

108TH CONGRESS  
1ST SESSION

# H. R. 1951

To amend title 38, United States Code, to improve patient care and working conditions at the Veterans Health Administration of the Department of Veterans Affairs.

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## IN THE HOUSE OF REPRESENTATIVES

MAY 5, 2003

Mr. LYNCH (for himself and Mr. QUINN) introduced the following bill; which was referred to the Committee on Veterans' Affairs

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## A BILL

To amend title 38, United States Code, to improve patient care and working conditions at the Veterans Health Administration of the Department of Veterans Affairs.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “VA Medical Workforce  
5 Enhancement Act of 2003”.

6 **SEC. 2. FINDINGS AND PURPOSES.**

7 (a) FINDINGS.—The Congress finds as follows:

8 (1) The United States is currently facing crit-  
9 ical workforce shortages in all areas of hospital oper-

1 ations, including both clinical and nonclinical oper-  
2 ations.

3 (2) As its workforce ages, the Veterans Health  
4 Administration of the Department of Veterans Af-  
5 fairs is facing a loss of staff through retirement at  
6 a time of staffing shortages across all areas of hos-  
7 pital operations.

8 (3) The demand for health professionals will  
9 grow as the “Baby Boom” generation retires and  
10 adds to an already burgeoning population of elderly  
11 requiring more extensive health services.

12 (4) There are not enough nurses and health  
13 care providers to care for veterans who are on the  
14 Department of Veterans Affairs waiting lists. Dur-  
15 ing the current nationwide nursing shortage, the De-  
16 partment of Veterans Affairs must replace up to 5.3  
17 percent of its registered nurses each year just to  
18 keep pace with the loss from nurses who retire.

19 (5) The number of nurses retiring in the next  
20 10 years is expected to far exceed the number of  
21 new nurses joining the workforce, resulting in a na-  
22 tionwide nursing shortage.

23 (6) This shortage will certainly affect health  
24 care facilities of the Department of Veterans Affairs,  
25 which, like many other health care facilities, are al-

1 ready seeing a shrinking pool of highly trained  
2 nurses.

3 (7) Nursing care is vital to providing the best  
4 patient care possible and, as the nursing shortage  
5 worsens, care for veterans who have sacrificed much  
6 for the liberties and freedoms enjoyed by the Amer-  
7 ican people will suffer.

8 (8) In order to meet the increasing demand  
9 from veterans in need of health care, the Depart-  
10 ment of Veterans Affairs must be aggressive in its  
11 efforts to recruit and retain its nursing staff.

12 (9) The failure to maintain adequate staffing  
13 levels can harm veterans under the Department's  
14 care. There is a clear link between nurse-to-patient  
15 ratios and patient successes. For every additional  
16 patient over four in a nurse's workload, the risk of  
17 death increases by 7 percent for surgical patients.  
18 Unfortunately, many Department of Veterans Af-  
19 fairs' facilities do not meet the threshold safe ratio  
20 of four medical/surgical patients per nurse. Some fa-  
21 cilities have six, seven, or eight surgical patients per  
22 nurse.

23 (10) There are acute shortages plaguing other  
24 critical healthcare staff including pharmacists, radi-

1 ology, and laboratory technologists and other ancil-  
2 lary professionals.

3 (11) Thirty-one percent of medical technologists  
4 of the Department of Veterans Affairs are eligible  
5 for or nearing retirement.

6 (12) Nearly 20 percent of the pharmacy techni-  
7 cians of the Department of Veterans Affairs have  
8 between 20 and 34 years of Government service.

9 (13) One-quarter of the nursing assistants of  
10 the Department of Veterans Affairs have between 20  
11 and 34 years of Government service and, therefore,  
12 are eligible for or nearing retirement.

13 (14) The lack of allied health care workers and  
14 hospital support staff on the weekends hurts direct  
15 patient care. Without support staff, nurses are  
16 forced to devote less time on direct patient care in  
17 order to transport patients, clean the wards, and  
18 perform other duties typically done by nursing as-  
19 sistants, housekeepers, and other ancillary staff.  
20 Providing a premium pay for regular weekend shifts  
21 will help maintain adequate levels of support staff on  
22 the weekends.

23 (15) Ongoing education is important to main-  
24 tain high standards of professionalism in nursing  
25 care. The Department of Veterans Affairs should en-

1 courage the professional development of its nursing  
2 staff through ongoing educational programs and  
3 through funding opportunities to support nurses in  
4 achieving a baccalaureate or masters degree in nurs-  
5 ing.

6 (b) PURPOSES.—The purposes of this Act are the fol-  
7 lowing:

8 (1) To clarify that the Secretary of Veterans  
9 Affairs and labor organizations representing health  
10 care employees can work together to improve patient  
11 care by allowing the Secretary the option of negotia-  
12 tion with exclusive employee representatives over  
13 safe staffing levels to ensure that veterans are pro-  
14 vided with high quality care.

