

FEDERAL PHYSICIAN



4

Details of the changes to student loan forgiveness

5

Prohibited political activities of federal physicians

8

Employees rate working at public health agencies

11

Political interference in scientific decision-making

2023 Pay Increase; More Employees Covered by Locality Pay

2023 Pay Increase

House and Senate funding bills are silent on the amount of the 2023 pay increase, which means the President's proposed increase of 4.6 percent will likely go into effect on January 1, 2023. As in prior years the increase would be split between the across-the-board increase and locality pay, which is estimated at .5 percent for 2023. The final 2023 federal pay increase will be issued by the President in December.

The Federal Salary Council, which is made up of three experts in labor relations and pay policy and six representatives of trade unions and other employee organizations, recently released its annual report on the federal-private sector pay gap and concluded that the gap is now 22.47 percent. The pay disparity is calculated based on wages only, and doesn't include the value of benefits for the public and private sectors which is why many doubt the validity of the pay gap.

Locality Pay

The Council has agreed to recommend adding Fresno, CA and Spokane, WA to the list of locality pay areas and recommended that Reno, NV and

Rochester, NY be considered for addition to locality areas. In addition, the Council recommended adding the following locations: Emporia, Va., and Greensville County, Va., to the Richmond locality; Dukes and Nantucket counties in Massachusetts to the Boston locality; Huron County, Mich., to the Detroit locality; and Pacific and San Juan counties in Washington State to the Seattle locality.

The Council also revised the criteria for designating an area a locality pay area to increase the number of employees eligible to be included. The old criteria was based on the number of employees; the new criteria considers commuting distance. This change adds about 15,400 employees to the 24 locality pay areas.

The complete report of the Council is at <https://federalnewsnetwork.com/wp-content/uploads/2022/08/FSC-WG-Report-for-2023-Loc-Pay.pdf>

Increases for Capped Federal Employees

According to federal law, salaries for General Schedule federal employees can't exceed the pay rate for Executive Schedule level IV employees, currently \$176,300. This law reduces the impact of the annual pay increases for top-ranked GS-15s because they

See PAY page 2

Congress and VA Working on Several Initiatives to Deal with Health Care Staffing Shortages

On July 7, the Office of the Inspector General (OIG), Department of Veterans Affairs, released its annual report on "OIG Determination of Veterans Health Administration's Occupational Staffing Shortages Fiscal Year 2022"

The VA Choice and Quality Employment Act of 2017 (VCQEA) requires the OIG to determine, annually, a minimum of five clinical and five nonclinical Veterans Health Administration (VHA) occupations with the largest staffing shortages within each VHA medical center (facility).

In the ninth report the most significant findings in this year's report include the following:

- Facilities reported 2,622 severe occupational staffing shortages across 285 occupations in FY 2022. This was an increase from 2,152 severe occupational staffing shortages across 256 occupations in FY 2021, which ended the annual decreasing trend during FY 2018–FY 2021.
- Eighty-seven percent of facilities reported severe occupational staffing shortages for Medical Officer.
- One hundred thirty-nine facilities (every facility the OIG surveyed) reported at least one severe occupational staffing shortage, which was an increase from 136 in FY 2021.

See VA STAFFING page 3

Federal Health Care Workers are Quitting at a Higher Rate than Other Federal Workers

On August 2, the Partnership for Public Service released a report on: “Who is quitting and retiring: Important fiscal 2021 trends in the federal government.” The report analyzed the attrition rate for the period October 2020 through September 2021 and noted that the attrition rate was 6.1 percent, slightly higher than the FY 2020 rate of 5.5 percent, but not

much different from FY 2018 or FY 2019. The retirement rate for FY 2021 was 3.2 percent.

The Department of Veterans Affairs had the highest attrition rate-7.1 percent. The attrition rate at the Department of Health and Human Services was 5.5 percent. The attrition rate for health occupations in fiscal 2021 was 7.1%, a percentage

higher than the government-wide average. This mirrors trends in the private sector, where low morale and pandemic-related stress have caused an estimated 20% of health care workers to leave their positions in just over two years. This decrease is especially concerning given that the pandemic is ongoing and continues to require a robust, whole-of-government response.

PAY from page 1

cannot receive their full increase. In some locality areas, the pay cap affects GS-15 step 4 employees and some high level employees have not seen any pay increase in years.

Legislation has been introduced to address the pay cap with the following language:

“[T]he payable rate for an employee serving in an Executive Schedule position, or in a position for which the rate of pay is fixed by statute at an Executive Schedule rate, shall be increased by 4.6 percent (relative to the preexisting rate actually payable) at the time the official rate is adjusted in January 2023.”

Because most federal physicians are not on the GS pay scale, the effect of the cap is minimal on them.

Legislation to Create “At Will” Federal Employees

At the end of the past administration, the President created a Schedule F appointment classification service. It would have contained policy-related positions, removing their civil service protections and making it easy to fire tens thousands of federal employees. In late July a group of House Republicans introduced H.R. 8550, the Public Service Reform Act, to make federal workers at-will employees and eliminate the ability of employees to appeal adverse personnel actions. It would abolish the Merit Systems Protection Board.

Except for EEOC or whistleblower actions, the only way a federal employee would be able to fight their termination would be by appealing to the very manager who proposed firing them. The bill could affect some Medical Officers who are in policy positions.

