MOAA
Military Officers Association of America

STATEMENT

of the

MILITARY OFFICERS ASSOCIATION OF AMERICA

LEGISLATIVE PRIORITIES

for

VETERANS' HEALTH CARE and BENEFITS

2d Session, 113th Congress

before the

SENATE and HOUSE VETERANS' AFFAIRS COMMITTEES

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Presented by

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EXECUTIVE SUMMARY

VETERANS' HEALTH CARE

Psychological-Cognitive Health and Suicide Prevention

- Review and adopt pertinent provisions for suicide prevention and resilience as enacted for the currently serving force in Sections 579-583 of the FY 2013 National Defense Authorization Act to enhance support to veterans.
- Closely monitor the new Patient Centered Community Care (PCCC) contracts to ensure local VA facilities are referring veterans in a timely manner when the facility is not able to meet internal access to care standards.
- Exploit new means to deliver mental health services, including rural tele-health, seamless transfers for high risk service members to VA providers prior to discharge to ensure continuity of care.
- Support additional funding for collaborative, mid- long-term research between DoD and VA on mental health care.

Sustaining VA Health System After Afghanistan Drawdown

- Preserve full funding of the health system and ensure annual independent review of VA Advance Appropriations of the health account by the Government Accountability Office.
- Oppose proposals that would combine VA and the Military Health Care System/TRICARE on the premise of creating efficiencies or alleged cost-savings in order to address mounting pressures resulting from the federal deficit or as a consequence of the Patient Protection and Affordable Care Act (P.L. 111-148).
- Oppose higher drug co-payment fees for VA services.
- Pass current legislation -- H.R. 288, Rep. Michaud, D-ME and S. 325, Sen. Tester, D-MT -- to permit adult children of Survivors entitled to CHAMPVA to be carried on their parent's insurance up to age 26 under specific circumstances. All other government and private sector plans mandate that such coverage be made available.

Integrated Electronic Health Record (iEHR)

MOAA recommends the Committees demand completion of a DoD-VA integrated Electronic Health Record as soon as possible.

Wounded, Ill and Injured Warrior Care & Support

- Include the term "illness" in the VA final rule implementing the Caregivers and Veterans Omnibus Health Services Act of 2010 (P.L. 111-163) by adopting the DoD's definition of the term in its policy for Caregiver services provided for severely ill service men and women.
- Ensure accountability of VA and DoD wounded warrior policies and programs, and establish base-line funding for program execution, research, staffing, and other resource requirements.

Women Veterans

- Continue to assess the implementation of the provisions of the Caregivers and Veterans Omnibus Health Services Act of 2010 (P.L. 111-163) that directs equitable medical care and improved support services for female veterans.
- Resolve discrepancies in reporting military sexual assaults of service women and men.

VETERANS' BENEFITS

Advance Appropriations

MOAA strongly supports extending two-year advance appropriations authority to all VA accounts.

Disability Claims and Backlog

- Initiate review and implementation of Regional Offices' best practices in case management to improve efficiency and monitor initiatives directed at improving quality and accuracy.
- Monitor employee performance standards and work-credit system, and support adequate incentives for quality and accuracy, not just production quotas.
- Monitor relationships between VA and other federal agencies to ensure that records necessary to deciding claims are exchanged in a timely manner and protected from loss or destruction.
- Ensure that the Veterans Benefits Management System (VBMS) is provided sufficient and timely resources to develop into a comprehensive, paperless, and rules-based platform.
- Ensure that the Veterans Benefits Administration is given sufficient staffing to accomplish its mission.
- Require VA to provide standardized and targeted training to employees, and test all employees on the skills, competencies, and knowledge required to do their jobs.
- Initiate a pilot program to extend claims development training to veterans' service organization representatives
- Authorize service connection for "blue water" Navy Vietnam veterans who contract a VA-listed disease presumed caused by exposure to Agent Orange.

Joint VA/DoD Integrated Disability Evaluation System (IDES) Program

- Conduct oversight hearings to assess the effectiveness of the IDES program and evaluate what more may need to be done to support our wounded warriors as they transition through this cumbersome process.

Veteran Transition, Readjustment and Employment

- Grandfather VRAP participants whose training program – leading to employment – requires more than one year to complete, the VRAP limit.
- Authorize VRAP participants to attend 4-year colleges that offer non-degree licensing and certification programs.
- Re-authorize VRAP through 31 March 2017.
- Continually review the effectiveness of the Transition Assistance Program (TAP) "GPS" to ensure it meets the needs of separating service men and women.
- Re-authorize employer tax incentives in the VOW to Hire Heroes Act – they expired on 31 Dec. 2013
- Vocational Rehabilitation and Employment (VR&E): further extend the additional VR&E provisions in the VOW to Hire Heroes Act to 31 March 2017.

GI BILL PROGRAMS

Oversight, Outcomes, Transparency

- Enact current legislation to establish in-state tuition rates for non-resident student veterans enrolled in public colleges and universities. (MOAA is very grateful to Rep. Jeff Miller (R-FL), Chairman of the House Veterans Affairs Committee and the full House for favorably voting out in-state tuition rate legislation by a 390-0 vote on 3 February 2014).
- Further expand the VetSuccess On Campus program and make the application / selection process transparent.

- Amend the educational counseling provisions in Chapter 36, 38 U.S. Code to mandate such counseling via appropriate means, including modern technologies, and permit veterans to "opt out". Raise the $6 million cap in the counseling provision to meet the enormous demand of new GI Bill enrollments.
- Require that all academic programs receiving funding under the GI Bill be Title IV compliant under Dept. of Education rules.

Towards A 21st Century GI Bill Architecture
- Scale educational benefits eligibility according to the length and type of military duty performed. Integrate all active duty and reserve GI Bill programs in a single chapter in Title 38.

SURVIVORS' and DEPENDENTS' BENEFITS

Survivors' Educational Benefits
Enact current legislation to authorize the Gunnery Sergeant John D. Fry Scholarships for Surviving Spouses of members who died in the line-of-duty after 10 September 2001 in lieu of Survivors and Dependents Educational Assistance (DEA) benefits.

Dependency and Indemnity Compensation (DIC) Equity – Establish the annual DIC rate at 55% of the compensation rate for a 100% service-connected veteran.

Caregivers of Catastrophically Disabled Veterans –Increase the income replacement rate for widow(er)s of catastrophically disabled veterans.

Retain DIC on Remarriage at Age 55 – Enact current legislation to establish age-55 for retention of DIC upon remarriage thereby bringing the benefit in line with rules for the military SBP program and all other federal survivor benefit programs.

CHAMPVA Dental – Allow Survivors qualified for CHAMPVA health care to be allowed to enroll in a proposed CHAMPVA Dental program.

NATIONAL GUARD AND RESERVE VETERANS

- Upgrade Uniformed Services Employment and Reemployment Rights Act (USERRA) protections.
- Conduct an oversight hearing of the Office of Special Counsel's pilot project of USERRA enforcement in the Federal government, which concludes in August 2014, to assess the effectiveness of the OSC compared to the Dept. of Labor's VETS office in protecting reemployment rights of Federal workers who are members of the National Guard or Reserve forces.
- Adopt additional improvements to the Servicemembers Civil Relief Act (SCRA): imposition of civil fines for violations of the law; criminal penalties in egregious cases of violation of the statute; and recovery of reasonable attorneys' fees by servicemembers from SCRA violators.
- Ensure that the revised TAP "GPS" mandated in the VOW Act is providing tailored services to meet the needs of de-activating Guard / Reserve veterans.

Honoring as Veterans Certain Career National Guard and Reserve Members

Enact current legislation to establish that career Reservists eligible for or in receipt of military retired pay (at age 60), government health care and other earned veterans' benefits, but who never served under active duty orders can be honored as "veterans of the Armed Forces of the United States."

CHAIRMAN SANDERS, CHAIRMAN MILLER, RANKING MEMBERS BURR AND MICHAUD, on behalf of the more than 380,000 members of the Military Officers Association of America (MOAA), I am grateful for the opportunity to present testimony on MOAA's major legislative priorities for veterans' health care and benefits this year.

MOAA does not receive any grants or contracts from the federal government.

VETERANS' HEALTH CARE

MOAA thanks the Committees for your leadership and steadfast resolve to preserve and protect veterans' health care and benefits.

Psychological-Cognitive Health and Suicide Prevention

The long years of war continue to take a toll on our service men and women when they return home. A number of initiatives and programs have been put in place and we are grateful for those supports, but we are still losing too many veterans and currently serving members of the Armed Forces including the National Guard and Reserves to suicide; it is arguably the most critical health care issue facing leaders at all levels in the DoD and the VA.

