



Jayhawk Chapter MOAA Newsletter



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July Program:

Our speaker will be Steve Wilson, from the City Wine Market. He will regale us with "Wine 101", info on grapes and regions, pointers on buying/consuming wine, and comments on the wine business in Lawrence. We will offer a small wine tasting to those interested during the cocktail hour. Note that this is not a wine-paired dinner, the meal will cost the same as always. Wine tasting will be available to those interested. Please join us and bring guests to hear about one of Lawrence's main players in the wine business.

★★★★★ CHAPTER
awarded for

2002 / 2003 / 2005 / 2008 / 2009
2010 / 2011 / 2012 / 2013 / 2014

★★★★★ CHAPTER
awarded for

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First Vice-President's Comments. . .

This summer is proving to be a bit kinder to us than what we are normally accustomed. Still, make sure to take normal precautions for warm weather, especially staying hydrated and protected against the sun, with both sunscreen and clothing.

Events in Washington are at a fever pitch and include the 2018 budget, a proposed healthcare plan to replace the Affordable Care Act, and possible tax reform. Military pay raised, TRICARE rates and other compensation and benefit programs are affected by these legislative moves, so please remain engaged and responsive to messages from MOAA National and from our chapter leaders: our united voice has a strong impact on lawmakers, so please send in the postcards, emails, and letters when requested by MOAA.

Our July speaker will be Mr. Steve Wilson of City Wine Market here in Lawrence. He will be here to discuss wine and the wine business and to answer your questions about wine. You don't have to be a wine drinker to enjoy this presentation on an industry that continues to grow each year. Sandy and I were just in Washington State and can attest to the fact that the domestic wine sector is booming. Please join us and bring guests, for what will be an enjoyable and interesting evening, along with our normal dose of camaraderie on July 18th. I look forward to seeing you there.

Coop

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*** Reservations should be sent
to Jim Cooper by
12 July**



JAYHAWK CHAPTER NEWS



PERSONAL NEWS

From Tom Arnold:

Here is our new address:

Tom and Francie Arnold
113 Harbor Square Loop NE
Bainbridge Island, WA 98110

From Herschel Stroud: Jacque and I went to Mexico for two weeks with our daughter and her husband, Susan and Brett. We returned May 3rd. Climbed pyramids.

The Big Band, the Kings of Swing played a benefit dance for Doorstep at the BNSF Overland Museum on Friday, June 9th.

We are going to Fort Hays June 17-18 to help celebrate the 150th Celebration of the founding of the Fort. *Living History, no clash with indigenous Americans. First named Fort Fletcher in 1865. The following year, 1866, it became Fort Hays, in honor of the Civil War General, Alexander Hays. General Hays was killed in the Civil War. It became known as the, "Sentinel of The Plains", protecting the many wagon trains carrying trade and Settlers to Santa Fe and beyond.* Regards to all.

From Jerry Nossaman: I spent 3 weeks touring in India, Nepal, Bhutan, Thailand and Cambodia. Highlights: small plane tour to Mt. Everest from Katmandu, Taj Mahal, Varanasi India, Angkor Wat, Tiger Nest Monastery in Bhutan, and many others.

From Stan Sneegas: My wife Barb and I had a great trip to Normandy, France May 25-June 2. We had always wanted to visit Normandy since our fathers came ashore on Omaha Beach in July 1944 to begin their "walking tour of Europe". My father was in the 35th Infantry Division (ID). On Sunday May 28, we attended a very moving Memorial Day ceremony at the Normandy American Cemetery and Memorial, Colleville-Sur-Mer. As we walked through the grave sites we wandered upon the grave of SSgt. Carl E. Rice who was also from the 35th ID and left a rose.

Stan & Barb's address until 08/01/17 will be 536 Hurricane Circle, Lawrence, KS 66049

From Ray Finch: Our son, Major (P) John Finch and his wife Raelean were in Kansas during the first two weeks of June to attend the Pre-Command Course at Fort Leavenworth. John will assume command of a MI Battalion at Fort Huachuca in Spring 2018. While visiting, Gram and Gramps got to play with our grandson, Solomon.

From Charles Heller: Michelle has accepted a position with K-State Research and Extension as a Nutrition Program Educator. She will be working with individuals, groups, businesses and schools to promote healthy eating and exercise.

From Mike Miller: On June 1st through the 4th I traveled to Faribault, Minnesota to attend my 50th High School Reunion at Shattuck – St. Mary's School. I attended Shattuck for only my Senior year, graduating in 1967. Shattuck was an Army ROTC school, and one of the oldest private schools in the nation. St. Mary's was located also in Faribault at a separate campus. They still have separate campuses, but attend many of the same courses, and there are some "Saints" that are boarded on the Shattuck Campus. The Army ROTC program was dropped many years ago, and the numbers of students dropped over many years and almost shut the schools down. That trend was reversed, and Shattuck-St. Mary's is now has campuses in China and numerous other locations overseas. The schools still have a challenging academic program, with growth opportunities in Bioscience, Engineering, Vocal Performance, Pre-Conservatory Strings, and athletic programs highlighted by their hockey and soccer programs and teams that are known around the world (i.e., the last Winter Olympics had 7 Shattuck-St.Mary's Hockey players on their respective teams, some from the USA and some from Canada, both male and female). Oh yeah, I had a great time seeing my classmates and sharing our stories since graduation. I traveled on the 4th from Faribault to Harpers Ferry, Iowa to see my sister Cyndi and her husband Dave. We played a couple of rounds of golf, and just caught up with what we have been up to, then I drove back to Lawrence on the 7th. Great Trip!!

On Monday, June 19th I, along with Mike Devlin, John Mosher and Don Boucher (subbing for John Halladay) played in the Annual Golfers of Arab Shriners Golf Tournament at Village Greens. The day started out with gray skies, but as we headed to our starting holes the sun came through and we enjoyed the weather, the company and even a few good shots on the course. Best of all we helped the Shriners continue their great support of the Childers's Hospital.

From Andy Bauch: Please mark your calendars for November 11, Veterans Day. We are organizing a parade in the city of Lawrence. Parade time will be 1:00 pm. If you would like to participate in the parade or volunteer for the event, please contact Andy Bauch at the following: andrewbauch@hotmail.com

**The newsletter is only as good as the material available,
so each member is requested to forward news and other items of interest to the editors.**



Army News **LTC Tracey Olson, USA**

Greetings Jayhawk Chapter!