The House passed Department of Defense Authorization Act includes language to prohibit future moves to create a Schedule F classification. The Senate authorization bill does not have any text addressing the Schedule F issue.

OPM Issues Guidance on Parental Bereavement Leave

The Office of Personnel Management (OPM) has issued guidance to agencies on the new two-weeks of bereavement leave available to full-time employees in connection with the death of a parent’s child under the age of 18. Employees who used other leave for bereavement purposes since December 27, 2021 may be allowed to substitute bereavement leave for the other leave used upon approval of the agency. The leave is separate from any other type of leave. The detailed OPM guidance on the new leave benefit is available at: <https://www.chcoc.gov/content/parental-bereavement-leave>.



Federal Physician

*The News Magazine of the
Federal Physicians Association*

ISSN# 1070-9029

The *Federal Physician* is edited by
Dennis W. Boyd, and published by

Federal Physicians Association
284 Costa Rica
Edgewater, FL 32141
www.fedphy.org

Send address changes to FPA at the
address or website listed above.

Articles may be reprinted as long as the
source is identified as the Federal Physicians
Association.

Advertising rates and specs may be obtained
from the FPA office. FPA reserves the right
to authorize printing of advertising copy
submitted. Contact the FPA office at
1-800-403-3374 for more information.

FEDERAL PHYSICIANS ASSOCIATION

*Views expressed are those of the Federal
Physicians Association and are not
Department or Agency positions.*

Congress has passed several laws to mitigate the VA physician staffing shortages, the largest and most recent was the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics (Honoring Our PACT) Act. While the public's focus on the Act was primarily on dealing with veterans exposed to toxic burn pits, the Act included an entire section, 901, on improving VA recruitment and retention policies for health care workers.

Section 901 includes:

Authority to buy-out service contracts for certain health care professionals in exchange for employment at a rural or highly rural facilities of the VA for not less than four years.

The Act expands recruitment and retention bonuses and awards for critical skills that cannot exceed 25 percent of base pay. These awards are not considered part of basic pay.

It authorizes the VA Secretary to establish a "Superior Accomplishments and Performance Awards" and an "Executive Performance Award" program.

It authorizes the VA Secretary to adjust the leave balance and carryover leave balance of any employee, including physicians to ensure any leave accrued or carried over before the date of the enactment of this Act remains available to such employee.

Section 907 allows the Secretary to waive any annual premium or aggregate limitation on pay for an employee of the Veterans Health Administration for the calendar year during which—

"(1) the official duty station of the employee is closed; or

"(2) the office, facility, activity, or organization of the employee is realigned.

And the Secretary may waive any annual premium or aggregate limitation on pay for an employee of the Department whose primary duties include providing expanded care for veterans exposed to open burn pits.

The Act states that the Secretary may pay a recruitment, relocation or retention bonuses and may grant cash awards

without regard to any requirements for certification or approval.

The Act states that the Secretary may provide a critical skill incentive to an employee in a case in which the Secretary determines "(A) the employee possesses a high-demand skill or skill that is at a shortage; (B) such skill is directly related to the duties and responsibilities of the employee's position; and (C) employment of an individual with such skill in such position serves a critical mission-related need of the Department. An incentive provided to an employee may not to exceed 25 percent of the basic pay of the employee and the incentive shall be contingent on the employee entering into a written agreement to complete a period of employment with the Department. An incentive provided shall not be considered basic pay for any purpose.

Section 909 states that the Secretary may repay a student loan subject to such terms, limitations, or conditions as may be mutually agreed to by the Secretary and the employee concerned, except that the amount paid by the Secretary under this subsection may not exceed—

"(A) \$40,000 for any employee in any calendar year; or

"(B) a total of \$100,000 in the case of any employee.

The Act also provides expedited hiring authority.

Hire Veteran Health Heroes Act of 2021

Another law to address VA physician recruitment was P.L. 117-67, the Hire Veteran Health Heroes Act, requires the Department of Veterans Affairs (VA) to consult with the Department of Defense to identify and refer members of the Armed Forces with health care occupations for employment with the VA during their separation from the Armed Forces. The VA must refer interested members to a recruiter for consideration of open positions in the member's specialty and geographic area. Referrals must not be made earlier than one year before the member's separation from the Armed Forces.

RAISE Act

Another law, the RAISE Act, to address health care professional shortages was passed in March. It authorizes the increase of the maximum rate of basic pay to \$226,300 for 2022 for Advanced Practice Nurses and Physician Assistants (PAs), to \$203,700 for 2022 for Registered Nurses (RNs), and to \$176,300 for 2022 for any other covered positions.

VA Human Infrastructure Plan

Earlier this year, Secretary McDonough announced a human infrastructure plan to invest in VA employees. Among the 10 steps in the plan are:

- Maximize bonuses and retention incentives by waiving limits on bonuses for work done during the pandemic and increasing retention incentives.
- Expedite the hiring process by better leveraging hiring authorities and redesigning the national onboarding process.
- Offer greater flexibility in where employees work by maximizing opportunities to increase availability to work outside the traditional workspace whenever and wherever possible.
- Help cover the cost of childcare by increasing the income cap from \$89,000 to \$149,000 per year to receive a childcare subsidy through VA.
- Protect employees from COVID-19 by pursuing the latest workplace safety measures, offering all employees N95 masks for voluntary use and enforcing the vaccine requirement for all health care personnel.