MOAA was very grateful for inclusion of suicide prevention and resilience legislation in the FY 2013 National Defense Authorization Act (NDAA); now we need to see similar action to help our veteran community as they struggle with the aftermath of war, to support them as they search for their new normal and not only survive, but thrive and look with hope toward the future. MOAA requests the Committees consider directing the VA to develop and implement a comprehensive set of measures to evaluate mental health care services furnished by the Department including measures to assess:

a. The timeliness of mental health care delivery
b. The satisfaction of patients who receive mental health care services
c. The capacity to furnish mental health care.
d. The availability of alternative and complementary evidence-based therapies

The VA has made excellent progress in hiring additional behavioral health staff; the number of Vet Centers has more than doubled and the VA's 24/7 suicide prevention hotline has extended the Department's reach to more at-risk veterans.

MOAA urges the Committees to continue to support funds to expand VA's mental health capacity and to improve oversight, accountability and responsiveness in the areas of access, timeliness, quality, delivery, and follow-on care and information. The key to success will be providing the right type of care at the right time, in the right location, with "right" being defined by the veteran, family and caregiver.

Expansion efforts and funds should include marketing and outreach to encourage enrollment of eligible veterans, with special emphasis on Guard-Reserve members, rural veterans and high risk populations.

MOAA recommends the Committees:

- ***Review and adopt pertinent provisions for suicide prevention and resilience as enacted for the currently serving force in Sections 579-583 of the FY 2013 National Defense Authorization Act to enhance support to veterans.***
- ***Direct close monitoring of the new PCCC contracts to ensure local VA facilities are referring veterans in a timely manner when the facility is not able to meet internal access to care standards.***

- ***Exploit new means to deliver mental health services, including rural tele-health, seamless transfers for high risk service members to VA providers prior to discharge to ensure continuity of care.***
- ***Support additional funding for collaborative, mid- long-term research between DoD and VA on mental health care.***

Sustaining VA Health System After Afghanistan Drawdown

Congress has steadfastly supported record funding for the VA health system consistent with the rising demand from more than 13 years of sustained combat operations in Afghanistan and Iraq.

MOAA would strongly oppose any reductions in funding VA health in light of the enormous sacrifices that our fighting men and women have made over the longest protracted conflicts in our nation's history.

As a strong proponent of the 2015 Veterans' Independent Budget, MOAA urges the Committees to carefully consider the IB's recommendations in deliberating VA budget requirements.

MOAA recommendations:
- ***Preserve full funding of the health system and ensure annual independent review of VA Advance Appropriations of the health account by the Government Accountability Office.***
- ***Oppose proposals that would combine VA and the Military Health Care System/TRICARE on the premise of creating efficiencies or alleged cost-savings in order to address mounting pressures resulting from the federal deficit or as a consequence of the Patient Protection and Affordable Care Act (P.L. 111-148).***
- ***Oppose higher drug co-payment fees for VA services.***
- ***Pass current legislation -- H.R. 288, Rep. Michaud, D-ME and S. 325, Sen. Tester, D-MT -- to permit adult children of Survivors entitled to CHAMPVA to be carried on their parent's insurance up to age 26 under specific circumstances. All other government and private sector plans mandate that such coverage be made available.***

Integrated Electronic Health Record (iEHR)

MOAA was very disappointed with the news that progress on developing a truly interoperable, joint iEHR has stalled, again. In one form or another plans to create an iEHR go back at least to the early 1980s. As casualties increased from the Iraq and Afghanistan conflicts, efforts were re-doubled to accelerate the development of the iEHR. According to *Modern Healthcare* Congress set a deadline in 2008 to achieve "full interoperability of personal healthcare information between the two departments" by Sept. 30, 2009. It didn't happen. In 2009, President Obama set a goal for creating what he described as a virtual lifetime electronic health record by 2012 that could follow active-duty military personnel through to veteran status. That hasn't happened, either.

One of many questions that arise on this issue is whether veterans will be able to access their military Service and VA medical records. At this point, it appears that only medical professionals have access to separate military and VA medical data, not the entire record, from on an interface platform.

An iEHR remains critical for continuity of health care, VA claims processing, transparency, and because of the enormous demand for mental health care and other medical services arising from the drawdown of forces in Afghanistan and scheduled cuts in our Armed Forces.

MOAA feels strongly that an iEHR should remain a priority, as evidenced by repeated public assurances from the Secretaries of Defense and Veterans Affairs.

MOAA recommends the Committees demand completion of an integrated Electronic Health Record as soon as possible.

Wounded, Ill and Injured Warrior Care and Support

The Fiscal Year 2008 Defense Authorization Act (P.L. 110-181) set out a comprehensive policy for the care and management of recovering service members, care coordination and disability evaluations; how they would return to duty when appropriate; and the transition of service members from DoD services to the VA.

MOAA has held an annual day-long wounded warrior and family forums since 2007 as well as multiple roundtables to assess progress in implementing wounded warrior care and transition policy, programs and oversight and to highlight remaining gaps in the care and support of our wounded warriors, their families and caregivers.

An area of particular concern is the seamless transition of wounded warriors eligible for Caregiver support from DoD and the VA. The Caregiver Act established a comprehensive package of services and support for DoD and VA caregivers of the most severely wounded, ill or injured warriors.

The VA issued an initial final rule for the Caregiver Act more than two-years ago but the Department has not signaled when the final rule will be promulgated.

We believe that DoD and VA policies on caregiver compensation and support services should mirror each other and that support should be seamless from one system to the other.

Severe "illness," however, is not addressed in the VA's interim rule for Caregivers, although the term is fully set out in DoD regulation.

DoD Instruction 1341.12 Special Compensation for Assistance With Activities of Daily Living (SCAADL) includes and defines 'catastrophic illness'. Conditions such as cancer, stroke/heart attack, severe respiratory conditions, pneumonia, emphysema, severe arthritis, severe nervous disorders, among others potentially would trigger caregiver support.

If a service member's condition warrants compensation and care/support under DoD's policy and the member leaves the service with that same condition (still requiring personal or other assistance for Activities of Daily Living (ADL)), the service member should be eligible for and offered the same level of Caregiver compensation and/or services from the VA.

MOAA recommendations:

- ***Include the term "illness" in the VA final rule implementing the Caregivers and Veterans Omnibus Health Services Act of 2010 (P.L. 111-163) by adopting the DoD's definition of the term in its policy for Caregiver services provided for severely ill service men and women.***
- ***Ensure accountability of VA and DoD wounded warrior policies and programs, and establish base-line funding for program execution, research, staffing, and other resource requirements.***

Women Veterans

Women veterans now constitute 9 percent of the total veteran population and are projected to be nearly 18% by 2040, almost 1 in 5 vets. This represents a huge demographic shift.

Women veterans are significantly younger than male veterans: in 2009 the average age of women veterans was 48 years, compared to 63 years for their male counterparts.

The top three medical diagnoses for women include PTSD, hypertension and depression. About 1 in 5 women seen in VA medical facilities screen "yes" for military sexual trauma (MST).

According to the VA, women make up almost 12 percent of OEF/OIF/OND Veterans and that number is increasing. More than half of OEF/OIF/OND female veterans have received VA health care; of these, almost 9 out of 10 women have used VA health care more than once.

MOAA recommends the Committees

- ***Continue to assess the implementation of the provisions of the Caregivers and Veterans Omnibus Health Services Act of 2010 (P.L. 111-163) that direct equitable medical care and improved support services for female veterans.***
- ***Resolve discrepancies in VA and DoD reporting of military sexual assaults of service women and men.***

VETERANS BENEFITS

VA Advance Appropriations for All Accounts

MOAA strongly supported the creation of two-year funding authority for veterans' medical care. Passage of the enabling legislation in 2009 -- the Veterans Health Care Budget Reform and Transparency Act (P.L. 111-81) -- was an historic moment in our nation's commitment to veterans.

The government shutdown in the Fall of 2013 proved that advance appropriations work. During the Shutdown, VA hospitals and clinics were able to provide uninterrupted care to millions of wounded, injured and ill veterans.

But other critical services for veterans were delayed, disrupted and suspended. Work was stopped on more than 250,000 Department of Veterans Affairs (VA) disability claims awaiting appeals, burials at national cemeteries were scaled back and vital medical and prosthetic research projects were suspended.

Had the Shutdown continued for another couple of weeks, even mandatory obligations of the federal government, such as disability compensation and pension payments to veterans and their survivors, would have been halted. More than four million wounded, injured, ill and poor veterans rely on these payments; for some it is their primary or only source of income. It is simply unacceptable that there was even the threat of default on these payments.

