

# RAO Bulletin Update

## 1 October 2006

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**NDAA 2007 UPDATE 12:**

Work continues on the 2007 Defense Authorization Bill (S. 2766/H.R.5122). While information on progress in the conference committee remains tightly held, conversation with conferees and congressional staff indicates that the steep increase in TRICARE fees proposed by DoD has been rejected. However, it is reported that language dealing with pharmacy issues remains under negotiation. The House bill contains a provision to increase pharmacy costs from \$3 to \$6 for generic drugs and from \$9 to \$16 for brand name. The Senate language would keep copays at current levels. Also at stake in the conference is advance on the SBP/DIC offset, military pay raises, concurrent receipt changes and a number of other issues important to veterans. Though most of the bill apparently has already been settled, nothing is finished until the conference report is filed.

It appears that the House provision on providing postal assistance to families with loved ones overseas may not make the final cut. The provision would help families and friends with troops deployed in Iraq and Afghanistan get limited free mail privileges to send letters and care packages to those defending our freedom. Although a letter or package from home is always appreciated by troops stationed overseas, lifting morale and bringing a welcomed reminder of home this does not seem sufficient to allow approval. Evidently, DoD and the Senate think there is a possibility that the free postage could result in transportation complications due to the upswing in mail that would result from the proposal.

From an article in USA TODAY, it appears that the chairman of the Senate Armed Services Committee Sen. John Warner (R-VA) has rejected House Speaker Dennis Hastert (R-IL-14) and Sen. Bill Frist (R-TN) effort to add amendments to his bill on Military Pay. Hastert wanted to add an amendment to the NDAA that would allow all judges to carry handguns and another amendment that pertained to Homeland security. First wanted to add an amendment that would curb internet gambling. Among other things Warner said in a memo to Frist that he is "Firmly Opposed" to including unrelated items to the Defense Bill. Hastert's spokesman said that after agreeing in July to remove the court security provisions from the Child Protection and Safety Act, the speaker received a promise from the Senate leadership that the legislation would be added to a legislative vehicle prior to the November elections. With Hastert sticking to his guns, the defense authorization bill appears primed to be delayed into November's lame-duck session. Warner rejected these proposals since they had nothing to do with the NDAA. [Source: NAUS Weekly Update 22 Sep 06 ++]

**NDAA 2007 UPDATE 13:**

The House and Senate conference committee on 21 SEP agreed to a final version of H.R. 5631, the Defense Appropriations bill and on 26 SEP voted overwhelmingly, 394-22 to approve the final version. Acceding to reported pressure from the White House to limit any cuts in the President's request, the final amount of \$447.6 billion includes \$70 billion in emergency supplemental spending for the wars in Iraq and Afghanistan. Additionally the bill includes a continuing resolution that will fund programs in bills not completed by the start of the new fiscal year on 1 OCT.



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This measure, known as a "stop-gap" will fund those programs at their 2006 levels through 17 NOV. Delay is anticipated since Congress will recess for the NOV elections. The conference report was completed on 25 SEP and the Senate passed 100-0 the Defense Appropriations Act, which the House had already approved earlier in the week. The measure now goes to the President for signature into law. For defense, this action represents one-half of the equation. Yet to be completed is passage of the 2007 National Defense Authorization Act.

An initial scan of the Preliminary Appropriations Compromise Report received by NAUS indicates:

- There are provisions in the bill to stop any DoD requested Tricare enrollment fees or pharmacy co-pay increases. This favorable action is only in place for the new fiscal year and it is expected to be brought up again by DoD next year.
- It restricts unscrupulous lending practices by imposing 36-percent annual interest rate cap on loans to servicemembers, along with other It provides a 2.2% pay raise for military personnel vice the 2.7% sought. This is the smallest military pay raise in more than a decade.
- It does not mention the SBP/DIC Offset or the "paid-up" provision for SBP for those 70 years and older and who have paid premiums for 30 years or more.
- There is no mention of the Mail Voucher provision that would provide a monthly postal benefit to families with loved ones overseas in combat or recovering from wounds as a result of actions in Afghanistan or Iraq.
- It contains changes to improve Tricare benefits for Guard and Reserves.
- It dropped the Senate-recommended provision to provide full, immediate concurrent receipt for disabled retirees designated "unemployable" by the VA.
- It dropped the Senate-recommended provision to reduce retirement age by 3 months for every 90 days mobilized since 9/11.
- It dropped Senate-recommended provision requiring additional incentive payments to doctors to take TRICARE patients in areas with physician shortages.
- It provides \$400,000 free SGLI coverage for members assigned to Iraq and Afghanistan.
- It authorizes permanent ID cards for permanently disabled dependents of retirees, and requires a Pentagon report on giving members an option to have their Social Security numbers removed from ID cards
- It makes all drilling reserve members eligible for Tricare coverage at the lowest current premium (28% of cost) and requires a Pentagon



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study of partially subsidizing continuation of a private employer's coverage of family members during periods of mobilization.

- It dropped a proposal to mandate use of the mail-order pharmacy for all refills of maintenance medications.
- It dropped initiatives to eliminate copays for most drugs dispensed through the mail-order system and to require drug companies to give TRICARE equal price discounts on drugs dispensed through retail pharmacies.

If issues not funded in the above are not included in the final report veterans will need to raise them again in the 110th Congress which starts in January 2007. [Source: NAUS Weekly Update 29 Sep 06 ++]

#### **VA CLAIM DENIAL UPDATE 01:**

A new case decided on 27 JUL 06 by the U.S. Court of Appeals for the Federal Circuit could have negative ramifications for veterans and their dependents. The Court held that "where the veteran files more than one claim with the VA Regional Office at the same time, and that office's decision acts (favorably or unfavorably) on one of the claims but fails to specifically address the other claim, the second claim is deemed denied, and the appeal period begins to run." The case was *Andrews v. Nicholson*, 421 F.3d 1278 (Fed. Cir. 2005) which can be viewed at [www.fedcir.gov/opinions/05-7155.pdf](http://www.fedcir.gov/opinions/05-7155.pdf).

This means, in contravention of 38 U.S.C. Sec. 5104 and 38 U.S.C. Sec. 3.103, that:

- VA does not have to provide the claimant with notice of the claim or claims that have been deemed denied or the reasons for the denial; and
- The period in which to submit a notice of disagreement with the claims deemed denied begins to run from the date of the decision on any of the other simultaneously submitted claims; and
- An unrepresented or poorly represented claimant could have the time to appeal the deemed denied claims run out without even knowing that the claims had been denied!

The new ruling also puts in question existing sections of 38 U.S.C. which state: (a) In the case of a decision by the Secretary under section 511 of this title [38 USCS § 511] affecting the provision of benefits to a claimant, the Secretary shall, on a timely basis, provide to the claimant (and to the claimant's representative) notice of such decision. The notice shall include an explanation of the procedure for obtaining review of the decision.

(b) In any case where the Secretary denies a benefit sought, the notice required by subsection (a) shall also include (1) a statement of the reasons for the decision, and (2) a summary of the evidence considered by the Secretary. (c) Statement of policy. Every claimant has the right to written



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notice of the decision made on his or her claim, the right to a hearing, and the right of representation. Proceedings before VA are *ex parte* in nature, and it is the obligation of VA to assist a claimant in developing the facts pertinent to the claim and to render a decision which grants every benefit that can be supported in law while protecting the interests of the Government. The provisions of this section apply to all claims for benefits and relief, and decisions thereon, within the purview of this part 3. (d) The right to notice — (1) General. Claimants and their representatives are entitled to notice of any decision made by VA affecting the payment of benefits or the granting of relief. Such notice shall clearly set forth the decision made, any applicable effective date, the reason(s) for the decision, the right to a hearing on any issue involved in the claim, the right of representation and the right, as well as the necessary procedures and time limits, to initiate an appeal of the decision.

A legal opinion on whether this applies to both related and unrelated claims was that it did. For example, if a veteran files claims for a back disability, tinnitus and a psychiatric disability, all at the same time, and only one of those claims is adjudicated, the others are deemed denied under the holding of this case. If no notice of disagreement is submitted within 1 year, the decision becomes final, and the veteran would have to submit new and material evidence in order to reopen those claims. If any of those claims are eventually granted, the effective date of compensation could only be from the date of the request to reopen those claims, rather than the date of filing for the original claims. This also generates the problem of how a veteran could submit a claim for CUE (clear and unmistakable error) with specificity, as the law requires, when there has been no reason given for the denials. VA has not yet released a press release or clarification on how they intend to proceed with present or future multiple claims. Veterans in this situation who receive notice of denial on any of their claims are advised to seek clarification from the VA on how to proceed. However, since DVA has not yet promulgated guidance to their ROs on how to proceed those inquiring may have to wait for an answer. [Source: [VAWatchdog.Org](http://VAWatchdog.Org) - VA NEWS FLASH - 08-01-06 #1 ++]

#### **VA DATA PRIVACY BREACH UPDATE 25:**

The stolen desktop computer containing sensitive data on about 16,000 patients at Veterans Affairs Department medical centers has been recovered, and a suspect has been arrested. Washington DC resident 21 year old Khalil Abdullah-Raheem was charged in federal court 13 SEP with the theft of government property and released on a \$50,000 personal recognizance bond, according to the VA Inspector General's Office. Abdullah-Raheem was employed by a company that provides temporary labor to VA contractor Unisys Corp. Unisys was hired by VA to assist in insurance collections for various VA medical centers. Officials do not believe Abdullah-Raheem targeted the data, but the FBI is conducting a forensics analysis to determine if the data was compromised. The computer, owned by Unisys, contained insurance claim information for about 16,000 living patients treated in VA medical centers in Pittsburgh and Philadelphia. The computer just recovered was not encrypted.

VA Secretary James Nicholson praised the investigative work of the IG and the FBI. Senate Veterans' Affairs Committee Chairman Larry Craig, R-Idaho, called the recovery a shining moment for both



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organizations. Craig said, "This is the second time law enforcement has come through. Let's hope there is no need for a third time." The computer was stolen from a Unisys facility in Reston, VA. Abdullah-Raheem was working there temporarily as a building maintenance employee. The company had been offering a reward of up to \$50,000 for information leading to the equipment's recovery. Investigators think the computer was taken in order to record music. Since a separate early May incident endangering personal information on 26.5 million veterans, Nicholson has vowed to make VA's information security the best in the government by instituting a series of reforms of what critics say is a dysfunctional IT organization. One month ago, the VA announced that it will begin encrypting all agency computers through a \$3.7 million contract to Systems Made Simple Inc. in Syracuse, N.Y. All agency laptops were to be encrypted by 15 SEP 06. As of 26 SEP VA had installed encryption software on nearly 15,000 laptop computers. In testimony before the Senate Veterans' Affairs Committee the department's acting chief information officer Robert Howard, said this represents most of VA's laptops. However, his office was unable to encrypt fewer than 100 laptops because they would not accept software from GuardianEdge, a San Francisco-based data security company and these will not be used until they are properly secured. Desktop computers are next on the list for encryption.

VA also is working to provide agency-owned computers to employees who currently use their personal machines for work purposes. Howard said the agency plans to wait for fiscal 2007, which begins 1 OCT because of the cost. In the meantime, employees who use their personally owned computers for work have been informed that they are required to protect any sensitive information. He added VA is conducting an inventory to get an idea of the cost of replacing what could potentially be thousands of personally owned computers, many of them used by the Veterans Health Administration's doctors. VA can track when employees log on to its network from personally owned computers, but cannot require the installation of security patches or see what employees are working on. Accomplishing VA Secretary James Nicholson's goal of making the department the "gold standard" for the government in information security will entail completing 322 actions listed in the department's Data Security-Assessment and Strengthening of Controls Program. A document outlining the status of those actions indicates that the Veterans Health Administration and the Veterans Benefits Administration have yet to finish assessing their contractors' IT activities. The document also states that the VA is 20% finished implementing standardized IT directives and 27% of the way toward enhancing IT management security controls. VA officials also are working to fill 500 full-time positions created in the department's IT reorganization aimed at centralizing control over technology networks. In the interim the House passed HR 5835 a bill by voice vote 26 SEP. The bipartisan bill would reorganize information technology operations at the Veterans Affairs Department, would create an Office of the Undersecretary for Information Services at the Veterans Affairs Department, and offer credit monitoring in the event of a data breach. [Source: GOVEXEC.com Daily Briefing 15 & 26 Sep 06 ++]

### **VA RETRO PAY PROJECT UPDATE 03:**

Retirees do not need to apply. All retirees who may be eligible for additional money are expected to be identified by 1 OCT 06. Once all eligible retirees



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have been identified, DFAS will publish a general schedule on their Web site. DFAS says a small group of disabled military retirees in SEP will be the first of 133,000 to receive lump-sum back payments, which are tied to start-up challenges for two concurrent receipt programs enacted since 2003. The trickle of back payments will become a small geyser at the end of October. By then, officials say, another 40,000 retirees will see their catch-up payments deposited electronically in their bank accounts by either the VA, DFAS or by both. Back payments will vary in size from several hundred dollars up to \$10,000 or more. The average payment, by one estimate, will be \$3700. Almost all retirees in line for the back pay served 20 or more years and all have disabilities that made them eligible for Concurrent Retirement and Disability Pay (CRDP) or Combat-Related Special Compensation (CRSC).

