



Legislative Update

By Rick Jones, Director;
Mike Plumer, National Military and Veterans Benefits Advisor;
and Morgan Brown, Senior Legislative Assistant

House Passes NDAA, Awaits Senate Action to Set Date for Final Agreement

The House approved 229 to 186 the FY 2011 National Defense Authorization Act (*H.R. 5136*). It was received by the Senate on June 9. Highlights include:

- Across the board 1.9 percent pay raise, a half-percentage point higher than the President's request.
- Maintains President's budget request for full funding of TRICARE and provides written protections against TRICARE fee increases through Sept. 30, 2011.
- TRICARE-26, Extends health care to adult dependent children, requires premium for their coverage.
- TRICARE, clarifies that the Secretary of Defense has sole jurisdiction over the administration of military health care under Obama-care — no other department or agency involved.
- Mental Health, TBI, PTSD - 25 percent increase in mental health care providers.
- Authorizes combat benefits for service members and their survivors of those killed or wounded at Fort Hood shooting rampage.
- Directs DoD to pay retired annuities

on the first day of the month, thus eliminating delayed payments when paydays fall on weekends.

Pay Raises

The House version of the NDAA



Rep. Jeff Miller (R-FL-1) (l) takes a moment to stand with NAUS Legislative Director Rick Jones prior to a discussion on veterans and military related issues before Congress. Miller, in his fifth term, is an active member of both the House Armed Services Committee and the House Veterans' Affairs Committee. The First District is home to Eglin Air Force Base and to Naval Air Station Pensacola and Whiting Field.

would raise basic pay for all individuals in the uniformed services by 1.9 percent, effective January 1, 2011. The increase would reduce the gap between pay increases for the uniformed services and private sector employees during fiscal year 2011 to 1.9 percent from approximately 2.4 percent, according to Committee documents.

Expiring Bonuses and Allowances

The House version of the NDAA would extend for another year DoD authority to enter agreements to pay certain bonuses and allowances to military personnel. Those bonuses and allowances are scheduled to expire on Dec. 31, 2010. Some bonuses are paid in a lump sum, while others are paid in annual or monthly installments over the period of obligated service. Included in bonuses is an authorization to increase hostile fire and imminent danger pay to \$260 per month from \$225 per month to compensate for inflation, according to Committee documents.

Force Structure

The House version of the NDAA would authorize end-strengths in 2011 for active-duty personnel and personnel in the selected reserves to be 1,432,400 and 846,200, respectively. Of those selected reservists, about 78,900 would serve on active duty.

Active-Duty End-Strength

The House version of the NDAA would authorize 7,000 additional

active-duty personnel for the Army, 500 additional active-duty personnel for the Air Force, 100 fewer active-duty personnel for the Navy, and maintain the current authorized end-strength for the Marine Corps, compared with authorized end-strength levels for 2010.

Reserve Component End-Strengths

The House version of the NDAA would authorize the end-strengths for the reserve components, including those who serve on active-duty in support of the reserves. Under this bill, the Air Force Reserve would experience an increase in end-strength of 1,700, while the other reserve components would maintain the levels authorized in 2010. According to the House Committee Report, the number of full-

receipt, as called for in President Obama's Budget request, or for the SBP/DIC Offset eliminations despite 336 House cosponsors, which is 118 members more than a majority of the House makeup, and the introduction of a discharge petition (Discharge Petition #10), which aims to bring the measure before the full House for consideration.

Senate Version of NDAA Moving Forward

On June 4, the Senate Armed Services Committee completed a draft version of its NDAA bill, S. 3454, which at press time awaits consideration by the full chamber. Some of the items being proposed in the Senate bill are:

- A 1.4 percent across-the-board pay raise for all members of the uni-

under TRICARE. Provides coverage program for certain dependents up to age 26 for a premium equal to the actual program cost.

- A directive to DoD to send 6,000 National Guard troops to the US-Mexico border. As violence continues to escalate along the U.S.-Mexico border, National Guard enhancements would augment civilian and law enforcement authorities.

NAUS firmly believes it is the Federal government's obligation to secure the borders and protect American citizens from threats caused by illegal immigration. The National Guard personnel would serve in State status but would be paid out of Federal funds.



