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Veterans of Foreign Wars Legislative Priorities

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TRICARE Fee Increases

VFW's Concerns:

The Fiscal Year (FY) 2017 National Defense Authorization Act (NDAA) contains a provision that will increase TRICARE costs for future military retirees and their families. This provision only applies to those who enter the military after January 1, 2018. Current military retirees and their family members are exempt from these cost increases. However, a proposal in S.1519, the Senate version of the FY 2018 NDAA, would remove this exemption as a way to "plow savings back into readiness."

If the Senate's TRICARE language is adopted by the House, it will result in higher fees throughout the TRICARE program. Enrollment costs for PRIME beneficiaries would rise by nearly \$150 a year, while the fee for the new Select plan, similar to the current Standard plan, would almost triple. This change would also raise the annual catastrophic cap for retirees from \$3,000 to \$3,500.

An additional proposal in S.1519 also attempts to force more retirees to get their prescriptions filled in person at a military treatment facility by significantly increasing pharmacy copayments for retirees who choose to utilize the home delivery program. Instead of pharmacy fee increases being tied to the annual cost-of-living adjustment, they would instead be tied to the national health expenditure index, resulting in a 300 percent fee increase over the next ten years.

It is imperative that any provision in the FY 2018 NDAA that seeks to cut the benefits of our military retirees is defeated. The VFW believes that in order to recruit and retain a professional, all-volunteer force, the United States must keep its promises to previous generations of warriors — promises that include a modest stipend immediately upon retirement and affordable, accessible health care. Every year the NDAA contains at least one proposal that uses our earned benefits as a pay-for. Enough is enough. As veterans, we have paid for our benefits through our blood, sweat, and tears many times over.

VFW's Solutions:

- Congress must find a different way to fund readiness, and reject any proposal that would result in TRICARE fee increases for current beneficiaries.
- Congress must reject section 707 of S.1519, which would increase TRICARE enrollment fees for current military retirees.
- Congress must reject section 706 of S.1519, which would not only increase TRICARE pharmacy copayments for retirees in order to generate Department of Defense savings to pay for readiness improvements, but would also tie any future fee increases to the national health expenditure index, instead of the traditional cost-of-living adjustment.

Veterans' Health Care

VFW's Concerns:

With 145 medical centers, 1,235 community-based outpatient clinics (CBOC), and a total of nearly 1,700 points of care, the Department of Veterans Affairs (VA) health care system is tasked with providing timely and high quality health care to more than nine million veterans, their families, and survivors every year. Due to a continuously expanding number of enrolled veterans, under-resourcing, systemwide problems, and a general culture that is resistant to change, VA has faced many challenges in meeting its obligations to deliver timely and high quality care.

After conducting six surveys over the past three years, the VFW knows veterans prefer receiving their health care at VA. Our members report receiving high quality care, maintaining positive long-term relationships with their care teams, and preferring the continuity of care which is unique to VA. For this reason, the VFW is adamantly opposed to privatization of the VA health care system. However, VA can't be everything for everyone. This is why the VFW supports VA's Choice Program, and believes improvements must be made. The program must be made permanent instead of being treated as a temporary band-aid. There must also be no arbitrary guidelines for which veterans qualify for the program. Choice must be a patient-provider decision based on the clinically necessary timeline for treatment.

A recent suicide study of veterans conducted by VA found veterans total 18 percent of adult suicides in the United States, with an average of 20 veterans who die by suicide every day. Of those 20 veterans, only six are actively enrolled in VA and, contrary to popular belief, the majority of veterans who die by suicide are 50 years of age or older.

Veterans using VA health care and the uninsured are the only people in the United States forced to pay for preventive prescriptions. Recent independent studies have found that veterans who turn to VA for their health care needs are more likely to have chronic illnesses and injuries, and to be of low income. While veterans who are at least 50 percent service-connected are exempt for copayments for prescriptions, the majority of veterans using VA care are required to pay for their prescriptions. According to VFW health care surveys, the cost of preventive medicine often leads to veterans choosing to forgo filling possible life-saving prescriptions such as aspirin for cardiovascular disease, vitamin D to improve lower extremity function, preventive breast cancer medication, and many more.

Women veterans are the fastest growing subpopulation within the veteran community, and estimates indicate their population will be the same size as the entire active duty force by 2030. VA must be ready and able to provide the gender-specific care women veterans deserve, to include more reproductive research.

At the center of many issues within VA are the difficulties faced with hiring employees in a timely manner and then retaining them. Congress must provide VA the tools necessary to quickly hire qualified individuals, and maintain competitiveness with the private sector to retain those who are hired.