The Federal Physicians Association plans to write to agency heads of other public health agencies to advise them on these VA health care staffing incentives and to consider including them in their physician recruitment and retention programs.

Beneficial Changes made to Student Loan Forgiveness-More Changes Coming

The Public Service Loan Forgiveness (PSLF) program allows qualifying federal student loans to be forgiven after 120 qualifying payments (10 years), while working for a qualifying public service employer, including government organizations at any level (U.S. federal, state, local, or tribal).

Because of PSLF's complicated eligibility criteria, and due to alleged mismanagement of the program by the Department of Education and its contracted loan servicers, the program suffered from extraordinarily high denial rates of 98% or more.

Last fall, the Administration announced actions to allow more employees to qualify for loan forgiveness under the PSLF. The Department of Education announced a time-limited waiver so that student borrowers can count payments from all federal loan programs including the Federal Family Education Loan program, and other repayment plans toward forgiveness. This included loan types and payment plans that were not previously eligible.

There is an online website to help borrowers apply for the program at: <https://studentaid.gov/pslf/>

This one-time waiver expires October 31, 2022.

The Department of Education also announced other changes to the program, including opportunities to automate PSLF eligibility and give borrowers a way to get errors corrected.

Since the waiver was announced, *Forbes* reports that \$7.3 billion has been forgiven.

Additional Changes Proposed for Implementation in July 2023

In late July, the Department of Education announced a proposal to improve federal student loan relief programs, like the PSLF program. Under these new regulations, borrowers could have an easier time managing their student loan balances and receiving student loan forgiveness promised by the government.

The new proposal should make it easier for borrowers working in public service to obtain forgiveness. Specifically, the Department proposes allowing more

payments to qualify for PSLF by allowing lump sum, late payments, and certain kinds of deferments and forbearances to count toward PSLF.

Additionally, the Department proposes to create a formal reconsideration process in the regulations for borrowers whose applications are denied. These proposed regulatory changes would build on parts of the limited PSLF waiver that the Department announced in October 2021.

Key provisions of the proposed regulations will be published on the Federal Physicians Association website.

Also included in the proposed rule is a provision to protect borrowers from seeing their balances balloon by removing instances of interest capitalization wherever it is not required by statute. Interest capitalization occurs when accrued interest is added to the principal balance of the loan, so that future interest accrues on a higher amount and the borrower ultimately owes more on their loans. The Department's proposed regulations would eliminate capitalization when a borrower enters repayment, exits forbearance, defaults on a student loan, and upon exiting most of the income-driven repayment plans.

Federal Student Loan Repayment for Behavioral Health Providers

A recent Congressional Research Service (CRS) report notes that there have been long-standing concerns about the availability of behavioral health (i.e., mental health and substance use) treatment services overall and in specific geographic areas. One option pursued to increase the availability of these services has been to provide student loan repayment benefits to individuals in specified behavioral health professions in exchange for providing health services in specific locations. The eligible types of behavioral health providers vary by loan repayment program, but generally include psychiatrists and psychologists.

In addition, some agencies that seek to recruit and retain health providers at federal facilities—such as military treatment facilities, Veterans Affairs health facilities,

and facilities operated or funded by the Indian Health Service have loan repayment and forgiveness programs.

The NHSC LRP is the largest health-focused student loan repayment program. It provides up to \$50,000 in loan repayment benefits in exchange for an individual providing two years of full-time service in an eligible discipline or specialty at an NHSC-approved service site in a federally designated health professional shortage area.

Providers may also serve half-time (i.e., 20 hours per week for two years) in exchange for up to \$25,000. Providers may extend their service in one-year increments in exchange for additional loan repayment benefits. NHSC LRP is available to the following types of behavioral health providers: psychiatrists and health service psychologists, NHSC service sites are primarily outpatient primary-care focused facilities, although Indian Health Service facilities and small rural hospitals are also eligible. For more information see CRS Report R44970, *The National Health Service Corps*.

There are several other CRS reports that provide more detail on special student loan repayment programs. FPA **members** who would like more information on these CRS reports should call the FPA office at 800-403-3374.

Per Diem Rates Revised for FY 2023

On August 17, the General Services Administration (GSA) announced an increase in the lodging rate beginning October 1, 2022 to \$98.00 from the current rate of \$96.00. The standard rate for meals and incidentals remains at \$59.00. There are now 319 locations in the United States with non-standard rates; however the non-standard rates for Cromwell and Old Saybrook, CT, El Paso, TX and Rock Spring, WY will be considered standard rate areas beginning October 1, 2022. See the GSA website: <https://www.gsa.gov/travel/plan-book/per-diem-rates> for more details on per diem rates.

“No Surprises Act” Protects Federal Employees from Surprise Medical Bills

Effective January 1, 2022, the No Surprises Act provides patients with protection from surprise medical bills for current and retired federal employees under certain circumstances. The 2022 Federal Employee Health Benefits Program brochures include language regarding the Act.

Two-thirds of all bankruptcies filed in the United States are tied to medical expenses. In a 2019 study by the Government Accountability Office (GAO) found that the median price charged by air ambulance providers ranged from \$36,400 to more than \$40,000, and over 70% of these transports were furnished out-of-network, meaning most or all costs fell to the insured individual alone.