In late April, NAUS Senior Legislative Assistant Morgan Brown was invited to the White House for the annual kickoff of the Wounded Warrior Project's Soldier Ride Washington, DC, to Annapolis, Maryland. While there, Morgan had the opportunity to meet Vice President Joe Biden (l photo), and Secretary of Defense, Robert Gates (r photo). The center photo shows participants lined up and listening to Vice President Biden's remarks before they hit the road. VA Assistant Secretary for Public and Intergovernmental Affairs, Tammy Duckworth (red shirt in foreground) traveled with the group.

time reservists who serve on active-duty in support of the reserves would decline by 5 compared with authorized end-strength levels for 2010.

Chapter 61 Concurrent Receipt and SBP/DIC Neglected

Despite spending in a number of non-defense areas, House leadership reports it was unable to find funding for either the Chapter 61 concurrent

formed services, consistent with the President's request and boost special combat pays, such as hostile fire pay. (NAUS notes that the House bill called for a 1.9 percent increase--a figure we support.)

- Full funding of TRICARE, language barring TRICARE fee increases through FY 2011 and authorization to extend TRICARE coverage for eligible dependents up to age 26 (Same as House).
- Extension of dependent coverage

The Senate measure also contains two highly controversial provisions.

- A repeal of the controversial 1993 law and related "Don't Ask, Don't Tell" policy (Same language as House bill).
- Allows Department of Defense funds to perform abortions and repeals the prohibition on the use of military medical treatment facilities to perform abortions.

Regarding end-strengths, the Senate bill supports growth in the Army and

endorses the Administration recommendations for active-duty end strengths. The measure would increase Army an additional 7,000 to 569,400, if the Secretary determines it necessary, and maintain the Marine Corps of 202,100, the Navy of 328,700, and the Air Force would be boosted 500 to 332,200.

A date for consideration of the bill by the full chamber has not been set, but when it does come to the Senate floor we anticipate there will be several hundred amendments proposed to this legislation. That will be our last best chance to get language addressing key issues like lowering the age for guard and reserve retirement or repealing the SBP/DIC offset. Once the Senate completes its version of the

NDAA, the two chambers must then meet in joint conference to hammer out differences and complete a single, agreed upon bill for final passage and the President's signature.

Senate Passes Supplemental Spending Bill

The Senate recently passed its \$58.8 billion version of *H.R. 4899*, the Supplemental Spending bill of 2010, and sent it back to the House. The House postponed action on a more expansive \$84 billion measure to complete the emergency funding request for wars and disasters.

The original bill, passed in March and sent to the Senate, would have

provided \$5.1 billion to the Federal Emergency Management Agency. Senate Appropriations Committee Chairman Daniel Inouye (D-HI) removed \$600 million for summer jobs from the House passed bill and added \$35.5 billion for military operations in Afghanistan and Iraq, \$13.4 billion in mandatory spending for Agent Orange Claims and additional funds for other issues such as the response to the oil spill in the Gulf of Mexico.

As we go to press, the allocation of \$13.4 billion in funds for the newly added Agent Orange presumptive diseases is under further review to consider whether new presumptions are related to exposure or simply common conditions related to growing older.

VA planned to have the final regulations on the new additional conditions published by the end of spring and that action is still under review. However by law, Congress has 60 days to examine Secretary Shinseki's decision if they choose to. An amendment in the Senate version of *H.R. 4899* would set aside funding for this expansion until a congressional review is complete. The House must still agree with the Senate changes to *H.R. 4899*. There is no word on when that chamber will reconsider the amended bill.

Bill to Improve Post-9/11 GI Bill

U.S. Senate Veterans' Affairs Committee Chairman Daniel K. Akaka (D-Hawaii) recently introduced S. 3447, a bill to improve the Post-9/11 GI Bill benefits program. Akaka introduced the bill to provide a starting point for discussion among Members of Congress, veterans' service organizations, and concerned Americans who want to improve this benefit program. The bill includes measures which would:

- Make members of the

Casualty List: 111th Congress (2009-2010)

Appointed (1 House: 1D)

House

Kirsten Gillibrand (D-N.Y.), 43, 2 terms

Running (11 House: 5D, 6R)

House

Roy Blunt (R-Mo.), 60, 7 terms

John Boozman (R-Ark.), 59, 5 terms

Mike Castle (R-Del.), 70, 9 terms

Brad Ellsworth (D-Ind.), 51, 2 terms

Paul Hodes (D-N.H.), 59, 2 terms

Mark Kirk (R-Ill.), 50, 5 terms

Kendrick Meek (D-Fla.), 43, 4 terms

Charlie Melancon (D-La.), 62, 3 terms

Jerry Moran (R-Kan.), 56, 7 terms

Joe Sestak (D-Pa.), 58, 2 terms

Todd Tiahrt (R-Kan.), 58, 8 terms

Running for Other Office (5 House: 5R; 1 Senate: 1R)