DFAS' deputy director for operations Pat Shine said that a majority of the back payments will be made within the next six months, with DFAS focusing first on older cases. It could take up to six more months to calculate and pay the most complex retro pay file. These involve multiple VA rating adjustments since CRSC and CRDP began, shifts by retirees between these two types of payments, ex-spouse pay entitlements and any other issues that requires lengthy record searches. DFAS officials are calling the \$500 million back pay effort the "VA Retro Pay Project." A VA Retro Award hotline at 1(877) 327-4457. has been set up by DFAS to field questions M-F 08-1600 EST from CRSC and CRDP recipients who believe they might qualify. DFAS has also assembled a Frequently Asked Questions page on its Web site. It can be found at <http://www.dod.mil/dfas/retiredpay/frequentlyaskedquestions/retroactivepaymentofcrscandorcrdpfaqs.html>. By late SEP, DFAS officials hope to have posted a detailed explanation of the back pay program on its website at: <http://www.dod.mil/dfas>. The assistant director for policy with VA's Compensation and Pension Service in Washington D.C., Thomas J. Pamperin said, "We have been working with DFAS for almost 18 months. The back pay issue is something where neither one of us can do it by ourselves. We need a lot of information exchanged. DFAS and VA now are testing files that have been transferred back and forth between us. We are going to have a final test the last week in September to make sure that all the [software] logic is working to identify eligible retirees and calculate retro payments."

VA figures to pay 80% of money owed. Some retirees will receive two checks, one from the VA and another from DFAS. Before payments are deposited, affected retirees will get letters explaining reasons for the back pay and how the amounts were calculated. Most of the shortfalls resulted from VA withholding too much disability compensation after CRSC and CRDP began. Traditional VA and DFAS rules on withholding failed to take account of changes to concurrent receipt law. This resulted in a situation where people's entitlement to disability pay had a [start] date prior to the date we actually started paying it. The pay shortfalls can be blamed in part on the considerable complexity of CRDP and CRSC. Congress designed the programs to alleviate, but only for certain career retirees, a century-old ban on concurrent receipt of both military retirement and VA disability compensation. Until CRSC began on 1 JUN 03 and CRDP began on 1 JAN 04 all military retirees with service-related disabilities had to accept a dollar-for-dollar reduction in taxable retired pay in order to receive tax-



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free VA compensation for their service-related injury or illness. CRSC allows retirees with at least 20 years of service to receive tax-free pay to replace any offset in taxable retired pay required on receipt of VA disability compensation. For CRSC, retirees must have combat-related injuries or ailments and apply to their service to establish eligibility. CRDP, on the other hand, is paid automatically if the retiree served 20 years and has service-related disabilities rated 50 percent or higher by VA. The full CRDP is being phased in for most of its 170,000 recipients, adding another layer of complexity to the back payment effort. Retirees can be eligible for both CRSC and CRDP but can receive only one.

Before these programs took effect, Shine said, VA and DFAS didn't need to worry about tracking retroactivity of payments. When a retiree's VA rating was approved or raised, VA knew to withhold the additional compensation from the retiree until it got word from DFAS that military retirement had been reduced. This avoided government overpayments. Retirees impacted by such withholding simply notified the IRS, on their next tax return, to treat any portion of their retired pay received after their VA benefits kicked in as non-taxable compensation. This arrangement between VA and DFAS no longer worked after CRSC and CRDP took effect and indeed it created compensation shortfalls. Of 220,000 retirees now drawing one of these payments, 60% are owed back pay, and most can't be traced to over withholding by VA. Retirees who received retroactive pay in SEP represent the sampling of files that DFAS and VA used to test their revised pay software and data exchange processes. Back payments owed to the remaining 133,000 retirees have been separated by levels of difficulty. The easiest to calculate, using only computers, are 40,000 files prepared for OCT 06 delivery to VA. VA back payments will be made near the end of the month. DFAS can make batches of back payments weekly, starting in October. "Our target is to get the majority of the [back pay] population done within six months," said Shine. "But we also recognize that, because some of these cases are just a lot more difficult and involved, it could take as much as 12 months to get all payments completely satisfied. To be eligible, you must:

- Be a military retiree (Army, Navy, Air Force or Marine Corps); and
- Meet all the requirements for either CRSC or CRDP eligibility; and
- Have received payment(s) of either CRSC on or after 1 JUN 03 for CRSC and/or CRDP on or after 1 JAN 05; and
- Have been awarded one or more increase(s) in your percentage of disability by the VA on or after 1 JUN 03.

[Source: Tom Philpott article 15 Sep 06 ++]

#### **CERVICAL CANCER UPDATE 01:**

Women patients at Walter Reed Army Medical Center can now get vaccinated against certain subtypes of the virus that can lead to cervical cancer, a deadly cancer in women. Walter Reed is one of the first military hospitals to begin using a Food and Drug Administration-approved "breakthrough"



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vaccine that can be administered to women ages 11 to 26 to protect them against human papillomavirus (HPV) type 6, 11, 16, and 18. The vaccination is offered in the Pediatric Clinic and the Allergy and Immunology Clinic. Vaccinating against HPV type 6, 11, 16, and 18 is a three-step process given over a six-month period. The HPV vaccine is only effective for patients who don't have an active ongoing HPV infection in one of the effected strains. However it's not likely that if you're infected with one, you're infected with all four, so it's still effective against three of the four even if you have one of the strains. HPV infection is not necessarily an indication that an infected woman will get cervical cancer. If infected it's very common that it will regress on its own within six to 12 months. If it does go away you can then get vaccinated against it. It's the HPV infections that don't go away; those which are persistent, that cause doctors to be particularly concerned. Persistence can lead to cervical dysplasia, or abnormal cells on the cervix which can lead to pre-invasive cervical cancer and invasive cervical cancer.

Regular gynecological exams are important for early detection and potential treatment of cervical cancer. Women who have regular Pap tests are least likely to get cervical cancer, according to the American Cancer Society. Cervical cancer can result in loss of fertility, because it requires either the removal of the uterus or treatment with chemo radiation. Genital warts are a physically and socially debilitating disease in the sense that when somebody gets tagged with the moniker of having warts, not only are they visible, but it's psychologically impairing to the patient. The vaccine that can prevent 90% percent of all vulvar warts. Parents with teenage daughters tend to become defensive when the vaccination option is offered for teenage girls. They insist their daughters aren't having sex. But the denial is pointless, because the vaccine can protect them whether they are sexually active now or in the years to follow. Eighty-five percent of all college-aged students and high school seniors have been or are currently sexually active.

The vaccine was approved for use by the FDA in JUN 06 and is the first vaccine designed to prevent cervical cancer. According to the American College of Obstetrics and Gynecologists, studies suggest that three out of four people will get an HPV infection during their lifetime. Although more than 100 subtypes of HPV have been identified to date, the ones most commonly associated with cervical cancer and genital warts are covered by this vaccine. Women and parents of girls should discuss HPV and vaccination options with their gynecologists. At Walter Reed, vaccinations are given to female patients age 11 to 26 in the medical center's Allergy and Immunology Clinic. Pediatric patients get the vaccination in the Pediatric Clinic. For more information on HPV, go to: [www.fda.gov/bbs/topics/NEWS/2006/NEW01385.html](http://www.fda.gov/bbs/topics/NEWS/2006/NEW01385.html). (Source: [http://www.dcmilitary.com/stories/091406/stripe\\_27936.shtml](http://www.dcmilitary.com/stories/091406/stripe_27936.shtml) 27 Sep 06)

#### **TFL CLAIM PROCESSING UPDATE 03:**

Military associations received word on 24 SEP that the Tricare Management Activity (TMA) has postponed implementation of a policy that would deny claims from beneficiaries who enter into private contracts with providers who have opted out of Medicare. Certain providers are allowed to "opt out" of Medicare for a period



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of two years and enter into private contracts with their patients who are Medicare-eligible beneficiaries. When a provider “opts out” of Medicare, Medicare will not make any payment to the provider or the beneficiary except for services provided in an emergency/urgent care situation. A private contract must be signed by both parties prior to delivery of services, and must include the following statements:

- The beneficiary (or legal representative) agrees not to bill Medicare or to ask the provider to bill Medicare for services.
- The beneficiary (or legal representative) agrees to give up any Medicare coverage and payment for services furnished by the opt-out provider, even though the services may have otherwise been covered by Medicare.
- The beneficiary (or legal representative) agrees to be liable for the full billed amount without regard to any limits that would otherwise apply under Medicare.
- The beneficiary acknowledges that Medigap plans will not make payments to opt-out providers, and other supplemental plans may elect not to make payment.

Since the beginning of the current Tricare contracts, Tricare has been acting as primary payer for these opt-out claims. In other words, Tricare has been paying as if the beneficiary was in Tricare Standard. Paying these claims as primary payer is contrary to long-standing Tricare policy, which requires Tricare to pay second to Medicare for any Medicare-covered services. As a rule, Tricare beneficiaries may not elect to waive benefits under a double coverage plan and shift the costs to Tricare. To comply with these requirements, TMA recently announced it had decided to modify the payment process for claims from opt-out providers and Medicare beneficiaries who have entered into private contracts. Military associations and others raised many questions about this policy change to senior DoD Health Affairs officials. Due to the concern about this issue, several different alternatives are being explored and TMA will announce its final decision in the near future. While this proposed policy change is being analyzed, beneficiaries may continue to see Medicare opted-out providers. However, they are strongly encouraged to seek Medicare participating providers. Additionally, Tricare beneficiaries should review any papers they sign in a provider’s office to rule out that they are agreeing to see a provider who has opted out of Medicare. However, Tricare will continue to pay claims as primary payer of beneficiaries continuing to see providers who have opted-out of Medicare if they would otherwise be covered by Tricare until a final decision regarding this issue is made. [Source: NMFA Government & You E-News 27 Sep 06 ++]

#### **VA DISABILITY & SSDI :**

In a recent statement made to the Veterans’ Disability Benefits Commission, Allison Percy, principal analyst at the Congressional Budget Office (CBO), reported only 15% of veterans who are receiving VA disability compensation also receive Social Security Disability (SSDI). Federal law grants disability payments through the Social Security Act on top of veterans disability benefits. Disabled veterans are the only



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group of individuals who are permitted to receive SSA disability in addition to Veterans Administration disability benefits. Ms. Percy invited the Veterans Disability Benefits Commission to provide the answers on the following since there is no data available:

- The extent to which SSDI payments are received by veterans with service-connected disabilities rated at 100% or by those with lower-rated service-connected disabilities who also have additional disabilities unrelated to their military service
- The likelihood that veterans will receive both types of payments depending on the type of disability.

In response to the latter, Frederick Johnson, author of "How To Apply For & Win Social Security Disability Benefits," says that at least in the 9th Circuit, the Administration has made note of the similarity of the standards of judgment for disability for both veterans and SSDI claimants by ruling that those who have been awarded disability by the Veterans Administration, should also be granted SSDI. As to the other questions, the research that the commission is undertaking now has the potential to provide far better information about the role that SSDI plays in providing income support for some disabled veterans. The CBO agency takes as a premise that the clearest view of any policy question can best be found by seeking accurate and unbiased data sources and by examining those data in an objective manner. Consequently, CBO

sees only advantages to learning more about the degree to which the totality of federal benefits (including SSDI payments) enables veterans with service-connected disabilities to have a standard of living comparable to that of other veterans. Mr. Johnson added, "If the comments I've heard from vets is any indication, the military branches do a very poor job of letting disabled veterans know about the SSDI program."

The Veterans Disability Benefits Commission was established in 2004 with the purpose of studying the federal benefits available to disabled veterans and the survivors of fallen veterans. The commission's 13 members are appointed by the President and Congress, but it is independent of any government agency, and welcomes comments from the public. Reportedly, the Commission is most interested in finding out how well benefit programs are meeting adequate standards of living for those who are not able to be rehabilitated. It has denied it is interested in cutting benefits. The Commission's Web site has details about the time and location of its town meetings planned around the U.S. [Source: Veterans of Modern Warfare, Nancy Rekowski msg 15 SEP 06 ++]

#### **TRICARE RESERVE SELECT UPDATE 05:**

On October 1 TRS will begin Tiers 2 and 3 coverage of this three their program. The tiers will cover all members of the National Guard and reserves at different levels of premiums depending on the member's status and their access to other health insurance. These are:

- Tier 1 for those who deploy for a contingency operation and



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are entitled to participate at a cost share of 28/72 (those previously eligible for TRS);

- Tier 2 for those who are unemployed or are not offered employer sponsored health care, are now eligible to participate at a cost share of 50/50; and
- Tier 3 for all others at a cost share of 15/85.