In May, we commissioned the 22 Lieutenants into Active, National Guard and Reserve components. Congratulations to the Army's newest 2LTs as they embark on careers across the world from California to Kuwait:

<u>Name, Branch</u>	<u>Component</u>
2LT Zackery Adams, Armor	National Guard
2LT Casey Boyd, Infantry	National Guard
2LT Mitchell Budihis, Infantry	Active Duty
2LT Paula Cavalier, Signal Corps	Active Duty
2LT Cody Devin, Field Artillery	Active Duty
2LT Matt Echevarria, Field Artillery	Active Duty
2LT Steven Galluzzi, Military Intelligence	Active Duty
2LT Alex Green, Signal	Active Duty
2LT Erick Jaramillo, Armor	National Guard
2LT Kale Joyce, Engineer	Army Reserves
2LT Patrick Killeen, Infantry	National Guard
2LT Derek Martin, Engineer	Army Reserves
2LT Sean McAlister, Medical Service	National Guard
2LT DaCarla McDowell, Adjutant General	National Guard
2LT Brittany Mesa, Nursing	Active Duty
2LT Susan Mohrbacher, Nursing	Active Duty
2LT Nicholas Moore, Nursing	National Guard NG
2LT Brandin Moreland, Medical Service	Education Delay
2LT Matthew Stanford, Infantry	Active Duty
2LT Zachery Toner, Aviation	Active Duty
2LT Billy Trout, Infantry	Active Duty
2LT Sameer Upadhyaya, Nursing	National Guard



The Cadets will have a busy summer. We sent our first cadet to SAPPER School and eagerly await news of his graduation. Twenty-four Cadets will attend Advanced Camp and 2 Cadets will attend Basic Camp (both camps are located at lovely Fort Knox, Kentucky). Seven Cadets will participate in Cadet Troop Leader Training (CTLT) which provides them the opportunity to experience Lieutenant-level leadership over a 3-week period; our Cadets will join active duty units as far as Italy and Korea and nearby like Fort Riley, Kansas. Four Cadets will attend Airborne and Air Assault School at Fort Campbell, Kentucky and Fort Benning, Georgia. And finally, a select few Cadets will participate in Project Global Officer (Project GO), a Department of Defense program that provides foreign language study opportunities stateside and overseas.

We'd like to welcome CPT Mike Hayes (Kansas Army National Guard) who joins the KU Army ROTC Cadre.

This summer, we have divided operations. Many of our uniformed Cadre are serving as Cadre at Cadet Summer Training (CST) or attending Cadre & Faculty Development Course (CFDC), while our hardworking civilians maintain operations on campus and recruit for the upcoming academic year. The 2017-2018 promises to be an outstanding year for the Jayhawk Battalion as we gear up for our 100th Anniversary. We're in the initial stages of planning, but we'll provide more information about the Dining out in April and other activities for the celebration.

Rock Chalk! ALL IN!

LTC Tracey Olson
Professor of Military Science



Navy News **CAPT Dave Meron, USN**



There will be no report from the Navy ROTC until Fall Semester starts.



Air Force News **LtCol Bill Pastewait, USAF**

Air Force ROTC will not have a report until classes begin this Fall.

MOAA LEGISLATIVE UPDATES

This is a summary of the many items MOAA produces each week on legislative activities. Those who have e-mail receive the full Legislative Updates each week.

MOAA Legislative Update, 28 April 2017: **Friday Shutdown Postponed One Week**

Congress averted a government shutdown by agreeing to a one-week continuing resolution. The deal allows the government to keep operating while lawmakers hammer out a spending deal to last until September.

Absent a compromise, the government would have shut down at midnight Friday, Apr. 28.

The deal provides a modest increase in defense spending, proposing an additional \$30 billion for defense. It remains uncertain if the final deal will include the entire amount or if the money will have to come out of the 2018 defense budget.

The compromise comes amid tense negotiations between Congress and the White House. This week the Trump administration backed off from insisting a budget deal include funding for controversial border security measures. The administration also agreed to continue funding for health care exchanges under the Affordable Care Act.

Despite the spectacle of it all, the phrase "government shutdown" is a misnomer. In the event of a government shutdown, servicemembers on active duty still have to show up, essential government services would remain open, and veterans and retirees would continue to receive benefits.

However, shutdowns place active duty pay in jeopardy and threaten the jobs of DoD civilians deemed "non-essential," as they could be furloughed. According to the Office of Personnel Management, about 30 percent of federal civilians are veterans. That means shutdowns can be particularly painful for those individuals.

It also means the government would stop processing new applications for programs like Social Security, Medicare, and other government benefits. That means, for instance, if a servicemember were killed in the line of duty during a shutdown, DoD would not have the authority to process an application for death benefits until the shutdown ended.

For additional information on how a government shutdown could affect troops, veterans, and their families, [click here](#).

Shutdowns typically cost taxpayers more money than if the government remained open. Disruptions in projects and services result in delays and cost overruns.

Continuing resolutions also hurt the military services. With few exceptions, continuing resolutions keep funding and authorizations at previously set levels. Without special permission, the services can't enter into new contracts, start new projects, or adequately plan for future missions. When funding eventually arrives, military leaders have only a limited amount of time to execute an annual budget.

The threat of government shutdowns, political brinksmanship, and the use of continuing resolutions are becoming increasingly common in Washington.

Veterans Issues Are Trending in Congress

Lawmakers have been busy early in the first session of the 115th Congress, introducing almost 200 bills to help veterans. Lawmakers' increased focus on veterans continues an upward trend since 2001. Anyone keeping up with what's going on in the VA will tell you it has been a bumpy ride for the department since 9/11. Fast forward to 2014, when news of hidden wait lists at the Phoenix, Ariz., VA medical center broke in the media.

Reports surrounding the Phoenix scandal, coupled with rising veteran suicide rates, investigations of VA employee misconduct, claims appeal backlogs, and other issues continue to plague the VA. The department remains in the crosshairs of the administration and Congress, both aiming to fix and reform the agency.