House

Gresham Barrett (R-S.C.), 49, 4 terms

Mary Fallin (R-Okla.), 55, 2 terms

Pete Hoekstra (R-Mich.), 56, 9 terms

Adam Putnam (R-Fla.), 35, 5 terms

Zach Wamp (R-Tenn.), 52, 8 terms

Senate

Sam Brownback (R-Kan.), 53, 3 terms

Defeated in Primary (2 House: 1D, 1R; 1 Senate: 1D)

House

Parker Griffith (R-Ala.), 67, 1st term

Alan Mollohan (D-W.Va.), 67, 14 terms

Senate

Arlen Specter (D-Pa.), 80, 5 terms

Defeated in Nominating Convention (1 Senate: 1R)

Senate

Bob Bennett (R-Utah), 76, 3 terms

Defeated for Other Office (1 House: 1D)

House

Artur Davis (D-Ala.), 42, 4 terms

Died (1 House: 1D; 1 Senate: 1D)

House

John Murtha (D-Pa.), 77, 19 terms

Senate

Edward Kennedy (D-Mass.), 77, 9 terms

Retiring (20 House: 11D, 9R; 10 Senate: 5D, 5R)

House

Brian Baird (D-Wash.), 54, 6 terms

Marion Berry (D-Ark.), 67, 7 terms

Henry Brown (R-S.C.), 74, 5 terms

Ginny Brown-Waite (R-Fla.), 66, 4 terms

Steve Buyer (R-Ind.), 51, 9 terms

Lincoln Diaz-Balart (R-Fla.), 55, 9 terms

Mario Diaz-Balart (R-Fla.), 48, 4 terms*

Bill Delahunt (D-Mass.), 68, 7 terms

Vernon Ehlers (R-Mich.), 76, 10 terms

Bart Gordon (D-Tenn.), 61, 13 terms

Patrick Kennedy (D-R.I.), 42, 8 terms

John Linder (R-Ga.), 67, 9 terms

Dennis Moore (D-Kan.), 64, 6 terms

David Obey (D-Wis.), 71, 21 terms

George Radanovich (R-Calif.), 54, 8 terms

John Shadegg (R-Ariz.), 60, 8 terms

Vic Snyder (D-Ark.), 62, 7 terms

Bart Stupak (D-Mich.), 58, 9 terms

John Tanner (D-Tenn.), 65, 11 terms

Diane Watson (D-Calif.), 76, 5 terms

Resigned (9 House: 6D, 3R; 5 Senate: 4D, 1R)

Neil Abercrombie (D-Hawaii), 71, 10 terms

Nathan Deal (R-Ga.), 67, 9 terms

Rahm Emanuel (D-Ill.), 50, 3 terms

Eric Massa (D-N.Y.), 50, 1 term

John McHugh (R-N.Y.), 61, 9 terms

Hilda Solis (D-Calif.), 52, 5 terms

Mark Souder (R-Ind.), 59, 8 terms

Ellen Tauscher (D-Calif.), 58, 7 terms

Robert Wexler (D-Fla.), 49, 7 terms

Senate

Evan Bayh (D-Ind.), 54, 2 terms

Kit Bond (R-Mo.), 71, 4 terms

Jim Bunning (R-Ky.), 78, 2 terms

Roland Burris (D-Ill.), 72, 1 term

Chris Dodd (D-Conn.), 66, 5 terms

Byron Dorgan (D-N.D.), 67, 3 terms

Judd Gregg (R-N.H.), 63, 3 terms

Ted Kaufman (D-Del.), 71, 1 term

George LeMieux (R-Fla.), 41, 1 term

George Voinovich (R-Ohio), 73, 2 terms

National Guard and Reserve programs who were inadvertently omitted from inclusion fully eligible for benefits.

- Make all types of training—including vocational programs, OJT and apprenticeship training, flight, all types of non-college degree training and more—eligible for benefits under the new program
- Eliminate the complicated, confusing and, in some cases, inequitable calculation of State-by-State tuition and fee caps to determine benefits for individuals enrolled in degree programs.
- Ensure that eligible individuals enrolled in degree granting programs of study at public institutions anywhere in the United States would pay little, if any, out of pocket costs for their education.
- For students enrolled in other institutions of higher learning, benefits would be paid based on a national average cost of education, which would be indexed and increased annually.
- Provide for a modified living allowance to be paid in the case of an individual pursuing a program of education solely through distance learning.
- Individuals who currently are studying through a combination of distance and classroom training would continue to receive benefits as they do now.
- Make a book allowance award of up to \$1,000 available to individuals enrolled while on active duty and their spouses.
- Allow individuals enrolled in VA's program of rehabilitation and training under chapter 31 of title 38 who also have eligibility for the new chapter 33 program to elect the program from which to receive their subsistence allowance. This would mean that a service-connected disabled OEF/OIF veteran would not need to elect training under the new GI Bill