VFW's Solutions:

- Congress must authorize and properly fund a permanent community care program, while also assuring veterans eligible for the program are deemed so based on a patient-provider decision for clinical necessity.
- Congress and VA must work to reduce the rate of suicide among veterans and ensure veterans receive timely access to high quality mental health care.
- VA must ensure its health care service programs are equal among men and women veterans. Women veterans need gender-specific care for mental health, primary care, specialty care and pharmaceutical care. Congress must also commission toxic exposure research to understand gender-specific health ailments, as well as how it has affected reproduction for veterans who were exposed to toxic substances.
- Congress must pass H.R.1100 or S.1161 to remove copayment requirements for VA preventive care prescriptions.
- VA must be able to expedite hiring of highly qualified employees and be given the tools necessary to retain them.

Toxic Exposures

VFW's Concerns:

Service members are exposed to toxins when they are in war zones. In Vietnam, veterans were exposed to Agent Orange, and those who served in the offshore waters of Vietnam during the war drank, bathed in, and cooked with water contaminated by Agent Orange. Expansion of presumptive exposure to Agent Orange for Blue Water Navy veterans has been held hostage by restrictions on the budget which have allowed one group of veterans to be treated in a lesser fashion compared to other veterans of the same war.

From 1967 to 1969 the United States government authorized the testing and use of toxic herbicides, including Agent Orange, to improve observation and fields of fire for American service members patrolling along the Korean demilitarized zone (DMZ) and deny hostile forces concealment provided by vegetation. Due to direct exposure to these toxic herbicides, Korean DMZ veterans now suffer from conditions directly linked to Agent Orange. In 2003, Congress authorized the Department of Veterans Affairs (VA) to establish presumptive disability compensation benefits for veterans who served along the Korean DMZ between September 1, 1967, and August 31, 1971, which incorporates the earliest use of toxic herbicides along the Korean DMZ, and accounts for the half-life of such toxins. However, VA unjustly elected to begin the presumptive date on April 1, 1968 — seven months after Congress suggested. In so doing, VA requires veterans who served along the Korean DMZ between September 1967 and April 1968 to prove individual exposure, which is almost impossible to do nearly 50 years after the incident.

VFW's Solutions:

- Congress must pass H.R.299, or S.422, the *Blue Water Navy Vietnam Veterans Act of 2017*, which would expand VA benefits and services to Blue Water Navy veterans.
- Congress must pass H.R.3605, the *Fairness for Korean DMZ Veterans Act of 2017*, which would expand the period of time that veterans on the Korean DMZ are known to have been exposed to Agent Orange.

Additional VFW Priorities:

- Congress must pass H.R.632, or S.283, the *Mark Takai Atomic Veterans Healthcare Parity Act*, which would expand benefits to veterans who were exposed to radiation from atomic testing and cleanup.
- Congress must pass H.R.3327, *Jack Alderson Toxic Exposure Declassification*, or S.726, which would require DOD to declassify records related to testing of toxic substances.
- Congress must expand benefits to veterans who served on bases in Thailand during the Vietnam era who suffer from conditions associated with Agent Orange.
- VA must provide effective treatments and consistent benefits to Persian Gulf War veterans who suffer from an array of conditions and diseases, collectively known as Gulf War Illness. Congress must continue to properly fund independent research on the causes and effective treatments for Gulf War Illness.
- Congress and VA must continue to fund independent research on the impact of exposure to hazards, including open air burn pits and the antimalarial drug mefloquine, on the health of Iraq and Afghanistan veterans.
- Congress and VA must research the impact of exposure to soil, air and drinking water contaminated by PCBs on the health of veterans who were stationed at Fort McClellan, Alabama.

VA Caregiver Program

VFW's Concerns:

The Department of Veterans Affairs (VA) provides benefits of medical care, respite care and a monthly living stipend for caregivers of severely disabled Post-9/11 veterans, but not to caregivers of veterans of previous eras. The VFW believes severely wounded and ill veterans of all conflicts have made incredible sacrifices, and all those who care for them are deserving of equal recognition and support. Caregivers who choose to provide in-home care to veterans who were severely disabled in the line of duty choose to put their lives and careers on hold, often accepting great emotional and financial burdens. The lack of these benefits impacts a caregiver's ability to provide in-home care and often results in veterans receiving more costly long-term care in an institutional setting.

In 2014, VA reported to Congress that it could provide caregiver training and benefits for all eras of veterans, but funding would need to be increased. Congress has introduced legislation to expand caregiver assistance to all generations, but it continuously fails to pass due to lack of funding. Since taking office in 2017, Secretary of Veterans Affairs Dr. David Shulkin has testified on his commitment to expanding this program, and nearly every member of Congress supports expansion, but Congress has yet to correct this inequity.

