



# CONGRESSIONAL TESTIMONY

**STATEMENT FOR THE RECORD**

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

**PROVIDED TO THE**

**HOUSE COMMITTEE ON VETERANS' AFFAIRS**

**SUBCOMMITTEE ON HEALTH**

**ON**

**PENDING AND DRAFT LEGISLATION**

**JUNE 13, 2018**

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Chairman Wenstrup, Ranking Member Brownley and Members of the Subcommittee:

The American Federation of Government Employees, AFL-CIO (AFGE) and its National Veterans Affairs Council (NVAC) appreciate the opportunity to submit a statement for the record on pending legislation.

AFGE represents nearly 700,000 federal employees, including 250,000 front-line employees at the Department of Veterans Affairs (VA) providing medical care, mental health treatment and other essential services to our nation's veterans.

**H.R. 6066, To improve productivity of the management of Department of Veterans Affairs health care, and for other purposes**

AFGE and NVAC strongly oppose expanding management authority to measure VA provider productivity through relative value units (RVUs). RVUs fail to measure the many essential services that bring value to the VA's mission of treating the complex needs of our wounded warriors, including coordination of care, clinical research, palliative care, triage, clinician training, dietary counseling, chemotherapy teaching, and pre-op and post-op care among many other routine VA medical center activities.

This bill ignores that far greater urgency of filling the thousands of unfilled VA provider positions that have placed VA providers under tremendous pressure to care for veterans with complex needs while operating with excessive panel sizes, large numbers of unassigned patients, and daily additional responsibilities such as responding to computer view alerts and following up on lab reports.

In addition, as GAO noted in its May 2017 report on clinical productivity and efficiency (GAO-17-480), VA could achieve significant increases in productivity through

the hiring of additional support staff and improved infrastructure including both exam and procedure rooms and adequately equipped facilities.

In the words of one of our discouraged VA front line physicians “When RVUs are applied to physicians it places quantity over quality of care. People are not widgets and the principles of mass production should not be applied to patient care or we unduly increase the risk of adverse patient outcomes”.

Veterans using the VA deserve better. Only the VA provides them with adequate time to be properly diagnosed, treated, and referred to the appropriate additional care. RVUs were designed for for-profit health care and have absolutely no place in the VA health care system. As another frontline clinician commented, “Billing codes and encounter codes don’t capture the veteran’s care accurately. You can’t quantify this unique type of care with coding.”

Furthermore, the unilateral use of RVUs to measure VA in-house provider productivity would exacerbate the double standard already in place that fails to measure the quality and access of private sector care, thus depriving veterans of making an informed decision about whether to seek care in the VA or use a Choice provider.

#### **H.R. 2787, the Veterans-Specific Education for Tomorrow’s Medical Doctors Act**

AFGE supports H.R. 2787. This bill would increase opportunities for pre-medical undergraduate students to gain clinical observation experiences at VA medical facilities. The intent of the bill is to expose future physicians to veteran-centric care, increase the diversity of the medical profession and address the nation’s physician shortage. AFGE supports H.R. 2787.

**H.R. 3696, the Wounded Warrior Workforce Enhancement Act**

AFGE and NVAC take no position on H.R. 3696, a bill to award educational grants to expand master's degree programs in orthotics and prosthetics.

**H.R. 5521, the VA Hiring Enhancement Act**

AFGE and NVAC take no position on H.R. 5521, a bill that would make preexisting non-compete clauses nonapplicable to VA health care personnel appointed under Title 38, and that would authorize physician appointments on a contingent basis prior to the completion of medical training.

**H.R. 5693, the Long-Term Care Veterans Choice Act**

AFGE and NVAC take no position on this bill on medical foster homes.

**H.R. 5864, the VA Hospitals Establishing Leadership Performance Act**

AFGE and NVAC support this bill to establish standards and performance measures for all Veterans Health Administration human resources (HR) positions, but we also urge additional training and modernization of the Department's HR workforce to reduce the widespread violation of workplace rights and compensation laws applicable to VA employees.

**H.R. 5938, the Veterans Serving Veterans Act of 2018**

AFGE and NVAC take no position on this bill expanding VA job opportunities for active duty personnel.

**H.R. 5974, the Department of Veterans Affairs Creation of On-Site Treatment Systems Affording Veterans Improvements and Numerous General Safety Enhancements Act**

AFGE and NVAC take no position on this bill on VA medical waste treatment systems but commends the intent of the bill to reduce costs by taking steps to insource this function back to VA medical centers and reduce reliance on costly contractors.

Thank you.