NAUS Veterans Benefits Advisor Mike Plumer with Representative Walter Jones (R-NC) at a recent meeting where the Discharge Petition, offered by Representative Jones, on the SBP/DIC offset elimination was discussed.

and forego the valuable counseling and support services available under chapter 31 in order to receive an increased living allowance.

- Modify the manner in which the living allowance is calculated to reflect the rate at which training is pursued.
- Ensure that the same period of active duty cannot be used to



Following a meeting on Capitol Hill to discuss veterans issues, NAUS President Bill Matz (l) takes time to speak with Christina M. "Tina" Tchen, Director of the White House Office of Public Engagement, about a NAUS letter to President Obama on the "Belated Thank You to Merchant Mariners of World War II" legislation (S. 663). Tchen offered to forward the NAUS letter to the President and the White House Legislative Office.

establish eligibility for more than one program of education.

Caregivers Bill Signed Into Law Veterans' Affairs

Surrounded by members of the House and Senate Committees and members of several veterans organizations, President Obama on May 5, signed S. 1963, The Caregivers and Veterans Omnibus Health Services Act. The bill is now *Public Law 111-163*.

The bill creates a caregiver support program, improves health care services for America's women veterans, and expands the mental health services provided by the Department of Veterans Affairs (VA).

One very important aspect of the bill, on which NAUS worked to garner support with Rep. Glen Nye (D-VA), was his bill, incorporated into this legislation, that permanently extends authorization for the VA to provide hospital care, medical services and other treatments to veterans suffering from exposure to Agent Orange or from the ailments commonly known as Gulf War Illness.

NAUS Note: This bill is good legislation and includes many provisions that will help recovering veterans and their families. NAUS will continue to be vocal and put Congress on notice that Caregiver legislation needs to include coverage for veterans and survivors from all periods of conflict and, though welcome, not just those in the Afghan and Iraq wars.

In addition, the Caregivers bill also: **Provides Caregiver Support-**

Immediate support for veteran caregivers by creating a program to offer caregiver training, access to mental health counseling, and 24-hour respite care in the veteran's home. This allows caregivers temporary relief without having to leave the veteran at a medical facility. Veterans who served in Operation Enduring Freedom/ Operation Iraqi Freedom (OEF/OIF) are eligible to select a caregiver to receive a

financial stipend along with travel and lodging expenses associated with the veteran's care.

Welcomes Home Women Veterans-

Expands and improves VA services for the 1.8 million women veterans currently receiving VA health care – AND goes one step further by anticipating the expected increase of women warriors over the next five years. This bill seeks to build a VA health care system respectful of the unique medical needs of women veterans. For the first time, VA will be authorized to provide health care for newborn infants of women veterans.

Expands Veteran Homelessness-

Expands the number of places where homeless veterans may receive supportive services. For veterans struggling without a roof over their heads, this small change in the law will make a big difference in their lives.

Improves Rural Health Care-

Improves the health care provided to our rural veterans by authorizing stronger partnerships with community providers and the Department of Health and Human Services. These collaborations will allow VA to offer health care options to service members living far from the nearest VA medical facility. S. 1963 also requires the VA to establish a grant program for veteran service organizations to provide transportation options to veterans living in highly rural areas.

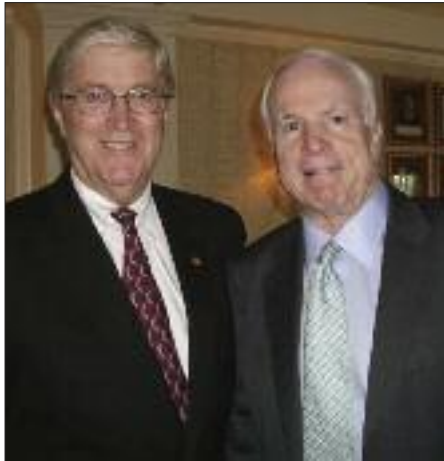
Increases Mental Health Care Access-

Addresses the troubling reality of post-traumatic stress and troubling incidents of suicide among the veteran population. This bill requires a much-needed and long-awaited study on veterans' suicide and requires the VA to provide counseling referrals for members of the Armed Forces who are not otherwise eligible for readjustment counseling.