Current legislation would extend advance appropriations authority to the remaining VA discretionary accounts. This is an important step in the right direction; however, the Shutdown confirmed the need to extend the authority to all VA accounts, discretionary and mandatory.

MOAA strongly supports extending two-year advance appropriations authority to all VA accounts.

Disability Claims and Backlog

MOAA continues to support a comprehensive, integrated strategy for improving the claims-management system with primary emphasis on quality decisions at the initial stage of the process.

We believe the VA is making steady progress in attacking the claims backlog.

At this time last year, the backlog of claims exceeding the 125 day standard for rating claims was over 600,000. As of 15 February this year, there were 397,841 over 125 days, 58.7% of 677, 464 claims in the inventory.

The VA processed over one point one million claims in 2013 and quality on compensation claims rose from 86% to 89% accuracy. Several initiatives such as clearing out the oldest claims inventory, encouraging fully developed claims, and national training have worked to reduce the pending claims inventory.

But to continue this progress and come close to VA's goal of ending the backlog by 2015 while we are still involved in wars that have spanned over a decade, investments in "people, process, and technology" need to continue.

Simplifying claims regulations, getting results faster in claims processing, and using best practices in claims management must continue so that VA is prepared for current and future claims demand.

Better outreach means today's veterans are aware that they must claim and document, for example, loss of motion of a shoulder and nerve impingement, rather than just a "shoulder condition".

Antiquated paper-based claims, arcane records request systems and one-size-fits-all claims processing meant a veteran didn't know if her medical records were received by the VA, didn't know if VA had all her service treatment records, and still received a standard notice asking for more information. As the only logical thing to do would be to send another copy of the entire record, veterans sent twice the paper, which clogged the system and further delayed a decision.

The above example illustrates problems that current legislation can address. By establishing liaisons with the Social Security Administration and the National Archives, VA can work to achieve faster, accurate responses to requests for records, shortening processing time and increasing quality.

By re-authorizing incentives in the fully developed claims program and by standardizing mail processing and scanning in an electronic environment, VA will avoid sending confusing requests for information when a veteran has certified that he or she has provided all private evidence to support the claim, and will have much of their development time reduced.

By identifying best practices in claims management among high-performing regional offices, VA will ensure consistency in its decisions, leading to greater trust of the system and easier identification of systemic problems.

Continuation and expansion of national "challenge" training is needed as well as VA training for veterans' service organization representatives to ensure that veterans' claims are developed to their optimum.

In concert with standardized and specialized training, simplification of VA regulations and policies would enable veterans to understand the evidence necessary to decide their claim and increase accuracy and efficiency. Now that VA is tracking both issue-based as well as claim-based accuracy, it should become apparent which types of decisions are creating problems or are being delayed due to unclear evidence requirements.

For example, one of the most complicated types of claims to rate is residuals of traumatic brain injury. When policy was clarified and 22 hours of training was mandated, the accuracy level of these claims increased to greater than 92%.

MOAA continues to support current legislation that would extend the presumption of Agent Orange exposure to "blue water" Navy Vietnam Veterans. MOAA believes Secretary Shinseki did the right thing in deciding to create additional presumptions of service connection for three diseases in 2010 following the Institute of Medicine's Agent Orange Update. After years of litigation and scientific studies, it is a policy decision as to where the bright line for presumption of exposure to Agent Orange exists. Instead of trying to locate deck logs and verify testimony of when veterans went ashore, it would be a great efficiency to extend the presumption to those Blue Water Navy veterans who served in Vietnam waters. While recognizing expansion of benefits could create backlog pressure, MOAA supports increased staff levels to handle any temporary spike in demand.

MOAA also supports current legislation that would require VA to assess and report its capacity to handle expected current and future claims volume, in terms of staffing levels.

MOAA recommends the Committees:

- ***Initiate review and implementation of best practices in case management to improve efficiency and monitor initiatives directed at improving quality and accuracy.***
- ***Monitor employee performance standards and work-credit system, and support adequate incentives for quality and accuracy, not just production quotas.***
- ***Monitor relationships between VA and other federal agencies to ensure that records necessary to deciding claims are exchanged in a timely manner and protected from loss or destruction.***
- ***Ensure that the Veterans Benefits Management System (VBMS) is provided sufficient and timely resources to develop into a comprehensive, paperless, and rules-based platform.***
- ***Ensure that the Veterans Benefits Administration is given sufficient staffing to accomplish its mission.***
- ***Require VA to provide standardized and targeted training to employees, and test all employees on the skills, competencies, and knowledge required to do their jobs.***
- ***Initiate a pilot program to extend claims development training to veterans' service organization representatives***
- ***Authorize service connection for "blue water" Navy Vietnam veterans who contract a VA-listed disease presumed caused by exposure to Agent Orange.***

Joint VA/DoD Integrated Disability Evaluation System (IDES) Program

VA's *Performance and Accountability Report for 2013* reported that the average time for completion of IDES claims was 78 days post-discharge from the military, an increase of 24 days from the average completion time of 54 days in 2012. MOAA notes that this is a change in reporting from the total average days of completion noted in the 2012 performance and accountability report. We believe this new measure correctly defines the problem: providing a final decision for servicemembers and their families to use in decision-making prior to military retirement or separation. The acceptable time frame for such a decision is 0 days post-discharge for servicemembers who cannot continue on active duty due to disability.

The *Report* notes that VA has placed full time vocational rehabilitation and employment (VR&E) counselors at 75 IDES locations as of the end of 2013 to support servicemembers' transition into meaningful civilian careers. The plan is for VR&E counselors to meet with all service men and women referred to a military Physical Evaluation Board (PEB) and to enroll as many as possible in VR&E

services prior to discharge. This is an encouraging development and MOAA supports maximizing the impact of this initiative using all of VA's employment partners.

MOAA remains concerned about access to the IDES by wounded and ill members of the National Guard and Reserve, who in some cases are advised to take their medical issues following deployments directly to the VA instead of being referred into the IDES.

MOAA recommends that the Committees conduct oversight hearings to review the IDES program and VA's other pre-discharge programs – termed Benefits Delivery at Discharge and Quickstart - and to evaluate what more may need to be done to support our wounded warriors as they transition to civilian life.

Veteran Transition, Readjustment and Employment

The successful Veterans Retraining Assistance Program (VRAP) created in the VOW to Hire Heroes Act (P.L. 112-56) is set to expire at the end of March 2013. VRAP opens Montgomery GI Bill (MGIB) training benefits to unemployed 35-60 year old veterans.

Approximately 76,000 veterans are enrolled or have completed training under VRAP. VA has paid approximately $741 million in VRAP benefits with over 143,000 applications submitted and nearly 127,000 certificates of eligibility awarded. Extending VRAP will keep up the momentum in reducing older veteran unemployment.

Another provision in the VOW Act improves Vocational Rehabilitation and Employment (VR&E) benefits and extends automatic eligibility through 2014 for active duty servicemembers referred by DoD with severe illnesses or injuries. The provision affords VR&E rehabilitative services early in the disability evaluation process. The law also expands the Special Employer Incentive program to employers who hire veterans participating in VR&E even in cases where the veteran has not completed training.

MOAA recommendations:

- ***Grandfather VRAP participants whose training program – leading to employment – requires more than one year to complete, the VRAP limit.***
- ***Authorize VRAP participants to attend 4-year colleges that offer non-degree licensing and certification programs.***
- ***Re-authorize VRAP through 31 March 2017.***
- ***Continually review the effectiveness of the Transition Assistance Program (TAP) "GPS" to ensure it meets the needs of separating service men and women.***
- ***Re-authorize employer tax incentives in the VOW to Hire Heroes Act – they expired on 31 Dec. 2013***
- ***Vocational Rehabilitation and Employment (VR&E) – Further extend the additional VR&E provisions in the VOW to Hire Heroes Act to 31 March 2017.***

GI BILL PROGRAMS

The Post-9/11 GI Bill authorized under Chapter 33 of 38 U.S. Code is the most generous educational assistance program since the great World War II GI Bill. More than a million veterans and other beneficiaries have used the new GI Bill since 2009.

MOAA is very pleased to see that the VA in collaboration with other Federal agencies has created and fielded GI Bill "comparison" and "complaint" tools to aid veterans in making informed decisions before

using their benefits and if necessary reporting any problems they may experience with their program of education / training or the administration of their benefit.

