



CONGRESSIONAL TESTIMONY

STATEMENT FOR THE RECORD

**AMERICAN FEDERATION OF GOVERNMENT
EMPLOYEES, AFL-CIO**

**PROVIDED TO THE
SENATE COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES SENATE**

MAY 24, 2016

Chairman Isakson, Ranking Member Blumenthal, Members of the Committee, thank you for the opportunity to present the views of the American Federation of Government Employees, AFL-CIO and its National Veterans Affairs Council (AFGE). AFGE represents nearly 700,000 non-management federal employees. Over forty percent of AFGE members are veterans working in the VA, Department of Defense, Department of Homeland Security and many other agencies. AFGE represents nearly 230,000 VA employees working in the Veterans Health Administration (VHA), Veterans Benefits Administration (VBA), and National Cemetery Administration (NCA).

S. 2049

AFGE supports efforts to provide non-Departmental providers with information that enable them to provide quality, appropriate care to veterans when non-VA care is needed. However, AFGE is very concerned about the cost of setting up such a massive non-VA continuing medical education (CME) program and its impact on VA's information technology system and the availability of funds for CME for VA's own providers. Therefore, AFGE urges the Committee to address the more urgent and longstanding problem of lack of adequate support for the CME needs of VA providers. VA physicians and dentists are entitled to a woefully inadequate amount of CME reimbursement under 38 USC 7411. The \$1000 maximum reimbursement level has not been updated since 1991. Many other health care employers provide 3-4 times as much reimbursement. Other VA medical professionals who also need CME to maintain their licenses and credentials often get no reimbursement because managers have complete discretion over this matter and frequently assert a lack of funds for CME.

Alternative recommendations:

- *Amend 38 USC 7422 to provide VA physicians and dentists with a competitive amount of CME reimbursement.*
- *Conduct oversight of the CME needs of other VA medical professionals.*

S. 2896

AFGE strongly opposes this bill to make the Choice Program permanent. AFGE believes that it is premature to establish a permanent Choice program at this time. AFGE urges the Committee to defer any action that would make what reports suggest is a flawed temporary program permanent halfway through its authorization period. Instead, Congress should conduct immediate oversight of the many serious problems that veterans are experiencing in trying to access non-VA care under the current pilot program.

Congress established the current Choice program as a temporary fix to severe access problems. The current Choice program does not expire until the end of FY2017. It is too early to determine whether the current pilot program has been a success or failure, and whether its high price tag and adverse impact on VA's own capacity justifies its continuation.

Since enactment of the Choice Act, the Department has made significant progress toward its goal of hiring more front-line clinicians and support personnel who provide veterans with the exemplary health care services that they rate highly and strongly prefer. We also note that there is bipartisan support in the Committee to implement VA's Congressionally-mandated plan to consolidate non-VA care programs.

Veterans deserve great care and strong accountability from VA and non-VA providers alike. Therefore, we strongly recommend that the Committee take adequate time to address the many troubling reports regarding the Choice Act that have been made by veterans and the VA health care personnel trying to assist them. These include the Choice Program's alleged failure to provide community clinics with consults containing diagnoses and physician instructions, or alert veterans that their evaluations have been scheduled, or notify the VA that a non-VA appointment has been made. This last item has resulted in many wasted in-house appointment slots.

In addition, many veterans are being harassed by bill collectors in connection with Choice Act care. Veterans face longer wait times for in-house VA care because the VA employees assisting them often have to spend hours on the phone trying to deal with HealthNet and TriWest. Similarly, short staffing at VA's own primary clinics has worsened because staff have to be diverted to the time-consuming Choice referral process. AFGE has also received reports of providers under pressure to act outside the scope of their licenses to justify referrals to non-VA providers.

Alternative recommendations:

- *Conduct additional oversight of impact of Choice on quality and access of non-VA care and on VA's in-house capacity to provide timely care during the remainder of the pilot program period.*
- *Expedite implementation of VA's plan to consolidate non-VA care programs.*

Discussion Draft on VA proposal to modify requirements related to comp and pen exams

AFGE strongly opposes this discussion draft bill. This bill would greatly increase the burden that veterans must meet to prove their claims. The proposed requirement for "objective evidence" would arbitrarily and significantly raise the evidentiary threshold for triggering a VA comp and pen exam. Without VA exams, many veterans will not be able to be able to provide sufficient evidence of their meritorious claims.

This draft bill is likely to result in additional appeals, impacting both the veteran waiting even longer to receive an accurate decision on his or her claim, and worsening the appeals backlog for other veterans with pending appeals.

Thank you for considering the views of AFGE.