TRICARE Clarification Bill

On May 27, President Obama signed into law P.L. 111-173. The NAUS-endorsed law, introduced by VA Committee Chairman Bob Filner

(D-CA), clarifies that health care provided by the Secretary of Veterans Affairs meets minimum essential



At a Capitol Hill meeting, NAUS Legislative Director Rick Jones (l) met with Sen. John McCain (R-AZ) to discuss with the Ranking Member of the Senate Armed Services Committee efforts to improve the fiscal Year 2011 National Defense Authorization Act.

coverage under the new healthcare law. The legislative change protects beneficiaries under the veterans CHAMPVA and Spina Bifida programs from an arbitrary decision that would otherwise expose them to penalties and to a requirement for purchase of costly additional insurance.

Concurrent Receipt for Chapter 61 Medical Retirees

The American Jobs and Closing Tax Loopholes Act (H.R. 4213) includes a provision to provide full concurrent receipt of military retired pay paid by the Department of Defense and disability compensation paid by the Department of Veterans Affairs to some Chapter 61 medically retired military personnel. However, because sufficient offsets were not found, the provisions would only be funded for two years.

Starting Jan 1, 2011, medical retirees with less than 20 years of service who are rated 90 to 100 percent disabled, or "Individually Unemployable" (IU) by VA, would be allowed to receive full veterans disability and military retired pay. Beginning Jan. 1, 2012, and until Sept. 30, 2012, individuals with fewer than 20 years of service who have disabilities rated at

70 percent or greater would receive the concurrent benefit as well.

It is estimated that 12,000 retirees would benefit from the change on Jan. 1, 2011, and another 20,000 on Jan 1, 2012. The remaining Chapter 61 retirees, about 100,000 in all, could benefit from this legislation if enough funding is found to continue the plan beyond FY 2012.

NAUS Note: As we go to press, the Senate is having difficulties passing their version. We support the proposal for temporary benefits, recognizing that it falls far short of what the Administration promised. We do welcome forward movement and will work with Congress to make these payments permanent.

Congress Seeks Long-term "Doc Fix"

Since late last fall, Congress has been working on legislation to postpone a 21.2 percent cut in reimbursement payments to doctors who treat Medicare and TRICARE patients. Lawmakers approved a 60-day delay in these cuts last December and followed with subsequent 30- and 60-day extensions in March and April 2010.

As we go to press, the House and Senate have finally worked out a new short-term agreement that will temporarily resolve the problem. Congress has passed H.R. 3962, the Preservation of Access to Care for Medicare Act. The bill would avoid the scheduled 21.2 percent cut in physician payments and increase payments by 2.2 percent.

While this action is welcome, the bill, unfortunately, would delay the cuts only until the end of November, following the elections.

Prior to final passage, the bill had met unexpected difficulty when House Speaker Nancy Pelosi said the Senate passed measure would not, repeat, not be considered by House members. Fortunately, the Speaker and the House responded to NAUS emails and the "doc fix" was released from hostage, avoiding a truly unsettling dysfunction between the House and Senate.

Clearly TRICARE beneficiaries

need a fix to this matter on a permanent basis, beyond the new November timeline. Our main NAUS concern remains access to the TRICARE, a benefit earned in uniformed service. There is also a growing concern about the damage these proposed cuts and short-term “fixes” have had on the number of doctors willing to provide care under the Medicare/TRICARE formula.

NAUS has learned, and TRICARE Activity officials confirm, there is a growing reluctance on the part of doctors to accept new patients whose health care is funded, wholly or in part, with federal dollars.

Lacking a clear sense of where Congress is headed on this issue (allow the steep cut, freeze reimbursement, or provide modest increases), is causing rising anxiety in the military retiree community. Further delays in fixing the problem only worsens the situation, and without decisive action soon, the threat to the promise of health coverage in return for a military career deepens.

Prohibition on TRICARE Fee Increases

NAUS is pleased to see Chairman Ike Skelton (D-MO) and members of the House insert a provision in the House version of the fiscal year 2011 National Defense Authorization bill (*HR 5136*) to prohibit DoD from increasing any fees or copayments under the TRICARE plans during fiscal year 2011. In addition, the House version of the NDAA continues present charges for inpatient care under TRICARE Standard and leaves unchanged the premium for TRICARE Reserve Select for members of the Selected Reserve until Sept. 30, 2011.