VFW's Solutions:

- Congress must pass S.591 or H.R.1472, the *Military and Veterans Caregivers Services Improvement Act of 2017*, which would recognize that pre-9/11 veterans also need caregiver benefits which keep them out of costly inpatient nursing facilities, and to relieve the burden on caring family members who have suffered long enough.
- Congress must properly fund the VA Caregiver Program to ensure VA has the resources necessary to expand the program, without rationing resources that are needed to provide timely access to high quality care for our nation's veterans.

Veterans' Preference

VFW's Concerns:

The National Defense Authorization Act (NDAA) for Fiscal Year 2016 required the Department of Defense (DOD) to develop a new Reduction in Force (RIF) policy wherein, should civilian employees be required to be let go from service, determination of who will be released from employment "shall be made primarily on the basis of performance." In January 2017, DOD released its new policy, which it claims meets this requirement. However, the VFW believes the new policy not only fails to meet the NDAA requirement, but also disadvantages veterans by reducing the value of veterans' preference, particularly for transitioning service members who gave years of honorable service to our country but lack enough tenure in post-military federal service to have received a performance rating.

Under the new system, civilian employees are protected by two rounds of tenure before their performance is even considered, which is counter to the intent of the NDAA mandate and more tenure-centered than the previous policy. Not only does this new order unfairly weight the system toward tenure, as opposed to the NDAA-required performance, it also undervalues the service veterans performed for their country. Under the previous system, if two individuals were hired on the same day — one a civilian who had worked six months for another federal agency before transferring to DOD, and the other a veteran with ten years of honorable military service — and a RIF was then implemented, the veteran would be retained before the civilian. The previous policy recognized that veterans, while absent from the civilian workforce, have valuable experience worth considering. Therefore, in situations where individuals were in the same tenure group, the veteran's service was the deciding factor in who was retained.

According to the new policy, if DOD has not yet rated either employee, the transferred civilian will be retained before the veteran, simply because that individual would have a rating of record, whereas the veteran would not, despite the veteran's ten years of honorable military service. This is true even if the civilian's rating of record reflected below average performance.

DOD has repeatedly stated that it believes the new system will better benefit high performing veterans. However, it is clear that many veterans may never make it to the "high performing" category, as they will be eliminated before their performance can ever be evaluated. Meanwhile, underperforming civil servants will be retained at the expense of veterans who honorably served the very department that now casts them out. This is particularly concerning for veterans who received high performance marks during military service and are now on a RIF short list simply because they have less than 90 days of civilian work experience.

VFW's Solution:

- Congress must reject DOD's new RIF policy and require it to develop a new policy, which will meet congressional intent and strengthen, rather than devalue, veterans' preference.

Sequestration and Continuing Resolutions

VFW's Concerns:

In 2011, Congress passed the Budget Control Act (BCA), which set spending caps for the federal budget through fiscal year 2022 and included a provision, known as sequestration, to activate automatic cuts if the spending limit is exceeded. As a result, the Department of Veterans Affairs (VA) and the Department of Defense (DOD) are forced to work within the confines of a six-year-old budget cap that does not account for increased demand for VA benefits and services, or for the costs required to man and equip a force capable of deterring and defeating emerging global threats. While Congress has negotiated temporary deals in the past to avoid the dangerous cuts, the issue of sequestration has not been addressed and remains a looming threat to DOD's, and possibly VA's, budget.

Compounding the problem is Congress' increasing reliance on continuing resolutions (CRs) to fund the government. CRs bring instability and uncertainty into the funding process by limiting long-term decision making, preventing new acquisitions, and constraining spending to predetermined category levels. For DOD, this means canceled training, penalties on contracts, delayed maintenance on weapons systems, lack of equipment, cuts to quality of life programs, longer deployments, wear on materials, and an overall decreased readiness status.

What this means for service members: Budget control measures, compounded by CRs, have already resulted in reduced readiness, delayed maintenance and modernization, and cuts to quality of life programs. A return of sequestration would be catastrophic, resulting in additional grounded aircraft with insufficient parts, fuel, or ammunition; untrained troops; and an inability to combat the ever increasing threats to our national security. Additionally, the effect mandatory sequestration will have on recruiting and retention, when combined with better job opportunities in a healthy civilian market, could jeopardize the continued viability of the all-volunteer force.

