American Military Society

Advocate

Volume 22 • Number 6 November - December 2008

House Passes Comprehensive Legislative Package to Improve Veterans Care and Augment Needed Services

The House of Representatives gave veterans some important victories prior to the election break. Bob Filner (D-CA), Chairman of the Committee on Veterans' Affairs, announced that seven bills to improve health care delivery and augment services for veterans provided by the Department of Veterans Affairs (VA) were passed and sent to the Senate for action. Upon passage of the bills Chairman Filner offered the following statement: "Today, we have considered several comprehensive and bi-partisan bills that go a long way to address the health care needs of our veterans and provide for their necessary and earned benefits. I believe that the tireless work of the members of the House Veterans' Affairs Committee has provided this Congress with strong legislation which will help to improve the lives of our Nation's veterans. I look forward to working with my colleagues in the Senate so that we can further increase access and improve health care treatment for our veterans."

The following bills were considered and approved by the House of Representatives:

H.R. 6445, as amended – The Veterans Health Care Policy Enhancement Act of 2008 (Introduced by Representative Cazayoux). Provisions of this bill include:

- Prohibiting the collection of copayments from veterans who are catastrophically disabled (Category Group 4) for hospital or nursing home care;
- Removing the requirement for written informed consent for HIV testing among veterans thereby reducing existing barriers to the early diagnosis of HIV infection and would require VA to follow the same standard of HIV care that is recommended to non-VA patients;
- Directing VA to develop and implement a comprehensive policy on the management of pain experienced by veterans enrolled for health care services provided by the Department of Veterans Affairs;
- Mandating the VA to centralize third party billing functions at consolidated centers, instead of individual VA Medical Centers; and
- Repealing the specification that in order for family members of non-service connected veterans to be eligible for counseling services, the counseling must be essential to permit the discharge of the veteran from the hospital.

H.R. 2192, as amended – Establishment of the Ombudsman in the Veterans Health Administration (Introduced by Representative Hodes). This bill establishes an Office of the Ombudsman in the Veterans Health Administration to act as a liaison for veterans and their family members with respect to receiving health care and serve as a last resort for resolving issues that cannot be resolved at local or regional level.

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REPORT *from the* HILL

by Chuck Partridge
Government Relations

Veterans COLA

The Congress completed action and sent to the President a cost-of- living bill that provides an increase for veterans with service connected disabilities and dependency and indemnity compensation for survivors and families of deceased veterans. The increase in disability compensation, dependency and indemnity compensation, and pensions will be the same percentage increase authorized for Social Security benefits. The increase is effective December 1 and will appear in the January 2009 paycheck. Military and federal civilian retired pay are also tied to the Social Security COLA. They are increased each year without the need for separate legislation. The COLA is expected to be at least 6.2 percent.

Survivor Benefit Plan

The Senate passed Senator Bill Nelson's (D-FL) Survivor Benefit Plan amendment by a vote of 94-2. That amendment to the National Defense Authorization Act of 2009 would eliminate the SBP/DIC offset for widows(ers). The SBP/DIC offset reduces the Survivor Benefit Plan Annuity of surviving spouses (which

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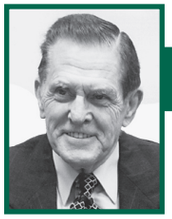

PRESIDENT'S COLUMN

Douglas Russell

By the time you read this I expect that we'll all know who our next President will be. However, since this column is written before the election, that answer remains unknown to me. What I do know, however, is that this year has been a very uncertain one when it comes to the issues that are important to military retirees like you and me, and all our AMS members.

It is not clear whether Congress will be able to pass the three most important issues on our agenda this year: The FY2009 National Defense Authorization Act (NDAA); the FY2009 National Defense Appropriations Act; and the FY2009 Military Construction and Veterans Affairs Appropriations Act. In fact, when you read this we still may not know if any of these bills will be passed.

There is no question that politics and the elections inserted themselves in the Congressional process this year and, as a result, it is possible that NONE of those three bills will get passed. And I would say it's unlikely that ALL three will be passed – at least before the election.

They could always come back into session after the election and try to pass as much legislation as possible, but right now there is real doubt that it will happen. Whatever the case, we will update you in the next issue of the *Advocate* about just what they did and didn't do.

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Regardless of what happens this year, next year will be a very busy one for AMS in Washington, D.C., as we fight to protect your earned retirement benefits. Not only will we be dealing with issues that are left over from this year, there are additional ones that will be on the front burner.