Current law sets the daily maximum inpatient deductible under TRICARE Standard at \$535. Without affirmative action as proposed in the House bill, current law would require DoD to increase the deductible to an amount equal to 25 percent of the cost of the provided care, which CBO estimates would be about \$675 per day, on average. Final agreement on the House provisions

would extend the \$535 deductible through 2011.

The Senate bill (*S. 3454*) similarly provides a one-year extension of the ceiling on charges for inpatient care under the TRICARE program. Once the full Senate approves the bill and a conference committee can agree on final language, TRICARE fees, copays and deductibles will remain the same for fiscal year 2011.

Extending TRICARE Coverage to Young Adults

Under current law, a dependent of a service member or eligible retiree may only qualify for coverage under the TRICARE program until they reach age 21, or age 23 if enrolled in school full-time.

The recently passed Patient Protection and Affordable Care Act



Rep. Sam Farr (D-CA) (l) stands with NAUS Legislative Director Rick Jones at a Capitol Hill event. Rep. Farr serves on the House Appropriations Committee and is working out final arrangements for construction of a new medical clinic serving veterans and active duty military personnel at Fort Ord. Farr says the clinic, slated to open in 2013, will be named after the late Army Major General William Gourley who as a co-chairman of the NAUS Board of Directors, pushed for building this new clinic.

(*Public Law 111-148*) requires group health plans and health insurers to make coverage available to qualifying dependents until the child reaches 26 years of age.

Because TRICARE is not included under the new health care law, leadership in the House and Senate Armed Services Committees are working to extend coverage and ensure that eligible dependents of TRICARE beneficiaries



NAUS Veterans Benefits Advisor Mike Plumer and Representative Rob Wittman (R-VA) at a recent meeting where the SBP/DIC offset elimination and Concurrent Receipt for Chapter 61 retirees were discussed.

are afforded an opportunity to obtain similar coverage.

NAUS endorses TRICARE for Dependents as similarly afforded to others under the new health care law. As we go to press, a provision in the House version of the fiscal year 2011 National Defense Authorization bill (*HR 5136*) would expand TRICARE eligibility to provide coverage, up to age 26, to dependents of military personnel.

The House provision also would require the Secretary of Defense to charge a premium in an amount not to exceed the full cost of providing the new benefit. The decision regarding the amount of premium is uncertain. The Secretary could choose to set the premium equal to the cost of providing the care or could assume to subsidize a percentage of the amount.

NAUS is informed that based on data from DoD, the Congressional Budget Office (CBO) estimates there are about 500,000 children of current and retired members of the armed forces who are between the ages of 21 and 26 and who are no longer eligible for TRICARE.

However, because the House provision would require that eligible dependents have no access to employer sponsored health coverage as a condition of participation in the new extended benefit, CBO estimates that only

about 175,000 of those dependents would use the coverage.

The NDAA version approved by Senate Armed Services Committee (S. 3454) similarly extends dependent coverage under TRICARE. The Senate committee version, which has not yet received full Senate consideration, recommends a provision to provide coverage under the TRICARE program for certain dependents of eligible beneficiaries up to the age of 26 for a premium equal to the total cost of coverage as determined by the Secretary of Defense based on actual program costs.

Differences between the two versions will be sorted out in conference committee once the Senate has approved its bill and a date is set for the conference.

Update on TRICARE for “Gray Area” Reserve Retirees

Last year’s National Defense Authorization Act included a NAUS-endorsed provision that allows “gray area” reservists the opportunity to purchase TRICARE health care coverage. While qualified members of the Selected Reserve may purchase premium-based coverage under TRICARE Reserve Select (TRS), retired Guard and Reserve members do not have TRICARE coverage until they reach age 60.

Since passage of the new program more than six months ago, NAUS has expressed concern about delays in its implementation, asking Administration officials to expedite final rules in order to provide this program in a timely fashion. At a June meeting for military association executives, RADM Christine Hunter, Deputy Director of the TRICARE Management Activity, assured NAUS that DoD was on track to begin the new benefit October 1 of this year.

Once implemented, the new program will allow retired Guard and Reserve



(l to r) CW4 Robert N. Cooper, Member, Army Retiree Council, Colonel John W. Radke, USA (Ret), Chief, Army Retirement Services and NAUS Veterans Benefits Advisor Mike Plumer at the recent Army Retiree Council Meeting.

under age 60 the opportunity to purchase TRICARE Standard individual or family coverage at a premium equal to the full cost of coverage to DoD.

As details become available, we will publish the information on the NAUS website, in our Weekly Update, and in the Journal.