MOAA recommends the Committees*:*

- ***Enact current legislation to establish in-state tuition rates for non-resident student veterans enrolled in public colleges and universities. (MOAA is very grateful to Rep. Jeff Miller (R-FL), Chairman of the House Veterans Affairs Committee and the full House for favorably voting out in-state tuition rate legislation by a 390-0 vote on 3 February 2014).***
- ***Further expand the VetSuccess On Campus program and make the application / selection process transparent. In 2013 VetSuccess expanded to 94 campuses from 32 the previous year. The program should be ramped up as rapidly as possible so that more veterans can get academic and career counseling support.***
- ***Amend the educational counseling provisions in Chapter 36, 38 U.S. Code to mandate such counseling via appropriate means, including modern technologies, and permit veterans to "opt out". Raise the $6 million cap in the counseling provision to meet the enormous demand of new GI Bill enrollments.***
- ***Require that all academic programs receiving funding under the GI Bill be Title IV compliant under Dept. of Education rules. The FY 2014 National Defense Authorization Act, P.L. 113-66 includes provisions that mandate Title IV compliance for DoD educational assistance programs for service members and their spouses.***

Towards A 21st Century GI Bill Architecture

When the Post-9/11 GI Bill (Chapter 33, 38 U.S. Code) was enacted in June 2008, Congress also substantially hiked rates under the legacy Montgomery GI Bill (Chapter 30), an unexpected outcome.

The overwhelming majority of service members and veterans, however, have opted for the new GI Bill because it offers a package of benefits that underwrites college education or career training at little or no personal cost.

MOAA believes strongly that the awkward co-existence of two GI Bill program is inefficient, costly to administer and confusing to service members, recruiters, career counselors and veterans.

The withdrawal of forces from Afghanistan raises the uncomfortable prospect over the future of the new GI Bill. A Congressional "finding" in the Post-9/11 GI Bill statute "recognize[s] the difficult challenges in readjusting to civilian life after wartime service in the Armed Forces." For the purposes of the new GI Bill, "wartime service" means "service on active duty in the Armed Forces after September 11, 2001."

At some point, the Committees may be tempted to suspend or even repeal the new GI Bill once active operations in Afghanistan are concluded. MOAA would regard that approach as harmful to recruiting, retention and readjustment outcomes for our nation's All Volunteer Force.

Instead, MOAA again recommends preservation of the Post-9/11 GI Bill and repeal of the MGIB.

Here's why:

- Less than 25% of America's young people qualify for military service. A majority of young Americans simply do not meet the mental, physical or moral standards of military service
- Even with reduced quotas, recruiting is becoming more challenging and costly

- To attract the best and brightest to military service, the Services must compete with exogenous forces including an improving economy and generous Federal student aid programs, which do not require service to the nation
- Re-adjustment to civilian pursuits, even in peacetime, demands the acquisition of new skills and / or educational credentials without burdening the veteran and family with debt
- Political, social and economic unrest in various parts of the world may compel the United States to commit military force and quickly reverse force reductions. The nation must be prepared to provide robust readjustment tools for future service men and women.

A 21st Century GI Bill for our volunteers and veterans should begin with the simple principle that ***educational benefits should be scaled to the length and type of military duty performed.*** Full-time active duty service of at least three years would create the highest benefits. Lesser amounts of active duty service – including call-ups of the National Guard and Reserves -- would yield proportionally reduced benefits. Service in the Selected Reserve – inactive duty (IDT) or active duty for training (ADT) service – would yield basic benefits.

To implement this simple principle, ***GI Bill programs should be integrated under a single chapter in Title 38.***

MOAA recommends the Committees:

- ***Repeal Chapter 30, the Montgomery GI Bill for active duty service – with appropriate grandfathering of remaining participants -- and amend language in the preamble to Chapter 33 to indicate that the new GI Bill is intended to support recruitment, reenlistment and readjustment outcomes for the Armed Forces.***
- ***Repeal Chapter 1607, 10 USC. MGIB benefits for operational active duty service performed by National Guard and Reserve servicemembers after 10 September 2001 were superseded by the Guard and Reserve call-up provisions in the Post-9/11 GI Bill.***
- ***Consolidate basic Selected Reserve GI Bill benefits authorized under Chapter 1606, 10 USC) with the new GI Bill. (Benefits authorized under Chapter 1606 were last raised -- except for annual COLAs -- in 1999! Since then, the ratio between Chap. 1606 benefits and Chap. 30 active duty MGIB benefits has plunged from nearly 50 cents to the dollar to less than 22 cents to the dollar).***

SURVIVORS' and DEPENDENTS' BENEFITS

Survivors' Educational Benefits. The Gunnery Sergeant John D. Fry Scholarship program (P.L. 111-32) established Post-9/11 GI Bill benefit entitlement for the children of Fallen members of our Armed Forces who died in the line of duty after September 10, 2001.

Unfortunately, surviving spouses are ineligible for "Fry Scholarships." At the time the legislation was under consideration, no one stopped to think that the surviving spouses themselves would need a robust benefit in order to attain the skills and education to provide for their children and prepare them for college.

Survivors and Dependents Educational Assistance (DEA) program benefits under Chapter 35, 38 USC simply do not afford surviving spouses a realistic opportunity to raise young children, go to school concurrently without shouldering financial debt and deal with enormous challenges as Survivors.

For surviving spouses of the Iraq and Afghanistan conflicts, DEA translates to "college is unaffordable."

Under DEA, a Survivor receives $1003 per month, no cost-of-living (housing) allowance, and no book stipend. The total potential DEA benefit is $45,135 (full-time study of 45 months).

But these benefits pale in comparison to the Fry Scholarships, which pay the full cost of enrollment at any public college or university, plus a housing allowance based on a Sergeant's (E-5) "with dependents" housing rate at the zip code of the college, and up to $1000 annually for books.

MOAA recommends final passage of current legislation to authorize the Gunnery Sergeant John D. Fry Scholarships for Surviving Spouses of members who died in the line-of-duty after 10 September 2001 in lieu of Survivors and Dependents Educational Assistance (DEA) benefits.

Dependency and Indemnity Compensation (DIC) Equity. DIC is set at a flat rate for all eligible beneficiaries. MOAA believes the DIC rate should be pegged at the same percentage as Survivors of disabled civil service employees. Their compensation is set at 55% of their Disabled Retirees' Compensation for Federal workers. The GAO report on Military & Veterans' Benefits (GAO 10-62) found that "*DIC payments are almost always less than workers' compensation payments for survivors of federal employees who die as a result of job-related injuries."* ***MOAA supports establishing the annual DIC rate at 55% of the compensation rate for a 100% service-connected veteran.***

Caregivers of Catastrophically Disabled Veterans. Catastrophically disabled veterans, whose spouses serve as primary care givers, receive additional allowances due to the severity of their service-connected multiple disabilities. These full-time caregivers, however, are precluded from earning a retirement or Social Security benefits in their own right. When the veteran dies, the widow(er)'s income is reduced to the same DIC rate that other surviving spouses of veterans receive when the death was service connected. The percentage of replacement income can be as little as 15%. The income replacement of other federal survivor benefit plans is close to 50% of the benefit upon which they are based. ***MOAA recommends the Committees increase the income replacement rate for widow(er)s of catastrophically disabled veterans.***

Retain DIC on Remarriage at Age 55. Legislation was enacted in 2003 to allow eligible military survivors to retain DIC upon remarriage after age 57. Congressional staff advised MOAA at the time that the only reason age-57 was chosen was due to insufficient funds, not for any policy purpose. ***MOAA recommends final passage of current legislation to authorize retention of DIC upon remarriage at age 55. That would align the benefit with all other Federal survivor benefit programs.***

CHAMPVA Dental. ***MOAA supports permitting Survivors qualified for CHAMPVA health care to enroll in a CHAMPVA Dental program.*** This proposal, modeled on the TRICARE Retiree Dental Plan, would have no PAYGO offset requirement since it would be fully funded by enrollees' premiums.

NATIONAL GUARD AND RESERVE VETERANS

National Guard and Reserve members who have served a qualifying period of active duty are unique in that they are concurrently "veterans" and "actively serving military." These dual-status veterans face special challenges associated with their service including multiple re-entries into civilian life, employment challenges and reduced civilian career potential due to workplace absences.

Since 10 September 2001, 889,747 Guard and Reserve members (as of 4 February 2014), have served on operational active duty and more than 300,000 have served on multiple tours. This sustained reliance on citizen-warriors has no precedent in American history. Reliance on the "operational reserve" is likely to continue after the Afghanistan conflict, albeit at a reduced level.

With the drawdown of the active force, the Guard-Reserves will constitute more than 50% of the nation's military capability. Moreover, Congress enacted a call-up authority in the FY 2012 National Defense Authorization Act that permits the Services to call up as many as 60,000 reservists for up to one year to perform pre-planned, budgeted missions without a national emergency declaration.