"The good news is all this attention has brought to light the very issues we veterans and veterans service organizations have been talking about for decades," says MOAA's Director of Government Relations for VA Health Care Cmdr. René Campos, USN (Ret).

"It gives us an opportunity to make real and lasting change, perhaps more so today than at any other time in history," Campos says.

Lawmakers have enthusiastically pushed out veteran-centric legislation in recent years.

While not all bills become law, the sheer activity on Capitol Hill indicates a very engaged Congress and administration. It shows elected officials are working hard on behalf of veterans to address their issues.

MOAA anticipates this flurry of activity will continue through the remainder of this year. There is much more work ahead to reform and modernize the VA, as outlined in reports from the Government Accountability Office, the Military Compensation and Retirement Modernization Commission, and the VA's Commission on Care.

Though the work will not be easy, our troops and veterans and their families deserve our full attention to get meaningful legislation passed.

As one lawmaker recently stated, "We must do everything we can to help - as careful protectors of our national treasure, veterans should have what they need when they need it. It is up to us [Congress] to find the money to do so."

It is up to MOAA and our members to help Congress in this important mission. Stay tuned for more information on how you can help in MOAA's important advocacy efforts.

Trump signs order to create VA accountability office

"This executive order makes it clear that we will never ever tolerate substandard care for our great veterans," President Trump said during a press conference. "With the creation of this office, we're sending a strong message: Those who fail our veterans will be held - for the first time - accountable."

The new office stems from a top-down review directed by VA Secretary David Shulkin, who pledged to improve accountability when he took over the department. He has said he wants his department to start [seeing veterans as their customers](#). Under Shulkin's leadership, the VA recently launched a new website, which [shows patients' wait times](#).

"We're moving quickly to remove bad employees," Shulkin said Thursday. "We simply will not tolerate those who act counter to our values or put our veterans at risk."

Bono: New TRICARE Laws, Contracts to Drive "Historic" Reforms

Military health care is eight months from rolling out "historic" reforms to improve patient access and quality of care; to streamline health operations across Army, Navy and Air Force; and to better integrate that direct care system with networks of private-sector providers supporting TRICARE insurance beneficiaries, said Vice Adm. Raquel Bono, director of the Defense Health Agency (DHA).

DHA is responsible for implementing the changes while following through on many previous reforms the last two defense secretaries set in motion for modernizing the military health care system.

"This is historic because we have the opportunity here to redesign our system of health," says Bono. "At the heart of it, I believe, is a growing recognition, both in the military health system and the commercial and private health care system, that our patients truly need to be co-designers."

Many elements of military health care are in flux due to three factors:

- * a hefty package of reforms voted by Congress last December,
- * a new generation of TRICARE support contracts taking effect soon,
- * and the introduction of MHS Genesis, the military's new electronic records and scheduling system, which began at few medical facilities earlier this year and will be running department-wide by 2022.

MOAA Legislative Update, 05 May 2017:

Key Think Tanks Weigh In On Personnel Reform

Two key national security think tanks in Washington, D.C., are starting a conversation with Congress regarding reforming and modernizing military personnel and compensation systems in DoD.

The main players are the Task Force on Defense Personnel at the Bipartisan Policy Center (BPC) and the Center for a New American Security (CNAS). These two organizations have teamed up to produce reports and, in the case of the BPC, have testified recently before the Senate Armed Services Committee and its Subcommittee on Personnel (SASC-P) regarding their push for major defense personnel reforms.

In testimony this week before the SASC-P, the cochairs of the Bipartisan Policy Center's Task Force on Defense Personnel stressed key areas of reform from its March report, *Building a F.A.S.T. Force: A Flexible Personnel System for a Modern Military*.

DoD Admits It Needs A Culture Change

DoD released this week its FY 2016 Annual Report on Sexual Assault in the Military. The following day, the House Armed Services Committee's (HASC's) Military Personnel Subcommittee held a hearing on "Sexual Harassment and Violence at the Military Service Academies."

DoD reported that while the prevalence of sexual assault in the military decreased last year, it is still at an unacceptably high rate of 14,900 reported assaults. Twelve percent of service academy students report being sexually assaulted, and approximately 50 percent report being sexually harassed during their time at the academies.

VA secretary promises help for pre-9/11 caregivers, vets with other-than-honorable discharges

The head of the VA has pledged to extend benefits to some of the most vulnerable groups who are currently ineligible for care.

VA Secretary David Shulkin told lawmakers May 3 he plans to extend benefits to two groups: pre-9/11 caregivers and veterans with other-than-honorable discharges who are suffering from mental health issues.

"You know maybe this doesn't fit into the budget, but basically I don't care," Shulkin said while testifying before a House appropriations subcommittee. "[It's] the right thing to do."

Shulkin called the caregivers program, which started in 2010, a tremendous success. The program provides caregivers of veterans who were injured in the line of duty

on or after Sept. 11, 2001, with monthly stipends, access to health care, mental health counseling, and other services.

The VA is now reviewing the policy in order to find ways to extend similar benefits to caregivers of older veterans, Shulkin said. He plans to announce the changes to that program "in the next couple of months," he added.

"It is our intent to be able to bring this to pre-9/11 caregivers because, frankly, the most vulnerable group right now are elderly veterans," he said. "The worst situation is when somebody is in their home and they have to leave their home to go to an institution, a nursing home."

It's cheaper to keep veterans in their homes with caregivers than it is to move them to an outside facility, Shulkin said. The department will use the money they have for the existing program to come up with an even better policy, he said.

It's not immediately clear whether existing policies like the aid and attendance or housebound benefits would be affected by the changes to the caregiver program.

Shulkin also promised to offer mental health care to veterans with other-than-honorable discharges. He shared a story of a veteran who was declared AWOL after becoming distraught when his wife suddenly left him. The man showed up at a VA facility, Shulkin said, and asked for help. He was suicidal, he told the employees there. But he was turned away because his other-than-honorable discharge left him ineligible for VA care.

"You could see he was suffering from severe mental and emotional disorders. ... He had served our country six times - six tours," Shulkin said. "That's just not acceptable. When we say that there are 20 veterans taking their life every day, we know it's this group that is among the highest. No one wants to help them."

