452(g) to allow the Under Secretary for Health to define which VHA positions qualify as nurse executives for the purposes of special pay used for recruitment and retention. Currently, the law allows the Secretary to pay special discretionary pay to the nurse executive at each Department health care facility and the Central Office. This legislation will provide the Under Secretary for Health the authority to administratively define which VHA nursing positions will be authorized nurse executive special pay.

VA supports section 204. VHA has a challenge to address the rapidly evolving and changing health care industry. For VHA to be part of this transformation, VHA must have leaders in the nurse executive position with the skill set to provide enterprise solutions for the Nation's Veterans and to serve as a strategic thought partner collaborating with leaders in the Senior Executive Service. Compensation is a primary driver to ensure VHA is successful in recruitment and retention of dedicated nursing leaders who can make appropriate recommendations for tough decisions in delivering sustainable quality health care and continual performance improvement for the Nation's Veterans.

Cost estimate through FY27 is \$16 million and ten year cost through FY32 is \$35 million.

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VA position on section 211: VA has no objection to section 211.

Section 211 would require VA's Office of Inspector General (OIG) to issue a report on VA's use of direct hire authority (DHA), its contributions to filling vacancies and any vulnerabilities or inconsistencies in its use. VA defers to OIG on this section. We do note that a mechanism is already in place to track utilization of DHA. Currently, two authority codes are utilized when documenting personnel actions using DHA. Using these two authority codes allows the U.S. Office of Personnel Management (OPM) to evaluate the use of these authorities without requiring agency reports. Furthermore, VA has the capability to pull reports using these unique codes to evaluate use of DHA and any vulnerabilities or inconsistencies in its use.

VA position on section 221: VA opposes section 221.

Section 221 would amend 38 U.S.C. § 7413 to make optometrists eligible for any supervisory position within VHA to the same degree as a physician. The proposed change replicates language from the VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018 (MISSION Act) that provided this level of eligibility to podiatrists.

VA opposes this change. To oversee individuals in the physician community, the supervisor would need to have similar types of credentials and privileges as a physician. Optometrists do not complete the same level of training as physicians or podiatrists, as completion of a residency is not a requirement for optometrists. From a clinical perspective, an optometrist does not hold credentials and privileges that are seen to be equivalent to that of a physician.

Proceeding with this legislative change would potentially create various clinical and quality of care issues throughout VHA, since a supervisor would need to be able to address the clinical competencies of their direct reports, provide clinical guidance and approve clinical privileges. Additionally, when serving in higher level positions such as a Facility Chief of Staff, the incumbent would likely serve as the Chair of the Medical Executive Board overseeing the privileges of all physicians within the Medical Center.

VHA agrees that optometrists may serve in various leadership positions as deemed appropriate by a local facility, VISN or program office. However, for clinical reasons, VHA recommends not changing 38 U.S.C. § 7413 to enforce a statutory requirement for eligibility of optometrists for every supervisory position for which a physician is eligible.

VA position on section 222: VA supports the inclusion of section 222 in the VA CAREERS Act but seeks amendments to subsection (a) and (b) and to address certain administrative matters concerning the use of annual leave and Congressional reporting requirements.

Section 222 would allow VA to consolidate any restored annual leave that covered employees accrued during calendar years 2020, 2021, 2022 and 2023 under 5 U.S.C. §

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6304(d)(1)(B) into one annual leave account. Employees would be allowed to utilize the leave through the later date of January 9, 2027, or the time limits prescribed under OPM regulations. Employees would have the option to request a lump sum payout for the restored annual leave but would have to agree to a period of obligated service in exchange.

On March 14, 2023, the Office of Personnel Management (OPM) issued governmentwide regulations dealing with restored leave related to the COVID-19 emergency, therefore VA is recommending edits to subsections (a) and (b) of section 222 to account for the revised timeframes and agency authorities to declare an ongoing and/or extended exigencies of public business.

To ensure that employees are not prevented from exercising the lump sum payment option due to reaching the annual aggregate pay limit, VA seeks to add a provision under paragraph (c) to exclude such lump sum annual leave payments from the aggregate pay limit.

Paragraph (d) requires the development of a plan for utilizing accrued annual leave and requires the plan be submitted to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives within 90 days of enactment. To ensure that the timeframe is adequate for compliance with this provision VA requests a modified timeframe of 180 days instead of 90 days for submission to Congress. In addition, VA requests additional clarification if the reference to annual leave in paragraph (d) is a reference to regular annual leave that accrues to an employee or a reference to all consolidated leave restored under this provision.

VA supports amendment to paragraph (e), which would require VA to submit reports on a semi-annual basis to Congress outlining changes to the implementation plan, the amount of leave remaining in the annual leave accounts disaggregated by duty station and position and the use of the lump sum payment option. VA recommends changing the frequency for reporting to an annual cycle that is consistent with the leave year. Employees utilize higher leave amounts between the timeframe of October to December. The most meaningful data will be captured from the start of the leave year through the end of leave year. VA also recommends edits to the content of the report in (e)(2)(b) based on the diversity of VA job titles and number of VA Medical Centers. As currently structured, the report will exceed 5,000 pages of data. VA recommends utilizing aggregate data grouped by title 5, title 38, Hybrid status and VA Administration.

Cost estimates are not available at this time.

VA position on section 223: VA supports section 223, subject to the availability of appropriations. This is similar to our FY 2024 legislative proposal, 'Reimbursement of Continuing Professional and Medical Education for all full-time Board-Certified Physician Assistants and Advanced Practice Registered Nurses.'

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Section 223 proposes to expand reimbursement of continuing professional education expenses to include:

- Physician, dentist, podiatrist, chiropractor, optometrist, registered nurse, or physician assistant appointed under section 7401(1) of this title, not more than \$1,000 per year for each such individual; and
- Licensed practical or vocational nurse, medical technologist, pharmacist, pharmacy technician, psychologist, diagnostic radiologic technologist or social worker appointed under section 7401(3) of this title, not more than \$1,000 per year for each such individual.

VA supports this bill since it is in the best interest of taking care of the Nation's Veterans. The existing benefit in 38 U.S.C. § 7411 authorizes full-time board-certified physicians and dentists reimbursement for up to \$1,000 annually for continuing professional education. This bill removes the board-certification requirement and expands the benefit to other types of VA clinicians, which allows the organization to address its other clinical mission critical shortages that have been identified in its 2020-2021 VHA Workforce and Succession Strategic Plan. As the COVID-19 pandemic has illuminated the importance of the interdisciplinary health care team, no member of the clinical team should be excluded from protected funding for Continuing Professional Education (CPE). Additionally, the availability of CPE is a powerful recruitment and retention tool and the expansion of this bill is in alignment with two of VHA's key priorities to execute improvement to affect system-wide transformative change, which includes:

- Restoring trust in VHA by ensuring Veterans receive top-quality service and highly reliable care that improves their health and prevents harm; and
- Creating a learning organization in which science and informatics, Veteran-clinician partnerships, incentives and culture are aligned to promote and enable continuous and real-time improvement in both the effectiveness and efficiency of care.

Cost estimate through FY27 is \$786 million and a ten year cost through FY32 is \$1.6 billion.

VA position on section 224: VA supports section 224, subject to the availability of appropriations.

Section 224 modifies the requirements for publication of personnel transparency data as required by section 505 of the MISSION Act in several ways. Referencing the quarterly report (505a), section 224 changes the requirements by 1) requiring that the data reflect the most recently available data (that is, revised each quarter to reflect current data), 2) replacing the requirement for reporting vacancies by occupation to instead report positions currently undergoing a recruitment action by occupation and by stage of recruitment and 3) reporting the number of positions vacated during the quarter for

Enclosure

which the Department has not initiated a recruitment action, including the date the position was vacated by occupation. This proposal also removes any reference to "potential hires" and requires that data be disaggregated by Department, VHA data further disaggregated by medical facility and Veterans Benefit Administration (VBA) data further disaggregated by regional offices. Section 224 also establishes requirements for the annual (505b) report. Section 224 would expand the display of information on the internet of "vacancies by occupation" to "positions currently undergoing recruitment action" and expand that to VHA and VBA positions and requires an annual report to Congress. VA has no objection to the bill as written. VA has no objection to providing this additional information and notes that all but the requirement for the number of vacancies removed, and the reporting of recommendations for legislative and administrative action, are already required by section 505 of the VA MISSION Act of 2018 (P.L. 115-182). Additionally, VA supports section 224 of the CAREERS Act of 2023, Department of Veterans Affairs Personnel Transparency, because these modifications will improve the quality and relevance of the information published.

Cost Estimate: Existing VA department and administration program office staff can support the additional workload for the modified reporting requirements.

VA position on section 225: VA defers on this matter but has no objection to section 225.

Section 225 proposes the U.S. Comptroller General to submit a report in 18 months on VHA Human Resources (HR) Modernization efforts. The report includes the assessment, results and performance of those HR Modernization activities; the usability and effectiveness of human resources information technology systems; metrics, timelines and trends in vacancy, recruitment, and retention data; the use of authorities and waivers for hiring flexibilities; and the training and development of human resources professionals.

VA defers on this matter but has no objection to the Comptroller General—Government Accountability Office's evaluation of VHA's HR Modernization, or otherwise referred to as VHA's HR Standardization and Optimization, efforts. HR Modernization has made a significant positive impact on VHA's ability to deliver HR services in an increasingly competitive market; however, HR Standardization and Optimization is a long-term, ongoing strategy that continues to evolve over time as results are assessed and optimized. Various qualitative and quantitative reports are already produced through VHA's ongoing assessments and can be shared with the Comptroller General.

No cost estimate available at this time.

Department of Veterans Affairs
March 2023

3/22/23, 4:56 PM

Dept. of Veterans Affairs, union spar over staffing



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Dept. of Veterans Affairs, union spar over staffing

By [Leo Shane III](#) and [Molly Weisner](#)

Mar 21, 04:18 PM



Medical staff in the Covid-19 ward of the Boston Healthcare System Hospital and Medical Center in West Roxbury campus of the VA Boston Healthcare System talk before tending to patients on Jan. 11, 2022. (Joseph Prezioso/APP)

[U.S. Department of Veterans Affairs leaders](#) say their new employee hiring and staff retention efforts are more successful than ever. Federal union leaders say that's still not enough to keep up with what the system needs.

On Tuesday, officials with the [American Federation of Government Employees](#) released a report to lament "incredible staffing and budget crises across VA facilities," saying the shortfalls are adding additional work and stress to their membership.

<https://www.militarytimes.com/news/pentagon-congress/2023/03/21/dept-of-veterans-affairs-union-spar-over-staffing/>

1/9

"We spoke to many [VA] employees who really describe pretty stressful conditions, some comparing it to a sweatshop or an assembly line," said Jasper Craven, interim executive director of the Veterans Healthcare Policy Institute, who worked with the union on the report

Based on surveys of [VA employees](#) and AFGE members from early 2022, the report states that department staffing levels remain too low, hurting services available to veterans and morale of employees. The authors blame insufficient funding for the department and too much political focus on shifting veterans care from VA hospitals to private-sector physicians.

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[VA failed to negotiate labor contract in good faith, arbitrator rules](#) ↗

The report assertions stand in sharp contrast to the message put forth by VA leaders in recent days, who said they are right now ahead of hiring and retention goals across the medical workforce and the Veterans Benefits Administration.

On Monday, [VA Under Secretary for Health Shereef Elnahal](#) said that agency hiring this fiscal year is up 2.5% over last year. That translates into almost 21,000 additional workers through the end of February, lifting the total VA health care workforce to almost 400,000 staffers.

"The bottom line is that we are hiring at a record pace and retaining better than in the immediate previous years, which is great news," Elnahal told reporters. "And we are instructing my teams across the system to not let up on this momentum."

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Dept. of Veterans Affairs, union spar over staffing

Similarly, Aaron Lee, executive director of VBA's Office of Human Capital Services Executive Director, on Tuesday told reporters that new hiring fairs held in February and early March brought in roughly 1,100 new benefits staffers, putting his agency on pace to meet periodic hiring goals.

"We're definitely not only meeting our needs, but also the folks that we're bringing on are the right people to do the work that we have before us," he said.

VA hiring has been spurred ahead in recent months by money and authorities tied to the Promise to Address Comprehensive Toxics Act ([better known as the PACT Act](#)). That legislation, passed last summer, provides new health care and benefits to millions of veterans with military toxic exposure injuries.

Elnahal and Lee said that support — and the mandate to staff up ahead of a surge in workload related to more veterans entering the system — have resulted in the department's recent hiring surge.

Retention has also risen as the coronavirus pandemic has faded. Elnahal said some of the staff fatigue and stress linked to the increased workload at the height of the pandemic has been fixed by a slow return to normal operations.

But both men acknowledged more needs to be done. The recent benefits staff hires still face about three months of training before they begin processing real cases, and even then will need months of additional mentoring before they are prepared for a full-time workload.

Union officials said that challenge could be mitigated with more flexibility in department hiring rules and more money for salaries, bonuses and site improvements.

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Dept. of Veterans Affairs, union spar over staffing

They backed a plan from leading veterans organizations to boost VA spending next year by about \$20 billion over the White House's \$325 billion budget plan, arguing the department has not received enough money to fulfill its basic responsibilities despite annual appropriations increases over the last two decades.

RELATED**White House plan calls for small boost in VA program budget**

A proposed 2.2% increase in discretionary spending would be the lowest boost since 2016.

By [Leo Shane III](#)

Being able to offer enticing salaries plays into both recruitment and retention goals for the agency, union officials said. Competing with private sector pay is a problem facing all federal agencies who struggle to hire job candidates with advanced degrees and high-demand skills.

"Salaries and sign-up bonuses are not enough," said Suzanne Gordon, senior policy analyst at VHPI. "In the post-COVID era, hospitals are trying to recruit any living, breathing healthcare worker who still wants to stay in healthcare. And so it's very difficult to recruit if you can't offer competitive market rate salaries."

The White House proposed a 5.2% pay raise for fiscal 2024 but it remains to be seen whether that number will survive budget negotiations in Congress.

Meanwhile, AFGE and some lawmakers have pushed for an even higher figure of 8.7% to offset inflation and burnout during the pandemic.

In a statement, veterans groups behind that Independent Budget proposal said the AFGE report shows that "VA needs more people, facilities and resources to provide timely, high-quality services to the increasing number of veterans turning to VA for their care."

About [Leo Shane III](#) and [Molly Weisner](#)

Leo covers Congress, Veterans Affairs and the White House for Military Times. He has covered Washington, D.C. since 2004, focusing on military personnel and veterans policies. His work has earned numerous honors, including a 2009 Polk award, a 2010 National Headliner Award, the IAVA Leadership in Journalism award and the VFW News Media award.

Questions for the Record

**Department of Veterans Affairs (VA)
Questions for the Record Submitted to
Tracey Therit, Chief Human Capital Officer
Jessica Bonjorni, Chief, Human Capital Management
Committee on Veterans' Affairs
United States Senate
Strengthening Methods of Recruitment and Retention for VA's Workforce**

March 22, 2023

Questions for the Record from Senator Jerry Moran

Question 1: The Veterans Health Administration's (VHA) Office of Integrated Veteran Care (IVC) recently set a standard that every provider should have a minimum of 80% of their clinical care hours bookable for patient appointments. Does VHA's projected staffing needs assume this 80% standard for bookable hours as a baseline, or does it assume a different metric for productivity?