Full activation of the program now makes nearly all members of the Selected Reserve eligible for military Tricare coverage. TRS features are:

1. Comprehensive health care benefits with covered benefits of Tricare Standard and Tricare Extra cost sharing, deductibles, and catastrophic caps that apply to active-duty family members (including the TRS member, him/herself)
2. Two types of coverage - TRS member-only coverage & TRS member and family coverage
3. Worldwide availability (as long as you continue in the SelRes under a TRS Service Agreement) The price is steep for those who haven't been mobilized since 911. Monthly premium costs for the 3 tier levels in calendar year 2006 are \$81.00, \$145.29, & \$247.00 for TRS member only and \$253.00, \$451.42, & \$767.41 for TRS member & family. Premiums are paid monthly, in advance. There is no annual or quarterly billing available. Premium costs are adjusted 1 JAN every year with the December premium payment reflecting the next year's premium costs. Additional information on TRS is available at <http://www.tricare.osd.mil/reserve/reserveselect/index.cfm>. [Source: TREA Leg Up 28 Sep 06 ++]

#### **VA MENTAL HEALTH FUNDING:**

The Department of Veterans Affairs (VA) provides mental health services to veterans with conditions such as post-traumatic stress disorder (PTSD) and substance abuse disorders. To address gaps in services needed by veterans, VA approved a mental health strategic plan in 2004. VA planned to increase its fiscal year 2005 allocations for plan initiatives by \$100 million above fiscal year 2004 levels. VA also planned to increase its fiscal year 2006 allocations for plan initiatives by \$200 million above fiscal year 2004 levels—composed of \$100 million for continuation of fiscal year 2005 initiatives and an additional \$100 million identified in the President's fiscal year 2006 budget request. GAO was asked by Rep. Michael Michaud (D-ME) and Rep. Lane Evans (D-IL), to provide preliminary information on VA's allocation and use of funding for mental health strategic plan initiatives in fiscal years 2005 and 2006. GAO reviewed VA reports and documents on mental health strategic plan initiatives and conducted interviews with VA officials from headquarters, 4 of 21 health care networks, and 7 medical centers. VA delegates decision making to its health care networks for most budget and management responsibilities regarding medical center operations, and medical centers receive most of their resources from the networks.



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According to Government Accountability Office (GAO) findings delivered to a House committee 28 SEP the Bush Administration failed to fully fund its promised \$300 million to address gaps in access and quality of mental health services for veterans over the last two years. Preliminary findings of the GAO study show that the VA actually budgeted only half (approximately \$53 million) of the \$100 million it had committed to mental health care initiatives in fiscal year 2005. VA also claimed to allocate another \$35 million in FY 2005 through a general fund, but GAO found VA did not notify networks that these funds were to be used for [mental health] plan initiatives and that medical center officials were unaware that any portion of their general allocation was to be specifically used for mental health strategic plan initiatives. GAO said VA did not distribute the remaining \$12 million of the promised \$100 million because VA officials claimed there was not enough time to distribute the monies. For fiscal year 2006, GAO found that VA failed to distribute all of the promised \$200 million for additional mental health care staff, allocating only \$92 million for new initiatives and \$66 million to continue efforts from FY 2005. GAO reported that it is unclear whether VA medical centers will actually spend all of the FY 2006 mental health care strategic plan funds.

GAO's preliminary findings reveal that, contrary to the Administration's claims, there is no accountability for spending the resources required to fulfill VA's own mental health plan and to address the mental health care needs of veterans. Ranking Member of the Veterans' Affairs Subcommittee on Health Michaud said, "The Administration has critically shortchanged veterans by failing to spend needed funds to address gaps in access and quality of mental health care, instead offering false claims that VA is ready and able to provide these services. Clearly, our oversight of the VA's implementation and delivery of mental health services will have to be more vigorous." Chairman Brown said, "We will exercise greater oversight on this issue now to determine what VA is spending and how it is being spent, to ensure that funds allocated by the American people are used as intended." One in three veterans returning from Iraq and Afghanistan who come to the VA has mental health care concerns. A copy of GAO's testimony regarding its findings is available at <http://www.veterans.house.gov/democratic/press/109th/pdf/9-28-06gao.pdf>. The full report will be released later this fall. [Source: Veterans Advocate Carl Young msg 28 Sep 06 ++]

#### **FEHBP PREMIUMS 2007:**

In JAN 07 federal employees will see their health insurance premiums rise an average of 2.3% — a much smaller increase than in years past. Individual enrollees in the Federal Employees Health Benefits Program (FEHBP) will pay an extra \$1.45 every two weeks for a total of \$58.45. Those with family plans will pay \$3.13 more for a total of \$131.64, on average. And in the biggest plan, Blue Cross Blue Shield, premiums won't go up at all. They will even decrease under certain options. More than 50% of the 8 million FEHBP participants belong to Blue Cross Blue Shield. Local plans, such as those operated by health maintenance organizations, will get more expensive. Officials at the Office of Personnel Management (OPM), which oversees the FEHBP, said the primary reason for a lower premium hike this year is a more liberal use of reserve funds.



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Those are taken from participants' premiums each year and hoarded to cover unexpected medical costs.

OPM Director Linda Springer said at a press briefing 26 SEP that the insurance companies themselves first floated the idea of dipping into reserves this year, and her financial team found the circumstances were right. OPM will use \$500 million from an \$11 billion pot of reserves — less than 5%. Springer said Performance was good enough, and OPM did not have to build the reserve. However, Jacqueline Simon, public policy director for the American Federation of Government Employees said, " The reserves are being used improperly. What we know is true is that enrollees' premiums will go up by more than the government's premiums. And the reason for that is that OPM manipulated the allocation of the so-called excess reserves to give themselves a greater subsidy." According to Nancy Kichak, OPM's associate director for strategic human resources policy, the government's contributions will go up 1.6% next year. That's smaller than the enrollee increase because of a technical matter involving timing differences in calculating the two portions. Last year, enrollees had a 10% average premium increase, while the government's hike was 5.2%. Premium increases peaked in fiscal 2002, when they reached 12.7% between employees and the government. The last time they were this low was in 1997, when there was a 1.6% hike divided between enrollees and the government.

Federal employees and retirees will be able to pick their insurance plan for 2007 during open season, which starts 13 NOV. About a week before that, OPM will post brochures on its Web site detailing costs and coverage in each plan. For the first time, current and retired federal employees will be able to choose supplemental vision and dental insurance during the open season. Biweekly premiums for family dental plans range from around \$20 to \$55 and feature 100% coverage for preventative dental work and varying coverage for other procedures. Family vision insurance will range from about \$8 to \$16 every two weeks. There is no government subsidy for the dental and vision insurance. Also for the first time, OPM is publicizing specific insurance plans that meet its standards for cost transparency. The 18 companies will let enrollees get cost information for certain procedures including cataract repair, caesarean birth and knee replacement to allow participants to shop for the best deal. OPM will feature the companies during open season. [Source: [GOVEXEC.com](http://GOVEXEC.com) Daily Briefing 20 Sep 06]

#### **GI BILL INEQUITIES:**

On 27 SEP MOAA President VADM Norb Ryan, Jr. (USN-Ret) represented MOAA and The Partnership for Veterans Education - a broad-based group of military, veterans and higher education associations at a Montgomery GI Bill (MGIB) hearing before two House Armed Services and Veterans Affairs subcommittees. He recommended that Congress combine the reserve and active duty MGIB programs, which are now separately overseen, respectively, by the Armed Services and Veterans Affairs Committees. Ryan highlighted that today's Reserve benefit is only 27% of the active duty benefit - down from 50% when it was first enacted. He noted that Guard-Reserve members can only use their benefits while in service -



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which can negate much of the benefit in a high-mobilization environment. He likened the situation to a car out of alignment that might run the All-Volunteer Force into a ditch if not fixed. Ryan proposed a total force GI Bill to better support recruiting, retention, and readjustment for all servicemembers. The first witness, Sen. Blanche Lincoln (D-AR), promoted her bill to let activated reservists use their GI Bill benefits for 10 years following completion of service, just as active duty veterans already can. Her measure was adopted in the Senate version of the defense authorization bill for fiscal year 2007 but it was dropped in final negotiations with the House.

Principal Deputy Assistant Secretary of Defense for Personnel and Readiness Mike Dominguez said DoD opposes any changes, saying education benefits aren't that important to reservists, and that he would rather spend money on equipment. He took the position of dismissing any inequity, saying Guard/Reserve GI Bill upgrades are not a cost-effective way to support recruiting and retention. That did not go down well with the legislators, who expressed frustration that a year-long DoD study of consolidating the GI Bill was still not completed. Rep. Vic Snyder (D-AR), Ranking Minority Member of the Military Personnel Subcommittee, said he felt strongly about the Guard and Reserve inequity. Many Guard and Reserve members have served two tours in Iraq, and he contrasted their relatively skimpy education benefit with the 45 months of GI Bill benefits he earned in the Vietnam era in return for 21 months of active service (including a 13-month deployment). Snyder said he will introduce total force MGIB legislation and work to get it passed next year. [Source: MOAA Leg Up 29 Sep 06 ++]

#### **TRICARE UNIFORM FORMULARY UPDATE 14:**

A panel of beneficiary advisors has concurred with a DoD pharmacy panel's recommendation to move Crestor and Caduet, which lower so-called "bad cholesterol" (LDL), to Tricare's "third tier" of medications. The change could affect about 44,000 beneficiaries. Tricare will continue to cover 12 other cholesterol-lowering drugs, including the popular Lipitor and Zocor, at the lower \$3 (generic) or \$9 (brand name) copay. The proposed plan is to implement the change within 90 days. MOAA believes 90 days is not enough time to notify beneficiaries and allow them to discuss alternative options with their doctors. DoD provides beneficiaries no notice at all of such changes, but depends on military associations to spread the word. But associations typically have 60-to-90-day lead times for their magazines, which makes timely notification impossible for most beneficiaries, even if they belong to an association. The practical reality is that this prevents most affected beneficiaries from finding out about the change until they get charged \$22.

Third-tier drugs can still be obtained at the regular \$9 copay if the doctor specifies the drug is medically necessary for the patient (e.g., works better or avoids side effects associated with other drugs) and the medical necessity determination is approved by DoD. Dr. William Winkenwerder, Assistant Secretary of Defense for Health Affairs, will make the final decision on moving the drugs to the third tier. For more information, contact the Tricare Retail Pharmacy (TRRx) customer service line at 1(866) 363-8779. For the



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TRICARE mail order pharmacy (TMOP) call 1(866) 363-8667. Information on both programs can be found at [www.express-scripts.com/TRICARE](http://www.express-scripts.com/TRICARE). [Source: MOAA Leg Up 29 Sep 06 ++]

### **TRICARE CATASTROPHIC CAP UPDATE 03:**

The Tricare Catastrophic Cap Resets on 1 OCT 06. The catastrophic cap limits the amount of out-of-pocket expenses a family will have to pay for Tricare-covered medical services. The cap applies to all covered services—annual deductibles, pharmacy copays, Tricare Prime enrollment fees and other cost shares based on Tricare-allowable charges. The cap applies to the fiscal/enrollment year (1 OCT to 30 SEP) and is a total amount per family. The cap is \$1,000 for active duty families and \$3,000 per family for all other beneficiaries. After you meet the catastrophic cap, Tricare will pay your portion of the Tricare-allowable amount for all covered services for the rest of the fiscal/enrollment year. The cap does not apply to services not covered by Tricare or to any amount that nonparticipating providers may charge above the Tricare maximum allowable charge for services. Tricare will not apply out-of-pocket expenses paid under the Prime point-of-service option (deductibles and cost shares) to the annual fiscal/enrollment year catastrophic cap. The beneficiary is responsible for any point-of-service charges incurred both before and after meeting the catastrophic cap. For more information about the Tricare catastrophic cap, you may call your regional contractor, visit or call or visit a local beneficiary counseling assistance coordinator (BCAC) or Tricare service center. A BCAC directory is available online at [www.tricare.osd.mil/BCACDirectory.htm](http://www.tricare.osd.mil/BCACDirectory.htm). [Source: NAUS Weekly Update 22 Sep 06 ++]

### **GENERIC DRUG PRICES UPDATE 01:**

Wal-Mart announced it is selling nearly 300 generic drugs for \$4 per prescription, whether or not a customer has insurance. The new pricing began 22 SEP 06 at Wal-Mart's 65 stores in Tampa, Florida, and will be in place in all Florida stores in JAN 07, expanding to many more states by the end of 2007. The \$4 price is for a 30-day supply of many generic versions of popular prescription medications. Insured customers will be allowed to pay the \$4 per prescription price even if that is less than the co-payment required by their plan. The administrator of the federal Centers for Medicare and Medicaid Services, does not expect beneficiaries of the Medicare drug benefit (Part D) to switch because of the coverage for generics provided already by Part D plans. He said that the Wal-Mart plan does provide a way for Medicare recipients to save money after they reach the "doughnut hole," the gap in annual drug costs at which Medicare does not subsidize these costs. According to Wal-Mart, it started the program to help families and retirees, especially those on Medicare. It is likely, however, that Wal-Mart is also banking on increased traffic in its stores to offset the substantially lower prices on some of the generic drugs on its list. Stock prices for competitors CVS and Walgreen fell 7 and 8 percent respectively the day after Wal-Mart's announcement. Generic drugs continue to be available under Tricare for \$3 per 30-day supply. However, a proposal under consideration at the conference committee on the 2007 National Defense Authorization Act would increase the price of generics to \$6. [Source: NAUS Weekly Update 22 Sep 06 ++]



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## **HURRICANE SAFETY:**

Have a good plan prepared when hurricanes threaten your area. Don't wait until your radio blares out a hurricane warning. There's a lot you can do to protect yourself, your family, your pets, and your home — if you act in time. Last year's devastation from Hurricane Katrina and Hurricane Rita has made more Americans appreciate the wrath of Mother Nature. The effects of that disaster brought home the message that these storms touch everyone's lives. One in six Americans live in a county on the Atlantic or Gulf coasts where hurricanes pose yearly threats. Even if we don't live in these areas, many of us vacation in areas of the U.S., the Caribbean, or Mexico where hurricanes habitually hit. Unfortunately, it may have taken the impact of Katrina and Rita to make people realize that riding out a hurricane is always a big mistake. In case of an emergency, TRICARE will provide you with up-to-date, critical information on TRICARE and DoD related matters that may affect your health benefits. Updates will include information gathered from a variety of sources, including other federal agencies and departments, state and local government, and the news and media. For tips on protecting your family and property visit: <http://www.fema.gov/plan/index.shtm>. U.S. hurricane season runs from June through November. Mid-August to late October is peak season.