Surprise billing happens when people unknowingly get care from providers that are outside of their health plan’s network and can happen for both emergency and non-emergency care. Balance billing, when

a provider charges a patient the remainder of what their insurance does not pay, is currently prohibited in both Medicare and Medicaid. This rule will extend similar protections to Americans insured through employer-sponsored and commercial health plans.

The rules developed to comply with the law are:

- Bans surprise billing for emergency services. Emergency services, regardless of where they are provided, must be treated on an in-network basis without requirements for prior authorization.
- Bans high out-of-network cost-sharing for emergency and non-emergency services. Patient cost-sharing, such as co-insurance or a deductible, cannot be higher than if such services were provided by an in-network doctor, and

any coinsurance or deductible must be based on in-network provider rates.

- Bans out-of-network charges for ancillary care (like an anesthesiologist or assistant surgeon) at an in-network facility in all circumstances.
- Bans other out-of-network charges without advance notice. Health care providers and facilities must provide patients with a plain-language consumer notice explaining that patient consent is required to receive care on an out-of-network basis before that provider can bill at the higher out-of-network rate.

The rules promulgated under the Act do not apply to people with coverage through programs such as Medicare, Medicaid, Indian Health Services, Veterans Affairs Health Care, or TRICARE. These programs already prohibit balance billing.



Premiere Professional Liability Insurance



Professional Liability Insurance for Federal Physicians

FEDS PLI covers the exposures that make Federal Physicians vulnerable to:

- Administrative Investigations
- State Medical Board Investigations & Proceedings arising out of the performance of your federal duties
- Disciplinary Actions
- Criminal Investigations
- Civil Lawsuits/Bivens Actions for alleged violations of a patient's constitutional rights

FEDS \$1,000,000 Annual Policy

\$290

Some physicians (and all physicians classified as mgrs & supervisors) are eligible for agency reimbursement up to half the cost for a net premium of

only \$145

FEDS also offers a \$2,000,000 policy for \$390.

There is a reason this coverage is available and affordable to all federal employees. Obtaining counsel or representation experienced in federal matters - after a claim is made against you - will cost many multiples of our annual premium!

**Call the FPA or visit our website at www.fedsprotection.com for more information or to enroll today!
You can even enroll by phone at 866-955-FEDS with payroll deduction available.**

Prohibited Political Activities of Federal Physicians

Except for the President and Vice President, all federal civilian executive branch employees are covered by the Hatch Act. Even part-time employees are covered by the Act, and all employees continue to be covered while on annual leave, sick leave, leave without pay, or furlough. However, employees who work on an occasional or irregular basis, or who are special government employees, as defined in title 18 U.S.C. § 202(a), are subject to the restrictions only when they are engaged in government business. Most federal physicians fall within the Less Restricted category of Hatch Act limitations.

The Office of Special Counsel (OSC) is responsible for enforcing the Hatch Act.

Less restricted federal employees may not:

- Use their official authority or influence to interfere with or affect the result of an election, by for example:
 - Using their official titles or positions while engaged in political activity
 - Inviting subordinate employees to political events or otherwise suggesting to subordinates that they attend political events or undertake any partisan political activity
- Solicit, accept or receive a donation or contribution for a partisan political party, candidate for partisan political office, or partisan political group by for example:
 - Hosting a political fundraiser
 - Collecting contributions or selling tickets to political fundraising functions*
- Be candidates for partisan political office
- Knowingly solicit or discourage the participation in any political activity of anyone who has business pending before their employing office
- Engage in political activity – i.e., activity directed at the success or failure of a political party, candidate for partisan political office, or partisan political group – **while the employee is on duty, in any federal room or building, while wearing a uniform or official insignia, or using any federally owned or leased vehicle.** For example, while at work

employees may not:

- Distribute campaign materials or items
- Display campaign materials or items
- Perform campaign related chores
- Wear or display partisan political buttons, t-shirts, signs, or other items
- Make political contributions to a partisan political party, candidate for partisan political office, or partisan political group
- Post a comment to a blog or a social media site that advocates for or against a partisan political party, candidate for partisan political office, or partisan political group
- Use any email account or social media to distribute, send, or forward content that advocates for or against a partisan political party, candidate for partisan political office, or partisan political group

*Soliciting, accepting, or receiving such donations or contributions may be done so long as the person being solicited is: 1) a member of the same federal labor organization as defined under section 7103(4) of this title or a federal employee organization which as of the date of enactment of the Hatch Act Reform Amendments of 1993 had a multicandidate political committee (as defined under section 315(a)(4) of the Federal Election Campaign Act of 1971 (2 U.S.C. 441a(a)(4))); 2) not a subordinate employee; and 3) the solicitation is for a contribution to the multicandidate political committee (as defined under section 315(a)(4) of the Federal Election Campaign Act of 1971 (2 U.S.C. 441a(a)(4))) of such federal labor organization as defined under section 7103(4) of this title or a federal employee organization which as of the date of the enactment of the Hatch Act Reform Amendments of 1993 had a multicandidate political committee (as defined under section 315(a)(4) of the Federal Election Campaign Act of 1971 (2) U.S.C. 441a(a)(4))). However, because of the political activity on duty prohibition (5 U.S.C. 7324(a)), employees may not solicit, accept, or receive these donations while on duty or in the workplace.

CDC Director Announces Reorganization – Will it Include Medical Officer Recruitment and Retention Incentives?