VA Response: 'Bookability' is an operational metric meant to ensure proper clinical use of available staff. VA still uses an industry-standard approach, based on worked Relative Value Units to measure efficiency and to project capacity to meet future workload needs. The IVC staffing tool does not address provider utilization currently, it is only recommending community care staffing (Registered Nurses/Administration), so the 80% standard for bookable hours does not apply.

Question 2: One of VA's proposals included in the VA CAREERS Act would consolidate restored annual leave from the COVID-19 Public Health Emergency into an account for employees to use until January of 2027 or until the use deadline for "extended exigencies" as specified in federal regulations.

Under current law, it appears VA employees would have until sometime in 2030 to use their restored leave. Why then is this section needed?

VA Response: Based on a review of VA leave data, per the Office of Personnel Management (OPM) guidance, employees with restored leave due to the COVID-19 emergency will not meet the requirements for an extended exigency because the emergency did not span 3 full calendar years—partial calendar years are not credited. Therefore, the earliest timeframe to use the leave expires January 10, 2026, with later expiration dates that vary based on the amount of restored leave the employee has. While VA recognizes the revised regulations allow an agency to declare an ongoing exigency after the public health emergency ends allowing additional time to schedule and use restored leave, exercising such authority places VA in a compromising position of having to declare a continuing COVID-19 impact on agency operations. Rather, the central issue is that an elongated timeframe is needed for employees to best manage

their restored leave hours while accounting for the need to schedule current use-or-lose balances in current and future leave years. Scheduling up to 416 hours of restored annual leave within a 2-year timeframe under existing law is not feasible given many employees also carry high annual leave balances and will have use-or-lose annual leave in current and future leave years. Current yearly accruals are estimated to be between 160 and 208 hours for employees with restored leave so some additional restored leave can be used each year but large amounts of additional restored leave being used may impact operations, including staffing available for patient care.

Under the VA Clinician Appreciation, Recruitment, Education, Expansion and Retention Support (VA CAREERS) Act, the “use by” date for restored leave would be extended until January 9, 2027, affording employees an additional leave year to schedule and use annual leave. The VA CAREERS Act also grants the Secretary the authority to allow lump sum payments of restored annual leave to reset current employee balances without individuals having to separate from the agency to receive payment. There is no option under existing law or regulation for a current employee to receive a lump sum payment of annual leave and remain employed at the Department.

Question 3: Last year, Secretary McDonough made a big push to improve employee resilience and released a 10-point plan for doing so. If employee resilience is a priority, why is so much annual leave going unused?

VA Response: VA continuously encourages employees to utilize current and restored annual leave. The current restored leave balance increased substantially from our typical averages due to the “all hands on deck” mentality VA used to navigate the COVID-19 pandemic. However, due to the substantial balances of restored leave which employees have now accrued, using small amounts of additional restored leave each year is possible for employees, but using large amounts of restored leave in addition to leave which is accruing would not be possible without impacting operations.

Question 3a: What is VA doing now to increase employee usage of both the annual and restored leave?

VA Response: Given that the employees who have previously restored leave are at or near the maximum carry-over, they accrue between 160 and 208 hours of leave which must be used each year to prevent forfeit. Using small amounts of additional restored leave each year is possible for employees, but using large amounts of restored leave in addition to leave which is accruing would not be possible without impacting operations. VA's plan to promote use of leave among employees with high carryover leave balances, includes bulletins and recurring reminders to employees and supervisors regarding scheduling leave throughout the year, and running and reviewing use or lose leave reports in VA's time and attendance system.

Question 4: With passage of the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act, the Veterans Benefit Administration (VBA) has made it clear that they need additional claims processors to handle this new workload as well as handle the National Call Centers, while also continuing other priorities within VBA. Please describe what challenges VA has hiring claims processors and training these new employees in a timely manner?

VA Response: VBA continues to hire to increase the claims processing capacity in anticipation of the influx of claims filed due to the PACT Act. Under the initial Toxic Exposure Funding (TEF) spend plan, VBA was allocated 1,871 positions toward claims processors and supporting staff. As of April 17, 2023, VA has hired 1,530 of the 1,871 positions (82%), including 100% of the 716 positions associated with developing and rating claims.

Fiscal Year 2023 appropriations supporting PACT allow VBA to significantly increase claims processing capacity, including approximately 2,415 more Veterans Service Representatives (VSR) and 2,520 more Rating Veterans Service Representatives (RVSR) over fiscal year (FY) 2022 levels. Including National Call Center and requisite support positions and leadership, VBA will add nearly 7,000 positions across the field. To assist with hiring the large number of employees, VBA has leveraged a series of job fairs across the country to recruit high quality candidates. Additionally, VBA's Compensation Service works collaboratively with the Office of Field Operations and Human Capital Services to support various hiring initiatives and to provide high quality training. As of April 2023, VBA has graduated 2,623 employees from VSR and RVSR Virtual and In-Person Progression (VIP) training sessions. f Comparatively, VBA graduated 867 in FY 2021 and 3,993 in FY 2022. Additionally, VBA is on pace to double participation in our Warriors Training Advancement Course (WARTAC), which offers additional employment opportunities to transitioning Service members.

VA has experienced challenges in hiring claims processors and training these new employees. The training program, to include WARTAC operations, has depended heavily on field personnel to support training initiatives, and reliance on field support decreases the number of personnel to process claims. Also, the Compensation Service training staff has had to shift priorities significantly to train new employees, who would have focused efforts on updating curriculum, developing micro-learning or creating assessments for the Competency Based Training System.

Question 4a: What information is VBA providing to new employees, or employees that are being shifted over from other business lines, about what the mandatory overtime requirements are upon completion of their training for these claims processing roles?

VA Response: VBA is committed to providing Veterans and their families with the benefits they deserve in a timely manner. VBA also recognizes the impact mandatory

overtime (OT) has on employees and their families and does not take the decision lightly.

VBA provides regional offices (ROs) with overtime guidance, to include mandatory OT, on a monthly basis. Employees need to be meeting their performance standards to work voluntary or mandatory OT. For VSRs, they are not placed on performance standards during the first 13 weeks following completion of VBA's national entry-level training program. For RVSRs, they are not placed on performance standards during the first 26 weeks after completing training. During the training period, ROs communicate overtime guidance and expectations to its employees directly.

Question 5: Does VBA have the hiring authorities it needs to ensure all of VBA's business lines are fully staffed and able to function effectively?

VA Response: VBA currently has an OPM-issued Direct Hire Authority (DHA) for the following series to support PACT Act (Full-time Equivalent (FTE) increases through September 2027:

- GS-0201: Human Resources Specialist;
- GS-0203: Human Resources Assistant;
- GS-0901: General Legal and Kindred Administration; and
- GS-0996: Veteran Claims Examiner.

Question 5a: If not, what hiring changes are needed for VBA?

VA Response: A DHA and special salary rates are being considered as follows:

- DHA for Claims Specialists (Insurance) assigned to VBA Insurance Service to support Congressionally-mandated programs that were effective on January 1, 2023; and
- Special salary rate for Appraisers assigned to VBA Loan Guaranty Service. A comparison between Department of Agriculture and Department of Interior salaries shows a 36% or \$35,000 higher salary offered. The salaries of VA appraisers are significantly less than rates paid to others in this category.

Question 6: VA reported facilities using the new Oracle Cerner Electronic Health Record (EHR) have increased staffing by as much as 20% in order to cover productivity losses associated with EHR adoption. Do VA workforce needs for the next year include extra staffing to deal with productivity loss when additional facilities adopt the new Electronic Health Record?

VA Response: The decision to address staffing levels to prepare for implementation of the EHR is the responsibility of local medical center leadership teams to ensure we continue to meet the needs of Veterans. VA's workforce needs regarding EHR-related staffing for next year are not yet determined at this time. On April 21, 2023, VA announced that future deployments of the new EHR will be halted while we prioritize

improvements at the five sites that currently use the new EHR, as part of a larger program reset. Additional deployments will not be scheduled until we are confident that the new EHR is highly functioning at current sites and ready to deliver for Veterans and VA clinicians at future sites. This readiness will be demonstrated by measurable improvements in the clinician and Veteran experience, including improved productivity at the sites where the EHR is in use. When VA's criteria have been met and the reset period concludes, VA will release a new deployment schedule and re-start deployment activities.

Question 7: Of all the hours allocated to bargaining unit employees for official time, how many hours are allocated to physicians, dentists, podiatrists, and optometrists?

VA Response: While VA systems cannot provide the number of hours allocated, the table below reflects the number of hours used.

Occupation	Official Time Codes	#of Union Reps			#of Hours Reported		
		FY21	FY22	FY23	FY21	FY22	FY23*
Physician	BA - Term Negotiations	2	3	1	18.25	88	2
Physician	BB - Mid-Term Negotiations	1	1	0	4	4	0
Physician	BD - Labor/Management Relationship	8	11	9	867	5,393	2,567
Physician	BK - Grievance And Appeals	3	1	2	256	264	12
Optometrist	BA - Term Negotiations	0	0	0	0	0	0
Optometrist	BB - Mid-Term Negotiations	0	0	0	0	0	0
Optometrist	BD - Labor/Management Relationship	0	0	0	0	0	0
Optometrist	BK - Grievance And Appeals	0	0	0	0	0	0
Podiatrist	BA - Term Negotiations	0	0	0	0	0	0
Podiatrist	BB - Mid-Term Negotiations	0	0	0	0	0	0
Podiatrist	BD - Labor/Management Relationship	0	0	0	0	0	0
Podiatrist	BK - Grievance And Appeals	0	0	0	0	0	0
Dentist	BA - Term Negotiations	0	0	0	0	0	0
Dentist	BB - Mid-Term Negotiations	0	0	0	0	0	0
Dentist	BD - Labor/Management Relationship	0	0	0	0	0	0
Dentist	BK - Grievance And Appeals	0	0	0	0	0	0

*as 2nd Qtr FY23

It is possible this VA Time and Attendance System (VATAS) information could be understated because in some cases, union representatives may fail to annotate all of their official union time in VATAS.

Question 8: When a licensed independent provider (LIP) is credentialed, and the provider meets certain thresholds for malpractice payments, the Chief Medical Officer (CMO) of the Veterans Integrated Services Network (VISN) must review and recommend to the facility on whether or not credentialing is appropriate (VHA Directive 1100.20). One VA provider has five malpractice payments for incidents where the Office of Medical and Legal Affairs determined substandard

care caused patient harm. His malpractice history was reviewed by the VISN CMO and he was re-credentialed and re-privileged.

How does the Under Secretary for Health monitor CMO decisions on credentialing and privileging to ensure that each VISN CMO is using good judgement that protects patients? How often is this done?

VA Response: Medical Center Directors (MCD) have ultimate authority in granting of privileges for a provider. The decision by the MCD is based upon multiple considerations, including but not limited to, education, training, references, malpractice history, National Practitioner Data Bank reports and recommendations/input from the clinical service chief, Executive Committee of the Medical Staff and the VISN CMO when required. The review by the VISN CMO is an opportunity for VISN leadership to review providers who "trigger" a higher-level review and unique case specific information and provide input for consideration in a final decision made by the MCD. Under current policy, Assistant Under Secretaries are assigned the responsibility to provide oversight of the general credentialing and privileging process and ensure that the CMO process is completed and the recommendation to the MCD is executed. If privileged, the provider is monitored through many oversight programs including Peer Review, Professional Practice Evaluations and multiple quality assurance reviews to ensure safe clinical practice for the safety of patients.

Question 8a: How many LIPs who have reached or surpassed the malpractice thresholds described in paragraph 5.g.(3) of VHA Directive 1100.20 have been reviewed by VISN CMOs for credentialing and recredentialing since January 1, 2020?

VA Response: Over 300 VISN CMO reviews have been completed to review malpractice claims meeting the threshold for review from January 1, 2020 through April 1, 2023. This is for existing providers as well as new applicants.

Question 8b: Of those who were reviewed by VISN CMOs as described above, for how many did a VISN CMO recommend it was appropriate for the credentialing process to continue, and for how many did the VISN CMO recommend it was not appropriate for the credentialing process to continue?

VA Response: This information is unavailable within the timeframe requested as it will require individual case reviews. Information will be made available by June 1, 2023. It is important to note that a facility may choose to stop the credentialing process for a new applicant at any time. Applicants may not be selected or move forward in the process (including VISN CMO review) if determined early on, based upon information identified during the credentialing process.

Questions for the Record from Senator Mazie Hirono

Question 1: Prior to the last 2 years, VA Pacific Islands Health Care System (VAPIHCS) had a “Scarce Medical Specialty Contract” with the University of Hawaii (UH) Department of Medicine to reimburse the Department for clinical care while UH faculty were delivering Veteran care and teaching UH residents while on rotation at VA. Currently, no VA staff are compensated by UH, and there are no UH staff compensated by VA.

Has VA made changes that no longer allow the kind of jointly funded positions that previously existed?

VA Response: No, VA has not made changes to preclude such jointly funded positions. VAPIHCS currently has an active “Scarce Medical Specialty” contract with the University of Hawaii physician faculty practice entity “University Clinical, Education and Research Associates UCERA.” According to VA records, this contract’s base year is July 1, 2022 through June 30, 2023, with options for renewal for 4 additional years. The contract is to provide a nearly full time, fellowship-trained Geriatric Physician to provide care within the VAPIHCS. VA’s authority for execution of sole source contracts with affiliated institutions (38 U.S.C. §8153) has not changed.

Question 1a: Are there other ways that VA facilities in tough markets could jointly fund positions to strengthen residency programs?

VA Response: In general, there are several Human Resource mechanisms that may be used by VA and its affiliates to share staff. In addition to the sole source contract mechanism noted above, physicians may work part-time for VA and part-time for the affiliate, as long as the tours of duty for each employer do not overlap. Physicians from the affiliate may be appointed as Without Compensation under 38 U.S.C. §7405 at VA to assist with Veteran care or residency education. In that case, the affiliate pays the physician and VA reimburses its share of costs via an affiliate agreement. Lastly, VA may use an Intergovernmental Personnel Agreement to procure certain services from the affiliate.

Question 1b: Are there authorities that would need to be granted by Congress for VA to establish jointly-funded positions?

VA Response: At the current time, VA does not require additional authorities.

Question 2: Generally, all positions in VA are subject to citizenship requirements unless there are no qualified U.S. citizens available, which limits the pool of applicants and can contribute to turnover/difficulty in recruitment. Given the recruitment and retention difficulties, is this a policy being reconsidered by VA, and specifically VHA?

VA Response: The authority provided to the Under Secretary for Health to appoint noncitizens when no qualified U.S. citizens are available for title 38 occupations is provided in 38 U.S.C. §7407(a). The statutory requirements regarding the appointment and the extension of appointment of noncitizens would need to be changed before VA could revise VA/VHA policy.

Question 2a: Are there authorities that would need to be granted by Congress for VA to consider noncitizens in the same applicant pool as U.S. citizens?

VA Response: The statutory requirements regarding the appointment and extension of appointment of noncitizens to title 38 occupations would need to be revised to allow VA to appoint individuals regardless of the availability of qualified citizens.

Question 2b: Does VHA retain data on noncitizen applicants and hiring? If so, please provide (at least) national-level data.

