

VETERANS-SPECIFIC EDUCATION FOR TOMORROW'S
 HEALTH PROFESSIONALS ACT

JULY 24, 2018.—Committed to the Committee of the Whole House on the State of
 the Union and ordered to be printed

Mr. ROE of Tennessee, from the Committee on Veterans' Affairs,
 submitted the following

R E P O R T

[To accompany H.R. 2787]

[Including cost estimate of the Congressional Budget Office]

The Committee on Veterans' Affairs, to whom was referred the bill (H.R. 2787) to establish in the Department of Veterans Affairs a pilot program instituting a clinical observation program for pre-med students preparing to attend medical school, having considered the same, report favorably thereon with an amendment and recommend that the bill as amended do pass.

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The amendment is as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the “Veterans-Specific Education for Tomorrow’s Health Professionals Act” or the “Vet HP Act”.

SEC. 2. SENSE OF CONGRESS REGARDING DEPARTMENT OF VETERANS AFFAIRS PILOT PROGRAM FOR CLINICAL OBSERVATION BY UNDERGRADUATE STUDENTS.

It is the sense of Congress that the pilot program described in section 3(a) should be designed to—

- (1) increase the awareness, knowledge, and empathy of future health professionals toward the health conditions common to veterans;
- (2) increase the diversity of the recruitment pool of future physicians of the Department; and
- (3) expand clinical observation opportunities for all students by encouraging students of all backgrounds to consider a career in the health professions.

SEC. 3. DEPARTMENT OF VETERANS AFFAIRS PILOT PROGRAM FOR CLINICAL OBSERVATION BY UNDERGRADUATE STUDENTS.

(a) **ESTABLISHMENT.**—The Secretary of Veterans Affairs shall carry out a pilot program for a one-year period, beginning not later than August 15, 2021, to provide certain students described in subsection (d) a clinical observation experience at medical centers of the Department of Veterans Affairs.

(b) **MEDICAL CENTER SELECTION.**—The Secretary shall carry out the pilot program under this section at not fewer than five medical centers of the Department. In selecting such medical centers, the Secretary shall ensure regional diversity among such selected medical centers.

(c) **CLINICAL OBSERVATION SESSIONS.**—

(1) **FREQUENCY AND DURATION.**—In carrying out the pilot program, the Secretary shall—

(A) provide at least one and not more than three clinical observation sessions at each medical center selected during each calendar year;

(B) ensure that each clinical observation session—

- (i) lasts between four and six months; and
- (ii) to the extent practicable, begins and ends concurrently with one or more academic terms of an institution of higher education (as defined in section 101 of the Higher Education Act of 1965 (20 U.S.C. 1001)); and

(C) ensure that the clinical observation sessions provided at a medical center have minimal overlap.

(2) **SESSIONS.**—The Secretary shall ensure that the pilot program consists of clinical observation sessions as follows:

(A) Each session shall allow for not fewer than five students nor greater than 15 students to participate in the session.

(B) Each session shall consist of not fewer than 20 observational hours nor greater than 40 observational hours.

(C) A majority of the observational hours shall be spent observing a health professional. The other observational hours shall be spent in a manner that ensures a robust, well rounded experience that exposes the students to a variety of aspects of medical care and health care administration.

(D) Each session shall provide a diverse clinical observation experience.

(d) **STUDENTS.**—

(1) **SELECTION.**—The Secretary shall select to participate in the pilot program under subsection (a) students who are—

- (A) nationals of the United States;
- (B) enrolled in an accredited program of study at an institution of higher education; and
- (C) referred by their institution of higher education following an internal application process.

(2) **PRIORITY.**—In making such selection, the Secretary shall give priority to each of the following five categories of students:

(A) Students who, at the time of the completion of their secondary education, resided in a health professional shortage area (as defined in section 332 of the Public Health Service Act (42 U.S.C. 254e)).