### **Before Hurricane Season:**

- Put together a disaster supplies kit. It should contain: 1) A first-aid kit. 2) Canned food & a can opener. 3) Three gallons of water per person. 4) Clothing, rain gear, and bedding or sleeping bags. 5) One flashlight per person, with extra batteries. 6) Any special items or medicines needed for infants or people with disabilities.
- Learn whether you live in a flood zone. Call your local emergency management or planning/zoning office to find out. If you are in a flood zone, it's a good idea to buy flood insurance — normal homeowners' policies don't cover floods. Remember, most policies don't take effect for 30 days. Learn how to turn off your home's water, electricity, and gas. Don't turn the gas back on without professional help.
- If you live in a county near the coast, make sure your house is hurricane resistant. If you're not sure, have a licensed engineer check it.

### **During Hurricane Season Stay Informed:**

- Get a weather radio and keep its batteries fresh. The National Weather Service suggests that people have a weather radio equipped with a Specific Area Message Encoder (SAME) feature. This automatically broadcasts an alert when there's hurricane information for your area.
- People with hearing or visual impairments can get weather radios that connect to strobe lights, pagers, bed-shakers, home computers, and printers.
- If you don't have a special weather radio, keep a battery-operated radio handy.



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Know how to tune it to a local station that broadcasts severe-weather warnings.

- Know what to listen for: A hurricane WATCH means that conditions are right for a hurricane to hit. It's time to check your hurricane preparations and review your evacuation plan. A hurricane WARNING means a hurricane is expected to hit your area within 24 hours. Leave the area if local officials say to do so.

What to Expect:

- Hurricanes pack sustained high winds of 74 mph or more. Gusts can be much faster. Hurricane Camille in 1969 set the record for the highest wind speed ever to hit the Western hemisphere. It had sustained winds of 190 mph at landfall. Items such as toys left in the yard, signs, and construction materials become deadly missiles in hurricane-force gales.
- When a hurricane hits expect a storm surge (i.e. a dome of water topped by battering waves) to sweep the coastline the shore. At the water's edge, it's the greatest threat to life and property. Storm surges can be 50 or even 100 miles wide. A 15-foot storm surge is not unusual for a major storm.
- If it's high tide when a hurricane hits, the storm surge adds to the water's height. In 1989, Hurricane Hugo caused a 20-foot storm tide in South Carolina.
- Hurricanes carry lots of rain. These rains often cause flash floods, landslides, and mud slides hundreds of miles from the coast. In 1969, Hurricane Camille dropped 27 inches of rain on Virginia causing severe flash floods that killed 150 people. Slow-moving hurricanes cause the most flooding.
- Hurricanes often spawn tornadoes far from the center of the storm. [Source: Web MD [www.webmd.com](http://www.webmd.com) Sep 06 ++]

#### **SOLE SURVIVING CHILD (ENLISTMENT):**

Contrary to popular belief only sons, the last son to carry the family name, and sole surviving sons must register for the draft, they can be drafted, and they can serve in combat. However, they may be entitled to a peacetime deferment if there is a military death in the immediate family. Provisions regarding the survivors of veterans were written into Selective Service law after World War II. Details have varied over the years, but the basic premise remains the same; where a family member has been lost as a result of military service, the remaining family members should be protected insofar as possible. It is important to keep in mind that the provisions are directly related to service-connected deaths. The mere fact that a man is the only child or only son does not qualify him for consideration - he must be the survivor of one who died as a result of military service. The present law provides a peacetime exemption for anyone whose:

- Parent or sibling was killed in action, died in line of duty, or died later as a result



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of disease or injury incurred in line of duty while serving in the armed forces of the United States; or

- Parent or sibling is in a captured or missing status as a result of service in the armed forces during any period of time. This is known as the "surviving son or brother" provision. A man does not have to be the only surviving son in order to qualify; if there are four sons in a family and one dies in the line of duty, the remaining three would qualify for surviving son or brother status under the present law. The surviving son or brother provision is applicable only in peacetime. It does not apply in time of war or national emergency declared by the Congress.

The original law, passed in 1948, exempted the sole surviving son of a family where one or more sons or daughters died as a result of military service. No restriction existed at that time to limit the exemption to peacetime. The provision was intended to protect families which had lost a member in World War II. In 1964, recognizing that sons of World War II veterans were reaching draft age, Congress changed the law to include the sole surviving son of a family where the father, or one or more sons or daughters, died as a result of military service. At this time the peacetime-only restriction was also added to the law. A further change was made in 1971, expanding the exemption to any son, not necessarily the sole surviving son, of a family where the father, brother or sister died as a result of military service. This provision was recently expanded to include mothers.

In addition to peace-time draft deferralment, DoD authorizes discharges for any son or daughter in a family in which the father or mother or one or more sons or daughters:

1. Have been killed in action or have died when serving in the U.S. Armed Forces from wounds, accident, or disease, or
2. Are in a captured or missing-in-action status, or
3. Have a permanent 100% Service-related disability (including 100% mental disability), as determined by the Veterans' Administration or one of the Military Services, and are not gainfully employed because of the disability. [Source: About U.S. Military Rod Powers article 26 Sep 06 ++]

#### **MILITARY INSURANCE/INVESTMENT PREDATORS:**

On 21 SEP, the House of Representatives passed the Military Personnel Financial Services Protection Act (S.418) by a vote of 418 to 3, and presented it to the President on 25 SEP for signature. This act was created to be an important first step to protecting service members and their families from certain insurance and investment products that are deceptively expensive and have virtually disappeared from the civilian market. Investment companies that offer these products tend to prey primarily on military personnel and family members by using abusive and misleading sales practices. Additionally, sellers of life insurance products will be required to disclose to military customers that their policies



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and products do not have the endorsement of the federal government Sellers must give potential military customers an honest assessment of whether they could benefit from the product. Military personnel already have access to subsidized life insurance policies through the Servicemembers Group Life Insurance Program. The House companion bill H.R.458 to S.418 had also included a provision addressing abusive lending practices by check cashing stores and other short-term loan companies. The provision to curb these predatory practices was included in the Senate version of the FY 2007 National Defense Authorization Act, which is still being considered by a House and Senate Conference Committee. [Source: NMFA Government & You E-News 27 Sep 06 ++]

#### **MILITARY PAYDAY LENDERS UPDATE 01:**

A Defense Department report issued last month found that as many as one in five U.S. service members are being preyed on by loan centers set up near military bases, which can charge annual interest rates of 400% or more. Increasingly, soldiers have debt levels so high they are barred from serving overseas; others suffer from bankruptcies, divorces and ruined careers due to the strain and stress of debt. The Pentagon has joined consumer, military, and veterans groups in backing a bipartisan amendment from Sens. Jim Talent (R-MO) and Bill Nelson (D-FL) that places a cap of 36 percent on high interest rates for short-term payday loans to military members. But two conservatives — Reps. Geoff Davis (R-KY) and Steve Buyer (R-IN) — have been working to block Congress from making this bill law.

Payday lenders offer high -cost, short-term loans marketed as cash advances on the borrower's next paycheck to cover an emergency need. Lenders charge roughly \$15 to \$25 per \$100 loan for two weeks, and "most loans are extended for several weeks" because the borrower is unable to pay back the original loan amount. The average loan is \$350 and has an annual interest rate of 390% to 780% meaning the average borrower pays back \$834 for a \$339 loan. Between 13% and 19% of U.S. servicemembers — roughly 175,000 people — took out such loans last year. Because of the high-risk terms, borrowers often get caught in a vicious cycle of chronic debt. When they cannot afford to pay back the fees plus the principal at the end of the two week period, borrowers are forced to pay another high fee to roll over the loan for an additional two weeks or take out another loan to pay off the first loan, thereby getting trapped in a costly and often devastating cycle of 'back-to-back ' loans."

Payday lenders systematically target military families, who are an ideal demographic for payday lenders because they usually have a steady government paycheck with little to spare at an average of \$1,200 a month for new recruits. A 2005 report found that in 19 of 20 states studied, payday lenders were located in counties and ZIP codes adjacent to military bases in significantly greater numbers and densities than other areas. The Pentagon states that payday lending undermines military readiness, harms the morale of troops and their families, and adds to the cost of fielding an all volunteer fighting force.. Debt can distract service members from their duties or cause them to become security risks open to compromise. The Navy and Marine Corps denied security clearance to about 2,000 service members nationwide last year because of concerns that



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their indebtedness could compromise key operations. The Pentagon report outlines current efforts to combat abusive practices through education and credit counseling for service members, but also acknowledges that education is only part of the solution. The report states unequivocally that our men and women in uniform can only be adequately protected by strong legislative action.

Lending and banking industry lobbyists have moved aggressively to try to block a national cap on payday loans. The lending industry's main lobbying group, the Community Financial Services Association, called the Defense Department report nothing but a re-hash of flawed data, biased analysis and anti-business philosophy pushed by fringe activists. One member of Congress, Rep. Geoff Davis (R-KY), has taken up their cause. Davis recently proposed language, praised by the payday lending industry that would gut the Talent/Nelson amendment and set no real limits on predatory lenders. One of Davis's aides admitted that he consulted on the legislation with CNG Financial of Mason OH, one of his top campaign donors and owner of national payday lender Check-n-Go. After facing intense local criticism for aiding and abetting predatory lenders, Davis announced that he no longer opposes the 36% cap on payday loans. But few have seen Davis's compromise language, which is being negotiated behind closed doors, and the Center for Responsible Lending (CRL) [www.responsiblelending.org](http://www.responsiblelending.org) says it will remain worried about loopholes until we see the actual language and get a final vote. The CRL is a nonprofit, nonpartisan research and policy organization dedicated to protecting homeownership and family wealth by working to eliminate abusive financial practices. CRL is affiliated with Self-Help [www.self-help.org](http://www.self-help.org), one of the nation's largest community development financial institutions. The complete DoD report can be found at [www.defenselink.mil/pubs/pdfs/Report\\_to\\_Congress\\_final.pdf](http://www.defenselink.mil/pubs/pdfs/Report_to_Congress_final.pdf) . [Source: DoD Report on Predatory Lending Practices dtd 9 Aug 06 ++]

#### MILITARY PAYDAY LENDERS UPDATE 02:

Advance America, Cash Advance Centers, Inc. announced on 25 SEP that it will respectfully and voluntarily refrain from making any payday advances to active, full-time members of the military effective 15 OCT 06 except where strictly prohibited from doing so by applicable law. According to a company press release officials maintained that service members deserved the right to choose the financial options that best suit their needs. However, they noted recent criticisms of payday lenders aired in a DoD report on predatory lending practices and at a Senate hearing had forced them to re-evaluate their lending practices to military members. The company stated it had made its decision to refrain from making loans to military members in order to remove any perceived distraction to members of the military during this critical time for our country. It noted that members of the military represent less than 1% of the Advance America customer base and only 42 out of 2,728 total Advance America centers are within one mile of any military base. Crackdowns on lending practices in some states, such as North Carolina, have forced Advance America and other companies to cease operations in some locations. A legislative provision being debated by House and Senate Conferees for the FY 2007 National Defense Authorization Act (NDAA) would limit interest rates and fees for



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payday advance loans to military families to 36%.