VA Response: Yes, VHA retains data on noncitizen applicants and hiring. For example, so far in FY 2023, a total of 736 noncitizens applied for physician positions in VHA. In FY 2022, VHA hired 59 noncitizens and in FY 2023 VHA hired 27 to date.

Question 3: During the hearing, Ms. Therit mentioned that VA was “always looking for opportunities to promote VA wages that aren’t keeping up with salaries in an area” and said the agency has previously identified areas where locality pay is lagging. How does VA identify these areas? What criteria is used to determine lagging locality pay?

VA Response: VA is a member of the Federal Prevailing Rate Advisory Committee and the Financial Services Center uses these forums as well as recurring meetings with OPM and the Department of Defense to request consideration for new wage areas, address results of wage surveys, request new locality pay areas and explore other ways to achieve competitive Federal salary for both white and blue collar workers. Areas recently identified include Charleston, SC, Tampa, FL, Boise, ID, Salt Lake City, UT, Nashville, TN and Houston, TX. VA reviews survey salary data and labor market assessments to ensure pay is competitive for occupations comparable across locality areas as well as private sector competitors.

Question 3a: Has VA previously identified Hawaii as an area where locality pay is lagging?

VA Response: No, Hawaii has not been identified as an area where locality pay is lagging.

Question 3b: Does VA identify these areas directly to the Federal Salary Council, or via the Department of Defense to the Federal Prevailing Rate Advisory Committee?

VA Response: Yes, however the criteria currently used to make decisions requires holistic deliberation and is governed by governmentwide regulation and statute administered by the Office of Personnel Management, as opposed to being managed by one employing agency.

Question 3c: VAPIHCS is in the process of drafting a pay scale review petition – does VA typically weigh in on these petitions, or help the governing bodies determine whether a petition has merit? If so, please provide examples of previous VA participation.

VA Response: When VHA makes a request to create a separate General Schedule (GS) locality pay area or redesignate a location to a higher-paying locality pay area, it is not a matter of passing a request from a single VA facility to OPM. The President's Pay Agent defines locality pay areas based on the advice of the Federal Salary Council. The Council advises the Pay Agent on locality pay area definitions and considers agency recommendations on the locality pay methodology. If an agency component makes a request to change a locality pay area, VHA believes it best to coordinate the request with all Federal agencies in the relevant labor market to give them an opportunity to provide input. Accordingly, if a Medical Center Director makes VHA aware that there are plans locally to request that the Council review locality pay in a particular labor market, VHA will assist in collecting any relevant supporting data or documentation to include as part of consolidated request to submit to VA leadership prior to further coordination with the OPM staff who provide the Council with technical and administrative support.

Question 3d: Locality pay for residents does not include Cost of Living Allowance – are there options for changing the way residents are compensated?

VA Response: Residents of Hawaii currently receive cost of living allowance at a rate of 3.94% in the county of Hawaii and 9.75% in the counties of Kauai, Maui, Kalawao, and Honolulu.

Question 4: VAPIHCS is having difficulties with recruiting and retaining Primary Care Physicians, Psychologists, Nurses, Licensed Practical Nurses, Social Workers and Medical Technologists (lab), often due to competing offers and challenges with housing prices. When VA is looking to deploy different authorities to increase the Department's appeal as an employer, are issues like difficulty obtaining housing considered?

VA Response: Difficulty obtaining housing is not a specific factor used in deciding to increase Federal salaries.

Question 5: Has VA determined whether changes in location of Human Resources (HR) has an impact in VISNs spanning multiple time zones – in particular the differences between Hawaii, the outlying Pacific islands, and the mainland? If so, please provide specifics, particularly if there have been changes in time to hire.

VA Response: HR modernization did not specifically result in changes of location for HR staff, although it did provide more opportunity for staff to work remotely or virtually and to take remote opportunities in other VISNs without relocating. This results in greater coverage of time zones, not less. It was precisely because of HR modernization that VHA was able to quickly mobilize HR resources to ramp up hiring efforts at the beginning of the COVID-19 pandemic. VISN 21 currently ranks 5th out of 18 VISNs on time-to-hire (T2H) and the Pacific Islands Health Care System has a year-to-date T2H average that is 7+ days lower than the VHA average.

VISN 21 Human Resources Office has several Shared Service units (SSU) to provide support to the VA Pacific Islands Health Care System which include dedicated Recruitment and Placement teams that recruit specifically for title 5, title 38 and hybrid title 38 occupations, for all facilities, within the VISN. Pacific Islands has a dedicated onboarding team of five Full Time Employee Equivalents (FTEE) who are not located at the facility but are in constant contact with the local Strategic Business Unit (SBU), Medical Staff Office, Occupational Health Office, Personnel Security Shared Service Unit and the applicant.

The SBU has seven full-time FTEE located at the facility who provide in-person Human Resources support and service. This staff includes the Senior Strategic Business Partner (SSBP), one Lead SSBP, one Administrative Officer, three Recruitment and Placement Specialists and one Recruitment and Placement Assistant. The SSBP and Lead SSBP travel to Hawaiian Islands, Guam and American Samoa routinely for site visits.

Questions for the Record from Senator Bill Cassidy

Question 1: As Congress considers how to empower VA to be able to recruit and retain quality medical professionals, it is important we have a detailed analysis of why individuals are turning down positions within VA or why staff are leaving VA for new employment. When a nurse or physician leaves VA to either retire or seek new employment, do you collect exit and post departure data on why staff are departing?

VA Response: VA utilizes a standardized exit survey that is completed by employees who voluntarily separate from the Department to assess and analyze why individuals are leaving VA for new employment. The most common reasons employees choose to leave the department have been placed into seven thematic categories: personal reasons, work itself, opportunity, pay/benefits, treatment/relationship, unethical treatment and no response.¹ In VHA, the top three themes for physicians and nurses were in alignment with the top three themes for VHA overall, Work Itself, Personal Reasons and Treatment/Relationship. In the 2022 Congressionally Mandated Report required by section 211 of the VA Choice and Quality Employment Act of 2017 (P.L. 115-46), VA reported that more than half of the survey respondents (54.4%) were satisfied or very satisfied with their job when they chose to leave VA. In addition, the number of respondents stating that their supervisor or manager tried to change their mind increased by one percentage point, the percentage of exiting employees that would recommend VA as a place of employment (79.2%) and the percentage of employees who would consider working for VA again (74.9%) increased in comparison to 2020 survey results (76.9% and 72.5% respectively).

Question 1a: Likewise, when individuals turn down employment at VA, do you collect data on the reason they do not accept a position? If you do collect such data, what kind of data do you collect, how do you collect it, and is this something that can be made available to Congress? For example, what percentage are leaving because of pay, because of burnout, because of retirement, etc.

VA Response: VA utilizes USA Staffing, which is an OPM-provided system, for the hiring process. USA Staffing captures limited datapoints regarding declinations.

¹ Response Options for leaving themes: Personal Reasons (I wanted to change careers, I wanted to go back to school, I wanted/needed to geographically relocate, Personal/family matters such as caring for a parent or a child and Personal health issues); Work Itself (Too much work, Job stress/pressure, The work was not meaningful or enjoyable, Policy or technology barriers to getting the work done, Lack of autonomy, Poor/unsafe working conditions); Opportunities (Lack of Advancement Opportunities, Lack of career progression and Lack of Training and Development); Pay/Benefits (Insufficient Pay, Insufficient Benefits, Pay Incentive, and Desired Work Schedule not offered); Treatment/Relationship (Poor Working Relationship with Supervisor or co-worker(s), Lack of Recognition, Lack of Inclusiveness, Unfair performance appraisal, Expertise not Valued, Lack of Trust/Confidence in Senior Leaders); and Unethical Treatment (Discrimination on or harassment based on a protected group, Retaliation for whistle-blowing or participating in the discrimination complaint process, Lack of reasonable accommodation for a disability or religion and Unethical behavior on the part of leadership or the organization).

When a candidate who was selected from a USAJOBS posting declines the offer, we can capture 1 of 4 options, Declined Location (4%), Declined Salary (12%), Declined During Negotiations (3%), and Declined Position (80%). "Declined position," an admittedly vague reason for declination was identified as the declination reason 80% of the time in FY 2023 through April. This simply indicates the candidate declined with generally no indication of why. USA Staffing has no reporting mechanism for non-competitive hires (that is, selections not from a USAJOBS Announcement). VA acknowledges that these current datapoints are limited in providing insight into what is occurring and why. VA is continuing to work with OPM seeking further enhancements, including more descriptive options for declination reasons implemented into USA Staffing for more accurate reporting and monitoring of declinations and to support the development of strategic workforce actions

Question 2: In the past 10 years, how many medical center directors at VA have left VA to seek higher pay in the private sector? In addition, how many medical center directors have left VA to retire or for other reasons? Please break out by each type of reason the director left VA.

VA Response: VA does not currently capture the information identified in the first question. For the second question, in the past 10 years, March 2013 to March 2023 Medical Centers Directors have left VA under the following exit codes:

<u>Reason</u>	<u># MCDs</u>
Death	1
Removal	3
Resignation	24
Retirement	68
Retirement Disability	2
Transfer to Another Agency	2
Total	100

Question 3: In the past 10 years, how many medical directors or other Senior Executive Service (SES) or GS-15 level employees have been terminated due to substandard performance?

VA Response: Within the VHA, from January 1, 2013, until present, one GS-670-15, employee has been separated for substandard performance. This does not include actions taken for reasons of misconduct. See the prior question for information on medical center directors. No SES are known to have been separated for substandard performance.

Question 3a: In the past 10 years, how many medical directors or SES or GS-15 level staff have been disciplined other than termination due to substandard performance? Please break out by termination, disciplined other than termination and include type of position and SES or GS grade level. For disciplined other than termination, also break out by types of discipline.

VA Response: Within the VHA, from January 1, 2013, until present, one GS-15 employee was demoted for substandard performance, a GS-0670-15 Health System Administration. Typically, actions for performance reasons would only include demotions, removals and reassignments. These numbers do not include actions taken for conduct related reasons.

Questions for the Record from Senator Kyrsten Sinema

Question 1: Over the past few years, the Government Accountability Office and the Office of the Inspector General have urged the Department of Veterans Affairs to place a greater focus on the credentialing process, having found that the Veterans Health Administration hired or retained ineligible providers. What changes have been made to the credentialing process to ensure that the doctors and other health care providers hired are qualified, while still addressing the VHA's need to expedite hiring?

VA Response: VA takes very seriously the proper vetting of all potential employees. Over the past several years numerous VA qualification standards have been evaluated and revised to ensure VHA hires high-caliber individuals who possess the competencies to perform successfully in their positions. VHA has also revised policy to clarify requirements for compliance with statutory provisions regarding employees who are required to maintain licensure, certification or registration as a qualification for appointment to their position. This ensures that providers have at least one full, active, current and unrestricted license, registration or certification, and have not had significant actions taken against their licenses. VHA continuously evaluates the onboarding and vetting processes to identify opportunities for improvement; balancing the need to bring prospective employees onboard quickly while ensuring they are properly qualified and vetted.

Question 2: I have been told that while local V.A. health care facilities in Arizona are constantly hiring since the passage of the PACT Act last year, that there is still only a small pool of qualified clinical candidates to hire from, specifically for Medical Doctor (MD), Registered Nurse (RN) and Masters of Social Work (MSW) positions. How is VA working to attract high quality applicants?

VA Response: The three VA Medical Centers (VAMCs) in Arizona have fared relatively well over the last 1.5 years in terms of growth in onboard registered nurses, including a net increase of +55 RNs in Phoenix, +45 RNs in Tucson, and +58 RNs in Prescott. Social workers increased by +8 in Phoenix, +17 in Tucson, and +9 in Prescott. Physicians typically grow at a lower rate and increased by +8 in Phoenix and +1 in Tucson. The number of physicians in Prescott decreased by 4 in FY22 and increased by 1 so far in FY23.

As the Nation's largest integrated health care delivery system, VHA's workforce challenges mirror those of the private health care industry. Demand for clinical staff in all health care sectors exceeds the supply of appropriately trained health care professionals to meet projected Nation-wide health care needs. Throughout all VHA, including rural and remote areas, VHA utilizes a robust collection of tools, resources, and existing flexibilities authorized for recruitment and retention to attract top talent, including direct and non-competitive hiring authorities, competitive pay-setting, recruitment and retention incentives, education loan repayment and scholarships. VHA

also employs multi-faceted and aggressive marketing and advertising efforts, including participation in national recruiting events, award-winning digital and social media marketing campaigns and trainee recruitment events to transition VA Health Professions Trainees to permanent employment. Recent PACT Act initiatives will enhance VHA health care talent pipeline development capabilities, improve specialized physician and advance practice provider recruitment operations, and allow for collaboration with VA Medical Center executive and clinical stakeholders to deliver site specific recruitment solutions for our most challenged locations.

Question 3: VA recently submitted its congressionally mandated report on senior executive reassignments. The report highlighted some significant Permanent Change of Station expenditures. For example, 400,000 dollars for a move of one executive from Portland to Des Moines and 150,000 dollars for a move from Roanoke to D.C. These numbers seem highly inflated compared to normal market rates. Could you please elaborate on what goes into these numbers and how they are being calculated?

VA Response: A breakdown of the costs for each of the moves cited as examples are listed below.

Breakdown of Move from Portland, OR to Des Moines, IA

	Obligated		Actual
Enroute	\$ 890.42		\$890.42
Temp Quarters	\$ 10,525.37		\$10,525.37
MISC Expense	\$ 1,300.00		\$1,300.00
Real Estate Sale	\$ 275,000.00		\$62,430.00
House Hold Good Shipment	\$ 100.00		\$0.00
House Hold Good Storage	\$ 13,807.72		\$0.00
Meals	\$ 567.88		\$395.06
Relo Income Tax Allowance	\$ 68,139.20		\$65,135.22
DIY - Do-It-Yourself Move	\$ 27,553.05		\$27,553.05
Storage-Do-It-Yourself	\$ 6,057.18		\$0.00
House Hold Goods Storage >30	\$ 1,811.70		\$0.00
Total Obligation at the time	\$405,752.52	Actual Costs	\$168,229.12

(Note: While the total obligation at that time was \$405,000, the actual total cost came to \$168,000. As such, \$237,000 has been de-obligated.)

Breakdown of Move from Roanoke, VA to Washington, DC

	Actual
En-Route	\$82.44
House Hunting Trip	\$588.12
Temp Quarters	\$8,655.73
MISC Expense	\$1,300.00
House Hold Good Shipment	\$20,356.73
House Hold Good Storage	\$9,227.82
Relocation Income Tax Allowance	\$22,774.27
Home Sale Assistance (Buyer Value Option)	\$91,314.00
Actual Costs	\$154,299.11

Question 4: The VA Under Secretary for Health, Dr. Elnahal, recently reported that the Department is ahead of its health care hiring and retention goals for the fiscal year and is experiencing its highest growth rate in more than 20 years. However, Dr. Elnahal also noted that long onboarding times is the largest challenge for the department in meeting staffing goals. I am concerned that as hiring continues to increase, onboarding problems will only worsen. How is the VHA working to decrease onboarding times?