"Well, I'm not just going to sit by," he added.

When pressed to explain how he would pay for those programs when the VA already struggles to fund benefits for existing patients, Shulkin said he'll use existing resources to do it.

"I don't want more money for this," he said. "We're going to find a way to help these people and then connect them to the community resources and get them help."

New TRICARE Contracts Shake Up Fees for Some Startled Doctors

Dr. Jennifer E. Brooks, a retired Navy commander with a doctorate in clinical psychology, is a TRICARE network health care provider in Pensacola, Fla. She specializes in treating mental health trauma of military patients, including medically disabled retirees suffering from combat-related post-traumatic stress.

In March, Brooks and behavioral health care therapists caring for beneficiaries across TRICARE's 10-state South Region received new "contract packets" inviting them to continue to see their patients but as members of new behavioral health care network, this one run directly by Humana Military and with a revised fee deal.

The new "payment arrangement," Brooks was startled to discover, would have her accepting a "30-percent" discount off TRICARE maximum allowable charges. By law, TRICARE maximums can't exceed Medicare rates.

Brooks reviewed her current TRICARE contract, signed a few years ago with Humana sub-contractor ValueOptions, and found she already was accepting 10 percent less than Medicare pays. The new contract, to take effect Jan. 1, would have Brooks accept another 20-percent cut on her therapy services.

"By reducing reimbursement rates so drastically," Brooks warned, "Humana is creating a situation where working for TRICARE becomes an entry-level therapy position. Yes, all their therapists will have licenses. But the

average length of time they have had those licenses will go down.”

For “a trauma therapist working with the military community, trust is a very big issue,” Brooks added. “Many of my clients with PTSD have told me that previous therapy was not effective because they were sent to a young person with no military experience whom they could not relate to,” and the dropout rate was high.

Providers and beneficiaries might be alarmed by the prospect of falling provider fees for mental health therapy, but they would be wrong to assume TRICARE officials or members of Congress share their concerns, at least right now.

“Our No. 1 concern is that our beneficiaries get the care they need, that it’s high-quality care, and they get it when they need it,” said Navy Capt. Edward Simmer, deputy director of the TRICARE Health Plan in Falls Church, Va.

“We hope, to the greatest extent possible, that providers currently providing care to our patients are able to reach agreement with Humana and that they can continue to provide that care so there’s no disruption,” Simmer said. “But certainly, if some of those providers do choose to leave our network, then we will make absolutely sure the patients they were seeing are immediately referred to another well-qualified provider so their care will continue.”

Asked if isn’t unusual for a contractor to press for a 30-percent rate cut off what Medicare pays, Simmer said discount negotiations are “between the contractor and the providers.” TRICARE leaders keep their focus is on whether the contractor provides a large enough network of “high-quality providers.”

Congress also sees its role in these contracts as limited to ensuring provider networks are robust and deliver the benefits defined by law. It doesn’t tell contractors how to build their networks or what to pay. That’s their business.

Matt Paynter, chief of staff for Humana Military, suggested the confidence shown is justified. His company, he said, has supported TRICARE for 20 years.

“We get great ratings, so I can comfortably say we do a good job and have good experience,” Paynter said. Company goals for the new contract are to deliver high-quality care and give patients access to care “above and beyond contractual requirements” while “focusing hard on that continuity of care.”

To build out behavioral health capacity, he said, “the goal is to negotiate a mutually agreeable reimbursement rate with providers. Certainly, this is never a take-it-or-leave-it, you’re-going-to-get-kicked-out thing. We work with providers.”

Therapists have more leverage to negotiate depending on where they practice, number of local TRICARE beneficiaries, and demand for their specialty.

Dr. Deborah Okon, a clinical psychologist and TRICARE provider in Belen, N.M., said she is one of only two psychologists in a town of 56,000. She specializes in treating eating disorders. New Mexico has too few behavioral health providers.

That’s why, when Okon got a preliminary contract from HealthNet recently proposing that she accept reimbursements equal to 85 percent of Medicare rates, she lined out that number and wrote “100 percent” instead.

Okon said she hopes this will be the fourth straight TRICARE contract signed in the last 20 years where she can negotiate fees to match Medicare rates. But she knows that elsewhere in her state, the contractor could hang tough on lower fees. As a result, too many therapists will continue to avoid participating in TRICARE.

“Why would [therapists with] PhDs work for the military if they can get 15 percent more by working for Medicare?” Okon said.

The reason some give is the steady volume of patients. Others appreciate the speed of TRICARE payments or the opportunity to care for military patients.

Told that Humana is seeking discounts of 30 percent off Medicare rates for behavioral therapists in southern states, Okon said she was dumbfounded by that approach to securing health services for the military.

“What is the discount thing,” she asked. “Who’s getting that money? Is that administration? I don’t get why they’re asking providers to accept so much less.”

Paynter for Humana said company profits from discounts “are less than you might think.” The bulk of savings on fees benefit the government through competitive contract awards, he said. Also, he suggested, the process works. Many behavioral health providers already have signed the deal. Others will “require a more hands-on approach to negotiating and reaching an agreement,” he said.

But Humana, he said, already has data showing it has secured a network of behavioral health care therapists across the southern states that will surpass access standards demanded by the new contract.

Will that network, as Dr. Brooks contends, be less experienced and thus provide lower-quality care for post-traumatic stress and mental health challenges?

“Absolutely not,” said Paynter. “We hold our providers and ourselves to very high standards, and we have a long history of meeting and exceeding standards.”

MOAA Legislative Update, 12 May 2017: Overhauling Military Compensation

“That train doesn’t look right...”

Similarly, today a clash of ideas is emerging concerning the future of our military. It’s manifested in a growing interest in overhauling Regular Military Compensation.

On one track, there’s been some thoughtful analysis by the Military Compensation and Retirement Modernization Commission, whose final report was released January 2015. In that report, the commission noted modernization might benefit individual compensation programs, but “The overall structure of the current compensation system is fundamentally sound and does not require sweeping overhaul.”