On 3 OCT a committee of the Virginia House of Delegates will meet to discuss legislation to curb predatory lending practices in their state. The hearing will feature statements by members of the Virginia Partnership for Responsible Lending (VaPERL) about the dangers of payday and car title lending. The Department of Defense (DoD) may also send a representative to speak on behalf of military families. Military families need to be more aware of the dangers of using check cashing stores and other predatory lenders and to encourage state governments and Congress to curb the worst practices of these companies. In addition to the Committee meeting on 3 OCT, VaPERL will be hosting a morning educational session, beginning at 10:00 a.m. for interested and concerned citizens. By participating in these events, military families and those who support them can learn about the predatory lending problem in Virginia, witness a legislative committee meeting up close and personal, and learn how to add their voices to others concerned about these lending practices. Their presence will also illustrate how important curbing these practices is to the military community. For more information or to register to attend the 3 OCT events go to: <http://ga4.org/interfaithcenter/events/RLadvocacyday/details.tcl> . [Source: NMFA & <http://investors.advanceamerica.net/ReleaseDetail.cfm?ReleaseID=212095> 25 Sep 06 ++]

#### **VA GAO FINDINGS UPDATE 01:**

A new congressional report shows there is room to improve the budgeting for veterans' health care, both in determining how much money is needed and in issuing warnings when problems are discovered. The follow-up report by the Government Accountability Office, the investigative arm of Congress, comes as no surprise because budgeting problems have plagued the Department of Veterans Affairs for the last two years. Congress was forced to find extra money for health care and benefits because the Bush administration's budget for 2006 and 2007 underestimated expenses. The shortfall ended up about \$3 billion, something VA officials knew was coming but never warned lawmakers. Why there was no warning is a key part of the report, which was requested by three Democrats on the Senate Veterans' Affairs Committee, Sens. Daniel K. Akaka of Hawaii, Ken Salazar of Colorado and Patty Murray of Washington along with Sen. Richard Durbin of Illinois, the Senate's assistant Democratic leader. GAO investigators said the VA never warned Congress because no one really asked and the VA didn't see any need to volunteer problems. Akaka, ranking Democrat on the veterans' committee, said, "When health care for veterans is at stake, the administration must not use budget gimmicks to pretend that its fiscal house is in order. VA must be much more forthcoming and provide a better picture of VA's finances to Congress."

Budgeting problems got a lot of attention at a House Veterans' Affairs Committee hearing on 20 SEP, where major veterans and military groups testified about their priorities for next year:

- American Legion's national commander Paul A. Morin said, "Without urgent changes in health care federal funding, new veterans will soon discover



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their battles are not over. They will be forced to fight for the life of the VA health care system."

- AmVets national commander Tom McGriff said, "Frankly, the system needs to be fixed. Access to quality health care has been compromised by budget shortfalls, rising medical costs and a sharp and steady increase in demand for services. The VA ends up fighting with other federal agencies for money. Veterans' health care is an ongoing cost of war, and should be treated as such. Most major veterans' groups support mandatory funding for VA health programs, which would require the government to pay for health care no matter the cost. That would be similar to the government's financing for Medicare and Medicaid."

- Disabled American Veterans national commander Bradley S. Barton said, "The current budget process is not working. For years, DAV has argued that the current budget process fails to serve veterans or American taxpayers. It is impossible for VA to properly plan for an upcoming fiscal year when so much uncertainty surrounds the passage of their appropriations bill and the level of funding VA will receive."

Bush administration officials are in the early stages of preparing a 2008 budget but the veterans' budget for 2007 is pending before Congress, along with funding for every other federal agency, because work has not been completed on any appropriations bill. [Source: NavyTimes Rick Maze article 20 Sep 06 ++]

#### **COMMERCE DEPT PRIVACY BREACH:**

An agency wide review at the Commerce Department turned up more than a thousand missing or stolen laptops over the last five years, with hundreds containing the personal information of American citizens. In response to a congressional request and public inquiries, Commerce found that of 30,000-plus laptops inventoried across the department's 15 organizations since 2001, 1,137 had been lost or stolen. Of these, 249 contained personally identifiable information, with varying levels of security ranging from simple passwords to full encryption. A separate Commerce report stated that since 2003, 297 electronic devices containing sensitive personal information have gone missing. This includes 217 laptops, 15 handheld devices and 46 thumb drives. Commerce Secretary Carlos Gutierrez said even though the number of missing computers is high, the chance of data misuse is low.

The Commerce announcement came partly in response to a request from House Government Reform Committee Chairman Tom Davis (R-VA) that agencies report all data breaches. The committee has received responses from all agencies except the Defense, Health and Human Services and Treasury departments. The Homeland Security and State departments have responded only partially. David Marin, the committee's staff director, said the panel is still reviewing other agencies' responses. Congressman Davis's statement on this latest data breach revelation was, "Perhaps the most shocking thing here is that the public might not have ever known of these breaches and their scope if we hadn't specifically asked for the



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information. Why aren't these inventories taken automatically, instinctively?" Davis has proposed legislation H.R.5838 that would require the Office of Management and Budget to establish policies for agencies to follow in the event of a data breach.

Citing reports of lost, stolen or mishandled personal information that have come out of more than a dozen federal agencies in the last six months, Senate Minority Leader Harry Reid (D-NV) blasted the Bush administration for disregarding the protection of personal information. He said, "They talk tough about identify theft, but then show a complete disregard for the security and personal information of the American people". Commerce Secretary Gutierrez said the Commerce department is working to encrypt all laptops and will require two factors of authentication for remote electronic devices, as required in a 23 JUN 06 OMB memorandum which calls for implementation within 45 days. Of the agencies within the Department of Commerce:

- The Census Bureau reported 672 missing laptops over the last five years, of which 246 contained some degree of personal data. Full encryption was in place on 107 of the laptops while 139 were either partially encrypted or lacked any encryption. Nearly half of all unaccounted-for laptops were stolen from employees' vehicles and the other half were not returned when employees left the agency. All 46 missing thumb drives (a small device that can contain significant amounts of data) were encrypted.
- The Census Bureau also reported of about 2,400 handheld devices used to record survey data, 15 were lost or stolen with sensitive personal information, but each device was encrypted. Additionally, it reported 16 instances of nonelectronic breaches of personal information, including the loss of employee time and attendance records during an office move, and of retirement information packages sent to the National Finance Center during Hurricane Katrina.
- The National Oceanic and Atmospheric Administration reported 325 missing laptops, of which three contained personal data. This included a laptop with the personal information, such as Social Security numbers, of 146 employees and contractor.
- The other missing laptops spread across all Commerce agencies except the Economics and Statistics Administration, the Minority Business Development Agency, the National Technical Information Service and the National Telecommunications and Information Administration did not have personally identifiable information.

To date the government's track record on personal data security indicates all veterans remain at risk for identity theft from government computer databases. However, they have never indicated they are willing to compensate anyone who suffers a financial loss as a result of their negligence and, of course, the government cannot be sued for compensation. They have acknowledged they will notify veterans of any data loss but veterans affected will be on their own in taking corrective/preventive action after the loss has occurred. Veterans do have the option of obtaining personal protection at their own expense against identity



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theft. Insurance against identify theft for veterans through LifeLock [www.lifelock.com](http://www.lifelock.com) cost a minimum of \$7.50 per month. Other companies have similar charges. [Source: GOVEXEC.com Daily Briefing 22 Sep 06]

#### **VA COLA 2007 UPDATE 01:**

The Senate passed the veterans' cost-of-living bill S.2562 on 21 SEP. The amount of the increase, which would take effect on 1 DEC 06 will not be determined for several weeks, but is expected to be about 2.9%. About 3 million people inclusive of disabled veterans, survivors and low-income veterans receiving pensions from the Department of Veterans Affairs would be affected. Uncertainty has arisen on the amount of the increase because the bill requires the increase in disability and survivors benefits to match the increase in Social Security and in military and federal civilian retirement. This increase is determined in mid-October by comparing consumer prices this year to last year. Annual increases in Social Security and military retired pay happen automatically as long as no law is enacted that stops them. Cost-of-living adjustments for veterans, however, only happen if Congress passes and the president signs a bill ordering the increase. Experts within the Congressional Budget Office estimate that the legislation will increase direct spending on disabled veterans and some of their survivors by approximately \$700 million next year. Congress has enacted an annual COLA adjustment for veterans with disabilities and survivors every year since 1976

The different treatment is a historical anomaly from the days before the VA was a cabinet-level agency. Lawmakers then believed the only way they could have oversight over the then-Veterans' Administration was to have an annual, must-pass bill providing increases in benefits for disabled veterans to which they could attach other veterans-related legislation. The practice has continued, although lawmakers are reluctant to attach anything that might jeopardize the veterans' COLA. The Senate-passed bill contains no provisions other than the COLA, and House Veterans' Affairs Committee aides said they expect the House also will keep a clean, unfettered bill that ensures quick enactment. The VA has warned lawmakers that it needs the annual COLA approved by mid-October in order to ensure it takes effect 1 DEC to appear in January paychecks. The recess of Congress 28 SEP until after the Nov. 7 elections has impacted on this. The Senate Committee chairman Larry Craig (R-ID) and the ranking Democrat on the veterans' committee Sen. Daniel K. Akaka have (D-HI) expressed the importance of passing the bill in time to ensure that veterans' disability compensation rates keep pace with the increasing cost of living. [Source: NavyTimes Rick Maze article 22 Sep 06 ++]

#### **VA DISABILITY BUYOUT UPDATE 01:**

The concept of Government buyout of military benefits is mostly attributed to David Stockman, a politician and businessman who served as U.S. Representative from the state of Michigan 1977-1981 and as the Director of the Office of Management and Budget (OMB) 1981-1985. Stockman was the Director of OMB during the Reagan administration and is well-remembered for labeling military retirement pay as scandalous, calling it a dangerous drain on the



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economy. Stockman then proposed lump-sum buyouts of military retirement pay because he deemed it less expensive to pay once than to pay for life. He even toyed with the idea of buyouts for Social Security payments. Stockman's buyouts never happened but his cost-cutting ideology lives on today in the person of arch-conservative Grover Norquist who urges the current administration to downsize government and its associated financial obligations. Norquist is the president of the noted anti-tax lobbying group Americans for Tax Reform, and a well-connected conservative activist with close ties to business and the media. In an effort to control spending on entitlement programs the present administration has incorporated the concepts of Stockman and Norquist into their marching orders for the Veterans' Disability Benefits Commission (VDBC) on the issue of lump-sum buyouts of veteran disability compensation. [Source: [VAWatchdog.org](http://VAWatchdog.org) Larry Scott article 17 Sep 06 ++]

#### **VA DISABILITY BUYOUT UPDATE 02:**

Last week, the Veterans' Disability Benefits Commission (VDBC) met in Washington D.C. and, once again, took up the issue of lump-sum buyouts. The VDBC was created by the Bush administration in 2003 and tasked with determining whether the death or disability of a veteran should be compensated and at what level, if any. The 13-member VDBC is a politically stacked-deck with nine members being appointed by Republican politicians making it likely to fall in step with the current administration's goals. The President often speaks of controlling spending on entitlement programs lumping Medicare, Medicaid and veterans' benefits under the "entitlement umbrella" by consistently using them in the same sentence. This gives the impression that all three of these programs are some kind of welfare when in fact Medicare is an insurance program and veterans' disability compensation is provided to those who have been wounded or injured while serving the country. The administration strongly believes that entitlement programs are out of control and therefore should fall under a sharp budget knife. The VA is the second-largest government agency with a budget of over \$80 billion for fiscal year 2007. The largest portion of the VA budget goes to disability compensation for veterans wounded or injured while on military active-duty. Lump-sum buyouts of VA disability compensation could save the government billions of dollars every year.

Key to the argument for the buyouts is a report from the VA's Office of Inspector General (VAOIG) which recommended that the VA revise disability rating criteria to reflect expected lifetime impairment so that VA could offer lump-sum payments to veterans. VA Secretary Nicholson supported the VAOIG report saying that the VA will review prior VA studies concerning lump-sum payments to veterans with disability ratings. Nicholson considers this a public policy issue. The VDBC has tasked the Center for Naval Analyses (CNA) with studying the concept of lump-sum buyouts. In the CNA's Literature Review they write of substantial potential savings associated with a lump-sum disability settlement both in terms of reduced debt cost and administrative burden. There is a great deal of support on Capitol Hill for the lump-sum buyouts. Leading the charge is Rep. Steve Buyer (R-IN), Chairman of the House Committee on Veterans' Affairs, who sees the buyouts as a logical cost-cutting move. When it comes to the work of the VDBC and what cost-cutting moves they should study Buyer has



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stated he thinks everything should be on the table. To date not one veterans' service organization is in favor of the move. The American Legion has reminded its members that Chairman Buyer and other government officials have publicly expressed their desire to use the VDBC as a vehicle to institute radical changes in the VA disability system that would negatively impact and restrict entitlement to benefits for a large number of veterans.