VA Response: VHA is hiring more new external hires in a shorter timeframe than ever before, with a total of 27,000 new hires in the first 6 months of FY 2023. To address concerns around onboarding timelines, VHA implemented an innovative national onboarding surge event (OSE) in November 2022 that reduced bottlenecks for candidates in onboarding stages and resulted in record numbers of onboarded hires in November, December and January. The OSE model is one that many facilities agreed should be implemented on a regular and routine basis to ensure hires are moving through the process smoothly. While increased throughput/volume are often associated with longer cycle times, the result has been more VHA employees onboard to care for the Nation's Veterans. VHA continues to work tirelessly to eliminate barriers in the hiring process, increase coordination among stakeholders and implement best practices through standardized process improvements. The Hire Faster and More Competitively Tiger Team in VHA has developed 20 critical milestones that are monitored weekly and reported to VHA senior leaders monthly and established 4 goals to improve VHA's staffing effectiveness; commit to hiring proactively; attract, recruit and retain the best employees; and to onboard fast and flexibly.

Questions for the Record from Senator Tommy Tuberville

Question 1: Through PACT Act and CAREERS Act, among others, Congress has given VA extensive amounts of flexibility to hire and retain the best and brightest providers to serve our veteran community. However, I continue to see reports of patient safety and negligence issues through Office of Inspector General (OIG) reporting across the country. I want to know that VA has as much flexibility to terminate bad providers as they do to hire good ones. Can VA confirm that managers throughout VA are taking action against these individuals when warranted?

VA Response: VA takes issues of misconduct very seriously. VA managers take appropriate action against employees when warranted. VA employees are encouraged to report concerns allegations of senior leader misconduct or poor performance and any allegations of whistleblower retaliation are sent to VA's Office of Accountability and Whistleblower Protection for investigation. Allegations involving criminal matters are routed to VA's OIG. VA also has a central database for recording actions and through which cases are tracked. Additionally, VHA employee relations (ER) practitioners consult with managers on a regular basis either during one-on-one discussions or through participation in specific program meetings. Being at the table with the managers strengthens the ability of ER to form relationships with and to ensure managers understand their role and responsibility to identify, counsel, and correct deficiencies in employee conduct as early as possible and to take timely action.

Question 1a: How is VA working to better centralize and regularly review data on providers, including reports to National Practitioner Data Bank, State Medical Boards, and malpractice claims?

VA Response: VHA remains committed to the close monitoring of licensed providers. During the initial application and credentialing process, NPDB is queried as well as FSMB (for physicians) to identify any licensure actions, medical malpractice payments, adverse clinical privileges actions, health care-related criminal convictions and civil judgements and exclusions from participation in Federal or state health care programs. Once onboarded, all Licensed Practitioners, such as physicians and registered nurses, are enrolled in the NPDB's continuous query program so that the facility and VA Central Office are instantly notified if any report (for example, licensure actions, malpractice settlements) is made by any entity (VA or non-VA) so that immediate action can be taken as necessary. Each report is tracked by VA Central Office to ensure the provider has an opportunity to provide information related to the report, that the clinical service chief and Executive Committee of the Medical Staff review and make recommendations of further action, if needed, and that CMO reviews are completed if "triggered." Additionally, VA Central Office tracks, trends and reports all filed Tort Claims. Tort Claim information is collected on a quarterly basis from all VA Medical Centers. The information is consolidated into an annual report that is shared with VISN Directors and VHA leadership.

Furthermore, VHA has authorized the VHA Credentialing and Privileging Program to reorganize and increase staffing to develop a section focused upon adverse actions and reporting. The focus of the new section will be to track, trend, and monitor overall timeliness of reporting, trends in reporting and increased education in reporting to state licensing boards and NPDB.

Question 2: Does VA conduct exit interviews or employee satisfaction surveys and track trends in responses to those interviews?

VA Response: VA utilizes a standardized exit survey that is completed by employees who voluntarily separate from the Department to assess and analyze why individuals are leaving the VA. In addition, individual supervisors may conduct exit interviews with their staff upon notification that one of their employees intends to leave voluntarily. The most common reasons employees choose to leave the department have been placed into seven thematic categories: personal reasons, work itself, opportunity, pay/benefits, treatment/relationship, unethical treatment and no response (see footnote on page 10). In VHA, the top three themes for leaving include Work Itself, Personal Reasons and Treatment/Relationship.

VHA has also implemented the use of Stay in VA (SIVA) touchpoints to improve employee retention. SIVA is an employee-centered strategy designed to improve employee retention by focusing on the employee experience through employee engagement. Central to SIVA objectives is promoting a trusting and psychologically safe environment for employees to express their ideas and experiences to supervisors, managers and leadership. Supervisors and managers are afforded the opportunity to learn more about the workplace directly through the employees' lens and how best to cultivate an environment where employees thrive. The SIVA Touchpoint hereafter referred to as Stay Touchpoint, is a best practice and proactive approach to identifying specific actions/trends that can strengthen an employee's engagement and encourage them to stay with the organization. Stay Touchpoint templates use open-ended, thoughtfully crafted questions to guide a 1:1 discussion between employees and their first and/or second-level supervisors or managers. Conducted at 30 days, 90 days and annually in the employee's journey, Stay Touchpoints provide insight into how the employee is growing into the position and organization. Most importantly, SIVA is completely voluntary and separate from performance management. To date, 85+ VA VAMCs, 10+ VHA Program Offices, and 1 other VA organization (VBA) have implemented SIVA.

NCA has updated and implemented a number of initiatives as a result of analyzing exit and employee satisfaction surveys. The NCA employee participation rate on Exit surveys in VA has been low compared to other organizations. As a result, NCA implemented Offboarding virtual site visits. Virtual Offboarding site visits were held with 123 managers representing 51% of cemeteries. As a result of this effort, NCA's participation rate increased from less than 1% to 37%. We continue to hold these virtual

site visits to educate managers to ensure employees are aware of and taking the survey.

VA administers the annual VA All Employee Survey (AES) which solicits employee perceptions of topics such as satisfaction, engagement and burnout. The AES is a voluntary and confidential survey that is provided to all VA employees. Results are made available at the national, organization and work group level to all VA employees via AES Dashboard roughly 2 months after the survey's conclusion.

AES results are presented in comparison to national and regional baselines as well as direct comparisons from the prior year's AES results. All supervisors are expected to discuss the results with their employees and develop action plans in an effort to improve the workplace.

Question 2a: Has VA made changes to their recruiting, onboarding, and retention efforts based on the responses to these interviews and surveys?

VA Response: Yes, VHA is collecting and analyzing data related to recruitment, onboarding, and retention and using it to improve workforce management. VHA's Customer Experience (CX) Office is leading efforts to use existing survey data to diagnose and inform what resources, materials, process changes or actions need to be taken to improve the candidate and employee experience (as it relates to hiring and onboarding) across VHA. The CX Office has launched the Candidate Care Model, a new framework and vision for the candidate hiring and onboarding experience. The Candidate Care Model emerged from the qualitative and quantitative feedback obtained from multiple data sources, including: analysis from VHA's Entrance and Onboarding Surveys, which are sent to new hires at VHA; yourHR help desk ticket analyses which identified common customer question and inquiry types; customer service surveys (sent biannually to employees, supervisors, and executives) to identify common themes for improving HR service delivery; more than 20 focus groups and listening sessions conducted with relevant stakeholders, including employees, hiring managers, HR Specialists and other subject-matter experts across the organization. These data sources continue to inform the resources, materials and process changes that the CX Office is leading. To date, under the Candidate Care Model banner, the resources that have been developed and deployed include:

- Redesigning the tentative, next steps, and official offer letter information and process to get candidates the information they need at the right time and in the right order;
- Developing two "Next Steps" infographics – one that is candidate-facing and one that is hiring manager-facing – to be included with the new "next steps letter" touchpoint to candidates and which help candidates understand the sequencing of their VHA onboarding process and what to expect in the coming weeks;
- Launching a new hiring manager guide and checklist to help hiring managers and HR Specialists work together to onboard the selected candidate quickly and efficiently; and

- Instituted new standardized touchpoints to ensure candidates are in regular contact with their HR Specialist or Onboarding Assistant and to create a similar customer service experience for all candidates across the organization.

Additional tools and resources are in progress, such as a standardized onboarding guide for hiring managers and HR Specialists, along with a "Welcome Packet" that will be sent to all candidates with their official offer letter, which will help them orient to the resources available at VHA. Candidate Care Model focus groups, listening sessions, and data analysis (from the existing survey data) are also ongoing. In addition, the Customer Experience Office is working to launch a proactive recruitment pilot project to encourage hiring managers to take recruitment actions earlier to fill vacancies or anticipated vacancies. The CX Office is also developing new hiring manager satisfaction tools (i.e., a new survey tool) to collect feedback from hiring managers on what is going well and what can be improved on during the recruitment and hiring process. These data will be used similarly to how existing data are being used to identify short, medium and long-term solutions to address VHA's greatest customer experience needs from a recruitment, onboarding and retention perspective.

All of this work is being done under the banner of a rapidly growing workforce at VHA. To date, the VHA total workforce grew by more than 11,600 employees (3%) in the first 6 months of FY 2023, which is the highest growth rate in more than 20 years. VHA ended March with a new record of 391,400 employees onboard. VHA is consistently monitoring the VHA workforce data, updating the VHA Workforce Committee and working with each VHA Program Office and through Hire Right Hire Fast community of practice calls to develop specific and targeted recruitment and retention strategies that should be implemented immediately. VHA has developed tools to help enhance the recruitment and retention of the VHA workforce such as: dashboards, Total Reward\$ of a VA Career Series, VHA Shortage Occupation Workforce Resources Blueprints and the diffusion of Stay in VA Initiative.

Total Reward\$ of a VA Career Series is designed to showcase the total rewards of a long-term VA career for on-the-spot recruitment and retention conversations and can be used at job fairs, recruitment events or during 30-day Stay in VA Touchpoints to emphasize the total rewards of a career in VA. The series includes 6 comprehensive Total Reward\$ brochures, 19 shortage occupation 2-page flyers and a PowerApp. VHA has developed PowerApp calculator that recruiters, hiring managers and so forth can "plug-in" the potential compensation/salary of the jobseeker to see what their estimated Total Reward\$ will be. The app is only available for use by internal VA employees, but a handy email function makes it possible to send specific estimates to interested candidates. The Total Reward\$ of a VA Career Series has been fully adopted by NCA and VBA.

VHA has published 11 VHA Shortage Occupation Workforce Resources Blueprints. These blueprints are supplemental guides to the VHA Workforce and Succession Strategic Plan and are designed to provide available tools in a comprehensive strategic framework to assist VA medical centers with workforce planning, recruiting, hiring and

retaining employees in shortage occupations. Each blueprint includes a comprehensive workforce analysis, 5-year projections and VISN 5-year projections and the top 10 targeted recruitment and retention strategies specific to the shortage occupation that each VA medical center should be using right now.

The SIVA Initiative is a strategy focused on employee retention, engagement and experience. It promotes a trusting environment for employees to express their ideas and experiences to supervisors, managers and leadership. Stay Touchpoints are open-ended, thoughtfully crafted questions designed to guide a personal 1:1 discussion between all employees and their first level and second level supervisors or managers. These discussions are held at multiple points in every employee's journey of employment, from 30 days to annually. This allows the leaders to get a sense of how the employee is handling their position. Stay Touchpoints are a proactive approach and best-practice intended to identify specific actions that can strengthen an employee's engagement and encourage them to stay with the organization. SIVA is completely voluntary and separate from performance management. To date, 85+ VAMCs, 10+ VHA Program Offices and 1 other VA organization (VBA) have either started implementation or fully implemented SIVA.

In an effort to retain HR professionals which have been consistently listed as a mission critical and shortage occupation VA wide for the past five (5) years, VBA has authorized a 15% retention incentive for one-year.

NCA has implemented several changes to our recruiting, onboarding, and retention efforts based on the responses to employee exit and satisfaction surveys. NCA has partnered with VBA and DoD to utilize the SkillBridge program as a recruitment source. SkillBridge is a DoD program that provides an opportunity for Service members to gain valuable civilian work experience through specific training, apprenticeship, or internship during the last 180 days of their military service. NCA has posted two internship positions for recruitment, Cemetery Caretakers, which is a mission-critical occupation and the Cemetery Administration Specialist, which has one of the highest turnover rates in NCA. NCA is expanding the use of this program with three additional positions that will soon be posted with more to follow. This is a new program for NCA and managers are showing great interest in its use as another recruitment source for filling future jobs.

NCA is also implementing an Employee Referral Incentive Program this month to incentivize employees to refer great, quality candidates to work within the Administration. Additionally, NCA updated its Welcome Packet, Welcome Portal and Onboarding Checklists for managers and employees to enhance the experience for new employees. NCA is also in the process of revising its New Employee Orientation (NEO) Training Management System (TMS) training that is required for all new hires. All new employees are required to complete this training series within the first 90 days of employment which consists of seven modules that serve to educate and inform new team members about NCA and help them connect to our mission.

Finally, NCA has expanded its Workforce Planning team to increase its use and analyses of data to identify areas of concern and implement countermeasures. Quit Rate and Turnover data are examined monthly. Trend data and areas of concern are routinely shared with leadership. As a result of data analysis, new programs and initiatives were implemented in NCA.

Questions for the Record from Senator Angus King

Question 1: I understand there are some HR processes owned by national programs, such as Special Salary Rate (SSR) reviews and surveys. Are there established timelines for executing processes own by national programs?

VA Response: Yes, within VA there are established timelines and processes for national programs such as SSRs. However, some timelines are not within VA's control. For example, each year OPM conducts an annual review of special rates established under 5 U.S.C. § 5305 to determine the disposition of special rate schedules when General Schedule pay is adjusted under 5 U.S.C. § 5303. Based on OPM's annual review, special rate tables may be terminated, decreased or increased. OPM usually sends its request for review in October and any necessary adjustments are made to coincide with the annual pay adjustment in January.

Question 1a: What is the communication mechanism back to VISN and local teams regarding progress with actions that must be executed by national programs?

Example: VA Maine's SSR for Medical Technicians (GS-0645) that was approved in March 2022 by facility Director that was then approved by OPM in November 2022. As of March 29, 2023, national still has not uploaded the revised pay tables in the HR System of Record. Therefore, facility Director may not recruit at the higher rate or transition existing impacted staff to ensure retention.

VA Response: VA utilizes the Veterans Affairs Integrated Enterprise Workflow Solution (VIEWS) to receive Special Rate requests that require concurrence at higher levels, such as in the case for VA Maine's SSR for Medical Technicians (GS-0645). VHA begins the routing process in VIEWS and the VISN HR team is made aware that external routing has started. HR Activity (HRA) informs VHA of approval in VIEWS once OPM concurrence is obtained and manages the pay schedule change in the HR system of record. VHA communicates the information received from HRA to the VISN teams upon receipt.

Question 1b: Would it be helpful if VHA converted all title 5 positions to hybrid title 38 positions? If so, what needs to be done to make this happen?

Example: Title 5 occupations are primarily administrative in nature and also include wage grade employees. There are different hiring rules associated with title 5. Hybrid title 38 occupations follow a combination of title 5 and title 38 rules/regulations. Title 38 occupations include Physicians and RNs and have their own requirements.

VA Response: Title 5 includes a variety of clerical, administrative, professional and technical occupations, as well as Federal wage system (blue collar) occupations.