The Centers for Disease Control and Prevention (CDC), has been criticized for its response to the COVID pandemic and more recently for its response to Monkeypox. On August 17, the CDC Director announced a reorganization to change the culture and operations of the agency to “accountability, collaboration, communication, and timeliness.” The reorganization is the result of a review of the agency which began in April this year.

The CDC fact sheet said: “the lessons of COVID-19 uncovered the need for flexibilities that do not exist today at CDC, including new authorities that will allow us to be more nimble and work faster, such as:

- Public health and regulatory authorities (e.g., mandatory data reporting, etc.)
- Human resource authorities (e.g., overtime above the caps, direct hire authority, etc.)
- Other operational authorities (e.g., other transaction authority)”

The Federal Physicians Association will follow closely the human resource authorities proposed changes in light of the new recruitment and retention provisions recently provided to the Department of Veterans Affairs in the Honoring Our PACT Act.

GAO: Monkeypox and COVID-19 Highlight need for Real-time Public Health Information

In June, the General Accountability Office (GAO) issued a report on “Pandemic Lessons Highlight Need for Public Health Situational Awareness Network.” The report noted that the COVID-19 pandemic has drawn attention to the urgent need for public health officials to access real-time information about emerging threats to enable them to make timely, responsive decisions.

Since 2006, multiple federal laws have mandated that the Department of Health and Human Services (HHS) take steps to improve the nation’s situational awareness of threats related to public health emergencies, such as the COVID19 pandemic. Specifically, HHS was required to establish a near real-time electronic nationwide public health situational awareness capability through an interoperable network of systems. This network was to be used to facilitate early detection of and rapid response to potentially catastrophic infectious disease outbreaks. More than 15 years after the law initially mandated it, the federal government does not yet have this needed situational awareness network capability. If this network had been available, it could have been used to provide vital information to better manage a timely COVID-19 response.

The Pandemic and All-Hazards Preparedness and Advancing Innovation Act of 2019 reiterated the need for HHS to improve situational awareness capabilities. The GAO summarizes key requirements in the act and the extent to which HHS has implemented them as of March 2022.

Summary of requirements	Implementation status
Adopt technical and reporting standards.	●
Provide grants to establish integrated systems.	◐
Develop a plan for sharing and securing information.	○
Establish a near real-time electronic nationwide public health situational awareness and biosurveillance capability.	○
Facilitate coordination among relevant agencies.	○
Conduct a public meeting with experts in public health by December 21, 2019.	○
Utilize applicable interoperability standards and define minimal data elements.	○
Develop a strategy and implementation plan by December 24, 2020.	○
Conduct a review of the data and information transmitted by the network by June 24, 2021 and every 6 years thereafter.	○
Develop a budget plan by June 24, 2021, and on an annual basis thereafter.	○
Legend: ● Requirement is fully implemented; ◐ Requirement is partially implemented; ○ Requirement is not implemented Source: GAO analysis of The Pandemic and All-Hazards Preparedness and Advancing Innovation Act of 2019 and other related laws, and Department of Health and Human Services (HHS) data.	

According to GAO, The lack of significant progress in implementing the requirements in the act is due, in part, to the department failing to prioritize the requirements of the act and not establishing an appropriate management and governance structure. Such a structure would include a lead operational division with defined roles and responsibilities for implementation of statutory requirements, and an organization to provide oversight of these efforts. During GAO’s review, HHS began drafting a work plan intended to address the requirements of the 2019 act. However, HHS has not provided a time frame for completing the work plan.

Public health entities experienced a variety of challenges and identified lessons learned from the COVID-19 pandemic that could better inform HHS in developing and implementing the public health situational awareness and biosurveillance network. Specifically, state survey respondents identified a number of information-sharing challenges that they experienced in the management of public health information. The report summarizes the top four challenges state survey respondents most often rated as challenging.

- Human Capital Related IT Resources
- Interoperability Between Systems
- Technology Resources
- Clarity of Guidance

GAO made twelve recommendations to HHS to prioritize the development of the public health situational awareness and biosurveillance network, including:

- Designate a lead operational division for implementation of statutory requirements and clearly define its roles and responsibilities;
- Identify the office responsible for overseeing the completion of the activities performed by the lead operational division and clearly define its roles and responsibilities;
- Commit to a deadline for finalizing the work plan to implement the 2019 act requirements and ensure that the work plan is fully implemented;
- Identify and document information-sharing challenges and lessons learned from the COVID-19 pandemic;
- Share the lessons learned from the COVID-19 pandemic with relevant stakeholders, such as state, territorial, and local public health officials; and
- Incorporate lessons learned from the COVID-19 pandemic into plans for implementing the situational awareness and biosurveillance network.

HHS concurred with 10 of the 12 recommendations. The complete GAO report is available at: <https://www.gao.gov/assets/gao-22-104600-highlights.pdf>

Which Public Health Agencies are the Best Places to Work?

The 2021 Best Places to Work rankings, produced by the Partnership for Public Service and Boston Consulting Group, offer the most comprehensive assessment of how federal public servants view their jobs and workplaces, providing employee perspectives on leadership, pay, innovation, work-life balance and other issues.

The 2021 Best Places to Work in the Federal Government® employee engagement and satisfaction score is 64.5 out of 100, represents a 4.5-point decrease from 2020 in how civil servants view their agencies and jobs. This significant downturn in job and organizational engagement and satisfaction came as the COVID-19 pandemic continued to disrupt the federal workforce and the larger labor market during the final months of 2021 when employees were surveyed.