How would the lump-sum buyouts work? Initially the VDBC will look at lump-sum payments to veterans who receive 10% or 20% disability payments, those veterans currently receiving \$112 or \$218 a month. The buyouts would be based on life expectancy with only a percentage of the total value offered. Most commonly mentioned is a 50% buyout, but some have mentioned 30% as a more prudent offer. (Example: If a veteran gets \$218 a month from the VA and has a life expectancy of 20 years, his total compensation would be \$52,320. The proposed buyouts would offer a cash settlement of somewhere between \$15,696 and \$26,160.) One of the main arguments for lump-sum payments, besides saving the government money, is that the veteran can then invest his buyout and do much better financially in the long run. However, the CNA says the literature does not support that theory and told the VDBC younger, less educated, and lower ranking personnel would be more inclined to accept a VA lump-sum offer, and funds received in lump-sum payments are often spent on consumer goods rather than spent on long-term investments.

There are more questions than answers. A few of the potential problem areas are:

- If the veteran's service-connected condition worsened, would he be able to file a claim or would the condition now not be compensable? Many veterans will initially receive a 10% or 20% disability rating and then see it jump to as high as 100% as they age and their particular condition worsens.
- Would the VA continue to treat the veteran for the condition even though he wasn't getting compensation? Or, would the condition now be considered not to exist? The cost-savings to the government would be great and the cost to the veteran could be catastrophic.
- What about another condition that occurs that is secondary to the original service-connected condition? How would that fit in? An example would be a veteran who receives disability for a bad knee. As that knee gets worse with age, back problems can arise and that could constitute a secondary disability that could be compensated.
- Would the VA stop at the 10% and 20% disability ratings? Many feel that this would be just the beginning and that once the door is open, all disability ratings could be up for a lump-sum buyout.
- Would the buyouts be retroactive? Or, would only new veterans fall under the plan? The largest savings for the government would be gained by including veterans currently receiving disability.
- Would the buyouts be mandatory or optional? The savings for



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the government would be greatest with a mandatory buyout plan. Could this be imposed on veterans?

The biggest question of all is: How can you buy-out a disability? Veterans receive disability compensation because their ability to perform everyday tasks has been diminished by wounds or injuries sustained while on active-duty. The compensation paid by the VA is meant to make up for income lost due to the disabilities. A lump-sum payment is antithetical to the concept of on-going compensation for an on-going disability. The VDDB's report to the President and Congress is due in late 2007. Washington watchers feel the VDDB will approve the concept of lump-sum buyouts. Obviously, the White House will approve. But, will Congress fall into line? One more thing to consider when veterans go to the polls in NOV 06. [Source: [VAWatchdog.org](http://VAWatchdog.org) 17 Sep & USDR Action Alert 29 Sep 06 ++]

#### **AHLTA UPDATE 02:**

Medical troops throughout the Air Force will soon be using the Department of Defense's global electronic health record system to keep track of patient records. Known as AHLTA, it is the largest system of its kind, defense officials said. The system will go online at the military's 800 clinics and 70 hospitals by the end of December. At Yokota Air Base, Japan, hospital members will start training to use the system in mid-September. They will be ready to use it at the end of October. Defense officials say the electronic system has the potential to serve more than 9 million servicemembers, retirees and their families. Once on line, some 60,000 military healthcare professionals around the globe can access medical records. The long term vision is to be able to update digital medical records from the first care provided patients on the battlefield to their stateside care facilities, defense officials said. They expect that to be possible within the next three years.

Unfortunately, the AHLTA system is not compatible with the VA's electronic health record system VISTA. This will impact on DoD retirees entering the VA health system and wounded active duty personnel receiving treatment in VA facilities. The Senate appropriations committee has urged DoD to switch to VA's record system. However, Defense officials say VISTA would need significant modification to meet military needs and the switch would be long and costly. In the short term, to the detriment of veterans needing health care, it appears neither DoD nor VA intend to modify their systems to make them compatible. [Source: Air Force Retiree News Service 21 Sep 06 ++]

#### **VA FACILITY FUNDING:**

On 13 SEP the House passed H.R.5815, the Department of Veterans Affairs Medical Facility Authorization Act of 2006. It provides \$2.4 billion dollars for construction and renovation of several VA medical facilities. Included in the measure is funding for two VA medical facilities damaged by hurricane Katrina. HR 5815 would:

- Allocate money from fiscal years 2007 through 2011.



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- Authorize the construction of multiple major medical facility projects, including new hospitals in Las Vegas, Nevada and Orlando FL as well as the expansion of the Spinal Cord Injury Center in Tampa FL.
- Authorizes the restoration of the Department of Veterans Affairs Medical Center (VAMC), Biloxi, Mississippi as part of a joint-use facility that VA will share with Keesler Air Force Base, the advanced planning and site preparation for a joint-use medical facility in or near New Orleans and advanced planning for a shared medical facility in Charleston, South Carolina.

This legislation seeks to broaden access and enhance the efficiency with which health care is provided to veterans and takes advantage of collaboration opportunities among the DVA, state affiliated medical institutions and DoD. The bill builds on a common interest in sharing resources such as expensive medical equipment, technologies and health care staff. It will position VA to leverage potential new affiliation relationships by developing research partners and contacts with other non-profit organizations, while preserving the veterans' identity of facilities. Enhanced collaboration means that the most expensive equipment, such as medical imaging devices, could be shared between VA and university facilities. As new technology becomes available with its inevitably steep price tag, it could be more easily acquired.

The Senate also passed their affiliated bill S.3421. It authorizes funding of Department of Veterans Affairs (VA) medical facilities for fiscal years 2006 and 2007, and included a provision to expand the MGIB benefits for the spouses of severely injured veterans. The passed Senate bill included a substitute amendment introduced by Senate Veterans' Affairs Chairman Larry E. Craig, (R-ID) funding construction projects for VA facilities in American Lake, Wash.; Columbia, Miss.; Milwaukee; Fayetteville, Ark.; and St. Louis. For additional information on both bills refer to <http://thomas.loc.gov>. [Source: VFW Washington Weekly 18 Sep & TREA Leg Up 28 Sep 06 ++]

#### **VA CLAIM ERROR RATE UPDATE 01:**

On 13 SEP the House Subcommittee on Disability Assistance and Memorial Affairs Chairman Jeff Miller (R-FL) held an oversight hearing to assess the training and claims procedures of VA's claims adjudicators. Testimony was received on the types of training provided to claims adjudicators, the standards used to measure proficiency and performance, and what the Veterans Benefits Administration (VBA) is doing to enhance the performance of claims examiners. Miller stated, "The ability to provide timely and accurate benefits are dependent not solely on increasing staffing levels, but on providing proper and thorough training. Congress, and certainly VA, must ensure that current and new employees have the skills and knowledge necessary to render accurate and fair decisions the first time... As reflected in the testimony, the training that adjudicators receive is vitally important to achieving VBA's mission. The Subcommittee will continue its oversight responsibility for disability claims processing to ensure that proper skills and training are implemented."



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Within the last two years, VBA has hired nearly 1,000 new Veteran Service Representatives (VSR). VBA estimates that it takes two years of formal and on-job training for a VSR to become proficient. This training includes cooperative learning, classroom training, and utilization of the computer program, Training and Performance Support Systems (TPSS). In addition to TPSS, VBA provides training through monthly broadcasts on various subjects. Earlier this year, Admiral Cooper mandated that service center employees complete 70 hours of additional training annually; 80 hours will be required beginning in FY 2007. VBA has also devised a pre-recorded training program, to be available in spring 2007, called the Content Distribution Network (CDN), which will allow employees to view these training seminars on their desktop. VBA has implemented a skills certification test to assess the knowledge base of claims adjudicators and to provide additional training when necessary. However, a great many employees either don't have the time needed to devote to training, or are failing basic competency tests. [Source: HCVA Press Release 13 Sep 06]

#### **AGENT ORANGE CANCER STUDY UPDATE 01:**

The Food and Drug Administration's Ranch Hand Advisory Committee held its final meeting 14 SEP. Government health advisers debated what should be done with data and other material generated by the 24-year federal study of the health effects of exposure to Agent Orange. An agency of the Institute of Medicine, the Medical Follow-up Agency, is supposed to take custody of the samples. Legislation authorizing the transfer and financing remains pending in Congress. The "Ranch Hand" study, named for the Agent Orange spraying operation in Vietnam, ends 30 SEP 06 latest partially closing another chapter on the war. It has found elevated risk for diabetes among "Ranch Handers," but no clear link to cancer. The study included about 1,000 Ranch Handers along with 2,000 other Air Force personnel who were not involved in the spraying of the defoliant Agent Orange. The U.S. military sprayed some 11 million gallons of the defoliant over the jungles of southern and central Vietnam to expose enemy supply lines, sanctuaries and bases from 1962 to 1971. Airmen were exposed to Agent Orange during spraying flights, while loading the chemical onto the aircraft and while performing maintenance on the aircraft and the equipment for spraying. Agent Orange contains dioxin, a cancer-causing byproduct that has been linked to medical ailments in both U.S. war veterans and their Vietnamese counterparts. [Source: [Military.com](http://Military.com) 17 Sep 06]

#### **MOBILITY SYSTEM:**

Eligible veterans with disabilities now have an opportunity to purchase the iBOT 4000 Mobility System, developed by Independence Technology, through medical coverage provided by the Veterans Health Administration (VHA). In 2003, Congress recommended the VHA study the system and after two consumer pilot studies placed it on the Federal Supply Schedule in 2005 under contract number V797P-3006M. Assessments are now being conducted at hospitals in Veterans Integrated Service Networks (VISNs) across the country. VHA's Coverage criteria take into account a veteran's medical diagnoses, prognosis, functional abilities, limitations, goals, and ambitions. The VA supports the dispensation of power mobility to allow the veteran to access medical care and to



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accomplish necessary tasks of daily living in ordinary home and community environments such as paved surfaces and mild terrains.”

The system’s combination of functions allows users to go places and do things not possible with any other single mobility device. These Functions include:

- Balance: Raises user to eye level for business or social interactions, even when they are on the move.
- Stair: Enables the user to safely climb up and down stairs, with or without assistance, giving accessibility to previously inaccessible places.
- 4-Wheel: Enables the user to climb curbs as high as five inches and to travel over a variety of uneven terrain, such as sand, gravel, grass, thick carpet and other surfaces.
- Standard: Enables the user to operate the device in the same manner as if in a traditional power chair. While operating in the Standard Function, users are able to easily fit their system under a table or desk.
- Remote: Allows the user or an assistant to drive the mobility system unoccupied into a vehicle.

This is the only marketed mobility system that is a prescription product and FDA approved. However, it may not be suitable for everyone. Users must: weigh between 75 lbs and 250 lbs, have the ability to operate a hand-operated joystick, and complete the training program. Federal law restricts this device to sale by, or on the order of, a licensed healthcare practitioner. Veterans who are interested in evaluating the iBOT system can obtain more information and a video of it in action at [www.ibotnow.com](http://www.ibotnow.com) or call 1 (866) 813-0788 to speak with an iBOT representative regarding VA coverage. This advertisement is neither paid for nor sponsored, in whole or in part, by any element of the United States Government. [Source: [Military.com](http://Military.com) 11 Sep 06]

#### **GI BILL UPDATE 10:**

The Department of Veterans Affairs has announced that effective 1 OCT 06 the GI Bill will be worth \$38,700, a total increase of nearly \$1,500 over last year’s rate. This total is based on the new monthly full-time student payment rate of \$1,075 multiplied by the 36-month limit. If you are GI Bill eligible you get the increase no matter when you became eligible or begin using it. Your actual benefits may be much higher if you signed up for the Army, Navy or Marine Corps College Funds or elected to participate in the GI Bill Buy-Up program. Other GI Bill programs will also see an increase. For example the GI Bill for Selected Reserve will be worth \$309 a month, the Reserve Education Assistance Program (REAP) will be up to a maximum of \$806 a month and the GI Bill Apprenticeship and On The Job Training program will pay as much as \$913 a month. The Montgomery GI Bill (MGIB) was created to help veterans of active duty military service pay for their



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education and training. However, it is good for only 10 years after the date of your last discharge from active duty service. Only about 50% of veterans use their GI Bill which can be used to pay for many different programs including:

- College, Business Technical or Vocational Courses
- Distance Learning including Correspondence Courses
- Licensing and Certification Tests
- Apprenticeship/Job Training (Veterans and Reserve Only)
- Flight Training

[Source: Military.com 16 Sep 06 ++]

#### **COLA 2007 UPDATE 06:**

The Bureau of Labor Statistics says the Consumer Price Index (CPI) rose another 0.2% in August, yielding a cumulative 3.6% increase so far this fiscal year. That's a little less than the 3.8% CPI growth through August of last year. Last year, the COLA ended up at 4.1%, but that's only because of a huge inflation surge in SEP 05 as energy prices skyrocketed after Hurricane Katrina. We're unlikely to see that again this SEP when energy prices are actually declining. Given that the annual COLA increase is based on the three-month average CPI from JUL through SEP and that the September CPI may be flat or even decline estimates at this point are that the 2007 COLA is likely to be in the 3.4% to 3.6% range. For more information, visit [www.moaa.org/controller.asp?pagename=lac\\_issues\\_second\\_career\\_col](http://www.moaa.org/controller.asp?pagename=lac_issues_second_career_col)  
[Source: MOAA Leg Up 18 Aug 06]