Hybrid title 38 includes health care occupations that are not administrative, clerical or physical plant maintenance and protective service. Additionally, title 38 includes physicians, dentists, chiropractors, optometrists, registered nurses, physician assistants and expended-function dental auxiliaries. Hybrid title 38 status provides additional compensation flexibilities to assist in the recruitment and retention of highly qualified health care employees as well as compete with private sector health care organizations for employees.

Question 2: VISN 1 has the highest Time-to-Fill average in the nation at 258 days. What additional resources are you providing them in order to lower that number?

VA Response: With an average of 258 days and a median of 182.5 days, VISN 1 currently ranks 14th out of 18 VISNs on time-to-fill (T2F). Recent analysis of T2F (that is, the time from when a position is created or becomes vacant until the position is filled and the employee is onboard) reveals that significant outliers in the data reflect old positions in the inventory that were not actively needed or being recruited for the entire T2F period. The median, therefore, is a more accurate measure of T2F and reflects the more typical time it takes to fill a position. That said, 182.5 days is also among the longer median times in VHA, and VHA is assisting VISN 1 by augmenting their recruitment staff with HR Specialist Training and Accelerated Readiness trainees to post job announcements.

In addition, VHA is taking several steps to improve T2F across the enterprise. The Hire Faster and More Competitively Tiger Team in VHA has developed 20 critical milestones that are monitored weekly and reported to VHA senior leaders monthly and established 4 goals to improve VHA's staffing effectiveness; commit to hiring proactively; attract, recruit and retain the best employees; and to onboard fast and flexibly. A team of analysts is continuously monitoring, analyzing and trending the data to identify best practices, identify bottlenecks and evaluate process improvements. In November 2022, VHA executed a national onboarding surge event that resulted in record new hires onboarded in November, December and January. VHA is working tirelessly to eliminate barriers in the hiring process, increase coordination among stakeholders and implement best practices through standardized process improvements. While increased throughput/volume are often associated with longer cycle times, the result of increased hiring has been more VHA employees onboard to care for the Nation's Veterans.

Question 3: During the hearing you said that most all HR decisions were made at the local facility level. However, with the exception of certain direct hire actions and providing guidance to hiring managers, there are many processes out of the facilities' hands. The VISN reviews submitted documents to announce a position, drafts and posts vacancy announcements on USAJOBS, and initially screens applications. The VISN is involved in the onboarding the candidate once they've been selected. The VISN also reviews forms and processing for recruitment/retention/relocation incentives. All of these conspire to create the

long Time-to-Fill times we are seeing across VISN 1 and across the Nation with posting a position taking on average 120 days.

What efforts are being made to increase effectiveness and allow for greater flexibility by local leadership teams?

VA Response: Consolidation of HR functions at the VISN level does consolidate many HR-related business processes under VISN HR leadership and structure. As noted in your question, those HR functions performed by the VISN HR office staff do include review and processing operations with vacancy announcements, screening, qualifying applicants, referring certificates, managing onboarding processes and technical review of recruitment/retention/relocation incentives, among others. However, decisions related to most, if not all, of these processes do remain with supervisors, managers and executive leadership at the facility level where appropriate. The HR processes described in your question are technical processes that are always performed by HR professionals, regardless of where HR reports.

A major component of the VHA HR Standardization and Optimization initiative currently underway is the development of standardized job aids for use by HR and hiring managers across VHA. Over 192 HR Job Aids have been developed for 12 HR functional areas, with the vast majority of those aids from the Staffing and Onboarding Standardization Team. More work is continuing to develop additional recruitment, hiring and onboarding job aids, and to refine current job aids based on field feedback from HR and hiring managers. The intent of the HR job aids is to standardize many of the HR operational processes to the most effective and efficient extent possible. Integration of the job aids for use across VHA is currently in process.

VHA onboarded 27,181 new hires (external only) in October 2022 to March 2023.

- This was the highest number of new hires ever onboarded during that time period; 5,400 more than the next highest year and 5,800 more than FY 2022.
- In the first 6 months of FY 2023, the VHA total workforce grew by +11,628 employees (3.1%) compared to 0.0% for that same time in FY 2022.
- This is the highest growth rate for October to March in more than 20 years.

This level of hiring and onboarding across VHA was, in large part, possible through the consolidated VISN HR structure with the flexibility and authority to resource needs across a VISN, to individual facilities, as needed.

Local leadership teams maintain decisional authority and flexibility within that authority for these processes. A major component of this authority is within each facility's recruitment and/or FTE approval process (Resource Management Board, for example), and organizational staffing level decisions. As the initial decisions affecting the hiring and onboarding process, these are local flexibilities that leadership can maximize to reduce hiring/onboarding timelines.

Question 3a: Are there plans to bring any of these functions back to local facilities? If there is currently no effort or plan to do so, why not?

VA Response: There are no plans at this time to decentralize HR processes or functions back to local facilities. The October 3, 2018, VHA Executive in Charge memo directed consolidation and standardization of HR functions at the VISN shared services model. Delivery of HR through a shared services model, otherwise referred to as HR Standardization and Optimization, is a long-term, ongoing strategy that continues to evolve over time as results are assessed and optimized. When these functions were assigned to local facilities, VHA experienced other challenges with hiring timelines, HR turnover and extremely inconsistent application of HR regulations and policies. Consolidation at the regional level has allowed more flexibility to shift resources when needed and improve consistency of processes and practices.

**Department of Veterans Affairs
June 2023**

Statements for the Record

**Sen. Sinema
Senate Veterans' Affairs Committee
Strengthening Methods of Recruitment and Retention for VA's Workforce
03/22/23**

Statement for the Record

In Arizona, the V.A. health system covers a lot of rural areas. This represents an additional challenge to recruiting and retaining V.A. employees. While I am pleased that progress is being made through the implementation of the PACT Act, ensuring we have enough staff to support this need is absolutely critical.

I recently met with leadership from V.A. Phoenix Health Care. They informed me that Arizona's V.A. wants to expand accessibility for Arizona veterans, but they can't hire enough people to do so. They lack enough qualified staff to open additional appointments to veterans in their Saturday clinic, and even face shortfalls in staff that are qualified to run M.R.I. machines. Ensuring that our veterans have timely access to the care they need, which can only be ensured through a fully staffed V.A., is my foremost concern for Arizona veterans. Congress and the V.A. need to work together to put resources in the hands of local medical centers to meet the needs on the ground.



Alzheimer's Association and Alzheimer's Impact Movement Statement for the Record

**United States Senate Committee on Veterans' Affairs
Hearing on "Strengthening Methods of Recruitment and Retention for VA's Workforce"**

March 22, 2023

The Alzheimer's Association and Alzheimer's Impact Movement (AIM) appreciate the opportunity to submit this statement for the record for the Senate Committee on Veterans' Affairs hearing on **"Strengthening Methods of Recruitment and Retention for VA's Workforce."** The Association and AIM thank the Committee for its continued leadership on issues important to the millions of veterans living with Alzheimer's and other dementia and their caregivers. This statement highlights the importance of policies that will help ensure a quality workforce at the Department of Veterans' Affairs (VA) that is able to meet the needs of our nation's veterans living with Alzheimer's and other dementia.

Founded in 1980, the Alzheimer's Association is the world's leading voluntary health organization in Alzheimer's care, support, and research. Our mission is to eliminate Alzheimer's and other dementia through the advancement of research; to provide and enhance care and support for all affected, and to reduce the risk of dementia through the promotion of brain health. AIM is the Association's advocacy affiliate, working in a strategic partnership to make Alzheimer's a national priority. Together, the Alzheimer's Association and AIM advocate for policies to fight Alzheimer's disease, including increased investment in research, improved care and support, and the development of approaches to reduce the risk of developing dementia.

The Alzheimer's Association and AIM are deeply grateful for the VA's comprehensive approach to dementia and the people it affects. We applaud the recent decision by the Veterans Health Administration (VHA) to provide coverage of the Food and Drug Administration (FDA)-approved lecanemab (Leqembi) used to treat individuals living with mild cognitive impairment and Alzheimer's disease. In addition, the Department's extensive research, its care and support services within the Geriatrics and Extended Care program, and its participation in the Advisory Council on Alzheimer's Research, Care, and Services are greatly appreciated.

Nearly half a million American veterans have Alzheimer's — and as the population ages, that number is expected to grow. In 2015, an estimated 486,000 veterans were living with Alzheimer's. The annual number of veterans newly diagnosed with dementia has increased by more than 22% since 2008. For veterans, the prevalence may grow even faster in future years because they have a higher risk of developing dementia. The significant increase in the number of veterans with Alzheimer's and other dementias will place a heavy burden on the VA health care system, and in particular, nursing home care.

As the rate of Alzheimer's and dementia among veterans increases, so does the need for members of the paid dementia care workforce. The United States will have to nearly triple the number of geriatricians to effectively care for the number of people projected to have Alzheimer's in 2050, while efforts to increase recruitment and retention remain slow. From 2016 to 2026, the demand for direct care workers is projected to grow by more than 40 percent, while their availability is expected to decline.

We encourage the Committee to consider the following recommendations to improve care for the growing number of veterans affected by Alzheimer's, especially given the unique challenges the dementia care workforce faces, like recruitment, retention, career advancement, regulation, and training.

Direct Care Workforce

People living with Alzheimer's and other dementia make up a significant portion of all long-term care residents, comprising 48 percent of residents in nursing homes and 34 percent of all residents in assisted living communities and other residential care facilities. More than 60% of VA's costs of caring for those with Alzheimer's are attributed to nursing home care. Given our constituents' intensive use of these services, the quality of this care is of the utmost importance.

The [Alzheimer's Association's Dementia Care Practice Recommendations](#) include the following recommendations specific to workforce, which the Department should consider implementing at VHA Medical Centers: (1) staffing levels should be adequate to allow for proper care at all times — day and night; (2) staff should be sufficiently trained in all aspects of care, including dementia care; (3) staff should be adequately compensated for their valuable work; (4) staff should work in a supportive atmosphere that appreciates their contributions to overall quality care because improved working environments will result in reduced turnover in all care settings; (5) staff should have the opportunity for career growth; and (6) staff should work with families in both residential care settings and home health agencies. Additionally, we know that consistent assignment is an important component of quality care for staff working with residents with dementia.

While much of the training for long-term care staff is regulated at the state level, we encourage the Committee to consider proposals that support states in implementing and improving dementia training for direct care workers, as well as their oversight of these activities. Training policies should be competency-based, should target providers in a broad range of settings and not limited to dementia-specific programs or settings, and should enable staff to (1) provide person-centered dementia care based on a thorough knowledge of the care recipient and their needs; (2) advance optimal functioning and high quality of life; and (3) incorporate problem-solving approaches into care practices.

We also urge the Committee to support states in the following efforts: (1) any training curriculum should be delivered by knowledgeable staff that has hands-on experience and demonstrated competency in providing dementia care; (2) continuing education should be offered and encouraged; and (3) training should be portable, meaning that these workers should have the opportunity to transfer their skills or education from one setting to another.

Again, the Alzheimer's Association and AIM look forward to working with the Committee to shape specific proposals to better train and support the direct care workforce at the VA. In the meantime, we encourage you to keep veterans living with dementia top-of-mind as you continue this important work.

Home- and Community-Based Services Workforce

Expanded access to home- and community-based services (HCBS) is also crucial, and a strong HCBS workforce is needed to ensure quality care for veterans living with dementia. People living with dementia make up a large proportion of all elderly people who use these important services. In fact, 31 percent of individuals using adult day services have dementia. Access to these services can help people with dementia live in their homes longer and improve the quality of life for both themselves and their caregivers. For example, in-home care services, such as personal care services, companion services, or skilled care can allow those living with dementia to stay in familiar environments and be of considerable assistance to caregivers. Adult day services can provide social engagement and assistance with daily activities. Given the demands on and responsibilities of caregivers, respite services are also critical to their health and well-being, and may allow people with dementia to remain in their homes longer. We are grateful the Committee unanimously passed S. 141, the Elizabeth Dole Home and Community Based Services for Veterans and Caregivers Act of 2023, which aims to improve and expand home and community-based services (HCBS) for disabled and elderly veterans, ensuring they are able to remain in their homes and receive the care they need. As you know, these resources are critical in serving the needs of our constituents, including those who have served in uniform.

Expanding Capacity for Health Outcomes (Project ECHO)

We ask that you support an expansion of the use of technology-enabled collaborative learning and capacity-building models at the Veterans' Health Administration, often referred to as Project ECHO. Targeted dementia training and specialization are also needed among primary care providers (PCPs) and across the health care workforce, as well as training in cultural and linguistic competency to help overcome the misunderstandings, biases, misdiagnoses, and related disparities experienced by people of color living with dementia and their families. One successful training model is the Alzheimer's and Dementia Care ECHO® Program, which pairs PCPs with multidisciplinary specialist teams through telementoring to develop their knowledge and confidence in dementia care. According to an evaluation of the program, which was launched in 2018 by the Alzheimer's Association, 94% of surveyed participants reported making changes in their delivery of dementia care due to the program and 87% reported higher job

satisfaction. This data suggests that implementing these models may result in increased retention rates at the VHA. Project ECHO dementia models are helping primary care physicians in real-time understand how to use validated assessment tools appropriate for early and accurate diagnoses, educate families about the diagnosis and home management strategies, and help caregivers understand the behavioral changes associated with Alzheimer's.

Conclusion

The Alzheimer's Association and AIM appreciate the Committee's steadfast support for veterans and their caregivers and the continued commitment to advancing issues important to the millions of military families affected by Alzheimer's and other dementia. We look forward to working with the Committee and other members of Congress in a bipartisan way to advance policies that will ensure a well-trained, adequate healthcare workforce at the Department of Veterans' Affairs, especially as the population of veterans living with dementia continues to grow.



CONGRESSIONAL TESTIMONY

STATEMENT FOR THE RECORD

AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES, AFL-CIO

PROVIDED TO THE

SENATE COMMITTEE ON VETERANS'

AFFAIRS HEARING ON

"Strengthening Methods of Recruitment and Retention for VA's Workforce"

March 22, 2022

Chairman Tester and Ranking Member Moran and members of the Committee,

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 today's hearing titled "Strengthening Methods of Recruitment and Retention for VA's Workforce." AFGE represents more than 750,000 federal and District of Columbia government employees, 291,000 of whom are proud, dedicated Department of Veterans Affairs (VA) employees. These include front-line providers at the Veterans Health Administration (VHA) who provide exemplary specialized medical and mental health care to veterans, including those newly eligible for treatment under the Sergeant First Class (SFC) Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act. Furthermore, we represent the Veterans Benefits Administration (VBA) workforce responsible for the processing veterans' claims, the Board of Veterans' Appeals (Board) employees who shepherd veterans' appeals, and the National Cemetery Administration Employees (NCA) who honor the memory of the nation's fallen veterans every day.

This statement provides AFGE's comments and recommendations relating to workforce issues including performance standards, staffing, recruitment and retention, human resources, compensation (including changes proposed under S. 10, The CAREERS Act), bookable clinical time standards and VA police benefits.

For many years prior to the passage of the PACT Act, AFGE has highlighted the many problems with the VBA performance standards faced by its employees. Standards are often introduced and implemented for VBA staff in a haphazard manner and are overly focused on metrics that prioritize quantity over quality, providing a disservice to the veterans they are intended to benefit. Unfortunately, these problems have not been solved by the PACT Act, but instead further highlighted with increased demand from the PACT Act. When asking bargaining unit employees in the VA's Regional Offices (VARO) to identify the single biggest obstacle they face to successfully performing their duties and serving veterans, the universal answer is constantly changing performance standards.