Ever greater reliance on the Reserves means that it will be critical for the Committees, working with the Armed Services Committees, to ensure that reservists' re-employment rights are protected and re-adjustment programs for lengthy call-ups remain strong.

MOAA recommends the Committees:

- ***Upgrade Uniformed Services Employment and Reemployment Rights Act (USERRA) protections by: establishing authority for punitive action against Federal contractors for a pattern of repeated violations of the statute; establishing subpoena power for the Special Counsel in enforcement of the statute with respect to Federal agencies; creating a civil investigative authority for the Attorney General; and making workplace arbitration agreements unenforceable in disputes arising under the statute.***
- ***Conduct an oversight hearing of the Office of Special Counsel's pilot project of USERRA enforcement in the Federal government, which concludes in August 2014, to assess the effectiveness of the OSC compared to the Dept. of Labor's VETS office in protecting reemployment rights of Federal workers who are members of the National Guard or Reserve forces.***
- ***Consider adopting additional improvements to the Servicemembers Civil Relief Act (SCRA): imposition of civil fines for violations of the law; criminal penalties in egregious cases of Servicemember Civil Relief Act (SCRA) violation; and recovery of reasonable attorneys' fees by servicemembers from SCRA violators.***
- ***Ensure that the revised TAP "GPS" mandated in the VOW Act is providing tailored services to meet the needs of de-activating Guard / Reserve veterans.***

Honoring as Veterans Certain Career National Guard and Reserve Members

National Guard and Reserve members who complete a full Guard or Reserve career and are receiving or entitled to a military pension, government health care and certain earned veterans' benefits under Title 38 are not "veterans of the Armed Forces of the United States," in the absence of a qualifying period of active duty.

Due to military accounting and funding protocols, many reservists actually have performed operational missions during their careers but orders often were issued under other than a Title 10 active duty authority.

MOAA supports final passage of current legislation to establish that career Reservists eligible for or in receipt of military retired pay (at age 60), government health care and other earned veterans' benefits, but who never served under active duty orders can be honored as "veterans of the Armed Forces of the United States."

Conclusion

MOAA is grateful to the Members of the Committees for your leadership in supporting our veterans and their families who have "borne the battle" in defense of the nation.

Biography of Robert F. Norton, COL, USA (Ret.)
Deputy Director, Government Relations

Bob Norton joined the MOAA Government Relations team in 1997, specializing in National Guard / Reserve, veterans' benefits and VA health care issues. He co-chairs The Military Coalition's (TMC) Veterans' Committee and is MOAA's representative to TMC's Guard and Reserve Committee. In 2000, Bob helped found the Partnership for Veterans Education, a consortium of TMC, higher education associations, and other veterans groups that advocates for the GI Bill. Bob served on the statutory Veterans Advisory Committee on Education from 2004-2008.

Bob entered the Army in 1966 and was commissioned a second lieutenant of infantry in August 1967. He served in South Vietnam (1968-1969) as a civil affairs platoon leader. He transferred to the U.S. Army Reserve in 1969.

Colonel Norton volunteered for full-time active duty in 1978. He served in various assignments on the Army Staff and the office of the Secretary of the Army specializing in Reserve manpower and personnel policy matters.

Bob served two tours in the Office of the Assistant Secretary of Defense for Reserve Affairs, first as a personnel policy officer (1982-1985) and then as the Senior Military Assistant to the Assistant Secretary (1989-1994). Reserve Affairs oversaw the call-up of more than 250,000 members of the Guard / Reserve in the first Gulf War. Colonel Norton retired in 1995 and joined the MOAA Government Relations staff in 1997.

Colonel Norton holds a B.A. from Niagara University and an M.S.Ed. from Canisius College. He is a graduate of the U.S. Army Command and General Staff College, the Army War College, and the Harvard Kennedy School of Government senior officials in national security course.

His military awards include the Legion of Merit, Defense Superior Service Medal, Bronze Star, Vietnam Service Medal, and the Armed Forces Reserve Medal.

MOAA
Military Officers Association of America

STATEMENT

of the

MILITARY OFFICERS ASSOCIATION OF AMERICA

LEGISLATIVE PRIORITIES

for

VETERANS' HEALTH CARE and BENEFITS

2d Session, 113th Congress

before the

SENATE and HOUSE VETERANS' AFFAIRS COMMITTEES

March 6, 2014

Presented by

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Deputy Director, Government Relations

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EXECUTIVE SUMMARY

VETERANS' HEALTH CARE

Psychological-Cognitive Health and Suicide Prevention

- Review and adopt pertinent provisions for suicide prevention and resilience as enacted for the currently serving force in Sections 579-583 of the FY 2013 National Defense Authorization Act to enhance support to veterans.
- Closely monitor the new Patient Centered Community Care (PCCC) contracts to ensure local VA facilities are referring veterans in a timely manner when the facility is not able to meet internal access to care standards.
- Exploit new means to deliver mental health services, including rural tele-health, seamless transfers for high risk service members to VA providers prior to discharge to ensure continuity of care.
- Support additional funding for collaborative, mid- long-term research between DoD and VA on mental health care.

Sustaining VA Health System After Afghanistan Drawdown

- Preserve full funding of the health system and ensure annual independent review of VA Advance Appropriations of the health account by the Government Accountability Office.
- Oppose proposals that would combine VA and the Military Health Care System/TRICARE on the premise of creating efficiencies or alleged cost-savings in order to address mounting pressures resulting from the federal deficit or as a consequence of the Patient Protection and Affordable Care Act (P.L. 111-148).
- Oppose higher drug co-payment fees for VA services.
- Pass current legislation -- H.R. 288, Rep. Michaud, D-ME and S. 325, Sen. Tester, D-MT -- to permit adult children of Survivors entitled to CHAMPVA to be carried on their parent's insurance up to age 26 under specific circumstances. All other government and private sector plans mandate that such coverage be made available.

Integrated Electronic Health Record (iEHR)

MOAA recommends the Committees demand completion of a DoD-VA integrated Electronic Health Record as soon as possible.

Wounded, Ill and Injured Warrior Care & Support

- Include the term "illness" in the VA final rule implementing the Caregivers and Veterans Omnibus Health Services Act of 2010 (P.L. 111-163) by adopting the DoD's definition of the term in its policy for Caregiver services provided for severely ill service men and women.
- Ensure accountability of VA and DoD wounded warrior policies and programs, and establish base-line funding for program execution, research, staffing, and other resource requirements.

Women Veterans

- Continue to assess the implementation of the provisions of the Caregivers and Veterans Omnibus Health Services Act of 2010 (P.L. 111-163) that directs equitable medical care and improved support services for female veterans.
- Resolve discrepancies in reporting military sexual assaults of service women and men.

VETERANS' BENEFITS

Advance Appropriations

MOAA strongly supports extending two-year advance appropriations authority to all VA accounts.

Disability Claims and Backlog

- Initiate review and implementation of Regional Offices' best practices in case management to improve efficiency and monitor initiatives directed at improving quality and accuracy.
- Monitor employee performance standards and work-credit system, and support adequate incentives for quality and accuracy, not just production quotas.
- Monitor relationships between VA and other federal agencies to ensure that records necessary to deciding claims are exchanged in a timely manner and protected from loss or destruction.
- Ensure that the Veterans Benefits Management System (VBMS) is provided sufficient and timely resources to develop into a comprehensive, paperless, and rules-based platform.
- Ensure that the Veterans Benefits Administration is given sufficient staffing to accomplish its mission.
- Require VA to provide standardized and targeted training to employees, and test all employees on the skills, competencies, and knowledge required to do their jobs.
- Initiate a pilot program to extend claims development training to veterans' service organization representatives
- Authorize service connection for "blue water" Navy Vietnam veterans who contract a VA-listed disease presumed caused by exposure to Agent Orange.

Joint VA/DoD Integrated Disability Evaluation System (IDES) Program

- Conduct oversight hearings to assess the effectiveness of the IDES program and evaluate what more may need to be done to support our wounded warriors as they transition through this cumbersome process.

Veteran Transition, Readjustment and Employment

- Grandfather VRAP participants whose training program – leading to employment – requires more than one year to complete, the VRAP limit.
- Authorize VRAP participants to attend 4-year colleges that offer non-degree licensing and certification programs.
- Re-authorize VRAP through 31 March 2017.
- Continually review the effectiveness of the Transition Assistance Program (TAP) "GPS" to ensure it meets the needs of separating service men and women.
- Re-authorize employer tax incentives in the VOW to Hire Heroes Act – they expired on 31 Dec. 2013
- Vocational Rehabilitation and Employment (VR&E): further extend the additional VR&E provisions in the VOW to Hire Heroes Act to 31 March 2017.