#### **GULF WAR SYNDROME:**

Gulf War syndrome (GWS) or Gulf War illness (GWI) is the name given to an illness with symptoms including increases in the rate of immune system disorders and birth defects, reported by combat veterans of the 1991 Gulf War. It has not always been clear whether these symptoms were related to Gulf War service. Symptoms attributed to this syndrome have been wide-ranging, including chronic fatigue, loss of muscle control, migraines and other headaches, dizziness and loss of balance, memory problems, muscle and joint pain, indigestion, skin problems, and shortness of breath. U.S. Gulf War veterans have experienced mortality rates exceeding those of U.S. Vietnam veterans. Brain cancer deaths, amyotrophic lateral sclerosis (commonly known as Lou Gehrig's disease) and fibromyalgia are now recognized by the Defense and Veterans Affairs departments as potentially connected to service during the Persian Gulf War. About 30% of the 700,000 U.S. servicemen and women in the first Gulf War have registered in the Gulf War Illness database set up by the American Legion. Some still suffer a baffling array of serious health impairing symptoms. At the DEC 05 Research Advisory Committee on Gulf War Veterans' Illnesses



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meeting the following potential causes were still being considered. Others which have been suggested through the years having been ruled out:

- Combustion products from depleted uranium munitions;
- Side-effects from the early 19 90s' anthrax vaccine;
- Infectious diseases from parasites;
- Chemical weapons such as nerve gas or mustard gas; and
- Combinations of the above factors;

Substances which were found to be associated with increased GWI symptoms in combat soldiers, but have been ruled out except as confounding factors because the exposed non-combat cohort did not also develop symptoms are: Pesticides, Insect repellents, and Pyridostigmine Bromide which is a drug to protect against nerve agents. Other causes suggested have apparently been eliminated from consideration by authorities are:

- Smoke from oil well fires;
- Post-traumatic stress disorder and other psychological and psychosomatic causes;
- Multiple chemical sensitivity;
- Biological weapons;
- Inhibited red-fuming nitric acid (IRFNA), a rocket fuel/oxidizing agent used in SS-1 Scud (and derived) ballistic missiles, SA-2 Guideline surface-to-air missiles and possibly other pieces of Iraqi military technology; and
- Military experimentation

Refer to [http://en.wikipedia.org/wiki/Gulf\\_War\\_syndrome](http://en.wikipedia.org/wiki/Gulf_War_syndrome) for more information on why the above have been eliminated from consideration by authorities. A VA Study doubts there is one Gulf War Syndrome. On 12 SEP the Institute of Medicine issued a report that stated that there is not evidence of a single Gulf War Syndrome. The report did find, however, that both U.S and foreign veterans who served in the 1991 war have more illnesses than members of the military who did not serve in the Gulf War. It was found that approximately 30% of Gulf War Veterans report symptoms. The report found evidence of an elevated risk of the rare nerve disease amyotrophic lateral sclerosis, also called Lou Gehrig's disease and increased risks of anxiety disorders, depression and substance abuse. The VA said they would not comment until they have an opportunity to study the report.  
[Source: TREA Legislative Update 15 Sep 15 06 ++]

#### **VET CEMETERY FLORIDA UPDATE 03:**

A 569-acre property owned by the City of Jacksonville FL will



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become the site of a national cemetery to serve the burial needs of north Florida's veterans for 30 years or more. Secretary of Veterans Affairs Nicholson, announced the DVA selection of the site and intent to purchase the property. VA originally considered 14 sites and completed environmental assessments for four of them last spring. The Secretary made his decision after considering the viability of each site. The Jacksonville property is pasture land available for sale from the city and is north of the airport on Lannie Road. Funds for purchase of the land have been appropriated by Congress. Additional funding will be required for design and construction in future years. If the land is purchased in the next few months and design begins next year, VA could start burials in the summer of 2009.

The National Cemetery Expansion Act of 2003 directed VA to build six new national cemeteries in selected areas with large veteran populations. Approximately 325,000 veterans live within 75 miles of Jacksonville. Veterans whose discharges are other than dishonorable, their spouses and dependent children may be buried in a national cemetery, regardless of where they live. No advance reservations are made. Other burial benefits for eligible veterans include a burial flag, a Presidential Memorial Certificate and a government headstone or marker, even if they are not buried in a national cemetery. Information on VA burial benefits can be obtained from national cemetery offices, from a VA Web site at [www.cem.va.gov](http://www.cem.va.gov) or by calling VA regional offices toll-free at 1 (800) 827-1000. [Source: Public and Intergovernmental Affairs News Release 14 Sep 06]

#### **VA CLINIC FLORIDA:**

The Secretary of Veterans Affairs on 14 SEP announced the acquisition of 30 acres in Cape Coral for construction of a new outpatient clinic in Lee County FL. Secretary Nicholson said VA intends to construct a 200,000-square foot outpatient clinic on a site near Diplomat Parkway and Corbett Road. The site, purchased for \$9.9 million, replaces a facility in Ft. Myers. The timeline for construction has not been established. In Florida, VA spent more than \$5.2 billion in 2005 to serve the state's 1.8 million veterans. VA operates six major medical centers in Florida, with 42 outpatient clinics, seven nursing homes and 10 Vet Centers. With 154 hospitals and more than 850 outpatient clinics, VA has the largest integrated health care system in the country. VA's health care budget of nearly \$30 billion this year will provide health care to about 5.4 million people during nearly 600,000 hospitalizations and 57 million outpatient visits. [Source: Public and Intergovernmental Affairs News Release 14 Sep 06]

#### **EQUAL JUSTICE FOR SERVICEMEN:**

Earl Warren, 14th Chief Justice of the U.S. Supreme Court said, "Our citizens in uniform may not be stripped of basic rights simply because they have doffed their civilian clothes". However, under current law service personnel are denied equal access to the Supreme Court. To eliminate this inequity the 'Equal Justice for Our Military Act' (H.R.1364) was introduced by Rep Susan Davis (D-CA-53) to amend title 28, United States Code, to enable the Supreme Court to review decisions in which the Court of Appeals for the Armed Forces



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denied relief. Even though the bill deals with military issues the House Judiciary has jurisdiction of the bill since the underlying issue deals with Supreme Court access. To date the bill has gained only five cosponsors. In AUG 06 the American Bar Association (ABA) drafted resolution 116 and issued a report to urge Congress to change the law. The National Institute of Military Justice (NIMJ) endorsed this report as well as the MOAA and also urged Congress to change the law. Unfortunately, the Bush administration and Secretary Rumsfeld are opposed to allowing service members equal access to the Supreme Court and DoD General Counsel William Haynes wrote a letter in FEB 06 to the Chairman of the House Judiciary committee, Rep. Lamar Smith (R-TX-21), opposing the bill. At this juncture with only five cosponsors, administration opposition, and a Republican non-veteran Committee chairman it is unlikely that any movement will be made on this bill unless veterans speak up to their legislators. [Source: AFA & NIMJ Sep 06]

### LEGISLATIVE PROCESS:

Anyone may draft a bill; however, only members of Congress can introduce legislation, and by doing so become the sponsor(s). There are four basic types of legislation: bills, joint resolutions, concurrent resolutions, and simple resolutions. The official legislative process begins when a bill or resolution is numbered - H.R. signifies a House bill and S. a Senate bill - referred to a committee and printed by the Government Printing Office. All existing bills, their sponsors, and the latest action taken on them can be reviewed at <http://thomas.loc.gov> by inserting the bill number:

**Step 1.** Referral to Committee: With few exceptions, bills are referred to standing committees in the House or Senate according to carefully delineated rules of procedure.

**Step 2.** Committee Action: When a bill reaches a committee it is placed on the committee's calendar. A bill can be referred to a subcommittee or considered by the committee as a whole. It is at this point that a bill is examined carefully and its chances for passage are determined. If the committee does not act on a bill, it is the equivalent of killing it.

**Step 3.** Subcommittee Review: Often, bills are referred to a subcommittee for study and hearings. Hearings provide the opportunity to put on the record the views of the executive branch, experts, other public officials, supporters and opponents of the legislation. Testimony can be given in person or submitted as a written statement.

**Step 4.** Mark Up: When the hearings are completed, the subcommittee may meet to "mark up" the bill, that is, make changes and amendments prior to recommending the bill to the full committee. If a subcommittee votes not to report legislation to the full committee, the bill dies.

**Step 5.** Committee Action to Report A Bill: After receiving a subcommittee's report on a bill, the full committee can conduct further study and hearings, or it can vote on the



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subcommittee's recommendations and any proposed amendments. The full committee then votes on its recommendation to the House or Senate. This procedure is called "ordering a bill reported."

**Step 6.** Publication of a Written Report: After a committee votes to have a bill reported, the committee chairman instructs staff to prepare a written report on the bill. This report describes the intent and scope of the legislation, impact on existing laws and programs, position of the executive branch, and views of dissenting members of the committee.

**Step 7.** Scheduling Floor Action: After a bill is reported back to the chamber where it originated, it is placed in chronological order on the calendar. In the House there are several different legislative calendars, and the Speaker and majority leader largely determine if, when, and in what order bills come up. In the Senate there is only one legislative calendar.

**Step 8.** Debate: When a bill reaches the floor of the House or Senate, there are rules or procedures governing the debate on legislation. These rules determine the conditions and amount of time allocated for general debate.

**Step 9.** Voting: After the debate and the approval of any amendments, the bill is passed or defeated by the members voting.

**Step 10.** Referral to Other Chamber: When a bill is passed by the House or the Senate it is referred to the other chamber where it usually follows the same route through committee and floor action. This chamber may approve the bill as received, reject it, ignore it, or change it.

**Step 11.** Conference Committee Action: If only minor changes are made to a bill by the other chamber, it is common for the legislation to go back to the first chamber for concurrence. However, when the actions of the other chamber significantly alter the bill, a conference committee is formed to reconcile the differences between the House and Senate versions. If the conferees are unable to reach agreement, the legislation dies. If agreement is reached, a conference report is prepared describing the committee members recommendations for changes. Both the House and the Senate must approve of the conference report.

**Step 12.** Final Actions: After a bill has been approved by both the House and Senate in identical form, it is sent to the President. If the President approves of the legislation he signs it and it becomes law. Or, the President can take no action for ten days, while Congress is in session, and it automatically becomes law. If the President opposes the bill he can veto it; or, if he takes no action after the Congress has adjourned its second session, it is a "pocket veto" and the legislation dies.

**Step 13.** Overriding a Veto: If the



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President vetoes a bill, Congress may attempt to "override the veto." This requires a two thirds roll call vote of the members who are present in sufficient numbers for a quorum. [Source: Government Guide <http://congress.org> 9 Sep 06]

#### MILITARY LEGISLATION STATUS UPDATE:

Following is current status on some Congressional bills of interest to the military community. Support of these bills through cosponsorship by other legislators is critical if they are ever going to move through the legislative process for a floor vote. A cosponsor is a member of Congress who has joined one or more members in his/her chamber (i.e., House or Senate) to sponsor a bill or amendment. The first member to "sign onto" a bill is considered the "sponsor," members subsequently signing on are "cosponsors." Any number of members may cosponsor a bill in the House or Senate. At <http://thomas.loc.gov> you can determine the current status of each bill and if your legislator is a sponsor or cosponsor of the bill you are concerned with. The key to increasing cosponsorship is letting our representatives know of veterans feelings on issues. At the end of some of the below listed bills is a web link that can be used to do that. Otherwise, you can locate who your representative is and his/her phone number, mailing address, or email/website to communicate with a message or letter of your own making:

**H.R.303:** The 'Retired Pay Restoration Act of 2005' To amend title 10, United States Code, to permit certain additional retired members of the Armed Forces who have a service-connected disability to receive both disability compensation from the Department of Veterans Affairs for their disability and either retired pay by reason of their years of military service or Combat-Related Special Compensation and to eliminate the phase-in period under current law with respect to such concurrent receipt. Rep Charles Dent [PA-15] & Rep Carolyn Maloney [NY-14] have signed on to support the bill giving it a total of 239 sponsors. There are no related bills. Last major action was a motion to the Discharge Committee on 5/24/2005 to bring the bill to the floor for a vote. A discharge petition requires 218 signatures for further action. To support this bill and/or contact your Representative refer to <http://capwiz.com/usdr/issues/bills/?bill=7728776>.

**H.R.602:** The 'Keep Our Promise to America's Military Retirees Act' to restore health care coverage to retired members of the uniformed services and their eligible dependents. House version of S.407. H.R.602 responds to the Federal Court ruling that only Congress, not military recruiters, can authorize what kind of care will be provided to military retirees, and that only Congress can - and should - make good on promised and earned health care. Referred to the Subcommittee on Health 2/25/05, for a period to be subsequently determined by the Chairman. Rep Charles Boustany [R-LA-07], Rep John Sweeney [R-NY-20], Rep. Anna Eshoo (D-CA-14), & Rep. Mel Watt (D-NC-12), Rep. William Jenkins (R-TN-01), Jane Harman (D-CA), Thaddeus McCotter (R-MI), William Pascrell (D-NJ), David Reichert (R-WA) & Curt Weldon (R-PA) have signed on to support the bill giving it a total of 261 sponsors.