Counterproductive Frequency of Changes to Processes

A classic example of VBA's constant change to performance standards was the implementation of new performance standards for Veteran Service Representatives (VSR) and Rating Veteran Service Representatives (RVSRs) on October 1, 2020, with a three-month acclimation period. Since the implementation of these standards, VBA made changes to these standards in November 2020 and December 2020, and then announced at the end of the end of December 2020 that it would make more changes leading to another three-month acclimation period. These standards were changed again in January of 2021, again in March of 2021, and were finalized on April 1, 2021. For context, these standards are incredibly complex and take time to learn, requiring acclimation periods to allow the employees to fully understand them. Having six changes made in six months was severely disruptive and made it difficult for staff to perform their duties and effectively serve veterans. Had VBA worked collaboratively with AFGE representatives from the beginning when changing these standards to gain employee perspectives and input, many of these problems could have been avoided and VBA would have been able to process claims in a more efficient and timely manner.

The implementation of the PACT Act is leading to changes in performance standards for numerous positions throughout VBA, while the manual that states correct procedures and provides technical advice is updated weekly. Through AFGE's midterm bargaining, AFGE proposed a Memorandum of Understanding to allow for a 180-day adjustment period for claims processors to learn these new complex procedures and adjust accordingly. The VA refused, and instead stated that the 90-day adjustment period was non-negotiable. This unnecessary and self-imposed obstacle will only continue to stress and pressure VBA employees, lead to additional errors, and inadvertently cause errors to veterans' claims.

Furthermore, since the start of 2023, VBA has imposed new standards for Authorization Quality Review Specialists, Rating Quality Review Specialists, Fiduciary Program Specialists, and Quality Review Specialists in the National Call Center. AFGE attempted to reach a memorandum of

understanding with VBA on these changes prior to their implementation on January 1, 2023, rather than VBA unilaterally imposing new standards on the workforce. While AFGE was able to bargain issues related to appropriate arrangements and procedures with the VBA, the VBA refused to negotiate the metrics themselves. These standards will lead to additional employee errors, burnout, higher turnover, and decreased service to the veterans they serve. As these standards are implemented and other performance standards are updated, AFGE urges VBA to work in good faith with AFGE to design fair and attainable standards that prioritize quality over quantity, and best serve veterans. Specifically, AFGE recommends that the VBA offer a more generous grace period to learn the evolving complexities in both PACT Act and older claims and give employees additional time between manual updates which will allow employees to absorb information prior to adjusting to changes. AFGE also urges the committee to perform oversight on the developments of new VBA production and quality standards in response to both older claims and new PACT Act claims to ensure that these standards enable employees to serve the best interests of veterans.

Failure to Award Credit for Each Issue Claimed

Clearly, every veteran is supposed to be treated equally by the VA, but VBA performance standards can cause disparate treatment depending on the claim filed. When evaluating claims, VBA does not easily distinguish the number of issues or contentions each veteran makes in their claim, instead using a complex tier system that unnecessarily hurts the ability of VSRs and RVSRs to meet their standards. This is arbitrary and punishes employees who get assigned claims with a significant number of contentions, but not enough to earn additional credit. This can unfairly punish veterans who, through no fault of their own for the number of contentions they submit in a given claim, realize negative decisions affecting their claims.

The PACT Act will lead to the filing of many claims with significantly more contentions and distinctions. While we have advocated repeatedly for a change in employee production standards that

adequately account for complicated claims, the implementation of the PACT Act necessitates a fair and accurate recalibration of standards, and new training programs and procedures to factor in the additional work and time that will be required to process these new claims and urge the committee to monitor the implementation of these performance standards. We also urge the Committee to monitor the VBA's changes to these standards and ensure that they enable employees to best serve veterans, instead of meeting arbitrary and self-imposed internal metrics.

“Talk Time” at VBA National Call Centers

For years, AFGE has raised concerns to this committee about the VBA's measure of the timeliness or “talk time” component for Legal Administrative Specialists (LAS) who answer veterans' questions at VBA's eight national call centers. Each LAS is allotted a certain amount of time they can be on the phone with a veteran based upon the employee's GS level. This can be as little as eight minutes and thirty seconds. This is a one size fits all standard that does not consider common issues veterans often call in about including a “first notice of death call” where a veteran's spouse is calling to inform the VA that the veteran has passed away. Such a call may take 20-30 minutes. The standard also does not take into account the numerous older veterans who have difficulty communicating or veterans who have more than one question or issue to resolve. It also does not account for a veteran not having their VA “Pin Number” available and leaving the LAS on the phone while they attempt to locate the information. Additionally, the standard effectively disincentivizes an employee from suggesting to a veteran about a benefit or program he or she may be eligible for but does not know to ask about, because it would take more time on the phone.

With passage of the PACT Act, there has been a predictable surge in calls to the national call centers with numerous questions for VBA employees. Despite the fact this problem that was easily anticipated by VBA leadership, employees, including those in the National Call Centers, have not been given any additional time to meet their talk time standards, and were only provided with a short generic

script to respond to a veteran's complex questions.

An employee whose primary responsibility is to answer a veteran's questions should not have their performance measured by how quickly they can get a veteran off the phone, and the VA should not prioritize a contrived metric over providing valuable customer service to veterans, especially in the wake of a massive and complex expansion of benefits to millions of veterans. VBA should remove Talk Time as a critical component of employee performance.

Furthermore, it has come to AFGE's attention that on October 20, 2022, VBA instituted new performance standards for the call centers that further restricted the use of "wrap up time" at the end of the day for LASs to input data, prepare mail to veterans and complete other tasks that they could not handle during calls. This change was also accompanied by a new availability standard that substituted percentages for raw minutes, further increasing stress on workers, and unnecessarily increasing the difficulty of the job. These rules, which result in unnecessarily limiting bathroom breaks, are pennywise and pound foolish, and decrease the quality of service that veterans receive.

VBA Staffing and Backlog

The enactment of the PACT Act has resulted in a need to increase the size of the VBA workforce to process the expected surge in claims from newly eligible veterans. In a Senate Veterans Affairs Committee Hearing on February 16, 2023, Josh Jacobs, the nominee for Undersecretary of the VBA stated that VBA expects 700,000 new PACT Act claims to be filed in 2023. This in part explains why in a presentation made to AFGE representatives, VBA estimated that the current backlog of 150,000 claims is expected to increase to 450,000 claims in 2023. Additionally, according to the data on staff vacancies required by Section 505 of the VA MISSION Act, VBA has 2,806 vacancies as of the end of the third quarter of Fiscal Year 2022. Despite this, while the VA has hired many new claims processors, AFGE has heard reports of slow hiring for employees, one example being the Cleveland, Ohio, VARO, which is having a delay in hiring candidates who are disabled veterans. These delays have taken months,

causing some applicants to accept other jobs. Additionally, given the months it takes to effectively learn to process claims, this delay is worsening the backlog to the detriment of veterans. AFGE urges the VBA to continue to quickly ramp up its staffing and training of claims processors and allow it to better manage the backlog of claims, instead of relying upon mandatory overtime, which exacerbates employee burnout.

Training

The PACT Act mandates several new VA workforce training initiatives. However, the information shared with employees since enactment has been greatly inadequate. So far, VBA employee have five Talent Management System courses, the vast majority of which last 30 minutes each, courses and given a new Standard Operating Procedure to read. To date, no hands-on training or opportunities to ask questions of a live instructor have been offered.

This will foreseeably create inconsistency in the future with different VAROs creating different determinations. AFGE urges the VBA to increase training, including ample opportunity to ask questions. Specifically, for all training to be effective, including PACT Act training, it is essential that management solicit input from the labor representatives' rank and file members who are actually working claims as to what training would enable them to better serve veterans. Furthermore, AFGE recommends that VBA create a team of specialized instructors to travel to different to regional offices and provide this training to employees while using real claims as examples, giving employees the opportunity to ask questions in real time. By using this model and not having each Regional Office assemble their own team, this will ensure consistency in training across the agency, and create less variability between Regional Offices.

Board of Veterans Appeals

AFGE is proud to represent the employees who work at the Board of Veteran Appeals (Board). This dedicated workforce plays a critical role in the final stage of the claims process for claims that

require additional review. However, there have been recent decisions made at the Board that have created negative consequences for Board attorneys and the veterans they serve.

Performance Standards

Board attorneys, like VBA claims processors, face difficult to meet performance standards that cause burnout and harm recruitment and retention. Prior to the implementation of the Appeals Modernization Act (AMA), Board attorneys were expected to complete 125 cases a year, a pace that averaged 2.4 cases per week. Each case, regardless of the number of issues decided, carried the same weight towards an attorney's production quota. In FY 2018, the Board increased its production standards from 125 to 169 cases per annum, (or 3.25 cases per week), a 35% increase in production requirements which was overwhelming for Board attorneys. In FY 2019, the Board created an alternative measure of production for Board attorneys which evaluated the total number of issues decided by an attorney, regardless of the number of cases completed, setting that number at 510 issues decided. AFGE supports the creation of this alternative metric as it better accounts for the work required to complete each case. However, we caution that measuring the number of issues can also be manipulated to create unfair metrics. Unfortunately, this manipulation appeared in FY 2020, the first full year the AMA was fully implemented, because while the case quota remained at 169, the issue quota was raised to 566. Finally in FY 2021, the quota was changed to a more manageable but still difficult 156 cases or 491 issues. Unfortunately, AFGE has heard reports that the Board intends to increase its production quota for the next fiscal year in an attempt meet expected appeals as a result of the PACT Act. Simply increasing the quota will not increase production and may result in reduced quality for veterans who have often waited years to have their appeals heard.

These standards are also harmed by the rule that a Board attorney may only receive credit for a case once a judge signs off on the work. While this requirement may appear reasonable, delays caused by overburdened judges can cause attorneys to miss their quotas through no fault of their own. When

attorneys are adjudged to be performing poorly based on such missed quotas, it violates Article 27, Section 8, Subsection E of AFGE's collective bargaining agreement with the VA, which states "When evaluating performance, the Department shall not hold employees accountable for factors which affect performance that are beyond the control of the employee." The VA should adhere to the terms of the collective bargaining agreement and not penalize workers for no fault of their own. This is especially true since the Board recently began the practice of hiring Veteran Law Judges, or Board Members, who have no experience in Veterans law, and are simultaneously harming employees' performance and slowing down the appeals process for veterans who have waited long enough for their claims to be finalized. The leadership of the VA and the Board should revert to hiring Board Members with significant veteran law expertise and look to current Board Attorneys to fill those positions.

Recruitment and Retention

To further assist with recruitment and retention, the Board of Veterans' Appeals is a place where attorneys should have a path to work for their entire careers. To accomplish this goal, the Board needs to re-establish a standard career ladder for GS-14 Board Attorney positions which had until recently existed for new hires. Eliminating this level of growth and compensation for attorneys is a direct way of dissuading qualified applicants from joining the Board of Veterans Appeals or choosing to stay long term. The VA should reverse this shortsighted policy and attract the best candidates to the Board's ranks.

Additionally, AFGE strongly supports the creation of a journeyman non-supervisory GS- 15 Board Attorney position. Currently, Board attorney grades range from GS-11 to GS-14. Of the 871 attorneys currently at the Board, 439 attorneys are at the GS-14 level. While not all attorneys would qualify or choose to advance to a GS-15 position, creating the possibility for 100 to 200 GS-15 attorneys would help with long-term recruitment and retention. It is also important to note that there are non-supervisory journeyman GS-15 attorneys within the VA Office of General Counsel, thus setting a precedent. As Board attorneys are in the Excepted Service, it is within the Secretary's discretion to create

and fill these new positions. AFGE has and continues to encourage the Secretary to create this advancement opportunity and has asked Congress to voice its support for this change or pass legislation establishing its creation.

Workforce Issues

As a result of the PACT Act, VHA is facing an unprecedented increase in demand for medical care. The hiring and training of additional health care personnel will be essential to meet the screening and treatment needs of newly eligible veterans in virtually every medical center service line, in particular primary care clinics, emergency rooms (ER), cardiology, pulmonology, urology, gastroenterology and dermatology. Unfortunately, an informal survey of our members reveals very limited efforts to hire, train or carry out other activities for an effective rollout of new PACT Act health care initiatives and increased demand for services. VA needs to address a host of issues to become a more desirable employer.

Staffing

There is an urgent need for VHA to address the chronic short staffing that significantly worsened during the COVID-19 pandemic. According to the data on staff vacancies required by Section 505 of the VA MISSION Act, VHA had 76,531 vacancies as of the end of the third quarter of Fiscal Year 2022. Outpatient clinics are forced to shut their doors due to lack of staff.

Many facilities cannot reopen their hospital beds due to a critical nurse staffing shortage, leaving veterans in the ER for up to 48 hours waiting to be admitted. AFGE received an encouraging member report from a VISN 6 facility that is actively carrying out onboarding events to expedite the hiring of more clinical staff, an effort that should be replicated across the country. Another VISN 6 provider provided a less encouraging report that his facility's management has failed to step up recruitment and retention efforts, and in some cases, is actively pushing employees to resign.

AFGE has received very troubling reports from our locals at numerous facilities that medical center directors who received retention incentive funds provided by the PACT Act have not distributed them to front line clinicians even in the face of high vacancy rates. Also, the job listings posted by medical centers in many locations failed to align

with the much higher vacancy rates used to justify these retention incentive dollars. More generally, congressional oversight of the deeply flawed and unreliable vacancy data that is currently collected and published by the VA is badly needed.

Human Resources

A failed HR modernization effort launched under the Trump Administration and continued under the Biden Administration is exacerbating staffing shortages. Under this modernization, Human Resources (HR) functions traditionally performed by personnel at medical centers were centralized at the VISN level. AFGE members across VISNs report that lack of coordination between the facilities and the VISN are extending the time it takes to hire employees and often leads to “bait and switch” offers where new employees take jobs based on compensation, benefits and duties that change when they begin the job. Many qualified candidates lose interest in VA positions or accept a job only to quit shortly thereafter when it was not what was agreed upon. This situation deteriorates even further for many employees who choose to stay, as VA employees also report that HR mistakes create “debt” for employees whose pay is clawed back retroactively. Employees receive inadequate information about how they can have this debt waived.

For an agency that has claimed it wants to recruit the best providers possible and that recruitment and retention of employees is a top priority, the counterproductive centralization of HR functions away from the medical centers must be reversed. Front line personnel and their labor representatives need access to knowledgeable HR specialists *at the facility level* to resolve routine personnel matters. A March 2023 [survey](#) of employees conducted by the Veterans Health Policy Institute found that half of respondents said that the VHA’s Human Resources Modernization Project has exacerbated delays in hiring and is contributing to the hemorrhaging of staff. Just over 90 percent said HR delays had deterred interested candidates.

Collective Bargaining

In 1991, Congress amended Title 38 to provide medical professionals who work at VA facilities with limited collective bargaining rights (which include the rights to use the negotiated grievance procedure and arbitration) (P.L. 102-40 §202). Under 38 USC §7422, covered employees can negotiate, file grievances and arbitrate disputes over working conditions except “any matter or question concerning or arising out of”:

- professional conduct or competence (defined as direct patient care or clinical competence);
- peer review; or
- the establishment, determination, or adjustment of employee compensation.