GI BILL PROGRAMS

Oversight, Outcomes, Transparency

- Enact current legislation to establish in-state tuition rates for non-resident student veterans enrolled in public colleges and universities. (MOAA is very grateful to Rep. Jeff Miller (R-FL), Chairman of the House Veterans Affairs Committee and the full House for favorably voting out in-state tuition rate legislation by a 390-0 vote on 3 February 2014).
- Further expand the VetSuccess On Campus program and make the application / selection process transparent.

- Amend the educational counseling provisions in Chapter 36, 38 U.S. Code to mandate such counseling via appropriate means, including modern technologies, and permit veterans to "opt out". Raise the $6 million cap in the counseling provision to meet the enormous demand of new GI Bill enrollments.
- Require that all academic programs receiving funding under the GI Bill be Title IV compliant under Dept. of Education rules.

Towards A 21st Century GI Bill Architecture
- Scale educational benefits eligibility according to the length and type of military duty performed. Integrate all active duty and reserve GI Bill programs in a single chapter in Title 38.

SURVIVORS' and DEPENDENTS' BENEFITS

Survivors' Educational Benefits
Enact current legislation to authorize the Gunnery Sergeant John D. Fry Scholarships for Surviving Spouses of members who died in the line-of-duty after 10 September 2001 in lieu of Survivors and Dependents Educational Assistance (DEA) benefits.

Dependency and Indemnity Compensation (DIC) Equity – Establish the annual DIC rate at 55% of the compensation rate for a 100% service-connected veteran.

Caregivers of Catastrophically Disabled Veterans –Increase the income replacement rate for widow(er)s of catastrophically disabled veterans.

Retain DIC on Remarriage at Age 55 – Enact current legislation to establish age-55 for retention of DIC upon remarriage thereby bringing the benefit in line with rules for the military SBP program and all other federal survivor benefit programs.

CHAMPVA Dental – Allow Survivors qualified for CHAMPVA health care to be allowed to enroll in a proposed CHAMPVA Dental program.

NATIONAL GUARD AND RESERVE VETERANS

- Upgrade Uniformed Services Employment and Reemployment Rights Act (USERRA) protections.
- Conduct an oversight hearing of the Office of Special Counsel's pilot project of USERRA enforcement in the Federal government, which concludes in August 2014, to assess the effectiveness of the OSC compared to the Dept. of Labor's VETS office in protecting reemployment rights of Federal workers who are members of the National Guard or Reserve forces.
- Adopt additional improvements to the Servicemembers Civil Relief Act (SCRA): imposition of civil fines for violations of the law; criminal penalties in egregious cases of violation of the statute; and recovery of reasonable attorneys' fees by servicemembers from SCRA violators.
- Ensure that the revised TAP "GPS" mandated in the VOW Act is providing tailored services to meet the needs of de-activating Guard / Reserve veterans.

Honoring as Veterans Certain Career National Guard and Reserve Members

Enact current legislation to establish that career Reservists eligible for or in receipt of military retired pay (at age 60), government health care and other earned veterans' benefits, but who never served under active duty orders can be honored as "veterans of the Armed Forces of the United States."

CHAIRMAN SANDERS, CHAIRMAN MILLER, RANKING MEMBERS BURR AND MICHAUD, on behalf of the more than 380,000 members of the Military Officers Association of America (MOAA), I am grateful for the opportunity to present testimony on MOAA's major legislative priorities for veterans' health care and benefits this year.

MOAA does not receive any grants or contracts from the federal government.

VETERANS' HEALTH CARE

MOAA thanks the Committees for your leadership and steadfast resolve to preserve and protect veterans' health care and benefits.

Psychological-Cognitive Health and Suicide Prevention

The long years of war continue to take a toll on our service men and women when they return home. A number of initiatives and programs have been put in place and we are grateful for those supports, but we are still losing too many veterans and currently serving members of the Armed Forces including the National Guard and Reserves to suicide; it is arguably the most critical health care issue facing leaders at all levels in the DoD and the VA.

MOAA was very grateful for inclusion of suicide prevention and resilience legislation in the FY 2013 National Defense Authorization Act (NDAA); now we need to see similar action to help our veteran community as they struggle with the aftermath of war, to support them as they search for their new normal and not only survive, but thrive and look with hope toward the future. MOAA requests the Committees consider directing the VA to develop and implement a comprehensive set of measures to evaluate mental health care services furnished by the Department including measures to assess:

a. The timeliness of mental health care delivery
b. The satisfaction of patients who receive mental health care services
c. The capacity to furnish mental health care.
d. The availability of alternative and complementary evidence-based therapies

The VA has made excellent progress in hiring additional behavioral health staff; the number of Vet Centers has more than doubled and the VA's 24/7 suicide prevention hotline has extended the Department's reach to more at-risk veterans.

MOAA urges the Committees to continue to support funds to expand VA's mental health capacity and to improve oversight, accountability and responsiveness in the areas of access, timeliness, quality, delivery, and follow-on care and information. The key to success will be providing the right type of care at the right time, in the right location, with "right" being defined by the veteran, family and caregiver.

Expansion efforts and funds should include marketing and outreach to encourage enrollment of eligible veterans, with special emphasis on Guard-Reserve members, rural veterans and high risk populations.

MOAA recommends the Committees:

- ***Review and adopt pertinent provisions for suicide prevention and resilience as enacted for the currently serving force in Sections 579-583 of the FY 2013 National Defense Authorization Act to enhance support to veterans.***
- ***Direct close monitoring of the new PCCC contracts to ensure local VA facilities are referring veterans in a timely manner when the facility is not able to meet internal access to care standards.***

- ***Exploit new means to deliver mental health services, including rural tele-health, seamless transfers for high risk service members to VA providers prior to discharge to ensure continuity of care.***
- ***Support additional funding for collaborative, mid- long-term research between DoD and VA on mental health care.***

Sustaining VA Health System After Afghanistan Drawdown

Congress has steadfastly supported record funding for the VA health system consistent with the rising demand from more than 13 years of sustained combat operations in Afghanistan and Iraq.

MOAA would strongly oppose any reductions in funding VA health in light of the enormous sacrifices that our fighting men and women have made over the longest protracted conflicts in our nation's history.

As a strong proponent of the 2015 Veterans' Independent Budget, MOAA urges the Committees to carefully consider the IB's recommendations in deliberating VA budget requirements.

MOAA recommendations:
- ***Preserve full funding of the health system and ensure annual independent review of VA Advance Appropriations of the health account by the Government Accountability Office.***
- ***Oppose proposals that would combine VA and the Military Health Care System/TRICARE on the premise of creating efficiencies or alleged cost-savings in order to address mounting pressures resulting from the federal deficit or as a consequence of the Patient Protection and Affordable Care Act (P.L. 111-148).***
- ***Oppose higher drug co-payment fees for VA services.***
- ***Pass current legislation -- H.R. 288, Rep. Michaud, D-ME and S. 325, Sen. Tester, D-MT -- to permit adult children of Survivors entitled to CHAMPVA to be carried on their parent's insurance up to age 26 under specific circumstances. All other government and private sector plans mandate that such coverage be made available.***

Integrated Electronic Health Record (iEHR)

MOAA was very disappointed with the news that progress on developing a truly interoperable, joint iEHR has stalled, again. In one form or another plans to create an iEHR go back at least to the early 1980s. As casualties increased from the Iraq and Afghanistan conflicts, efforts were re-doubled to accelerate the development of the iEHR. According to *Modern Healthcare* Congress set a deadline in 2008 to achieve "full interoperability of personal healthcare information between the two departments" by Sept. 30, 2009. It didn't happen. In 2009, President Obama set a goal for creating what he described as a virtual lifetime electronic health record by 2012 that could follow active-duty military personnel through to veteran status. That hasn't happened, either.

One of many questions that arise on this issue is whether veterans will be able to access their military Service and VA medical records. At this point, it appears that only medical professionals have access to separate military and VA medical data, not the entire record, from on an interface platform.

An iEHR remains critical for continuity of health care, VA claims processing, transparency, and because of the enormous demand for mental health care and other medical services arising from the drawdown of forces in Afghanistan and scheduled cuts in our Armed Forces.

MOAA feels strongly that an iEHR should remain a priority, as evidenced by repeated public assurances from the Secretaries of Defense and Veterans Affairs.

MOAA recommends the Committees demand completion of an integrated Electronic Health Record as soon as possible.