On a parallel track is the Bipartisan Policy Center, a think tank in Washington, D.C., with a similarly credible body of leaders with extensive military experience. Their report, *Building a F.A.S.T. Force: A Flexible Personnel System for a Modern Military*, was released in March 2017. In it, they recommend several attention-getting actions, such as replacing the military pay table — the core of Regular Military Compensation — instituting annual involuntary separation boards to remove low performers, increasing TRICARE enrollment fees for military retirees (albeit grandfathering those currently serving), and calling on the next Quadrennial Review of Military Compensation to evaluate and adjust military compensation to “deliver optimal strategic outcomes.”

As we recently reported in MOAA’s May 5th Legislative Update, members of the center’s task force shared their testimony with the Senate Armed Services Committee. To be fair to the task force, former Sen. Jim Talent (R-Mo.), its cochair, did note the need to be careful not to “do harm to the system in areas where it is working well.” There is ample evidence Congress would be guarded and cautious with any moves toward reform, just as they were in the years before overhauling the military retirement system.

These are two trains running side-by-side, with well-intended engineers in control. Somewhere down the line there is a switch. Is it in the right position? Do the wheels sound right? Stay tuned; MOAA is watching and listening.

Stand watch with us: [Please send a note to your legislators](#) urging them to reflect on the potential derailment of a system that is currently working. See Tom Philpott's [May 11 Military Update](#) for more on the topic of compensation and the upcoming Quadrennial Review of Military Compensation.

VA's Choice Reform Plan Skinny on Details

In a recent Legislative Update, MOAA [reported on](#) the extension of the Veterans Choice Program through the fall, staving off a shutdown when the program was due to expire in August. The extension also gave Secretary of the VA, Dr. David Shulkin, needed time to rewrite the Choice rules and develop a better replacement plan so veterans can get the care they need through private providers.

True to his word, Shulkin discussed the key elements of his plan with Senate appropriators during a VA Community Care hearing this week.

Members invited the secretary to not only learn more about his plans to reform multiple VA community care programs, but also to hear what resources and legislation will be necessary to implement those plans.

The hearing came less than two weeks before President Donald Trump is expected to deliver his 2018 budget to Congress. Both chambers are wrestling with tight budget caps and a very short window to reach a budget resolution for the rapidly approaching 2018 fiscal year.

Demand for care outside of the VA is rising, particularly through the Choice program, where usage rates are up 20 percent over this time last year. Combined with more than a decade of rising VA budgets, including President Trump's \$3.5 billion 2018 initial budget request, this has appropriators apprehensive about the future.

The current funding glide path and expectations for increased funding for VA in future years are seen as not only unsustainable, but irresponsible as well.

Shulkin told members he believes the VA already has addressed some of the inefficiencies in the health system and acknowledged it was unreasonable to expect Congress to continue increasing VA funding as it has in past years. He also suggested community care reform is not moving as quickly as he would like to see. His plan to reform and streamline processes to eliminate inefficiencies hinges on five key principles. Shulkin said, "The redesigned program will need to:

- * move from a system where eligibility for community care is based on wait times and geography to one focused on clinical need and quality of care;
- * make it easier for veterans to access urgent care when they need it;
- * maintain a high-performing, integrated network that includes VA, federal partners, academic affiliates, and community providers - partnering with the best providers across the country;
- * assist in coordination of care for veterans served by multiple providers; [and]
- * apply industry standards for quality, patient satisfaction, payment models, health care outcomes, and exchange of health information."

Appropriators attempted to drill down to get more details on the plan and its impact on veterans, but the VA was only able to articulate more of a conceptual model rather than specific details about the plan.

When asked by Sen. Jerry Moran (R-Kan.), chair of the Senate Appropriations Subcommittee on Military Construction, Veterans' Affairs and Related Agencies, "Who will make the decision on whether the veteran receives care in the community?" the secretary said the decision will be made between the provider and the veteran, as is the current practice in the private sector. The

end goal is to empower the provider and veteran on how to make the best decision to get the best care.

Shulkin envisions that where the VA is unable to provide service in a timely manner or a service is unavailable, a veteran would receive care elsewhere in the community. Additionally, for simple services like lab tests, x-rays, or flu shots, veterans should be able to use other community options.

At the end of the day, the secretary wants to remove the bureaucratic rules currently governing community care that take decision-making out of the hands of administrators and put decisions in the hands of doctors and veterans.

Authorizers and appropriators want more details before they are convinced the VA's plan improves access and care for veterans and puts the agency on the right course for sustained success. Lawmakers are hoping to hear more about the plan in the president's 2018 budget request and in future hearings.

Concurrent Receipt Battle Continues

In March, we published [an article](#) in *Military Officer* magazine that detailed the background, current status, and way ahead on concurrent receipt legislation in the 115th Congress. Several bills ([S. 66](#), [H.R. 333](#), and [H.R. 303](#)) already have been introduced this year, and you can send a MOAA-suggested message on each of them through our [Take Action](#) page.

MOAA's first priority is to eliminate the offset for those who were prevented from serving 20 years solely because they became disabled in service. We are interested in hearing your stories if you are someone who left active service under these circumstances. Your story as a Chapter 61 retiree will have an important impact as we continue to advocate to Congress for the elimination of the offset. Please share your experience with us by emailing legis@moaa.org.

VA Bills Fill Hearing

The Senate Veterans' Affairs Committee held a hearing May 17 on pending VA bills. Here are a few specific pieces of legislation MOAA supports.

Health Care Bills MOAA Supports:

S. 112, Creating a Reliable Environment for Veterans' Dependents Act. The bill would authorize per diem payments for homeless veterans receiving comprehensive support services to furnish care to their dependents. Since the VA launched a massive campaign to end veteran homelessness in 2009, rates have steadily declined by nearly 50 percent.

While rates are declining, veterans with families have been increasing in recent years. Per diem payments for homeless veterans will go a long way toward giving veterans a helping hand as they move down a path to achieving family stability and long-term security.

S. 591, Military and Veteran Caregiver Services Improvement Act of 2017. This measure expands eligibility and comprehensive assistance and benefits for family caregivers participating in the VA's Caregiver Support Program.

Specifically, the bill expands eligibility for participation and services to family caregivers of veterans of all eras, rather than just the current population of post-9/11 veterans, and includes "illness," rather than just "serious injury," as a criterion for eligibility.