This has resulted in VA management interpreting these exceptions very broadly and refusing to bargain over virtually every significant workplace issue affecting Title 38 medical professionals. It is also very problematic that VA managers are increasingly asserting “7422” themselves, rather than requesting a 7422 ruling from the VA Under Secretary for Health (USH) as required by statute. (The statute authorizes the VA Secretary to make 7422 rulings. In a 1992 memorandum, the VA Secretary delegated this authority to the USH (formerly called the Chief Medical Director.). These limitations on collective bargaining reduce employee empowerment to address workplace concerns, creating a barrier to retention and recruitment. Further, VA is disadvantaged relative to the private sector where collective bargaining rights are not limited. For example, Title 38 restrictions keep employees from bargaining over issues that directly impact workplace conditions like staffing ratios because they relate to direct patient care and therefore cannot be bargained.

Compensation

Compensation that is not competitive with private pay remains a major barrier to both recruitment and retention.

Pay Grades

The pay grades of many lower-wage VHA positions, including the nursing assistants and licensed practical nurses who make up the core of VA community living center workforces, are still too low to recruit and retain sufficient staff. Similarly, medical support assistants who handle patient scheduling and other critical support functions are already working at a low grade that causes a lot of attrition and in some cases are facing downgrades to even lower positions.

According to the VA master agreement, the VA should review wages offered by non-VA hospitals in a region to determine if VA pay is competitive but often fail to fulfill this obligation. As a result, VA employees are often paid based on out-of-date information about local wages.

While it is encouraging that the PACT Act may make it easier to hire more housekeepers to keep medical

facilities clean and safe, this position has had a high attrition rate for many years. VA needs to raise their pay grades to make them more competitive with the private sector.

The lack of mobility between grades further worsens shortages as employees stymied by lack of opportunity for promotion—even after years of experience and/or receiving additional training—leave for jobs where their advanced skills are rewarded.

Proposed Changes to Clinician Pay under the CAREERS Act

As Congress considers making market pay a more significant component of pay for dentist, physicians, podiatrists and optometrists under S 10, the VA Clinician Appreciation, Recruitment, Education, Expansion, and Retention Support (CAREERS) Act., AFGE urges significant improvement of the existing market pay process. S. 10 would end the current three-tier pay system, comprising longevity (base) pay, market pay, and performance pay (based on achievement of established annual goals). Under the new pay model, the current market pay system would become base pay and the current performance pay system would be replaced with a discretionary awards system.

We appreciate the intent of the committee to improve pay for physicians, dentists, podiatrists, and optometrists to be more competitive with market rates, however, VA has a highly inconsistent record in determining market pay both across VISN's and within facilities. One psychiatrist from VISN 2 who lives in an expensive market was distressed to find out that his salary after 30 years of practicing, mostly at the VA, was the same as what was being offered to recent graduates. He reports that his market pay, at \$79,000, is nearly half a VISN 22 colleague who also lives in a high cost area whose market pay is \$141,831. A new base pay system based solely on market pay could unfairly harm providers if market pay is calculated based on outdated or inaccurate market surveys. The effect of the new pay system on retirement benefits also needs to be carefully assessed as it would now be the component of pay that would count toward accrual of retirement benefits.

VA should provide plans for how it intends to improve the current market pay system before it becomes an even more significant component of payment for physicians including an assessment of any impact on retirement

benefits and a detailed plan of how all employees will be reassessed under the new system.

S. 10 would also eliminate longevity schedules as a component of base pay. The impact of doing away with this stable component of pay and replacing it a much more variable market pay must be assessed to ensure that it will not lead to reduced pay to clinicians in different geographic areas and across the pay spectrum. Annual rate adjustments are currently tagged to the longevity schedules and any new system should include a mechanism for an annual adjustment.

The current performance pay system is also eliminated under S. 10 and an expanded discretionary awards program becomes the vehicle for rewarding physician performance. AFGE is concerned that discretionary awards programs will favor those at the top of the pay scale and is vulnerable to cronyism and favoritism. Safeguards should be added to the proposal to monitor the distribution of awards and make sure that awards are equitably allocated across the pay spectrum.

Telehealth

Congress should reject proposals to return to pre-pandemic telework policies for federal workers, such as H.R. 139, the Show Up Act, which passed in the House of Representatives in January. A return to pre-pandemic telework policies will be particularly harmful to retention and recruitment of many VA clinicians, particularly mental professionals. These providers are already in short supply and forcing them back to VA facilities that often do not have room for them to provide telehealth or in-person care will only exacerbate work shortages.

Bookable hours

VHA has created new standards for bookable hours and appointment lengths that had to be implemented at each VA Medical Center and in all applicable clinics by November 30, 2022. The standard requires a minimum of 80% of a provider's total outpatient clinical time worked be bookable for in-person, telephone, or telehealth. Without adequate support staff to help with administrative work, clinicians are working long hours off the books to meet the standards. This is undermining efforts to improve retention and recruitment of clinicians.

VA Police

AFGE is proud to represent the VA Police Officers in facilities across the country. As is evidenced by a VA Office of the Inspector General (OIG) Report issued February 22, 2023, titled “Security and Incident Preparedness at VA Medical Facilities,” there are significant challenges facing the VA Police Department. As the summary of the report states that “[t]he OIG identified multiple security vulnerabilities and deficiencies, most notably staffing shortages that contributed to the lack of a visible and active police presence. To meet VA’s established security requirements, facilities will need to fill police officer vacancies, as employing sufficient security personnel and correcting security weaknesses are inextricably linked.”

AFGE agrees with the need to recruit and retain more police officers to keep veterans and employees safe at VA facilities. Approximately 90 percent of VA police officers are veterans.

Its officers are highly trained in crisis intervention to de-escalate situations at VA facilities, and these officers have unique knowledge of the facilities within their jurisdiction and how to interact with veterans. However, regardless of the number of officers recruited, if the VA cannot retain them, it does not help the agency. As AFGE advocated for years, the single biggest change that VA leadership can do to help with the recruitment and retention to the VA Police Force is to grant the VA Police Officers Law Enforcement Officer (LEO) Retirement either through administrative action or by supporting this bipartisan legislation.

AFGE has raised this issue before, including in submitting a Statement for the Record on a hearing before the Senate Veterans Affairs Committee Subcommittee on Oversight and Investigations titled “Modernizing the VA Police Force: Ensuring Accountability” in the 117th Congress on July 13, 2021. As was stated previously, under 5 U.S.C. 8336(c), any LEO who either serves 25 years or is age 50 or older and serves 20 years is entitled to immediate retirement with a full pension and has mandatory retirement at age 57 (with few exceptions). These are commonly referred to as “6(c) special retirement benefits” (6(c) benefits). However, the definition of LEO relied upon in the code (5 U.S.C. 8401(17)) to

grant 6(c) benefits does not include VA Police Officers, and in turn they do not receive special retirement benefits on par with federal law enforcement officers at other federal agencies. AFGE has endorsed the “Law Enforcement Officers (LEO) Equity Act,” introduced last Congress by Senator Cory Booker (D-NJ) and Rob Portman (R-OH) in the Senate, and Representatives Bill Pascrell, Jr. (D- NJ), Andrew Garbarino (R-NY), Gerry Connolly (D-VA), and Brian Fitzpatrick (R-PA) in the House (this bill was S. 1888 and H.R. 962 respectively in the 117th congress, and is H.R. 1322 in the 118th Congress, and is pending re-introduction in the Senate in the 118th Congress). If enacted, this bill would grant 6(c) benefits to VA Police Officers as well as law enforcement officers of other federal agencies who do not have 6(c) benefits, including the Department of Defense (DoD), Federal Emergency Management Agency (FEMA), and the Federal Protective Service (FPS). In the 117th Congress, this legislation earned 105 bipartisan co-sponsors in the House, and five bipartisan co-sponsors in the Senate.

Granting 6(c) benefits to VA Police Officers would significantly help the VA Police Force with recruitment and retention. Currently, the VA hires many new recruits, sends them to the Law Enforcement Training Center (LETC) for training, and sees these officers depart the force for other opportunities within the federal government that have 6(c) benefits, or to other state and local police departments. If VA Police Officers were granted 6(c) benefits it is expected many more would stay with the department and feel less financial incentive to leave.

The continuous turnover of VA Police Officers represents a significant cost for the VA. Not only does the VA have to pay for new officers to attend LETC to backfill positions, at a cost of thousands of dollars per officer, but the VA is spending resources on specialized training for its officers who leave the VA. A key example of this is the suicide prevention training that was enacted as part of the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020. Because of this law, VA Police Officers who serve at VA Medical Centers, Community Based Outpatient Clinics (CBOC’s), or VA Regional Offices are now trained to prevent veterans in crisis from harming

themselves or others. This is critical and specialized training that the VA invests in to save lives. The high attrition rates of VA Police Officers who undergo this training puts an added strain on VA resources.

Conclusion

AFGE thanks the Senate Veterans' Affairs Committee for the opportunity to submit a Statement for the Record for today's hearing. AFGE stands ready to work with the committee and the VA to address the workforce issues currently facing the department and find solutions that will enable VA employees to better serve our nation's veterans.



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Testimony of Irma Westmoreland, RN

On Behalf of National Nurses United

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Senate Veterans Affairs Committee

Hearing on "Strengthening Methods of Recruitment and Retention for VA's Workforce"

March 22, 2023

Thank you, Chairman Tester, Ranking Member Moran, and members of the committee for giving me the opportunity to submit testimony for this hearing.

My name is Irma Westmoreland. I am a registered nurse at the Charlie Norwood VA Medical Center in Augusta, Georgia. I am also Vice President of National Nurses United (NNU), the largest union and professional association of registered nurses in the United States.

We represent nearly 225,000 nurses across the country, including more than 12,000 nurses at 23 VA hospitals. I serve as the Veterans Affairs Chair of NNU. Over the past three years, our nurses, many of whom are veterans themselves, have been on the frontlines of the coronavirus response at the hospital bedside. To be clear, my testimony today is on behalf of NNU and in no way on behalf of the Veterans Administration management.

As in the private sector, Veterans Health Administration (VHA) nurses and their patients are facing a crisis of unsafe staffing that has resulted in nurses fleeing the unbearable working conditions in acute-care hospitals. Many nurses in the VA are pursuing nursing work in other settings, leaving the profession for other types of work, or retiring. The VA chooses to invest in updated dashboards and electronic systems such as HR Smart at the expense of investing in proven solutions – mandatory, minimum staffing ratios to improve patient care, health and safety protections, more flexible schedules, competitive pay and benefits, and the ability to collectively bargain over all issues.

This testimony will demonstrate how every barrier to improved nurse recruitment and retention could be improved if clinical professionals in the VA had the right to bargain collectively. Without the ability to have a full voice on the job, VA nurses consistently face working conditions that harm both nurses and patients, ranging from unsafe staffing levels encouraged by prolonged hiring processes to pay discrepancies between nurses doing the same job. Nurses are the heart and soul of any hospital, and there is no substitute for the care and attention that nurses provide to their patients. As workers on the frontlines of patient care, nurses must have the ability to advocate for their patients and ultimately improve the quality and standard of care provided by the VA as well as the recruitment and retention of their peers.

To improve both the quality of care as well as the recruitment and retention of nurses at the VA, Congress must expeditiously provide full collective bargaining rights to Title 38 employees by passing the

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VA Employee Fairness Act, a bill sponsored by Senator Brown that would repeal Section 7422 of Title 38 of the U.S. Code, thereby granting full collective bargaining rights to registered nurses and other clinicians in the VA. Additionally, Congress must adopt the Nurse Staffing Standards for Hospital Patient Safety and Quality Care Act (also sponsored by Senator Brown) that would establish mandatory, minimum, nurse-to-patient ratios in hospitals across the country, including those in the VHA, allowing nurses to care for their patients safely. Both these pieces of legislation are a crucial part of ensuring that our VA hospitals are staffed to levels that provide the highest quality care for our nation's veterans and the best possible working conditions for nurses.

Collective Bargaining Rights: The Impact of Section 7422 on Recruitment and Retention

In the experience of bedside nurses, the challenges with recruitment and retention at the VHA begin with the statutory restriction of nurses to bargain collectively over the issues we face every day at the hospital bedside. Registered nurses and select other clinical professionals working in the VA do not currently have the same collective bargaining rights of other VA workers, or of clinicians in other agencies, including the Department of Defense, or in the private sector.

Added in 1991 to Title 38 of the U.S. Code, Section 7422 allows only certain VA professionals to bargain collectively on all issues — giving them the ability to negotiate, file grievances, and arbitrate disputes over working conditions. The statute contains broad restrictions on the rights of RNs to negotiate with management over matters concerning professional conduct or competence (including direct patient care and clinical competence), peer review, and compensation. Because Section 7422 prevents VA nurses from having a voice on the job on such crucial issues, qualified nurses have an incentive to leave the VHA and work at private sector unionized hospitals that pay better and where their union can bargain improved patient care protections.

Patient advocacy often requires speaking up to management about issues in the hospital that affect patient care. Part of why Section 7422 has been so damaging to the VA nurse workforce is because management has used the statute as an excuse to refuse to engage with nurses on issues that affect us and the patients we care for. Without full collective-bargaining rights, management can leave VA nurses without resolutions to disputes over workplace issues that endanger patient safety, such as unsafe staffing, insufficient supplies, or assignment of a nurse to a unit without adequate training.

The negative impact of Section 7422 has been especially damaging during the Covid-19 pandemic; the restrictions of VA nurses from bargaining collectively over all issues has contributed to unsafe working conditions, including suboptimal personal protective equipment (PPE), unsafe staffing levels, and a lack of accessible testing. Unionized nurses with full collective bargaining rights in the private sector have been able to win increased Covid protections including life-saving PPE, more testing, and improved communication regarding Covid protocols through collective bargaining. These protections help keep nurses, their patients, and our communities safe.

In the VA, nurses were able to win Covid protections with direct action. Through leafleting, protests, and local and national advocacy work, VA nurses at facilities across the country fought for – and won – the protections they needed. For example, in New York, nurses at the Brooklyn VA began the pandemic wearing trash bags to protect themselves, and through collective action were able to win high-quality

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N100 respirators for every healthcare worker in their facility. These wins, while substantial, only happened after a concerted effort from VA nurses to engage in direct action.

The inability of nurses to bargain collectively over the issues that impede recruitment and retention – such as the protracted hiring process, pay discrepancies, lack of safe staffing, and inability to contact HR and hear back from them in a timely fashion -- stymies our efforts to provide quality care to veterans and reinforces the feeling by many VA nurses that VA management disrespects them, causing some to leave employment at the VA.

One clear example comes from the Edward Hines Jr. VA Hospital in Hines, Illinois, where in 2021 NNU filed a grievance over hiring discrimination and violations of the seniority rights of internal job bidders. The Hines administration refuses to address these problems because of Section 7422.

Like many VA hospitals, the Hines VA was looking to hire in both the Emergency Department and Post Anesthesia Care Unit (PACU). In the Emergency Department there were seven open positions, and nine qualified, internal applicants applied. Six of the seven positions were instead awarded to less qualified, external candidates. All but one of the selected candidates was white, as opposed to the eight out of nine internal candidates who are people of color. When the union filed a grievance, management responded that they did not need to address the issue, citing Section 7422. Discriminatory practices such as these contribute to nurses feeling devalued and often cause them to leave the bedside, directly impacting patient care and contributing to the nurse staffing crisis.