**H.R.808:** The 'Military Surviving Spouses Equity Act' to amend title 10, United States Code, to repeal the



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offset from surviving spouse annuities under the military Survivor Benefit Plan for amounts paid by the Secretary of Veterans Affairs as dependency and indemnity compensation (DIC). A motion was filed to discharge the Rules Committee from consideration of H.RES 271 on 16 NOV 05. This resolution provides for the consideration of H.R.808 and requires 218 signatures for further action. Rep Thomas Reynolds, [NY-26], Rep John Kline [MN-2], Rep Charles Taylor [NC-11] have signed on to support the bill giving it a total of 212 sponsors. There are no related bills. To support this bill and/or contact your Representative refer to <http://capwiz.com/usdr/issues/bills/?bill=7683586>. To support the discharge petition and/or contact your Representative refer to <http://capwiz.com/moaa/issues/alert/?alertid=8248891&type=CO>.

**H.R.916:** The 'Medicare Access to Rehabilitation Services Act of 2005' To amend title XVIII of the Social Security Act to repeal the Medicare outpatient rehabilitation therapy caps. Last major action was referral to the House Subcommittee on Health 14 MAR 05. House version of S.438. Rep David Scott [GA-13] & Rep John Murtha [PA-12] have signed on to support the bill giving it a total of 260 sponsors. To support this bill and/or contact your Representative refer to <http://capwiz.com/moaa/issues/bills/?bill=7103976> & <http://capwiz.com/moaa/issues/bills/?bill=7103896>.

**H.R.968:** To amend title 10, United States Code, to change the effective date for paid-up coverage under the military Survivor Benefit Plan from October 1, 2008, to October 1, 2005. Last major action was referral to the House Subcommittee on Military Personnel 17 MAR 05. No new sponsors have signed on to support the bill which presently has a total of 146 sponsors. There are no related bills. To support this bill and/or contact your Representative refer to <http://capwiz.com/usdr/issues/bills/?bill=7683511>.

**H.R.994:** To amend the Internal Revenue Code of 1986 to allow Federal civilian and military retirees to pay health insurance premiums on a pretax basis and to allow a deduction for TRICARE supplemental premiums. Last major action was it being ordered to be reported by Voice Vote 6 JUN 05. Rep Brian Bilbray [CA-50] & Rep. Madeleine Bordallo [GU] have signed on to support the bill giving it a total of 340 sponsors. This is the House version of S.484. To support this bill and/or send a message to your Representative refer to <http://capwiz.com/usdr/issues/bills/?bill=7761876>.

**H.R.995:** The 'Combat Military Medically Retired Veteran's Fairness Act of 2005' to amend title 10, United States Code, to provide for the payment of Combat-Related Special Compensation under that title to members of the Armed Forces retired for disability with less than 20 years of active military service who were awarded the Purple Heart. Last major action was referral to the House Subcommittee on Military Personnel 17 MAR 05. No new sponsors were added to this bill which has a total of 31. There are no related bills. To support this bill and/or send a message to your Representative refer to <http://capwiz.com/usdr/issues/bills/?bill=7683281>.

**H.R.1364:** The 'Equal Justice for Our Military Act' to amend title 28, United States Code, to enable the Supreme Court to review decisions in which the



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Court of Appeals for the Armed Forces denied relief. Last major action was referral to the House Subcommittee on Courts, the Internet, and Intellectual Property 4 APR 05. No new sponsors were added to this bill which has a total of 5. There are no related bills.

**H.R.1366:** The 'Combat-Related Special Compensation Act of 2005' to amend title 10, United States Code, to expand eligibility for Combat-Related Special Compensation paid by the uniformed services in order to permit certain additional retired members who have a service-connected disability to receive both disability compensation from the Department of Veterans Affairs for that disability and Combat-Related Special Compensation by reason of that disability. Last major action was Referral to the House Subcommittee on Military Personnel 6 APR 05. Rep Madeleine Bordallo [GU] has signed on to sponsor this bill which has a total of 52. S.2385 is a related bill. To support this bill send a message to your Representative refer to <http://capwiz.com/usdr/issues/bills/?bill=7718711>. To support Sen. Reid's amendment to the 2007 NDAA bill S.2766 send a message to your Representative refer to <http://capwiz.com/usdr/issues/alert/?alertid=8371516&type=ML>.

**H.R.2076:** The 'Retired Pay Restoration Act of 2005' To amend title 10, United States Code, to permit certain retired members of the uniformed services who have a service-connected disability to receive both disability compensation from the Department of Veterans Affairs for their disability and either retired pay by reason of their years of military service or Combat-Related Special Compensation. Last major action was referral to the House Subcommittee on Military Personnel 6/21/2005. Rep Jeff Fortenberry [NE-01] has signed on to sponsor this bill which has a total of 29. Related bills are H.R.303, S.558, S.845. To support this bill and/or send a message to your Representative refer to <http://capwiz.com/usdr/issues/bills/?bill=7728776>.

**H.R.2356:** The 'Preserving Patient Access to Physicians Act of 2005' to amend title XVIII of the Social Security Act to reform the Medicare physician payment update system through repeal of the sustainable growth rate (SGR) payment update system. Last major action was referral to the House Subcommittee on Health 23 MAY 05. Rep Zach Wamp [TN-3] & Rep Judy Biggert [IL-13] ] have signed on to support the bill giving it a total of 177 sponsors.. S.1081 is a related bill. To support this bill and/or send a message to your Representative refer to <http://capwiz.com/usdr/issues/bills/?bill=7742321>.

**H.R.2962:** The 'Atomic Veterans Relief Act' to amend title 38, United States Code, to revise the eligibility criteria for presumption of service-connection of certain diseases and disabilities for veterans exposed to ionizing radiation during military service, and for other purposes. Last major action was referral to the House Subcommittee on Disability Assistance and Memorial Affairs 28 JUN 05. No new sponsors have signed on to support the bill which has a total of 53 sponsors. There are no other related bills. To support this bill and/or send a message to your Representative refer to <http://capwiz.com/usdr/issues/bills/?bill=7784066>.

**H.R.4259:** The 'Veterans right to Know Act' to establish a Commission to investigate chemical or biological warfare tests or projects, especially such



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projects carried out between 1954 and 1973, placing particular emphasis on actions or conditions associated with such projects that could have contributed to health risks or been harmful to any United States civilian personnel or member of the United States Armed Forces who participated in such a project or who was otherwise potentially exposed to any biological or chemical agent, simulant, tracer, decontaminant, or herbicide as a result of such projects; and to submit a report to Congress of its findings and recommendations. Last major action was referral to the House Subcommittee on Military Personnel 30 NOV 05. No new sponsors have signed on to support the bill which has a total of 43 sponsors. There are no other related bills.

**H.R.4914:** The 'Veterans' Choice of Representation Act' to amend title 38, United States Code, to remove certain limitations on attorney representation of claimants for veterans benefits in administrative proceedings before the Department of Veterans Affairs, and for other purposes. Last major action was referral to the House Committee on Veterans' Affairs 9 MAR 06. No new sponsors were added to this bill which has a total of 8. There are no other related bills. To support this bill and/or send a message to your Representative refer to <http://capwiz.com/usdr/issues/bills/?bill=8835676>.

**H.R.4949:** The 'Military Retirees Health Care Protection Act' to amend title 10, United States Code, to prohibit increases in fees for military health care. Last major action was referral to the House Committee on Armed Services 14 MAR 06. Rep Henry Cuellar [TX-28] & Rep John Sweeney [NY-20] have signed on to support the bill giving it a total of 163 sponsors. There are no other related bills. To support this bill and/or send a message to your Representative refer to <http://capwiz.com/usdr/issues/bills/?bill=8591231>.

**H.R.4992:** The 'Veterans Medicare Assistance Act of 2006' to provide for Medicare reimbursement for health care services provided to Medicare-eligible veterans in facilities of the Department of Veterans Affairs. Last major action was referral to the House Subcommittee on Health 27 MAR 06. Rep Rick Boucher [VA-9], Rep Frank LoBiondo [NJ-2] & Rep Shelley Berkley [NV-01] have signed on to support the bill giving it a total of 24 sponsors. There are no other related bills. To support this bill and/or send a message to your Representative refer to [http://capwiz.com/usdr/index\\_frame.dbq?url=http://capwiz.com/usdr/issues/bills/?bill=8670886](http://capwiz.com/usdr/index_frame.dbq?url=http://capwiz.com/usdr/issues/bills/?bill=8670886).

**H.R.5881:** The 'Disabled Veterans Tax Termination Act' to amend title 10, United States Code, to eliminate the offset between military retired pay and veterans service-connected disability compensation for certain retired members of the Armed Forces who have a service-connected disability, and for other purposes. Introduced 26 JUL 06 by Rep Marshall, Jim (GA-03). Last major action was referral to the House Subcommittee on Military Personnel 25 JUL 06. The bill has no cosponsors. There are no other related bills. To support this bill and/or send a message to your Representative refer to [http://www.capwiz.com/usdr/index\\_frame.dbq?url=http://capwiz.com/usdr/issues/alert/?alertid=8969606&queueid=\[capwiz:queue\\_id\]](http://www.capwiz.com/usdr/index_frame.dbq?url=http://capwiz.com/usdr/issues/alert/?alertid=8969606&queueid=[capwiz:queue_id]).

**S.185:** The 'Military Retiree Survivor Benefit Equity Act of 2005' to



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amend title 10, United States Code, to repeal the requirement for the reduction of certain Survivor Benefit Plan annuities by the amount of dependency and indemnity compensation and to modify the effective date for paid-up coverage under the Survivor Benefit Plan. Last major action was referral to the Senate Committee on Armed Services. No new sponsors were added to this bill which has a total of 35. There are no other related bills. To support this bill and/or send a message to your Senator refer to <http://capwiz.com/usdr/issues/bills/?bill=7709421>.

**S.407:** The 'Keep Our Promise to America's Military Retirees Act' to restore health care coverage to retired members of the uniformed services and their eligible dependents. Last major action was referral to the Senate Committee on Armed Services 16 FEB 05. No new sponsors were added to this bill which has a total of 15. A related bill is H.R.602. To support this bill and/or send a message to your Senator refer to <http://mrgrg-ms.org/fax-it.html>.

**S.484:** To amend the Internal Revenue Code of 1986 to allow Federal civilian and military retirees to pay health insurance premiums on a pretax basis and to allow a deduction for Tricare supplemental premiums. Last major action was referral to the Senate Committee on Finance 1 MAR 05. Sen. Barack Obama [IL] has signed on to support the bill giving it a total of 64. A related bill is H.R.994. To support this bill and/or send a message to your Senator refer to <http://capwiz.com/usdr/issues/bills/?bill=7787396>.

**S.2147:** The 'Multiple Sclerosis' bill to extend the 7 year time period during which a veteran's multiple sclerosis is to be considered to have been incurred in, or aggravated by, military service during a period of war. Last major action was referral to the Senate Committee on Veterans' Affairs 20 DEC 05. The bill has no cosponsors and there is no related legislation in the House.

**S.2617:** The 'Military Retirees Health Care Protection Act' to amend title 10, United States Code, to limit increases in the costs to retired members of the Armed Forces of health care services under the TRICARE program, and for other purposes. Last major action was referral to the Senate Committee on Armed Services 6 APR 06. No new sponsors were added to this bill which has a total of 9. There are no other related bills. To support this bill and/or send a message to your Senator refer to <http://capwiz.com/usdr/issues/alert/?alertid=8675066&type=CO>.

**S.2658:** The 'National Defense Enhancement and National Guard Empowerment Act of 2006' to amend title 10, United States Code, to enhance the national defense through empowerment of the Chief of the National Guard Bureau and the enhancement of the functions of the National Guard Bureau, and for other purposes. Last major action was referral to the Senate Committee on Armed Services 26 APR 06. No new sponsors were added to this bill which has a total of 39. A related bill is H.R.5200. To support this bill send a preformatted or edited message to your Senator by using the "Write to Congress" feature refer to <http://www.ngaus.org>.

**S.2694:** The 'Veterans' Choice of Representation and Benefits



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Enhancement Act of 2006' to amend title 38, United States Code, to remove certain limitation on attorney representation of claimants for veterans' benefits in administrative proceedings before the DVA, and for other purposes. This bill was passed/agreed to in Senate 3 AUG 06 by unanimous consent and referred to House Committee after being received from the Senate. Last major action was unfavorable executive comment received from Veterans' Affairs. To support this bill and/or send a message to your Senator refer to <http://capwiz.com/usdr/issues/bills/?bill=8835631>.

Note: Both the House and Senate are adjourning to allow members of both chambers to return home for the final critical weeks before the November 7th elections. There are only 39 days until Election Day. Be sure you are registered to vote and make your vote count. . [Source: <http://thomas.loc.gov> & USDR Action Alerts 1-15 Sep 06 ++]

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