One of those is the TRICARE reimbursement rate to physicians. While Congress dealt with that issue this past summer, they didn't permanently fix it – they just put a band-aid on it. What is at stake is whether or not doctors will take new TRICARE patients, or even continue to see the patients they currently have. The TRICARE reimbursement rate is tied directly to Medicare, and unless legislation is passed to fix the problem, doctors will be looking at a 20 percent cut in their reimbursement fees from the government by the end of next year. This is a major priority for AMS and we want to see the problem fixed permanently, and that may mean uncoupling TRICARE from Medicare.

A second issue is one we had hoped we'd never face again, but it raised it's ugly head once again this past year. I'm speaking of freezes or cuts in your COLA. Included in the National Defense Authorization Act that was passed by the House of Representatives was a provision to freeze your COLA for a month in FY 2013. The money saved by this gimmick would help pay for the prohibition on TRICARE pharmacy copay increases.

We have been told that Congress really has no intention of doing this and that it will be fixed before 2013 gets here. In addition, the amount of money that an individual retiree would lose is not really that much. But what's really at stake here is the principle. Because once again, the politicians have chosen to penalize military retirees and take away one of the benefits we earned. Instead of looking at other areas to find the funds necessary, the first thing they did was go after your promised and earned benefits. We strongly oppose this and if the legislation actually does make it into law, we will fight with every means we have to repeal this outrageous attack on retirees.

A third major issue on our agenda for next year is the QRMC – the Quadrennial Review of Military Compensation. Chuck Partridge talks about that in his report from the hill elsewhere in this issue. The QRMC contains a proposal that would increase and means-test TRICARE fees for retirees under age 65; double retail pharmacy copays; and establish an annual enrollment fee for TRICARE Standard, among many other proposals. When you add to this the proposal earlier this year from the Task Force on the Future of Military Health Care that would impose enrollment fees on TRICARE For Life, you can see that we'll have our hands full fighting to protect your earned benefits from the greedy bean-counters in Washington.

All of this means we urgently need you to stand with us as we fight for you. When you receive your AMS membership renewal notice, please renew your membership right away. It's critically important that we all stand together as we fight to protect our promised and earned retirement benefits.

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Finally, this issue is the last one for 2008 and we celebrate some of our most important holidays during these last two months of the year. Let me begin by saluting all AMS members as we observe Veterans' Day 2008.

Then I want to wish you all a very Happy Thanksgiving. After that I wish you a very Merry Christmas and a Happy Hanukkah. Finally, I wish you a very Happy New Year!

May these holidays be blessed for you and your family and may we all enjoy health and prosperity in the new year.

Douglas Russell

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Report from the Hill

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has been paid for by the service member) by the amount of Dependency and Indemnity Compensation that the widow receives upon the death of her husband due to a service connected disability. The government returns a proportional amount of the SBP payment (no interest is paid) to the widow and levies an income tax on it. Imagine an insurance company that collects premiums, then when the insured dies instead of paying the death benefit, returns the premiums to the survivor. This is a gross injustice and correcting it is long overdue. However, unless the House of Representatives agrees the provision will fail. We went through this last year and in previous years when the House failed to act, so the problem was not fixed. That could happen again this year.

The Congress did provide some relief last year for military survivors effective October 1, 2008, the Special Survivor Indemnity Allowance (SSIA). The SSIA is a $50 per month payment to SBP/DIC offset widows. This amount will increase by $10 per month each year over the next 5 years until the monthly stipend reaches $100. This is a poor substitute for full offset relief. However, we thank our friends in Congress who recognize the injustice and passed this provision to provide some assistance to these deserving widows.

10th Quadrennial Review of Military Compensation

Every four years the Department of Defense commissions a review of all components of military compensation. This process is called the QRMC – Quadrennial Review of Military Compensation. The most recently released report, Volume 2, deals with the military retirement system, TRICARE, recruiting and retention incentives for health care professionals, and quality of life.

The commission believes that the current retirement system is inequitable, inflexible and inefficient. The Department of Defense spends about $13 billion a year on retirement which is about 7 percent of current active duty personnel costs. Because retirement benefits do not vest until a service member has served 20 years, less than 47 percent of officers and 15 percent of enlisted personnel receive any retired pay and rates are lower for Army and Marine Corps personnel.