Wounded, Ill and Injured Warrior Care and Support

The Fiscal Year 2008 Defense Authorization Act (P.L. 110-181) set out a comprehensive policy for the care and management of recovering service members, care coordination and disability evaluations; how they would return to duty when appropriate; and the transition of service members from DoD services to the VA.

MOAA has held an annual day-long wounded warrior and family forums since 2007 as well as multiple roundtables to assess progress in implementing wounded warrior care and transition policy, programs and oversight and to highlight remaining gaps in the care and support of our wounded warriors, their families and caregivers.

An area of particular concern is the seamless transition of wounded warriors eligible for Caregiver support from DoD and the VA. The Caregiver Act established a comprehensive package of services and support for DoD and VA caregivers of the most severely wounded, ill or injured warriors.

The VA issued an initial final rule for the Caregiver Act more than two-years ago but the Department has not signaled when the final rule will be promulgated.

We believe that DoD and VA policies on caregiver compensation and support services should mirror each other and that support should be seamless from one system to the other.

Severe "illness," however, is not addressed in the VA's interim rule for Caregivers, although the term is fully set out in DoD regulation.

DoD Instruction 1341.12 Special Compensation for Assistance With Activities of Daily Living (SCAADL) includes and defines 'catastrophic illness'. Conditions such as cancer, stroke/heart attack, severe respiratory conditions, pneumonia, emphysema, severe arthritis, severe nervous disorders, among others potentially would trigger caregiver support.

If a service member's condition warrants compensation and care/support under DoD's policy and the member leaves the service with that same condition (still requiring personal or other assistance for Activities of Daily Living (ADL)), the service member should be eligible for and offered the same level of Caregiver compensation and/or services from the VA.

MOAA recommendations:

- ***Include the term "illness" in the VA final rule implementing the Caregivers and Veterans Omnibus Health Services Act of 2010 (P.L. 111-163) by adopting the DoD's definition of the term in its policy for Caregiver services provided for severely ill service men and women.***
- ***Ensure accountability of VA and DoD wounded warrior policies and programs, and establish base-line funding for program execution, research, staffing, and other resource requirements.***

Women Veterans

Women veterans now constitute 9 percent of the total veteran population and are projected to be nearly 18% by 2040, almost 1 in 5 vets. This represents a huge demographic shift.

Women veterans are significantly younger than male veterans: in 2009 the average age of women veterans was 48 years, compared to 63 years for their male counterparts.

The top three medical diagnoses for women include PTSD, hypertension and depression. About 1 in 5 women seen in VA medical facilities screen "yes" for military sexual trauma (MST).

According to the VA, women make up almost 12 percent of OEF/OIF/OND Veterans and that number is increasing. More than half of OEF/OIF/OND female veterans have received VA health care; of these, almost 9 out of 10 women have used VA health care more than once.

MOAA recommends the Committees

- ***Continue to assess the implementation of the provisions of the Caregivers and Veterans Omnibus Health Services Act of 2010 (P.L. 111-163) that direct equitable medical care and improved support services for female veterans.***
- ***Resolve discrepancies in VA and DoD reporting of military sexual assaults of service women and men.***

VETERANS BENEFITS

VA Advance Appropriations for All Accounts

MOAA strongly supported the creation of two-year funding authority for veterans' medical care. Passage of the enabling legislation in 2009 -- the Veterans Health Care Budget Reform and Transparency Act (P.L. 111-81) -- was an historic moment in our nation's commitment to veterans.

The government shutdown in the Fall of 2013 proved that advance appropriations work. During the Shutdown, VA hospitals and clinics were able to provide uninterrupted care to millions of wounded, injured and ill veterans.

But other critical services for veterans were delayed, disrupted and suspended. Work was stopped on more than 250,000 Department of Veterans Affairs (VA) disability claims awaiting appeals, burials at national cemeteries were scaled back and vital medical and prosthetic research projects were suspended.

Had the Shutdown continued for another couple of weeks, even mandatory obligations of the federal government, such as disability compensation and pension payments to veterans and their survivors, would have been halted. More than four million wounded, injured, ill and poor veterans rely on these payments; for some it is their primary or only source of income. It is simply unacceptable that there was even the threat of default on these payments.

Current legislation would extend advance appropriations authority to the remaining VA discretionary accounts. This is an important step in the right direction; however, the Shutdown confirmed the need to extend the authority to all VA accounts, discretionary and mandatory.

MOAA strongly supports extending two-year advance appropriations authority to all VA accounts.

Disability Claims and Backlog

MOAA continues to support a comprehensive, integrated strategy for improving the claims-management system with primary emphasis on quality decisions at the initial stage of the process.

We believe the VA is making steady progress in attacking the claims backlog.

At this time last year, the backlog of claims exceeding the 125 day standard for rating claims was over 600,000. As of 15 February this year, there were 397,841 over 125 days, 58.7% of 677, 464 claims in the inventory.

The VA processed over one point one million claims in 2013 and quality on compensation claims rose from 86% to 89% accuracy. Several initiatives such as clearing out the oldest claims inventory, encouraging fully developed claims, and national training have worked to reduce the pending claims inventory.

But to continue this progress and come close to VA's goal of ending the backlog by 2015 while we are still involved in wars that have spanned over a decade, investments in "people, process, and technology" need to continue.

Simplifying claims regulations, getting results faster in claims processing, and using best practices in claims management must continue so that VA is prepared for current and future claims demand.

Better outreach means today's veterans are aware that they must claim and document, for example, loss of motion of a shoulder and nerve impingement, rather than just a "shoulder condition".

Antiquated paper-based claims, arcane records request systems and one-size-fits-all claims processing meant a veteran didn't know if her medical records were received by the VA, didn't know if VA had all her service treatment records, and still received a standard notice asking for more information. As the only logical thing to do would be to send another copy of the entire record, veterans sent twice the paper, which clogged the system and further delayed a decision.

The above example illustrates problems that current legislation can address. By establishing liaisons with the Social Security Administration and the National Archives, VA can work to achieve faster, accurate responses to requests for records, shortening processing time and increasing quality.

By re-authorizing incentives in the fully developed claims program and by standardizing mail processing and scanning in an electronic environment, VA will avoid sending confusing requests for information when a veteran has certified that he or she has provided all private evidence to support the claim, and will have much of their development time reduced.

By identifying best practices in claims management among high-performing regional offices, VA will ensure consistency in its decisions, leading to greater trust of the system and easier identification of systemic problems.

Continuation and expansion of national "challenge" training is needed as well as VA training for veterans' service organization representatives to ensure that veterans' claims are developed to their optimum.

In concert with standardized and specialized training, simplification of VA regulations and policies would enable veterans to understand the evidence necessary to decide their claim and increase accuracy and efficiency. Now that VA is tracking both issue-based as well as claim-based accuracy, it should become apparent which types of decisions are creating problems or are being delayed due to unclear evidence requirements.

For example, one of the most complicated types of claims to rate is residuals of traumatic brain injury. When policy was clarified and 22 hours of training was mandated, the accuracy level of these claims increased to greater than 92%.

MOAA continues to support current legislation that would extend the presumption of Agent Orange exposure to "blue water" Navy Vietnam Veterans. MOAA believes Secretary Shinseki did the right thing in deciding to create additional presumptions of service connection for three diseases in 2010 following the Institute of Medicine's Agent Orange Update. After years of litigation and scientific studies, it is a policy decision as to where the bright line for presumption of exposure to Agent Orange exists. Instead of trying to locate deck logs and verify testimony of when veterans went ashore, it would be a great efficiency to extend the presumption to those Blue Water Navy veterans who served in Vietnam waters. While recognizing expansion of benefits could create backlog pressure, MOAA supports increased staff levels to handle any temporary spike in demand.

MOAA also supports current legislation that would require VA to assess and report its capacity to handle expected current and future claims volume, in terms of staffing levels.

MOAA recommends the Committees:

- ***Initiate review and implementation of best practices in case management to improve efficiency and monitor initiatives directed at improving quality and accuracy.***
- ***Monitor employee performance standards and work-credit system, and support adequate incentives for quality and accuracy, not just production quotas.***
- ***Monitor relationships between VA and other federal agencies to ensure that records necessary to deciding claims are exchanged in a timely manner and protected from loss or destruction.***
- ***Ensure that the Veterans Benefits Management System (VBMS) is provided sufficient and timely resources to develop into a comprehensive, paperless, and rules-based platform.***
- ***Ensure that the Veterans Benefits Administration is given sufficient staffing to accomplish its mission.***
- ***Require VA to provide standardized and targeted training to employees, and test all employees on the skills, competencies, and knowledge required to do their jobs.***
- ***Initiate a pilot program to extend claims development training to veterans' service organization representatives***
- ***Authorize service connection for "blue water" Navy Vietnam veterans who contract a VA-listed disease presumed caused by exposure to Agent Orange.***

Joint VA/DoD Integrated Disability Evaluation System (IDES) Program

VA's *Performance and Accountability Report for 2013* reported that the average time for completion of IDES claims was 78 days post-discharge from the military, an increase of 24 days from the average completion time of 54 days in 2012. MOAA notes that this is a change in reporting from the total average days of completion noted in the 2012 performance and accountability report. We believe this new measure correctly defines the problem: providing a final decision for servicemembers and their families to use in decision-making prior to military retirement or separation. The acceptable time frame for such a decision is 0 days post-discharge for servicemembers who cannot continue on active duty due to disability.