Additionally, the legislation provides for a number of other program expansions, including:

- * Child care services or monthly stipend for such services;

- * Financial planning and legal services;
- * Adjustment to calculating caregiver stipend for performing personal care services;
- * Authority to transfer entitlement of unused post-9/11 education benefits to family members;
- * Flexible work arrangements for certain federal employees;
- * Lifespan respite care; and
- * Establishment of an interagency working group on caregiver policy.

Benefits Bills MOAA Supports:

S. 1024, Veterans Appeals Improvement and Modernization Act of 2017. This bill makes procedural changes to how claims are handled by VA. It would break the claims process into three separate lanes, each representing a different “lane” a claim can end up in depending on how the veteran wishes to proceed. The VA believes these changes will allow it to prevent the types of claims backlogs it is currently experiencing. MOAA supports the overall bill, but recommended to the committee that some additional improvements be made at the Board of Veterans' Appeals level to allow veterans who submit additional supporting evidence to the board not be forced to wait longer for their claims to be decided.

S. 1094, Department of Veterans Affairs Accountability and Whistleblower Protection Act of 2017. This bill provides the VA Secretary additional authorities to expedite the removal of VA employees when warranted. MOAA supports the bill with the understanding those employees would still be able to have employee union representation during the process.

Although MOAA and other veteran service organizations who support this bill acknowledge and value the predominance of VA employees who do fantastic jobs caring for veterans, it is clear from recent events that those employees who do not take their responsibilities seriously tend to spend years embroiling the VA in lawsuits and delays, all at taxpayer expense. This bill provides authority the VA Secretary to manage his workforce effectively, and MOAA is committed to ensuring the secretary has the tools he needs to that end.

MOAA Legislative Update, 26 May 2017: Back To The Future For TRICARE Fees

The FY 2018 budget was released this week, and it feels like *Back to the Future*. MOAA had hoped, as was the case in last year's National Defense Authorization Act (NDAA), that the budget would contain more actual health care reforms. That is not the case. The money collected through the establishment of new TRICARE fee increases, according to DoD officials, will be “plowed back into readiness.”

Congressional intent in last year's 2017 NDAA legislation was to pave the way for sweeping changes to the Military Health System and the TRICARE program. The reforms focused on improving the beneficiary experience ranging from access to care, to streamlining TRICARE benefit options. For years, MOAA has advocated for many of these improvements. Part of the accepting this package of improvements means accepting some reasonable fee increases and the establishment of new TRICARE participation fees where none had previously existed.

Central to this package of sweeping TRICARE reforms last year was that all currently serving, as well as those retiring prior to Jan. 1, 2018, would be grandfathered into the existing fee structures. New entrants into the services after Jan 1., 2018, would be subject to much higher fees. This budget seeks to eliminate the grandfathering and

places almost all beneficiary categories in line for these much higher fee hikes.

The proposed budget would keep all program requirements in the newly formed TRICARE benefit option structures of TRICARE Prime and TRICARE Select. That includes the establishment of open season for enrollment as currently exists in many civilian health plans.

MOAA is encouraged by the following key initiatives rolled out in this administration's first budget proposal:

- * No fee changes for active duty.
- * Medically retired members and their families and survivors of those who died on active duty would be treated the same as active duty family members with no participation fee and lower cost shares.
- * To ensure equity among active duty family members who might not live near a military treatment facility, there would be a no-cost care option available regardless of their assignment location.

President's Budget Undercuts Uniformed Services' Pay

DoD's fiscal balancing act is troubling. According to the May 2017 release of the DoD's Office of The Comptroller's Defense Budget Overview, personnel costs have remained relatively constant at approximately one-third of the total defense budget. However, in an attempt to find balance and funding for other costly programs like readiness, training, equipment, and modernization, DoD submitted a military pay raise request of 2.1 percent. It aimed to match last year's raise but the proposal falls 0.3 percent below the Employment Cost Index, the legislated benchmark for military pay raises.

If signed into law later this year, the cumulative gap between military and civilian pay will increase to 2.9 percent; the last time the pay gap was at zero was 2013. From 1988-2001 the pay-raise gap each year averaged 11.9 percent. It took nearly a decade of extensive work and lobbying to get out of that hole - solving the gap from a shallow hole is much preferable.

So what difference does 0.3 percent make? To DoD it equals \$200 million the first year and a projected \$1.4 billion over five years. To a servicemember, the impact appears to be negligible, and that is our concern.

The gap in pay matters. It grows over time and has a permanent effect on retirement. Small, incremental amounts, to help the larger cause, might seem tolerable now, but this elementary math reveals the true, substantial impact on the individual and their family down the road.

Legislation ties military pay raises to the civilian sector's Employment Cost Index, but the president has the authority to propose a lesser amount. Both chambers of Congress now will have their chance to accept or change what the administration proposed as a benchmark. Let your member of Congress know you are concerned about the cumulative effect of these cuts and ask them to include the full 2.4-percent pay raise in the defense bill.

POTUS Delivers Generous VA Budget

This year's budget process and legislative course has been unique, to say the least.

We started the year with a new Congressional session as new members took their seats on Capitol Hill Jan. 3.

Soon thereafter, Donald J. Trump was sworn in as the 45th president of the U.S. Jan. 20.

In recent years, the first week of February marked the arrival of the president's budget proposal.

However, Trump entered office under a continuing resolution as a result of the last Congress extending the FY 2016 budget to the end of April 2017. The 2017 budget eventually was signed into law May 5, seven months into

the 2017 fiscal year, giving federal agencies a very short time to spend their funds by September, the end of the fiscal year.

"I am pleased President Trump's budget request includes one of the largest increases in funding for veterans in a decade," said Roe. "With that said, we've seen that simply increasing the VA's bottom line seldom results in better services for veterans. ... It's time for VA to take a hard look at how they utilize resources and make tough decisions necessary to preserve veterans' benefits."

Trump requested \$186.5 billion total for the VA, a \$6.4 billion increase over 2017 appropriations. Of that total, \$82.1 billion was discretionary funding (slightly higher than his skinny budget request and 5.5 percent above 2017) for mostly health care programs, and \$104.3 billion in mandatory funding for disability compensation and pensions, including funding to continue the Veterans Choice Program.