According to a representative of the QRMC Commission, a retirement system that vests at the 10 year point coupled with cash incentives would be of greater value to military personnel and would cost the government less. In addition to the basic defined benefit retirement plan, the government would deposit 5% of pay into a Thrift Savings Plan. The proposal would provide that the 10 year retiree would begin receiving retired pay at age 57. A service member staying until 20 years would not begin receiving retired pay until age 60. To encourage members to stay beyond 10 years, bonuses would be paid. Separation pay would be offered to those who the services want to encourage to leave.

Fortunately, the commission's findings include a recommendation to test this scheme. It would be a multi-year test and participants would have the option of reverting back to the current retirement system.

AMS believes that this plan is seriously flawed. To expect someone to serve 20 years in the military then wait until age 60 to draw retired pay is ludicrous. Such plans work in the private sector, perhaps, since employees can move from job to job in their field with relative ease. Military personnel do not have that option.

Here is how one active duty service member reacted:

> "The commission goes to great lengths to convince the reader that the current 20-year compensation program is rigid, inflexible, and just plain old mean to those overworked and underpaid 'Force Managers', as if there's some underground, brooding, handwringing group of guys facing nervous breakdowns because they can't adequately shape the force due to the antiquated retirement system. A quick read through Chapter 2 reveals glaring fallacies, half-truths, and broad assumptions that the commission uses to rationalize their new retirement proposition which ultimately devalues the sacrifices of our dedicated service members."

This plan is clearly designed to save DoD money. However, it does not improve force management and, in our opinion, would create serious problems of retention and recruitment--particularly in wartime. DoD has long favored bonuses rather than an improved GI Bill or better pay resulting in larger retired pay.

In addition to the retirement proposal to save money, DoD proposes to increase the cost of TRICARE for military retirees under the age of 65. Under 65 retirees using TRICARE Prime would pay 40% of the Medicare Part B premium and those using TRICARE Standard/Extra would pay 15% of the Part B Premium. Family premiums would be twice that of the individual premium. The increases would be phased in over four years.

The commission also addressed recruiting medical personnel and recognized that the Health Professions Scholarship Program needs improvements. More attention needs to be paid to nurse recruiting and continuing education as well.

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House Approves Veterans' Legislation with Bipartisan Support

In recent weeks the House of Representatives passed legislation that would improve access to health care for veterans in rural areas by establishing a three-year pilot program allowing 'highly rural' veterans enrolled in four of the Veterans Administration's 21 health care networks to receive covered health services through outside providers.

The measure is one of several bills now in Congress that seek to expand the reach of VA care after complaints, including many from Iraq and Afghanistan war veterans who were mobilized National Guard and Reserve members, about the difficulty of getting care for service-connected health problems.

According to a report by *Congressional Quarterly* the bill defines highly rural veterans as those seeking primary care who live more than 60 miles from the nearest VA facility, those seeking acute hospital care who live more than 120 miles from such a facility, and those seeking tertiary care who live more than 240 miles from a facility.

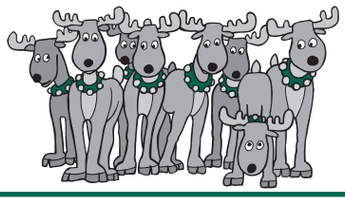
Veterans who fail to meet the distance requirements but are subject to hardship or difficulty in travel to the nearest appropriate VA facilities could be eligible for the program at the determination of the department.

Another bill passed by the House is H.R. 6832, the Veterans' Construction and Extensions Act of 2008. This legislation would authorize major VA medical facility projects and leases for fiscal year 2009, and extend certain VA authorities that are set to expire.

"This past February, I had the pleasure of visiting the Audie Murphy VA Medical Center in San Antonio for a briefing on the new project, which will provide state-of-the-art care to our severely injured heroes. The VA Polytrauma Centers are designed to provide comprehensive inpatient rehabilitation services for individuals with complex, severe and disabling traumas. By creating a fifth Polytrauma Center in San Antonio, our commitment to veterans and servicemembers is reinforced by expanding access to the south-western United States," said House Veterans Affairs Committee Ranking Member Steve Buyer.

Last World War I Vet Helps in Campaign For National Memorial

He is the nation's last known survivor of World War I and 107-year-old Frank Woodruff Buckles has become the face of an ambitious campaign to erect a national memorial honoring the 4.6 million Americans who endured "the war to end all wars." Buckles was recently the celebrity participant at a news conference to unveil plans for a National World War I Memorial on Washington's National Mall. US Rep. Ted Poe (R-TX) has introduced the Frank Buckles World War I Memorial Act in order to make that happen by 2018, when America observes the 100th anniversary of the end of the first world war. Planners said they hoped to pay for much of the work through private donations.