What this means for veterans: The resources VA is given to care for our nation's veterans has increased in past years, but outdated and arbitrary budget caps on federal discretionary spending have prevented budget increases from keeping pace with the growing demand on the VA health care system. Budget caps have forced VA to request less resources than needed to accomplish its mission and required Congress to provide VA less resources than it has requested, which hinders VA's ability to meet its obligation to our nation's veterans.

Until now, VA has been exempt from sequestration, but no one said that will be the case in the future since nearly half of VA's budget comes through the discretionary process. Despite recent legislative victories, sequestration could dramatically affect VA's ability to reduce the claims backlog or improve hospital infrastructure that is already in rapid decline, potentially diminishing access and timeliness of care. Additionally, programs that have not been exempt from sequestration would have a direct impact on our nation's veterans, such as services the Department of Labor-VETS provides for veterans seeking employment, as well as the number and size of housing grants that the Department of Housing and Urban Development would have available for homeless veterans.

VFW's Solutions:

- Congress must end sequestration by reforming the budget process and do away with arbitrary budget caps that threaten our national security and limit our ability to provide service members, veterans and their families the care and benefits they deserve.
- Congress cannot pass another CR for DOD or VA, which would severely hinder long-term planning and limit the administration's ability to respond to global threats and changes in veterans' programs.

Concurrent Receipt

VFW's Concerns:

Military retirees with 20 or more years of service qualify for retirement pay based on their dedicated service to our nation. These same veterans may also qualify for disability compensation for any injuries that were caused or aggravated by their military service. Prior to 2004, military retirees could not receive both retirement pay and disability pay because it was erroneously perceived as a duplication of benefits. In 2004, the VFW pushed Congress to implement a phase-in of full concurrent receipt for retirees who are rated 50 percent disabled or greater.

As of July 2016, there were approximately 450,000 military retirees receiving Department of Veterans Affairs (VA) disability compensation, but who were not eligible for concurrent receipt. The VFW has long argued that retired pay and VA service-connected disability compensation are fundamentally different benefits, granted for different reasons. Military retired pay is earned by 20 or more years of service in the United States Armed Forces, allowing retirees to maintain their standard of living while attempting to enter the civilian job market for the first time in the middle of their prime working years. Service-connected disability compensation is a benefit meant to supplement a veteran's lost earning potential as a result of the disabilities he or she incurred while in service.

Military retirees have the ability to purchase a Survivor Benefit Plan (SBP) to insure the military retiree's spouse has the ability to offset the loss of income from retirement pay if the military retiree dies before the spouse. If a veteran dies of a service-connected disability, the veteran's spouse qualifies for Dependent and Indemnity Compensation (DIC), which is intended to provide financial assistance for the surviving spouse who typically forgoes a career to help the disabled veteran maintain a modest quality of life. Surviving spouses who qualify for both have their SBP amount reduced by the amount provided by DIC. This offset is commonly known as the widow's tax because it reduces the limited income the surviving spouse receives when their veteran dies from service-related injuries or illnesses.

VFW's Solutions:

- Congress must pass H.R.303 or S.66, the *Retired Pay Restoration Act*, which would enable disabled retirees to concurrently receive the retirement pay and VA disability compensation they have earned and deserve, without offset.
- Congress must pass H.R.846, *Military Surviving Spouses Equity Act*, or S. 339, *Military Widow's Tax Elimination Act of 2017*, which would honor the sacrifices of our nation's heroes by ensuring their survivors are able to maintain a modest quality of life, without having to unjustly offset their benefits.

Other Important Pending Legislation

H.R.91 – Building Supportive Networks for Women Veterans Act

H.R.95 – Veterans' Access to Child Care Act**

H.R.216 / S.907 – Second Division Memorial Modification Act

H.R.544 / S.765 – Private Corrado Piccoli Purple Heart Preservation Act*

H.R.907 / S.970 – Newborn Care Improvement Act

H.R.1005 / S.324 – State Veterans Home Adult Day Health Care Improvement Act of 2017**

H.R.1181 – Veterans 2nd Amendment Protection Act**

H.R.1328 – American Heroes COLA Act of 2017

H.R.1329 / S.784 – Veterans' Compensation Cost-of-Living Adjustment Act of 2017**

H.R.1390 – To extend burial benefits to certain veterans interred in State or tribal owned cemeteries.

H.R.1564 – VA Beneficiary Travel Act of 2017

H.R.1681 / S.700 – Women Veterans and Families Health Services Act of 2017

H.R.2147 / S.946 – Veterans Treatment Court Improvement Act of 2017

H.R.2452 / S.681 – Deborah Sampson Act

H.R.3209 / S.1543 – Protecting Military Honor Act

*Passed the Senate

**Passed the House of Representatives