Laying the Groundwork for Higher TRICARE Fees

Congress is on track to provide full funding of military healthcare programs (including TRICARE) in the FY 2011 National Defense Authorization Act. The bill will likely contain important language barring increases in TRICARE fees and premiums through September 2011. However, while this is welcome news for retirees in the coming year, many of the military’s top leaders continue to be vocal over rising healthcare costs, pressing Congress for future fee increases to “avoid endangering military operations.”

Defense Secretary Robert Gates recently said, “Leaving aside the sacred obligation we have to America’s wounded warriors, healthcare costs are eating the Defense Department alive, rising from \$19 billion a decade ago to \$50 billion—roughly the entire foreign affairs and assistance budget of the State Department.”

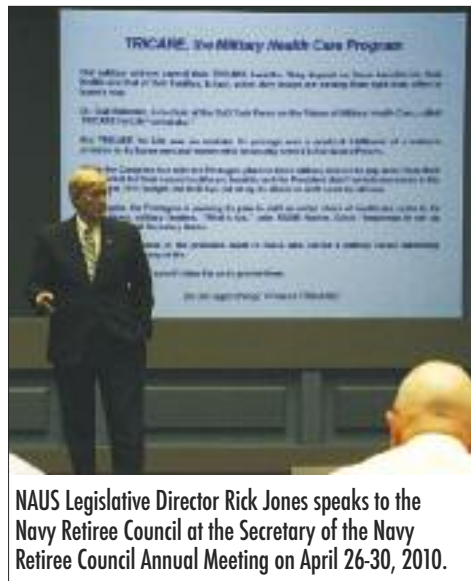
The premiums for the health insurance program have not risen since

the program was founded more than a decade ago, Gates added.

The SecDef’s comments are misleading for a number of reasons. One might wrongly conclude that the decade long increase results from retiree health care. However, the \$50 billion figure contains many factors contributing to healthcare cost increases that have very little to do with the earned healthcare benefit. These include medical research and development, military construction, and wounded warrior care—three areas that have received dramatic

increases in past 10 years.

It is misleading, intentional or not, to begin a comparison of costs in peace-



NAUS Legislative Director Rick Jones speaks to the Navy Retiree Council at the Secretary of the Navy Retiree Council Annual Meeting on April 26-30, 2010.

time against the level of costs needed to treat a wartime military. Ten years ago our nation had not been attacked. We were not at war and costs for military health care were more regulated. Also the top-end figure includes costs for research on prosthetics, TBI, PTSD and related medical advancements, all resulting from a wartime experience. It also includes costs for the care provided our active duty and wounded warriors among the costs to keep the promise of an earned benefit for retired military.

In the weeks and months ahead, we

(continued on pg. 20)

Hypertension

What is Hypertension? Hypertension is also called high blood pressure. It occurs when the pressure inside the arteries is increased. The high pressure puts extra stress on the blood vessels

which can result in a stroke if the vessel tears and leaks. High blood pressure also makes the heart work harder and can lead to a heart attack. It can also contribute to kidney disease and other problems. It is very important to treat hypertension.

How do I know if I have Hypertension? Hypertension generally causes no symptoms, though it is doing damage inside the body. Hypertension is suspected during a routine doctor's visit when the blood pressure is measured. Blood pressure includes two numbers - the first number is the systolic pressure which is the force the blood has when the heart beats. The second number is the diastolic pressure when the heart relaxes between beats. Repeated readings of 140/90 is considered high pressure.

Though high blood pressure usually has no symptoms, if the blood pressure is extremely high, patients can have recurrent headaches, confusion, nosebleeds, and vision changes. This requires medical attention to lower the blood pressure and prevent a medical emergency.

What problems does Hypertension cause? Untreated hypertension causes serious and even life-threatening problems. It can lead to strokes, heart attacks, congestive heart failure, vision and kidney problems. Lowering the blood pressure with treatment can reduce the risks of these complications.

What Causes Hypertension? For about 90% of people with hypertension, the cause is unknown and this is called primary hypertension.

Secondary hypertension may be due to hormonal problems or kidney disease. Once hypertension is diagnosed, the medical evaluation searches for a treatable cause. In only about 10% of cases is there a treatable underlying medical condition. Most often a cause isn't found, and treatment focuses on specifically reducing the high blood pressure.

How is Primary Hypertension Treated? The first step in treatment is to make lifestyle changes - exercise, diet, stop smoking, reduce stress. Sometimes these changes alone will reduce blood pressure to a safe level.