The Best Places to Work score is calculated using a proprietary weighted formula that looks at responses to three different questions in the federal survey.

- I recommend my organization as a good place to work.
- Considering everything, how satisfied are you with your job?
- Considering everything, how satisfied are you with your organization?

Most of the data used to develop the scores and rankings was collected by the Office of Personnel Management's Federal Employee Viewpoint Survey in November and December 2021. Participating federal organizations are ranked according to overall employee engagement and satisfaction. Most of those entities also are rated on 12 additional workplace categories such as leadership, innovation, work-life balance and on how effectively agencies navigated the coronavirus pandemic, including equipping employees to do their jobs and deliver on the mission.

The Partnership reported data from employee research firm Mercer that put the private sector 14.6 points higher than the federal government for employee satisfaction.

Highlights of the report

Among large federal agencies, the Department of Health and Human Services ranked second with an overall score of 74.4. Among agency subcomponents that employ medical officers, the Health Resources and Services Administration ranked 72 and the Federal Bureau of Prisons ranked 431 out of 432.

Federal employees were still largely positive regarding how agency leaders and supervisors handled concerns about their well-being, posting a score of 85.2 out of 100 in a category of COVID-19 related questions on flexible work schedules, expanded leave policies, vaccine protocols and a safe workplace.

The survey revealed evidence of dissatisfaction with pay after federal employees received a pay increase of only 1 per cent in 2021. Pay dissatisfaction was joined by continued concern about work-life balance and overall workload increases as telework opportunities evolved.

Agencies scored only 40.1 on the question that asked whether “the results of this survey will be used to make my agency a better place to work.” A chart comparing the rankings of agencies that employ many medical officers is on page 9.

The Partnership for Public Service and Boston Consulting Group

For more than 20 years, the nonpartisan, nonprofit Partnership for Public Service has been dedicated to building a better government and a stronger democracy. It works across administrations to help transform the way government operates by increasing collaboration, accountability, efficiency and innovation. BCG is a global management consulting firm dedicated to advising clients in the private, public and not-for-profit sectors.

Leave now Available to Federal Employees to Vote

In March, the Office of Personnel Management (OPM) announced that federal employees may now receive up to four hours of administrative leave to vote in federal, state, local, tribal, and territorial elections. In addition, OPM also announced that federal employees may now use up to four hours of administrative leave per year to serve as non-partisan poll workers or observers. It follows the March 2021 Executive Order 14019 on “Promoting Access to Voting.” In the order, the President directed OPM to explore strategies to expand the Federal Government’s policy of granting employees time off to vote, including through efforts to expand early voting. It also directed OPM to explore ways to support employees who wish to serve as non-partisan poll workers or observers.

Bill Introduced to Expand Collective Bargaining Issues for VHA Employees

H.R. 1948, the VA Employee Fairness Act of 2021, would expand the conditions of employment that are subject to collective bargaining for certain employees of the Veterans Health Administration (VHA). Under current law, the Secretary of Veterans Affairs has broad authority to regulate the hours and conditions of employment for physicians, dentists, podiatrists, optometrists, chiropractors, registered nurses, physician assistants, and dental assistants employed by VHA. Those employees are prohibited from collectively bargaining over matters pertaining to professional conduct or competence, peer review, and compensation. The bill would remove those restrictions. There has been no committee action on the bill, even though the bill has 166 cosponsors.

Best Places to Work—Public Health Agencies

Overall Results

2021 Index Score	Food and Drug Administration	National Institutes of Health	Indian Health Service	Centers for Disease Control and Prevention	Defense Health Agency	Veterans Health Administration
Overall	78.7	80.2	62.0	74.2	58.0	70.2

Results by Category

2021 Category Score	Food and Drug Administration	National Institutes of Health	Indian Health Service	Centers for Disease Control and Prevention	Defense Health Agency	Veterans Health Administration
Effective Leadership	77.0	79.8	60.0	75.8	63.4	69.2
Effective Leadership: Empowerment	64.7	69.0	53.1	62.3	50.7	58.7
Effective Leadership: Senior Leaders	69.4	75.8	49.6	66.6	54.2	60.3
Effective Leadership: Supervisors	85.9	86.1	69.4	86.6	72.8	77.9
Employee Skills-Mission Match	81.5	83.6	74.5	80.4	70.0	76.4
Pay	64.7	69.2	58.9	68.4	54.7	
Teamwork	80.7	81.2	60.4	78.9	66.1	
Innovation	74.2	78.3	59.8	76.9	61.1	66.9
Work-Life Balance	73.9	76.7	65.2	75.2	68.8	71.8
Recognition	70.3	74.1	47.4	70.8	51.9	
COVID: Supportive Leaders	89.4	91.9	74.5	90.1	76.5	
COVID: Employee Well-Being	93.4	95.7	83.8	93.6	83.0	
COVID: Return to the Office	76.0	85.0	61.9	73.4	60.6	
Performance: Work Unit	93.7	92.9	79.1	92.3	82.4	
Performance: Agency	91.1	92.3	69.3	82.3	76.5	

Source: 2021 Best Places to Work

OGE Publishes Proposed Rule Governing Legal Expense Funds

The U.S. Office of Government Ethics (OGE) has published a proposed rule to provide guideline standards for an executive branch employee's acceptance of payments for legal expenses through a legal expense fund, as well as an employee's acceptance of **pro bono** legal services. These standards will apply for legal matters that arise in connection with the employee's official position, the employee's prior position on a campaign of a candidate for President or Vice President, or the employee's prior position on a Presidential Transition Team.