VA Mobile Health Care Clinics Reach Rural Veterans

Service Coming to 24 Counties in Six States

The Department of Veterans Affairs (VA) is rolling out four new mobile health clinics outfitted to bring primary care and mental health services closer to veterans in 24 predominately rural counties, where patients must travel long distances to visit their nearest VA medical center or outpatient clinic.

"VA is committed to providing primary care and mental health care for veterans in rural areas," said Secretary of Veterans Affairs Dr. James B. Peake. "Health care should be based upon the needs of patients, not their ability to travel to a clinic or medical center."

The pilot project is called Rural Mobile Health Care Clinics. It features a recreational-type vehicle equipped to be a rolling primary care and mental health clinic.

VA is currently in the process of procuring and outfitting the vehicles, and officials expect the mobile clinics to be operational by early 2009. Rural areas in Colorado, Nebraska and Wyoming will share a single mobile van, while Maine, Washington state and West Virginia will each have a VA mobile van.

The clinics are planned to serve:

- Colorado: Larimer, Jackson, Logan, and Weld counties;
- Maine: Franklin, Somerset and Piscataquis counties;
- Nebraska: Cheyenne, Kimball, and Scottsbluff counties;
- Washington state: Greys Harbor, Mason, and Lewis;
- West Virginia: Preston, Randolph, Upshur, Wetzel, Roane, and Taylor counties; and
- Wyoming: Albany, Carbon, Goshen, and Platte counties.

Factors considered in the selection of the participating sites included a need for improved access in the area, the degree to which clinics will expand services and collaborations with communities the clinics serve.

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Give Your Heating System a Checkup

About 22% of all home fires are related to supplemental home-heating devices, such as wood-burning stoves and gas, kerosene and electric space heaters. In addition, one study found that 50% of the deaths and 33% of the injuries associated with electric heater fires occurred at night.*

It's important to have your fireplace or wood-burning stove chimneys professionally cleaned on a regular basis to prevent the buildup of creosote, a primary cause of chimney and stovepipe fires.** Keep combustibles at least three feet away from all heaters and don't cover or block vents. Also, avoid using extension cords with electric heaters since they're often insufficient for the power needed -- and never use portable heaters while sleeping.

Guard Against Carbon Monoxide (CO)

CO is an odorless, poisonous gas that can build up if heating and exhaust systems are not clean and properly ventilated. Because it causes symptoms that are often mistaken for the flu -- headaches, dizziness, nausea and general weakness -- it can go undetected.*

1. Have your heating system inspected and cleaned.
2. Use gas or kerosene heaters only in ventilated areas, and make sure they're in good working order.
3. Check fireplaces and wood stoves and their chimneys for signs of wear and tear. Standard brick fireplaces are subject to cracks from foundation shifts, and more than half the chimneys used with prefabricated fireplaces are found to be installed incorrectly.**
4. Purchase and install Underwriters Laboratories approved CO alarms outside sleeping areas. If the alarm sounds and family members do not feel sick, shut off all possible sources of CO and ventilate your home. If a CO alarm sounds and family members are experiencing symptoms of CO poisoning, evacuate your home and call your fuel company or the fire department.

In addition, have a qualified professional annually inspect gas appliances, including water heaters, for leaks. Many utility companies offer this service free of charge. **The most important step you can take is to equip your home with smoke and carbon monoxide detectors** on every floor, near furnaces, fireplaces and near or in all bedrooms. Be sure to check batteries regularly.

**Source: U.S. Consumer Product Safety Commission.*
***Source: Chimney Safety Institute of America.*

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From the latest beneficiary newsletters and changes in coverage, to pharmacy updates and news releases, all 9.2 million TRICARE beneficiaries now have an easy way to stay informed by e-mail. A new electronic delivery system is up and running and subscribing is fast and secure through the front page at http://www.tricare.mil.

"We're excited to offer beneficiaries a chance to sign up for the TRICARE benefit news they want and need," said Army Maj. Gen. Elder Granger, deputy director of TRICARE Management Activity. "We have offered some limited e-mail delivery options in the past, but this new subscription service enables anyone interested in TRICARE news to sign up for a wide range of topics. It's one-stop shopping."

Subscribers can choose alerts by topics or beneficiary category and delivery is safe and secure – an e-mail address is the only information collected. Subscribers also have a unique page they can manage 24/7 and they can choose to be notified as soon as news or benefit changes are posted, or select daily, weekly or monthly updates.