(B) First generation college students (as defined in section 402A(h)(3) of the Higher Education Act of 1965 (20 U.S.C. 1067q(a))).

(C) Students who have been referred by minority-serving institutions (as defined in section 371(a) of the Higher Education Act of 1965 (20 U.S.C. 1067q(a))).

- (D) Veterans (as defined in section 101 of title 38, United States Code).
- (E) Students who indicate an intention to specialize in a health professional occupation identified by the Inspector General of the Department under section 7412 of title 38, United States Code, as having a staffing shortage.
- (3) ASSIGNMENT TO MEDICAL CENTERS.—The Secretary shall assign students selected under paragraph (1) to medical centers selected under subsection (b) without regard for whether such medical centers have staffing shortages in any health professional occupation pursuant to section 7412 of title 38, United States Code.
- (e) OTHER MATTERS.—In carrying out the pilot program under this section, the Secretary shall—
 - (1) establish a formal status to facilitate the access to medical centers of the Department by student observers participating in the pilot program;
 - (2) establish standardized legal, privacy, and ethical requirements for the student observers, including with respect to—
 - (A) ensuring that no student observer provides any care to patients while participating as an observer; and
 - (B) ensuring the suitability of a student to participate in the pilot program to ensure that the student poses no risk to patients;
 - (3) develop and implement a partnership strategy with minority-serving institutions to encourage referrals;
 - (4) create standardized procedures for student observers;
 - (5) create an online information page about the pilot program on the internet website of the Department;
 - (6) publish on the online information page created under paragraph (5) the locations of such centers, and other information on the pilot program, not later than 180 days before the date on which applications are required to be submitted by potential student observers;
 - (7) identify medical centers and specific health professionals participating in the pilot program; and
 - (8) notify the Committees on Veterans' Affairs of the House of Representatives and the Senate of the medical centers selected under subsection (c) within 30 days of selection, to facilitate program awareness.
- (f) REPORT.—Not later than 180 days after the completion of the pilot program under subsection (a), the Secretary shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a report on the results of the pilot program, including—
 - (1) the number and demographics of all applicants, those accepted to participate in the pilot program, and those who completed the pilot program; and
 - (2) if participating institutions of higher education choose to administer satisfaction surveys that assess the experience of those who completed the pilot program, the results of any such satisfaction surveys, provided at the discretion of the institution of higher education.

PURPOSE AND SUMMARY

H.R. 2787, as amended, the Veterans-Specific Education for Tomorrow's Medical Doctors Act (VET MD Act), would require VA to carry out a three-year pilot program not fewer than five VA medical centers to provide undergraduate students a clinical observation experience. Representative Marcy Kaptur of Ohio introduced H.R. 2787 on June 6, 2017.

BACKGROUND AND NEED FOR LEGISLATION

According to testimony from the Partnership for Public Service in March 2016, VA's considerable recruitment and retention issues are worsened by an aging workforce that is increasingly retirement-eligible, creating concerns about the Department's ability to continue providing high-quality benefits and services to future generations of veterans.¹ In 2015, GAO found that 42% of VHA's over-

¹ <https://docs.house.gov/Committee/Calendar/ByEvent.aspx?EventID=108430>.

all senior leadership was eligible to retire and, by fiscal year 2019, one in five VA nurses would be eligible to retire.²

On June 21, 2018, the Government Accountability Office (GAO) testified at an oversight hearing of the Subcommittee on Health that the physician attrition rate at the Veterans Health Administration (VHA) is of particular concern given that the Health Resources and Services Administration (HRSA) anticipates that by 2025 the national demand for physician services will exceed supply.³ HRSA's office of Rural Health Policy Reported in 2017 that physician shortages were exacerbated in rural areas where communities struggle to attract and keep well-trained providers.⁴ This is particularly concerning for VHA, with nearly one in four VA Medical Centers located in rural areas.