15 (2) To improve the consistency, legitimacy, and  
16 fairness in the nurse pay and promotion system of  
17 the Veterans Health Administration by allowing the  
18 Secretary of Veterans Affairs and labor organiza-  
19 tions to negotiate the process by which nurses and  
20 other health care professionals are promoted.

21 (3) To provide for additional pay for Saturday  
22 tours of duty for additional health care workers in  
23 the Veterans Health Administration.

1           (4) To provide for a program to be conducted  
2           by the Secretary of Veterans Affairs to assess the  
3           benefits of establishing a nurse preceptor program.

4 **SEC. 3. ENHANCING SAFETY AND QUALITY OF PATIENT**  
5 **CARE.**

6           Section 7422 of title 38, United States Code, is  
7 amended—

8           (1) by redesigning subsection (e) as subsection  
9           (f); and

10           (2) by inserting after subsection (d) the fol-  
11           lowing new subsection (e):

12           “(e) Nothing in subsection (b), (c), or (d) precludes  
13 the Secretary and any labor organization representing em-  
14 ployees of the Veterans Health Administration from enter-  
15 ing into a collective bargaining agreement, at the election  
16 of the Secretary, with respect to—

17           “(1) the numbers, types, and grades of employ-  
18           ees or positions assigned to any medical facility, clin-  
19           ic, or organizational subdivision;

20           “(2) the number of patients assigned to employ-  
21           ees referred to in section 7401 of this title who are  
22           physicians, physicians assistants, or nurses; and

23           “(3) employee-to-patient ratios for employees  
24           referred to in section 7401 of this title other than  
25           those specified in paragraph (2).”.

1 **SEC. 4. IMPROVEMENTS TO THE RETENTION AND RECRUIT-**  
2 **MENT OF HEALTH CARE PROFESSIONALS.**

3 Section 7403 of title 38, United States Code, is  
4 amended by adding at the end the following new sub-  
5 sections:

6 “(h) Nothing in this section, or in subsection (b), (c),  
7 and (d) of section 7422 of this title, shall limit the right  
8 or ability of any labor organization representing employees  
9 in the Veterans Health Administration to engage in collec-  
10 tive bargaining with respect to the promotion processes  
11 established pursuant to this section.

12 “(i) In a case in which a registered nurse has accom-  
13 plished the performance elements for promotion to the  
14 next grade, the lack of a specific type of educational de-  
15 gree shall not be an impediment to promotion, and in such  
16 a case the registered nurse shall not be denied a promotion  
17 on that basis.”.

18 **SEC. 5. ADDITIONAL PAY FOR SATURDAY TOURS OF DUTY**  
19 **FOR ADDITIONAL HEALTH CARE WORKERS IN**  
20 **THE VETERANS HEALTH ADMINISTRATION.**

21 (a) IN GENERAL.—Section 7454(b) of title 38,  
22 United States Code, is amended by adding at the end the  
23 following new paragraph:

24 “(3) Employees appointed under section 7408 of this  
25 title shall be entitled to additional pay on the same basis  
26 as provided for nurses in section 7453(c) of this title.”.

1 (b) APPLICABILITY.—The amendment made by sub-  
2 section (a) shall apply with respect to pay periods begin-  
3 ning on or after the date of the enactment of this Act.

4 **SEC. 6. NURSE PRECEPTOR PROGRAM.**

5 (a) NATURE OF PROGRAM.—The Secretary of Vet-  
6 erans Affairs shall carry out a nurse preceptor program  
7 to develop nurse preceptors who will act as mentors to  
8 newly hired registered nurses at Department of Veterans  
9 Affairs health care facilities.

10 (b) STRUCTURE OF PROGRAM.—The nurse preceptor  
11 program shall include the following:

12 (1) For registered nurses interested in becom-  
13 ing nurse preceptors, intensive training and screen-  
14 ing programs.

15 (2) For registered nurses selected to be nurse  
16 preceptors—

17 (A) a rigorous 26-week training program;

18 (B) continuous professional development  
19 classes; and

20 (C) a salary increase equivalent to 5 per-  
21 cent of gross annual salary for any period dur-  
22 ing which the nurse functions as a nurse pre-  
23 ceptor.

24 (c) ANNUAL REPORT TO CONGRESS.—Each year  
25 after the date of the enactment of this Act, the Secretary



1 shall submit to the Committees on Veterans' Affairs of  
2 the Senate and the House of Representatives a report on  
3 the effectiveness and usefulness of the nurse preceptor  
4 program. The Secretary shall include in each report the  
5 following:

6           (1) The Secretary's assessment of the benefits  
7           to veterans of the program.

8           (2) The Secretary's assessment of the effect of  
9           the program on the Department of Veterans Affairs,  
10          including the effect on retention of a qualified nurs-  
11          ing staff.

12          (3) Any other findings and conclusions of the  
13          Secretary with respect to the program.

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