"One of our highest priorities is communicating with our beneficiaries and providers," said Granger. "E-mail is now the method most people use to receive news and that will only continue to increase. This new service helps us take advantage of the technology."

The new subscription service also links users up to similar alerts available on other Military Health System (MHS) Web sites including http://www.health.mil, which features MHS news, debates, videos and blogs; as well as Force Health Protection and Readiness and the Uniformed Services University of the Health Sciences.

Partnership subscription options with other health-related federal Web sites currently include the Centers for Disease Control and Prevention (CDC) and DisabilityInfo.gov.

TRICARE's e-alerts are sent through GovDelivery, which also provides services to dozens of other Department of Defense and federal agencies including the FBI, the United States departments of Health and Human Services, the CDC and the United States Food and Drug Administration.

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VA Opening 10 Rural Outreach Clinics

The Department of Veterans Affairs (VA) will open 10 new Rural Outreach Clinics by 2009 to increase the convenience of care for thousands of veterans living in rural areas.

"VA's commitment is to provide the best quality care to veterans, regardless of their address," said Secretary of Veterans Affairs Dr. James B. Peake. "These clinics are a major step toward fulfilling that pledge to increase access to care for veterans living in rural areas."

The clinics provide primary care services, case management and mental health services. Each outreach clinic will be part of a VA network, maintaining VA's quality standards and access to larger VA facilities for specialized needs.

The 10 new clinics include a facility recently put in operation in Aroostook County, Maine. Scheduled to begin operation this October are facilities in:

- Houston County, Ga.
- Juneau County, Alaska
- Wasco County, Ore.

Clinics to be operational by August 2009 are in:

- Winnemucca, Nev.
- Yreka, Calif.
- Utuado, Puerto Rico
- Lagrange, Texas
- Montezuma Creek, Utah
- Manistique, Mich.

"VA is constantly monitoring our veteran population. Where we see a need to improve access to care, we act on it," said Dr. Michael J. Kussman, VA Under Secretary for Health.

House Passes Comprehensive Legislative Package to Improve Veterans Care and Augment Needed Services

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H.R. 4255, as amended – United States Olympic Committee Paralympic Program Act of 2008 (Introduced by Representative Filner). The bill would authorize the VA to make a grant to the United States Olympic Committee to provide and develop activities for service members and veterans with physical disabilities.

H.R 6225, as amended – Improving SCRA and USERRA Protections Act of 2008 (Introduced by Representative Herseth Sandlin). Provisions of this bill include:

- Ensuring that equitable relief is available to all Uniformed Services Employment and Reemployment Rights Act (USERRA) victims when appropriate;
- Protecting the student service member by capping interest at six percent during deployments, require institutes of higher learning to refund tuition and fees for unearned credit, and in addition, guarantee our service members a place when they return to school;
- Providing a service member 13 months to begin paying their student loans after an activation should they decide not to return to school immediately;
- Amending the Servicemembers Civil Relief Act (SCRA) to cover service contracts to allow our men and women in uniform with deployment orders to more easily terminate or suspend their service contracts without fee or penalty; and
- Amending the Servicemembers Civil Relief Act to allow a military spouse to claim the same state as the service member in regards to state and property taxes, and voter registration.

H. R. 6221, as amended – Improving Veterans' Opportunities in Education and Business Act (Introduced by Representative Boozman). Provisions of this bill include:

- Requiring the Secretary of Veterans Affairs to include in each contract the Secretary enters for the acquisition of goods and services a provision that requires the contractor to comply with the contracting goals and preferences for small business concerns owned or controlled by veterans; and
- Conducting a five-year pilot project to expand on existing work-study activities for veterans and allow those veterans the option of working in academic departments and student services, and assisting veterans in obtaining meaningful employment after their military service by reimbursing employers to offset their cost of training recently separated service members that could lead to permanent employment.

H.R. 674 – Repeal the Law Requiring Termination of the Advisory Committee on Minority Veterans (Introduced by Representative Gutierrez). This bill would eliminate the provision in current law that requires the VA Advisory Committee on Minority Veterans to cease to exist on December 31, 2009.

H.R. 5892, as amended – Veterans Disability Benefits Claims Modernization Act of 2008 (Introduced by Representative Hall). Provisions of this bill include:

- Directing the Secretary of Veterans Affairs to modernize the disability benefits claims processing system of the Department of Veterans Affairs to ensure the accurate and timely delivery of compensation to veterans, their families and survivors; and
- Establishing an Office of Survivors Assistance within the Department.

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is published bi-monthly by the

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