H.R. 2787, as amended, seeks to provide opportunities to introduce future medical students to VHA. The Committee believes that early engagement with America's future physicians would help establish VA's candidacy as a future employer for these students. To that end, it would also serve to provide those future physicians familiarity with the medical conditions common among veterans.

HEARINGS

On June 13th, 2018, the Subcommittee on Health conducted a legislative hearing on a number of bills including H.R. 2787, as amended.

The following witnesses testified:

The Honorable Vicky Hartzler, U.S. House of Representatives, 4th District, Missouri; The Honorable Marcy Kaptur, U.S. House of Representatives, 9th District, Ohio; The Honorable Matt Cartwright, U.S. House of Representatives, 17th District, Pennsylvania; The Honorable Clay Higgins, U.S. House of Representatives, 3rd District, Louisiana; The Honorable Mike Bost, U.S. House of Representatives, 12th District, Illinois; The Honorable Jeff Denham, U.S. House of Representatives, 10th District, California; The Honorable Jennifer Gonzalez-Colon, U.S. House of Representatives, Puerto Rico; The Honorable Brad Wenstrup, U.S. House of Representatives, 2nd District, Ohio; Roscoe Butler, Deputy Director for Health Care, The American Legion; Jeremy Villanueva, Associate National Legislative Director, Disabled American Veterans; Kayda Keleher, Associate Director, Veterans of Foreign Wars of the United States; Jessica Bonjorni, Acting Assistant Deputy Under Secretary for Health for Workforce Services, U.S. Department of Veterans Affairs, who was accompanied by Dayna Cooper, MSN, RN, Director of Home and Community-Based Programs, Veterans Health Administration, U.S. Department of Veterans Affairs.

Statements for the record were submitted by:

American Orthotic and Prosthetic Association, Paralyzed Veterans of America, and Military Officers Association of America.

² <https://www.gao.gov/assets/690/681805.pdf>.

³ <https://docs.house.gov/Committee/Calendar/ByEvent.aspx?EventID=108430>.

⁴ Department of Health and Human Services, Health Resources and Services Administration, *Designated Health Professional Shortage Areas Statistic*.

SUBCOMMITTEE CONSIDERATION

On June 27, 2018, the Subcommittee on Health met in open markup session, a quorum being present, and favorably forwarded H.R. 2787, as amended, to the Full Committee. During consideration of the bill, the following amendments were considered and agreed to by voice vote:

An amendment in the nature of a substitute, offered by Representative Takano of California, which would clarify that it is the sense of Congress that the pilot is intended for recruitment and educational purposes.

An amendment offered by Representative Dunn of Florida, which would make technical and clarifying corrections to medical professional terminology.

COMMITTEE CONSIDERATION

On July 12, 2018, the full Committee met in open markup session, a quorum being present, and ordered H.R. 2787, as amended, to be reported favorably to the House of Representatives by voice vote.

COMMITTEE VOTES

In compliance with clause 3(b) of rule XIII of the Rules of the House of Representatives, there were no recorded votes taken on amendments or in connection with ordering H.R. 2787, as amended, reported to the House. A motion by Representative Walz of Minnesota to report H.R. 2787, as amended, favorably to the House of Representatives was adopted by voice vote.

COMMITTEE OVERSIGHT FINDINGS

In compliance with clause 3(c)(1) of rule XIII and clause (2)(b)(1) of rule X of the Rules of the House of Representatives, the Committee's oversight findings and recommendations are reflected in the descriptive portions of this report.

STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

In accordance with clause 3(c)(4) of rule XIII of the Rules of the House of Representatives, the Committee's performance goals and objectives are to increase opportunities for recruitment of future health professionals at VHA and to educate future health professionals about the medical conditions common among veterans.

NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

In compliance with clause 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee adopts as its own the estimate of new budget authority, entitlement authority, or tax expenditures or revenues contained in the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

EARMARKS AND TAX AND TARIFF BENEFITS

H.R. 2787, as amended, does not contain any Congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI of the Rules of the House of Representatives.