Additionally, for FY 2019, advance appropriations for medical care is projected to be \$1.7 billion and \$107.7 billion for mandatory programs above what was allocated in the 2017 MILCON-VA budget for FY 2018.

Here are some improvements the FY 2018 budget would buy for VA health care:

- * expand access to community care;
- * long-term care;
- * mental health care;
- * programs for homeless and at-risk veterans;
- * Hepatitis-C treatment;
- * treatment for traumatic brain injuries; and
- * gender-specific health care services for women.

Benefits

While a generous budget, increased access to community care through the Choice Program comes at the cost of cuts to some veterans' benefits, which include:

- * Capping Post-9/11 GI Bill benefit for some flight training programs to curb excessive costs at certain public schools that offer courses through contracts with private institutions.
- * Rounding down COLAs to the nearest dollar for disability compensation payments, reinstating an earlier practice in existence for nearly 15 years, up until 2013. The VA expects an individual veteran to pay no more than \$12 a year as a result of this change.
- * Stopping disability compensation benefits to veterans receiving individual unemployability benefit payments once they are eligible for social security benefits. The administration sees the unemployability payment as a duplication of a federal benefit. 225,000 veterans are receiving the benefit today.

Congressman Mark Takano (D-Calif.) challenged the secretary on the individual unemployability issue.

"I am concerned about the proposal to terminate the individual unemployability benefit at age 62 for veterans," said Takano. "Most of the savings for this [VA] budget comes from this proposal - paying for the Choice program by ending a benefit to a veteran who is unable to be gainfully employed or who is unable to pay into social security or other retirement saving. ... If you end the unemployability payment, don't you risk plunging veterans into poverty by shutting off the benefit?" He cited more than 7,000 veterans over the age of 82 receiving the benefit today.

Shulkin responded by saying he was very sensitive to the issue, but "I also have a responsibility to make sure our current mandatory programs are managed the right way. ... At age 62, veterans have access to other funds like social

security - this change is necessary to make the program more responsible."

MOAA does not support this portion of the proposed budget. "This change would be devastating to older, disabled veterans. It is nearly unconscionable to terminate benefits they depend upon for their very livelihood," stated Lt. Col. Aniela Szymanski, USMCR, MOAA's director of government relations for veterans benefits.

MOAA President and CEO Lt. Gen. Dana T. Atkins, USAF (Ret), called on Congress to find better ways to fund the Choice Program and still protect the benefits of other veterans. MOAA also historically has opposed a cost of living "round down" to the nearest dollar, as was proposed in this budget for VA COLAs.

MOAA Legislative Update, 09 June 2017: Military Kids' Education at Risk

If you are active duty military and have school-aged children, chances are good you have filled out an Impact Aid Parent/Student Survey. It is a form asking about your family's connection to the federal government.

Federal land is non-taxable by local and state governments and thereby reduces local tax revenues to fund schools. Due to the lack of tax resources, school districts that serve federally connected children, including military children, submit an application requesting Impact Aid to offset the cost of textbooks, teachers, utilities, etc.

MOAA Legislative Update, 23 June 2017: Defense Bill Kickoff

The House Armed Services Committee (HASC) subcommittees released their markups of the FY 2018 defense authorization bill this week, providing milder recommendations than in years past.

The active duty pay raise will match the Employment Cost Index at 2.4 percent. This is a welcome change from the president's budget request of a 2.1-percent raise, which would have widened the existing pay gap between the military and private sector.

On the TRICARE front, unlike the budget the DoD recently proposed, the HASC bill proposes no changes for TRICARE For Life, TRICARE Prime, or last year's new TRICARE Select, and it maintains the current grandfathered fee structure. The new fee structure begins only for those future service entrants after Jan. 1, 2018. This bill would continue to grandfather currently serving and retired servicemembers and families against the large fee hikes proposed in last year's defense authorization bill.

Other proposed changes to health care include clarifying the roles of the services' surgeons general, placing greater emphasis on their responsibility for the provision of readiness training at their respective military treatment facilities (MTFs), and prohibiting DoD from reducing inpatient capacity at overseas MTFs.

All in all, MOAA supports the HASC's balanced approach to reforming military personnel policies and especially appreciates the committee's rejection of the large TRICARE fee increases proposed in the FY 2018 DoD budget.

TRICARE Implements Mental Health Care Improvements

As of this July, TRICARE will fully have implemented its new policies, which will provide expanded mental health coverage for beneficiaries. This long awaited effort will bring the TRICARE program's mental health coverage in line with recommendations from both DoD and many professional national health care organizations.

"This is a great step forward and will expand ways in which beneficiaries can access authorized mental health

services,” says MOAA’s director of Health Affairs, Capt. Kathryn Beasley, USN (Ret).

Here are the key changes:

- * Aligns cost-shares and coverage for mental health conditions with medical-surgical conditions and eliminates unnecessary restrictions on amounts and types of benefit limitations. For example, there will be no arbitrary set limits on numbers of mental health visits, as they will now be determined by the needs of the beneficiary and their clinical condition.
- * Expands coverage, including substance use disorder treatment by individual professional providers.
- * Streamlines TRICARE’s administrative requirements for mental health and substance use disorder institutional providers, which will make it more attractive for them to join the TRICARE network. This should result in more participating providers and better access.
- * Expands TRICARE coverage to include authorization of intensive outpatient programs and opiate treatment programs.

Previous TRICARE regulations placed restrictions on beneficiary access to substance abuse disorder care by enforcing predetermined limits on partial hospitalizations and outpatient therapies, including smoking cessation and family therapy. These updated regulations will explicitly authorize intensive outpatient care for substance abuse disorders and other mental health disorders as a covered benefit.

MOAA consistently has encouraged DoD in its efforts to destigmatize mental health treatment and has long advocated for better access to mental health services. These implemented changes will result in significantly improved services for all TRICARE beneficiaries.

Another Reprieve for IU Vets

Once again, VA Secretary Dr. David Shulkin told lawmakers he did not want to do anything to hurt veterans during a Senate appropriations hearing on Wednesday.

In [last week’s Legislative Update](#), MOAA reported Shulkin told Congress he did not intend to pursue the administration’s proposal to terminate individual unemployability (IU) benefits for veterans with disability ratings of 60-90 percent who were deemed unable to work once they turned age 62.