OGE is also proposing to make related amendments to the portions of the Standards of Conduct that govern

the solicitation and acceptance of gifts from outside sources and the portions of the Executive Branch Financial Disclosure regulation that govern confidential financial disclosure reports.

There is currently no statutory or regulatory framework for establishing a legal expense fund in the executive branch, which has created concerns regarding the appearance of corruption in the creation and operation of legal expense funds for the benefit of executive branch employees. The proposed regulation will more clearly spell out who is a prohibited donor, establish donation caps, and require transparency in the form of quarterly, publicly available reports.

Senate confirms new VA Undersecretary of Health

On Thursday, July 21, 2022, the Senate confirmed Dr. Shereef Elnahal as the VA's Undersecretary of Health. Dr. Elnahal previously served as the CEO and president of University Hospital in Newark, N.J. Before joining University Hospital, Elnahal served as New Jersey's health commissioner. The position has been vacant for five years.

Survey – COVID’s Impact on Front-Line Health Care Workers

Last year, the Washington Post/Kaiser Family Foundation Survey Project released the results of interviews with 1,327 front-line health care workers, those with direct contact with patients, which found that a majority of workers experienced adverse mental health impacts from the pandemic.

The major conclusions from the survey are reprinted below:

“The coronavirus pandemic has had a major impact on the mental health of frontline health care workers. A majority of frontline health care workers (62%) say worry or stress related to COVID-19 has a negative impact on their mental health. In addition, more than half (56%) of all frontline health care workers say that worry or stress related to COVID-19 has caused them to experience trouble with sleeping or sleeping too much (47%), frequent headaches or stomachaches (31%), or increased alcohol or drug use (16%). In addition, 13% of health care workers say they have received mental health services or medication specifically due to worry or stress related to COVID-19 and an additional one in five (18%) say they thought they might need such services, but did not get them.

The youngest health care workers (18-29 years old) seem to have been hit hardest by working during a global pandemic. Three-fourths of younger frontline health care workers report worry or stress related to COVID-19 has had a negative impact on their mental health and seven in ten say they feel “burned out” about work. These feelings may be directly tied to their work experiences during the COVID-19 pandemic as four in ten of these youngest workers are working in a hospital setting and nearly half (45%) report assisting with patient care such as bathing, cleaning, and housekeeping. And, almost one in eight (13%) of 18-29 year old frontline health care workers say they had at least 10 patients in their direct care who died as a result of COVID-19.

Throughout the past year, news reports have told of hospitals running low on personal protective equipment (PPE) and at over-capacity for the intensive care

units. This experience seems relatively common among the hardest hit frontline health care workers. Over half (56%) of health care workers in hospitals say that their workplace reached over-capacity of ICU beds to treat critical patients, and one third (34%) of health care workers working in either hospitals or nursing homes say that at some point during the pandemic, their workplace ran out of PPE for its employees. And while most health care workers say their employer is “doing about the right amount” or “going above and beyond” when it comes to providing sick leave to employees who had COVID-19 or ensuring employees have the ability to get vaccinated, more than half of health care workers – including a majority of health care workers across different types of health care settings including hospitals (59%), office or clinic (52%), nursing home or assisted care facility (58%), and those who work in patient homes (56%) – say their employer is “falling short” when it comes to providing additional pay for employees who are working in the most high-risk situations.

The survey also finds some optimism among frontline health care workers with most health care workers across workplaces and across race and ethnicity saying that the COVID-19 outbreak in the U.S. is at least “somewhat under control” including one fourth who say it is “mostly under control” or “completely under control.” Nearly six in ten frontline health care workers also say they anticipate the COVID-19 pandemic in the U.S. to be controlled enough so that people can resume normal life by early 2022 or later, while 47% say normal life can resume by mid-fall or sooner—including 5% who say life can safely resume in the U.S. now.”

Younger health care workers are more likely to report negative emotions than their older counterparts. Seven in ten (69%) frontline health care workers between the ages of 18 and 29 say they feel “burned out” compared to 59% of health care workers between the ages of 30 and 49, 43% of those ages 50 to 64 years, and 27% of health care workers who are

ages 65 and older. Three in ten frontline health care workers ages 18-29 also report feeling “angry” about going into work these days. A smaller share of younger health care workers (49 years and younger) also report feeling positive emotions, such as hopeful, optimistic or motivated about going to work than their older counterparts (50 and older).

The survey also revealed that “More than one year into a global pandemic, the KFF/Washington Post Frontline Health Care Workers Survey finds three-fourths (76%) of frontline health care workers saying they feel “hopeful” when going to work these days. Majorities also say they feel “optimistic” (67%) and motivated (63%). Yet, about half also say they feel “burned out” (55%) or “anxious” (49%). About one in five (21%) say they feel “angry” when they go to work these days.”

The workers interviewed were employed in hospitals, doctor’s offices, outpatient clinics, nursing home and assisted care facilities and home health care.