COMMITTEE COST ESTIMATE

The Committee adopts as its own the cost estimate on H.R. 2787, as amended, prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

Pursuant to clause 3(c)(3) of rule XIII of the Rules of the House of Representatives, the following is the cost estimate for H.R. 2787, as amended, provided by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974:

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, July 18, 2018.

Hon. PHIL ROE, M.D.,
*Chairman, Committee on Veterans' Affairs,
House of Representatives, Washington, DC.*

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for H.R. 2787, the Veterans-Specific Education for Tomorrow's Health Professionals Act.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Ann E. Futrell.

Sincerely,

MARK P. HADLEY
(For Keith Hall, Director).

Enclosure.

H.R. 2787—Veterans-Specific Education for Tomorrow's Health Professionals Act

By August 15, 2021, H.R. 2787 would require the Department of Veterans Affairs (VA) to establish a one-year pilot program to allow undergraduate students to observe health professionals at the department. Under this program, VA would hold 15 observation sessions spread across five medical facilities. Each session would last several months and, to the extent practicable, run concurrently with a normal academic term. On the basis of information from VA, CBO expects that the department would need the following staff to operate the pilot program:

- A nurse program manager (at an average compensation of \$132,000);
- An education program specialist (at an average compensation of \$111,000);
- A staff assistant to manage the pilot program (at an average compensation of \$78,000); and,
- Five site coordinators to oversee the program at each location (at an average compensation of \$94,000).

CBO expects that VA would need support staff prior to the onset of the program to select participants and at the end of the program to prepare a report for the Congress. On that basis, CBO estimates that this bill would cost of \$2 million over the 2019–2023 period; any spending would be subject to the availability of appropriated funds.

Enacting H.R. 2787 would not affect direct spending or revenues; therefore, pay-as-you-go procedures do not apply.

CBO estimates that enacting H.R. 2787 would not increase net direct spending or on-budget deficits in any of the four consecutive 10-year periods beginning in 2029.

H.R. 2787 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act.

The CBO staff contact for this estimate is Ann E. Futrell. The estimate was reviewed by Leo Lex, Deputy Assistant Director for Budget Analysis.

FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates regarding H.R. 2787, as amended, prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

ADVISORY COMMITTEE STATEMENT

No advisory committees within the meaning of section 5(b) of the Federal Advisory Committee Act would be created by H.R. 2787, as amended.

STATEMENT OF CONSTITUTIONAL AUTHORITY

Pursuant to Article I, section 8 of the United States Constitution, H.R. 2787, as amended, is authorized by Congress' power to "provide for the common Defense and general Welfare of the United States."

APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that H.R. 2787, as amended, does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

STATEMENT ON DUPLICATION OF FEDERAL PROGRAMS

Pursuant to clause 3(c)(5) of rule XIII of the Rules of the House of Representatives, the Committee finds that no provision of H.R. 2787, as amended, establishes or reauthorizes a program of the Federal Government known to be duplicative of another Federal program, a program that was included in any report from the Government Accountability Office to Congress pursuant to section 21 of Public Law 111–139, or a program related to a program identified in the most recent Catalog of Federal Domestic Assistance.

DISCLOSURE OF DIRECTED RULEMAKING

Pursuant to section 3(i) of H. Res. 5, 115th Cong. (2017), the Committee estimates that H.R. 2787, as amended, contains no di-

rected rulemaking that would require the Secretary to prescribe regulations.

SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1. Short title

Section 1 of the bill would establish the short title as the “Veterans-Specific Education for Tomorrow’s Medical Doctors (VET MD) Act.”

Section 2. Pilot program for clinical observation by pre-med students

Section 2 of the bill would establish three-year pilot program at no fewer than five VA medical facilities to provide clinical observation experience to undergraduate students with the goals of improving physician recruitment and increasing awareness among future medical professionals of conditions common to veterans.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

If enacted, this bill would make no changes in existing law.