The secretary had planned to use cuts to several disability benefits, including veterans’ education tuition caps and COLA decreases to help pay for veterans’ health care, specifically to fund the Veterans Choice Program for those receiving care in the private sector.

“VA’s mission is to care for veterans and their families, and that’s what the budget process is about. ... But I do not support any policy that will hurt veterans and their families,” stated Shulkin. “So when it comes to offsets like IU, we’ve heard from veterans, and we will work with Congress to find other solutions to pay for Choice.”

This is good news for MOAA members, veterans, and their families.

“However, MOAA can predict with some certainty that the battle is not over,” says Cmdr. René Campos, USN (Ret), MOAA’s director of Veterans and Wounded Warrior Health Care. “IU might be off the table today, but there is no guarantee Congress and the administration won’t be looking at other benefits to cut - or that IU won’t be back on the table again next year.”

Arlington National Cemetery Will Expand

Negotiations broke down between the Army and Arlington County and the Commonwealth of Virginia on a land deal to expand the southern boundary of Arlington National Cemetery (ANC). Amid the fallout, the Army announced it unilaterally would acquire the land to provide between 40,000 and 60,000 new burial opportunities for veterans, their spouses, and some national dignitaries.

Disagreements centered on the future use of land near the cemetery grounds.

“The Army made every reasonable effort to negotiate [the] land exchange,” said Katharine Kelly, ANC’s superintendent, in a response to CQ Roll Call. “[We were] never able to reach an agreement where the Army was comfortable with the county’s several proposed projects for land adjacent to future burial space.”

Any negotiations going forward will be to settle on an appropriate price to compensate the county and state.

The project, costing an estimated \$274 million, isn’t cheap. The land acquisition will require the rerouting of local roads within the 38 new acres of usable land.

Getting the funding from Congress is the next step in the process.

There is still a lot of work to be done, but this is a very positive alternative to restricting eligibility for burial at ANC, a move that would threaten many veterans’ end of life plans.

The new expansion will allow the cemetery to continue burials and inurnments into the early 2050s, rather than reach full capacity sometime in the mid-2040s.

Expansion, contiguous or otherwise, has long been a primary preference of many veteran and military service organizations, prompting this more in-depth discussion of the bordering lands. In a recent roundtable discussion, an advisory committee to ANC took time to show veteran and military service organizations the different plots of land surrounding the current cemetery boundaries.

While there are many substantial plots of land just outside the cemetery gates, the cost of acquisition and reconstruction takes many options off the table.

For example, demolition of neighboring Fort Meyer’s Morale, Welfare and Recreation facility is both undesirable and difficult because of the useful facilities that currently exist and the extensive amount of land redistribution required. On the other hand, land around the Marine Corps Memorial would require minimal changes and wouldn’t drastically change the landscape.

Capacity at ANC has received [significant attention](#) this year. MOAA supports the move to acquire new land as the first way to keep the cemetery open for new burials. We’ve supported this specific plan since its inception almost a decade ago, and we are pleased to see it come to fruition.

The Army is doing what it can to extend the life of the cemetery without disenfranchising veterans. To that end, MOAA is pleased. This expansion makes sense, and it is an appropriate way to extend the life of the cemetery. Ensuring this new land maintains the essence felt throughout the rest of the property will be part of the ongoing discussion.

If you want to make a comment on this land acquisition or other capacity issues, the advisory committee continues to [welcome your input](#).



JAYHAWK CHAPTER MOAA

A membership meeting will be held **Tuesday, 18 July 2017**,
at Lawrence Country Club.



Dinner cost is \$24.00/meal.

The Program: Our speaker will be Steve Wilson, from the City Wine Market.

He will regale us with "Wine 101", info on grapes and regions, pointers on buying/consuming wine, and comments on the wine business in Lawrence.

We will offer a small wine tasting to those interested during the cocktail hour. Note that this is not a wine-paired dinner, the meal will cost the same as always. Wine tasting will be available to those interested. Please join us and bring guests to hear about one of Lawrence's main players in the wine business.

Social Hour: 1800 hours Dinner: 1845 hours

The Menu: Chef's choice on salad, rustic rolls, grilled Angus sirloin with sauce Roberts, seasonal vegetables, horseradish whipped potatoes, Chef's choice on dessert

**Send your reservation and check payable to Jayhawk Chapter MOAA
to arrive no later than **Wednesday, 12 July**, to:
CAPT Jim Cooper, 1115 Stone Meadows Drive, Lawrence, KS 66049**

***Dinner reservations are confirmed on Monday before the dinner.
Cancellations, if necessary, should be made prior to Monday noon;
otherwise, the Lawrence Country Club will charge us for those meals.***

*If you have any questions, you may contact Jim Cooper at 842-7037 or John Halladay at 843-6184
cut here*

Yes, please make _____ reservations for me and my guests. (Spouse and other guests are welcome.)

The cost is \$24.00 per meal. I am enclosing a check for \$_____ for meal(s).

*Clayton L. Comfort Award program contribution \$_____
(Separate check made out to "KU Endowment")*

TOTAL: \$_____

Name _____ **Telephone** _____

IF YOU NEED A RIDE TO MEETINGS, PLEASE LET US KNOW HERE _____

AND GIVE US YOUR TELEPHONE NUMBER _____

***TEAR OFF AND RETURN THIS FORM WITH A CHECK PAYABLE TO:
JAYHAWK CHAPTER MOAA***

CAPT Jim Cooper, 1115 Stone Meadows Drive, Lawrence, KS 66049

MOAA WEBSITE: www.moaa.org
KANSAS COUNCIL WEBSITE: www.kansasmooa.net
JAYHAWK CHAPTER WEBSITE:
www.jayhawkmoaa.org

*If you can receive this by
e-mail, please let us know.
Printing and postage costs
the Chapter close to \$3 for
each copy we have to mail.*

Tentative 2017 Meeting Schedule:

Tuesday 18 July

Tuesday
Tuesday

19 September
21 November

Kansas Council of Chapters Dates/Locations:

12 August	hosted by Jayhawk Chapter in Lawrence
4 November	hosted by Flint Hills Chapter in Manhattan



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IN GOD WE TRUST