The VA Employee Fairness Act sponsored by Senator Brown, would provide the same bargaining rights to health care professionals as other federal employees, giving RNs in VA hospitals the tools to speak up for patient safety and care. This bill will reduce turnover, increase staff levels, and improve the care that veterans receive by repealing the provisions from Section 7422 that limit collective bargaining rights for VA nurses. VA nurses want what is best for veterans. Providing nurses and other clinicians with full collective bargaining rights is the best way to ensure that problems in our VA hospitals are addressed and that our nation's heroes receive the highest standards of care.

President Biden's Executive Order 14003 states, "It is the policy of the United States to protect, empower, and rebuild the career Federal workforce. It is also the policy of the United States to encourage union organizing and collective bargaining. The Federal Government should serve as a model employer." The VA needs to fully comply with that executive order by respecting the rights of its registered nurse workforce, and Congress needs to codify this by passing the VA Employee Fairness Act.

For registered nurses, union advocacy and representation allow us to focus on what we do best: caring for our patients. Without full collective bargaining rights, nurses' ability to speak out on behalf of patients is reduced and threatened, and we are constrained from advocating for the highest quality of safe patient care that our veterans deserve.

The Staffing Crisis in the VHA and its impact on Nurse Retention

Nurses at the VA suffer from the same lack of safe staffing that nurses in non-VA facilities across the country also face. There are no federal mandates regulating the number of patients a registered nurse can care for at one time in U.S. hospitals, including those in the VA. The VA deliberately refuses to staff

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our nation's veterans hospitals with enough nurses to care for patients safely and optimally, harming both nurses and patients in the process, and contributing to a culture that continues to devalue the work and autonomy of bedside nurses.

Staffing ratios lower the patient assignment load for nurses so that they have the time, energy, and capacity to actively provide the care that patients require. Multiple academic studies have shown that hospitals in California, the only state in the country with mandated nurse-to-patient ratios, have seen steeper declines in mortality and improvements in other indicators than hospitals in other states. Ratios are the single most effective nursing reform to protect patients and keep experienced RNs at the bedside.^{1 2} If the VA truly believes veterans deserve the highest quality and standard of care, then it would implement safe staffing ratios as soon as possible.

While the media continues to echo cries of a "nursing shortage," data from a 2021 U.S. Department of Health and Human Services (HHS) report shows that – save for a handful of states – there is not a shortage of actively-licensed RNs in the United States.³ In fact, there are over one million actively licensed registered nurses who are currently not working as bedside nurses.⁴ If the VA were required to invest in its long-term nursing staff through meeting minimum staffing ratios thereby improving patient care and protecting nurse health and safety, registered nurses who have left the bedside would seek to work at the VHA.

Safe staffing is not only essential to providing the quality of care that patients need, it is also critical to increasing nurse retention. Chronic understaffing can cause a decline in patient care which in turn can lead to moral injury for nurses, causing them to leave the bedside when they feel they cannot provide the level of care they were trained to give. The failure by the VA to staff appropriately and provide the resources needed to provide safe, therapeutic patient care has caused nurses to experience severe moral distress and injury (often incorrectly labeled "burnout"); mental health issues such as stress, anxiety, depression, and post-traumatic stress disorder; and physical exhaustion. If VA hospitals protected nurses with safe working conditions and safe staffing rather than pushing nurses to do more with less, we could keep more nurses at the bedside in the VHA system.

Staffing challenges at VA hospitals existed well before the global pandemic, but Covid-19 has certainly shined a light on the myriad ways that the VHA fails to get nurses to the bedside where they are most needed. The staffing methodology that the VHA uses prevents patients from receiving the highest-quality patient care by creating unnecessary barriers to safe levels of staffing. At least once a year, the VHA maintains that they hold a panel of experts at the local unit level to determine staffing levels for each unit, but the reality is that this process is controlled entirely by management. While the union

¹ Anders, R. L. (2021, October). Patient safety time for federally mandated registered nurse to patient ratios. In *Nursing Forum* (Vol. 56, No. 4, pp. 1038-1043).

² Carthon, M. B., Brom, H., McHugh, M., Sloane, D. M., Berg, R., Merchant, R., ... & Aiken, L. H. (2021). Better nurse staffing is associated with survival for Black patients and diminishes racial disparities in survival after in-hospital cardiac arrests. *Medical care*, 59(2), 169.

³ Health Resources and Services Administration. 2017. "National and Regional Supply and Demand Projections of the Nursing Workforce: 2014-2030." U.S. Department of Health and Human Services. <https://bhwh.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/nchwa-hrsa-nursing-report.pdf>.

⁴ NNU calculation based on data from National Council of State Boards of Nursing. Mar 2, 2022. "Active RN Licenses, A Profile of Nursing Licensure in the U.S." National Council of State Boards of Nursing. <https://www.ncsbn.org/6161.htm> and the U.S. Bureau of Labor Statistics. 2021. "May 2020 Occupational Employment and Wages." U.S. Department of Labor. <https://www.bls.gov/oes/home.htm>.

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cannot formally participate in this process, we usually recommend participants who often get rejected. For example, last year at the Augusta VA we recommended 20 nurses for the panel and just two were selected as management has the final say. Using a formula, that panel decides how many nurses it will take to staff that unit. Led by the manager, the panel puts a report together than goes to the nursing leadership group.

Should the nursing leadership group agree to the level, the report goes to a facility-based council where the union has one seat. There, executive-level panel participants look at the report and, should they agree with the proposed staffing levels, the director has the final authority to accept or reject the new levels. At my hospital, the patient ratio in the Med-Surg unit can be as high as one nurse for seven patients, when the scientifically accepted safe staffing level for Med-Surg units is one nurse to four patients.

This entire process of determining staffing levels is predicated on the assumption that the additional staffing positions can even be filled, but vacant positions at the VHA cannot be filled until the previous person has left the role completely and the budget board has approved the request. Once the budget board (consisting of the director's office and executive staff) has approved the request, it must receive the director's signature and then it can go to HR. Nowhere in the VA hiring timeline is that time counted as part of the hiring process, except by the nurses on the ground who are working short-staffed.

Of course, staffing issues at the VA are also related to the statutory restrictions of nurses from collective bargaining. Section 7422 provides the VA with an incredibly broad scope to reject all discussions about issues that affect nurses and patients. In early 2021 at the VA Eastern Colorado Healthcare System in Aurora, Colorado, for example, management changed the nursing schedules for every inpatient nurse and used Section 7422 as the reason why it would not discuss the change at the bargaining table with nurses. Part of this change involved aligning all inpatient units to the same start times, creating a gap in time when all RNs are making their rounds and unable to provide patient care, often for periods in excess of one hour.

In a survey conducted by NNU about the issue on April 2, 2021, one Aurora VA nurse provided a compelling example of how these schedule changes have affected patients, writing, "Early and frequent patient ambulation is critical to positive outcomes for post-op patients. Morning ambulation has nearly ceased since the shift change. It has become problematic to fit the morning ambulation in without forcing a patient awake during early morning hours. It is then delayed by shift change, interdisciplinary rounds, breakfast, and other morning obligations." Clearly, patients are not receiving the highest standard of care if these schedule changes have caused nurses to be unable to help patients with a critical part of their recovery. Another nurse wrote simply, "I think patient safety stands at the front of this issue."

The inpatient units affected by these schedule changes have since lost over a dozen experienced RNs and are having a difficult time replacing them. One of the nurses above wrote in her survey that she knows of "at least seven RNs that are currently looking for other jobs." Being understaffed has led to severe nurse-to-patient ratio problems at the Aurora VA, causing dangerous and unsafe situations for veterans. Due to short staffing in units like the Intensive Care Unit (ICU), one of the most severely impacted by this schedule change, RNs from other units are being floated to units (such as the ICU)

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where they have not been properly trained, creating the potential for harm to both the veteran and the RN.

Changing nurse schedules creates instability and confusion for nurses and their patients, and the Aurora VA is just one example of how VA management uses Section 7422 in ways that harm nurses and patients at the VA. Understaffing is a problem across the entire VA system; as of the first quarter of FY 2023, the VHA had 12,357 nurse vacancies.⁵

The VA also continues to balance the budget on the backs of the nurses – due to the fiscal year calendar it is nearly impossible to get a new hire after July 1. In FY 2022, the Augusta VA lost 134 nurses and hired only 95. Only a third of those nurses went to the hospital bedside, as the remaining two-thirds were slated into expanded "quality management" roles.

To support safe staffing at our hospitals, Congress must pass Senator Brown's Nurse Staffing Standards for Hospital Patient Safety and Quality Care Act that would establish minimum, numerical RN-to-patient ratios in hospitals across the country, including those in the VA. Studies have shown that minimum RN-to-patient staffing ratios mean better patient outcomes, safer and healthier RNs, lower rates of moral distress (also called burnout), and higher RN job satisfaction.⁶

Registered nurses in the VA are consistently required to care for more patients than is safe, which compromises patient care and negatively impacts patient outcomes. A Journal of the American Medical Association (JAMA) study found that the likelihood of death increases by seven percent for each additional patient in a nurse's workload above the baseline nurse-to-patient ratio prescribed by HR 3165.⁷

The bill requires hospitals to annually develop safe staffing plans that meet the bill's mandated minimum RN staffing ratios and provide for additional staffing based on individual patient care needs. It also requires hospitals to post notices on minimum ratios and maintain records on RN and other staffing, and provides whistleblower protections, including administrative complaint process and cause of action, for nurses who speak out against assignments that are unsafe for the patient or nurse.

Finally, the bill authorizes the Secretary of the Department of Health and Human Services to enforce the minimum RN staffing ratios through administrative complaints and civil penalties. This bill, alongside full collective bargaining rights for VA nurses, would significantly improve VA's efforts at both recruitment and retention.

Hiring, Compensation, and HR Processes in the VA

The inability for unionized VA nurses to bargain over the hiring process has led to an absurdly long hiring period for VA nurses. According to VA Data released on January 20, 2022, the average length of hiring

⁵ U.S. Department of Veterans Affairs. "Human Resources and Administration/Operations, Security, and Preparedness (HRA/OSP)." <https://www.va.gov/employee/va-mission-act-section-505-data/>. Accessed March 22, 2023.

⁶ Aiken L et al. 2010. "Implications of the California Nurse Staffing Mandate for Other States." *Health Services Research*. 45(4):204-21. <https://onlinelibrary.wiley.com/doi/10.1111/j.1475-6773.2010.01114.x>.

⁷ Aiken, L. H.; Clarke, S. P.; Sloane, D. M.; Sochalski, J.; & Silber, J. H. (2002) Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction. *JAMA*, 288(16), (1987-1993).

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for a nurse in the VA today is 100 days, but many nurses I have spoken to report a 9-18 month long hiring process.⁸ In the current hiring market, that same applicant could go to another hospital in that same community and start a job later this week. These delays in hiring dramatically reduce the number of nurses willing and able to work at the VA, which means we lose out on qualified applicants ready to leave their current position in the private sector. While the VA has attempted to address this issue through the use of direct-hire authority, it is not currently being utilized effectively as hiring times are still significantly longer than those in the private sector.

The nurse hiring process begins with submitting a resume to USA Jobs and applying for an open position. The VHA has a number of continuous open job announcements in addition to specific positions at various facilities. The system then checks the nurse applicant's minimum qualifications and every two weeks HR sends the names of qualified applicants along to the manager of the open position. That manager can decide to hire from those applications or through an interview process, and will then send those applicant names along to their managers, then along to the chief nurse, and finally back to HR where they start the next phase of the hiring process. At no point in time during this process is the nurse told she has been hired yet.

In the next phase, HR does a check of the applicant's nursing license and criminal background before sending the applicant's name to a pay panel that will set her salary. That may take up to a month, as every facility has its own locality rate and at some facilities pay panels meet as infrequently as just once a week. These panels create large discrepancies in the salaries of different nurses based on the way a nurse may have organized her resume and add unnecessary delays to the hiring process. Nurse applicants are not told to include examples of evidence-based practice on their resume, for example, but leaving such information out may result in being placed in a lower pay band. After the panel has met and determined the salary for the nurse applicant in question, HR can officially offer the nurse the job.

The centralization of HR Services at the VISN level has led to some success in cutting down the length of time it takes to hire new nurses. For example, a clinical contact center in VISN 7 recently advertised for 139 nurses and received over 400 applicants. The center's existing small HR office was not able to process that level of applications, but through the centralization of services at the VISN level, 80 nurses were hired and are due to start in the next two pay periods. While 80 nurses hired is far short of the 139 necessary to maintain an appropriate level of patient care at that center, the utilization of the HR services at the VISN level led to nurses being hired more quickly than in the past. The same process could be implemented for the pay panels mentioned above – consolidating the pay panels at the VISN level and mandating a daily meeting would significantly increase the speed at which new hires could begin work.

Ultimately, each nurse vacancy strains the system of care at the VA and adversely affects patients. Both nurse recruitment and retention could be improved if nurses had full collective bargaining rights, and if the hiring process, timeline, and pay scale were clearly detailed in a bargaining agreement visible to all nurses. Expanding collective bargaining rights for nurses is one way to accelerate the hiring process at the VA.

⁸ Veterans Health Administration, Office of Nursing Services presentation to the National Partnerships Council on January 26, 2022. Slide 5, "Number of VHA Nurses in Pipeline."

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The discrepancies in nurse pay continue to make recruitment and retention difficult at the VHA, another problem that could be solved by collective bargaining. Each facility in the VHA has their own locality rate based on geographic location, and nurse pay varies within the hospital depending on unit, years of experience, and education. Because nurses are not allowed to bargain over the pay that they receive means that this process varies significantly from facility to facility, and the lack of procedural transparency has opened the process to manipulation and abuse by management, who refuses to pay nurses what they are worth. Because the union cannot be involved in this process, there is no recourse for a nurse whose job gets matched at an incorrect level, or for locality pay data that hasn't been updated since before the pandemic.

Additionally, while the consolidation of HR services at the VISN level has created some benefits for the hiring process, it has also created some tangible disadvantages for nurses working at the VHA. For example, if a nurse wanted to utilize the FMLA benefits provided to her through her job, she would have to get in touch with personnel at the VISN level, instead of with someone at her facility. Those staff do not have email addresses that are listed on any website, and experience has shown that it is often difficult to reach them or have them return your call in a timely manner. There are proficiency evaluations from 2020 that still have not been entered in the HR Smart system by staff, which means those nurses are not yet eligible to receive the raises they deserve. The elimination of HR staff due to the VISN-level consolidation has made it significantly harder for VA employees like nurses to access the benefits afforded to them as part of their work, and these difficulties and complications lead to frustration and higher rates of attrition.

In conclusion, the staffing crisis, specific VA-level policies related to hiring and compensation, and the inability of VA nurses to collectively bargain has created a VHA workforce that is understaffed, over-extended, and unable to advocate for the changes they know need to be made in order to deliver the highest quality care to our nation's Veterans. Improving recruitment and retention at the VA does not require consultants or extensive dashboards of electronic data, it requires listening to and supporting the working nurses who deliver the most important service the VA offers – care for our nation's heroes.