Medication is often needed along with lifestyle changes. Diuretics ("water pills") are often the first drug used. Some patients require several drugs to control their blood pressure. Since hypertension is a chronic disease, medications are usually needed for life. However, a few patients are able to discontinue their medication after they establish a healthier lifestyle, lose weight and exercise more.

The goal of treatment is to lower the blood pressure, lowering the risk of more serious complications.

What are the Risk Factors for Hypertension?

The general risk factors for hypertension are increasing age, family history, obesity, and stress. Smoking, alcohol consumption and too much salt in the diet also contribute to high blood pressure. Vitamin D deficiency is associated with it. People of African American and Native American ethnicity are also at higher risk.

How can Hypertension be prevented? A healthy lifestyle can result in lower blood pressure - eating a balanced diet, maintaining a healthy weight, exercising regularly, not smoking, minimal or no alcohol consumption and managing stress.

What are the two most important things to remember about

Hypertension? Have your blood pressure checked regularly. If it is consistently high, begin and continue treatment to reduce the long term serious consequences like heart attack and stroke.



can expect a continuation of these types of remarks from DoD leadership and certain quarters in Congress. False claims will be made that the price paid for our earned benefit is hurtful to operations and damaging to national security.

Together, we must tell the true story and remain mindful that the promise for health care in retirement comes as a result of very large advance prepayments in the currency of extended service and sacrifice.

And when the arguments turn to compare fees paid by retired military members and their families to fees paid by civilians, NAUS will always remember that the comparison fails to adequately recognize the sacrifice of a career in the military protecting freedom for all Americans.

Debt Commission Begins Discussions

Earlier this year at the White House, President Obama convened the first meeting of National Commission on Fiscal Responsibility and Reform, more commonly called the Debt Commission.

The President established the Debt Commission last February by executive order and assigned former Clinton White House Chief of Staff Erskine Bowles and former Wyoming Republican Sen. Alan Simpson as co-chairmen of the commission. The overall panel is made up of 10 Democrats and 8 Republicans.



Rep. C.A. (Dutch) Ruppberger, (D-MD) (l) and NAUS Senior Legislative Assistant Morgan Brown pause for a photo after discussing health-related issues affecting members of the military community.

The commission's purpose is to recommend ways to help bring down the federal budget deficit to 3 percent of gross domestic product by 2015, compared with nearly 10 percent today, and to propose policies to hold down the costs of government programs.

The President has said everything is on the table, including provisions of the health care law and entitlement programs such as Medicare, Medicaid and Social Security. The President's executive order also tasks the panel with looking at the U.S. tax code and does not rule out tax increases should the commission view them necessary.

As the first meeting of the commission got underway, The New York Times reports that several activist groups held a conference call to press for more spending "to create jobs, lower military spending, establish higher taxes for the wealthy and no cuts in Medicare or Social Security." Military spending will obviously be a target, despite the fact that America is at war.

The Washington Post reports: Federal Reserve Chairman Ben Bernanke, a member of the commission, said all federal programs need to be considered "to choose among making modifications to entitle programs such as Medicare and Social Security, restraining federal spending on everything else, accepting higher taxes, or some combination thereof."

In speaking about the final report, due December 1, former Republican Senator Alan Simpson of Wyoming, a co-chairman of the commission, warned that the group's members would be attacked by special interest groups spanning the political spectrum. "Anything we eventually do in any way will be met by howls of anguish," he said, adding, "It's going to be like giving dry birth to a porcupine."

NAUS is watching the commission very closely, working with member organizations of The Military Coalition and The National Military and Veterans Alliance to guard against radical attack on the promises made to members of the Armed Forces.

Thoughts on Joining NAUS

An Open Letter to Prospective Members Written by NAUS Member April Kauffman, Linwood, NJ

The main reason for this organization is ACTION!

The good people of NAUS possess the honor, duty, and courage it takes to change some of the nonsense that is happening on Capitol Hill today.

Our greatest generation had it right: hard work, dedication, love of God and country, keep your family safe and your country free. Generations of Americans have shed their blood to give us the right to be prosperous, successful and free individuals. If we don't rise and stand together for those who fight the good fight for America, we will surely fail!

NAUS is the super hero to the military and their families. Support those who protect and serve us – join NAUS. Help NAUS fight for America and its protectors and patriots. Fight for our Wounded Warriors. Fight for all our service men and women. Fight for what the Founding Fathers risked their lives for – our amazing country, the United States of America, and its citizens that keep this country what it is: the best!



Jim and April Kauffman on her radio talk show on WIBG LifeRadio, covering Atlantic City and South Jersey.