The complete survey results are available at <https://www.kff.org/report-section/kff-the-washington-post-frontline-health-care-workers-survey-toll-of-the-pandemic/>

Highest Paid Federal Employees are all Medical Officers

According to federalpay.org, the five highest paid federal employees in 2020 were:

1. **Edward Garay**, VHA, Medical Officer - \$464,227
2. **Anthony Fauci**, NIH, Medical Officer - \$434,312
3. **Gary Gibbons**, NIH, Medical Officer - \$422,339
4. **Hubert Kim**, VHA, Medical Officer - \$420,402
5. **Ali Sonel**, VHA, Medical Officer - \$414,426

GAO: Important HHS Agencies do not have Procedures to deal with Political Interference in Scientific Decision-making

In an April 2022 report, the General Accountability Office (GAO) found that four agencies within the Department of Health and Human Services (HHS): the Centers for Disease Control and Prevention (CDC), Food and Drug Administration (FDA), the National Institutes of Health (NIH), and the Office of the Assistant Secretary for Preparedness and Response (ASPR), did not have procedures describing how political interference in scientific decision-making should be reported and addressed. These agencies have had key roles in conducting and supporting scientific research, communicating information to the public, evaluating the safety and effectiveness of medical products, and leading other aspects of the public health response to the COVID-19 pandemic.

The report said that the absence of

specific procedures may explain why the four selected agencies did not identify any formally reported internal allegations of potential political interference in scientific decision-making from 2010 through 2021. Through semi-structured interviews and a confidential hotline, employees at CDC, FDA, and NIH told GAO they observed incidents that they perceived to be political interference but did not report them for various reasons. These reasons included, being unsure how to report issues, believing agency leaders were already aware, and fearing retaliation.

Since 2007, Congress and multiple administrations have taken actions to help ensure that federal science agencies have scientific integrity policies and procedures in place that, among other things, protect against the suppression or alteration of scientific findings for political purposes.

GAO defined scientific integrity as the use of scientific evidence and data to make policy decisions that are based on established scientific methods and processes, are not inappropriately influenced by political considerations, and are shared with the public when appropriate.

Agency officials did not identify any formally reported internal allegations of political interference in scientific decision-making from 2010 to 2021. However, respondents from CDC, FDA, and NIH told us they observed but did not report such issues.

Agency officials at CDC, FDA, and ASPR told GAO that their agencies' scientific-integrity-related trainings do not address political interference or include information on how to report allegations of political interference in scientific decision-making for various reasons:



Federal Physicians Association Membership Application

www.join.fedphy.org

Name: _____ Office Phone: _____
last first

Address: _____ Email: _____
street

Address: _____
city state zip

Agency: _____ Medical Specialty: _____

Grade: _____ Yrs Service: _____ Type Pay System: _____ Total Pay: _____
**PCA, T38, PDPP*

Annual: \$100/year \$185/2 years Check enclosed payable to FPA Payroll deduction for HHS members

Amex MasterCard Visa Account Number: _____ - _____ - _____ Exp Date: ____ / ____

May we print your name as a new member in the newsletter? yes no
Mail to: FPA, 284 Costa Rica, Edgewater, FL 32141

30% of dues is attributable to nondeductible lobbying activity and is therefore not deductible under Internal Revenue Code Section 162 as an ordinary and necessary business expense.

3RD QUARTER 2022



Federal Physician

284 Costa Rica
Edgewater, FL 32141

\$63 Million to be paid to Employees Affected by OPM Data Breaches

Federal employees and contractors affected by the 2013 and 2014 data breaches and who experienced out-of-pocket losses as a result, could be eligible for a payment as the result of settlement in a lawsuit. The Office of Personnel Management (OPM) and the contractor responsible for the breaches have agreed to pay out a total of \$63 million to those affected.

To be eligible to make a claim for payment, an employee's personal information must have been compromised in the data breaches, and the employee must also have suffered an out-of-pocket expense or lost compensable time. Claimants need to prove a loss because of:

1. the purchase of a credit monitoring product, credit or identity theft protection product, or other product or service designed to identify or remediate the data breaches;
2. the costs to access, freeze or unfreeze a credit report with a credit reporting agency; or
3. of an identity theft incident or to mitigate an identity theft incident.

Eligible claimants under the Settlement will receive \$700 or the actual amount of the claim—whichever is greater—up to a maximum of \$10,000, unless the total value of all valid claims, plus any

incentive awards to named plaintiffs, exceeds the amount of money in the fund. The Settlement does not affect or release claims of anyone who was subject to the data breaches and who did not experience losses within any of the three categories listed above.

Claims can be filed at <https://www.opmdatabreach.com/Home/SubmitClaim>. Employees can also opt out of or object to the Settlement.

OPM (as authorized by Congress) has made free credit monitoring and identity theft protection services available to all individuals whose personal information was compromised in the data breaches. Employees can sign up for these services at www.opm.gov/cybersecurity or call 1-800-750-3004 Monday through Saturday, between 9:00 a.m. and 9:00 p.m. Eastern Time.

This is the only way to receive a payment for losses suffered as a result of the data breaches. Employees can file a claim by filing online, downloading a copy of the claim form from <https://www.opmdatabreach.com/Home/Documents> and mailing it in, or by calling 1-855-917-3567 and asking that a claim form be mailed. For detailed information on how to submit a claim form, see <https://www.opmdatabreach.com/Home/Faq#faq14>.

Claims must be postmarked by December 23, 2022.