The *Report* notes that VA has placed full time vocational rehabilitation and employment (VR&E) counselors at 75 IDES locations as of the end of 2013 to support servicemembers' transition into meaningful civilian careers. The plan is for VR&E counselors to meet with all service men and women referred to a military Physical Evaluation Board (PEB) and to enroll as many as possible in VR&E

services prior to discharge. This is an encouraging development and MOAA supports maximizing the impact of this initiative using all of VA's employment partners.

MOAA remains concerned about access to the IDES by wounded and ill members of the National Guard and Reserve, who in some cases are advised to take their medical issues following deployments directly to the VA instead of being referred into the IDES.

MOAA recommends that the Committees conduct oversight hearings to review the IDES program and VA's other pre-discharge programs – termed Benefits Delivery at Discharge and Quickstart - and to evaluate what more may need to be done to support our wounded warriors as they transition to civilian life.

Veteran Transition, Readjustment and Employment

The successful Veterans Retraining Assistance Program (VRAP) created in the VOW to Hire Heroes Act (P.L. 112-56) is set to expire at the end of March 2013. VRAP opens Montgomery GI Bill (MGIB) training benefits to unemployed 35-60 year old veterans.

Approximately 76,000 veterans are enrolled or have completed training under VRAP. VA has paid approximately $741 million in VRAP benefits with over 143,000 applications submitted and nearly 127,000 certificates of eligibility awarded. Extending VRAP will keep up the momentum in reducing older veteran unemployment.

Another provision in the VOW Act improves Vocational Rehabilitation and Employment (VR&E) benefits and extends automatic eligibility through 2014 for active duty servicemembers referred by DoD with severe illnesses or injuries. The provision affords VR&E rehabilitative services early in the disability evaluation process. The law also expands the Special Employer Incentive program to employers who hire veterans participating in VR&E even in cases where the veteran has not completed training.

MOAA recommendations:

- ***Grandfather VRAP participants whose training program – leading to employment – requires more than one year to complete, the VRAP limit.***
- ***Authorize VRAP participants to attend 4-year colleges that offer non-degree licensing and certification programs.***
- ***Re-authorize VRAP through 31 March 2017.***
- ***Continually review the effectiveness of the Transition Assistance Program (TAP) "GPS" to ensure it meets the needs of separating service men and women.***
- ***Re-authorize employer tax incentives in the VOW to Hire Heroes Act – they expired on 31 Dec. 2013***
- ***Vocational Rehabilitation and Employment (VR&E) – Further extend the additional VR&E provisions in the VOW to Hire Heroes Act to 31 March 2017.***

GI BILL PROGRAMS

The Post-9/11 GI Bill authorized under Chapter 33 of 38 U.S. Code is the most generous educational assistance program since the great World War II GI Bill. More than a million veterans and other beneficiaries have used the new GI Bill since 2009.

MOAA is very pleased to see that the VA in collaboration with other Federal agencies has created and fielded GI Bill "comparison" and "complaint" tools to aid veterans in making informed decisions before

using their benefits and if necessary reporting any problems they may experience with their program of education / training or the administration of their benefit.

MOAA recommends the Committees*:*

- ***Enact current legislation to establish in-state tuition rates for non-resident student veterans enrolled in public colleges and universities. (MOAA is very grateful to Rep. Jeff Miller (R-FL), Chairman of the House Veterans Affairs Committee and the full House for favorably voting out in-state tuition rate legislation by a 390-0 vote on 3 February 2014).***
- ***Further expand the VetSuccess On Campus program and make the application / selection process transparent. In 2013 VetSuccess expanded to 94 campuses from 32 the previous year. The program should be ramped up as rapidly as possible so that more veterans can get academic and career counseling support.***
- ***Amend the educational counseling provisions in Chapter 36, 38 U.S. Code to mandate such counseling via appropriate means, including modern technologies, and permit veterans to "opt out". Raise the $6 million cap in the counseling provision to meet the enormous demand of new GI Bill enrollments.***
- ***Require that all academic programs receiving funding under the GI Bill be Title IV compliant under Dept. of Education rules. The FY 2014 National Defense Authorization Act, P.L. 113-66 includes provisions that mandate Title IV compliance for DoD educational assistance programs for service members and their spouses.***

Towards A 21st Century GI Bill Architecture

When the Post-9/11 GI Bill (Chapter 33, 38 U.S. Code) was enacted in June 2008, Congress also substantially hiked rates under the legacy Montgomery GI Bill (Chapter 30), an unexpected outcome.

The overwhelming majority of service members and veterans, however, have opted for the new GI Bill because it offers a package of benefits that underwrites college education or career training at little or no personal cost.

MOAA believes strongly that the awkward co-existence of two GI Bill program is inefficient, costly to administer and confusing to service members, recruiters, career counselors and veterans.

The withdrawal of forces from Afghanistan raises the uncomfortable prospect over the future of the new GI Bill. A Congressional "finding" in the Post-9/11 GI Bill statute "recognize[s] the difficult challenges in readjusting to civilian life after wartime service in the Armed Forces." For the purposes of the new GI Bill, "wartime service" means "service on active duty in the Armed Forces after September 11, 2001."

At some point, the Committees may be tempted to suspend or even repeal the new GI Bill once active operations in Afghanistan are concluded. MOAA would regard that approach as harmful to recruiting, retention and readjustment outcomes for our nation's All Volunteer Force.

Instead, MOAA again recommends preservation of the Post-9/11 GI Bill and repeal of the MGIB.

Here's why:

- Less than 25% of America's young people qualify for military service. A majority of young Americans simply do not meet the mental, physical or moral standards of military service
- Even with reduced quotas, recruiting is becoming more challenging and costly

- To attract the best and brightest to military service, the Services must compete with exogenous forces including an improving economy and generous Federal student aid programs, which do not require service to the nation
- Re-adjustment to civilian pursuits, even in peacetime, demands the acquisition of new skills and / or educational credentials without burdening the veteran and family with debt
- Political, social and economic unrest in various parts of the world may compel the United States to commit military force and quickly reverse force reductions. The nation must be prepared to provide robust readjustment tools for future service men and women.

A 21st Century GI Bill for our volunteers and veterans should begin with the simple principle that ***educational benefits should be scaled to the length and type of military duty performed.*** Full-time active duty service of at least three years would create the highest benefits. Lesser amounts of active duty service – including call-ups of the National Guard and Reserves -- would yield proportionally reduced benefits. Service in the Selected Reserve – inactive duty (IDT) or active duty for training (ADT) service – would yield basic benefits.

To implement this simple principle, ***GI Bill programs should be integrated under a single chapter in Title 38.***

MOAA recommends the Committees:

- ***Repeal Chapter 30, the Montgomery GI Bill for active duty service – with appropriate grandfathering of remaining participants -- and amend language in the preamble to Chapter 33 to indicate that the new GI Bill is intended to support recruitment, reenlistment and readjustment outcomes for the Armed Forces.***
- ***Repeal Chapter 1607, 10 USC. MGIB benefits for operational active duty service performed by National Guard and Reserve servicemembers after 10 September 2001 were superseded by the Guard and Reserve call-up provisions in the Post-9/11 GI Bill.***
- ***Consolidate basic Selected Reserve GI Bill benefits authorized under Chapter 1606, 10 USC) with the new GI Bill. (Benefits authorized under Chapter 1606 were last raised -- except for annual COLAs -- in 1999! Since then, the ratio between Chap. 1606 benefits and Chap. 30 active duty MGIB benefits has plunged from nearly 50 cents to the dollar to less than 22 cents to the dollar).***

SURVIVORS' and DEPENDENTS' BENEFITS

Survivors' Educational Benefits. The Gunnery Sergeant John D. Fry Scholarship program (P.L. 111-32) established Post-9/11 GI Bill benefit entitlement for the children of Fallen members of our Armed Forces who died in the line of duty after September 10, 2001.

Unfortunately, surviving spouses are ineligible for "Fry Scholarships." At the time the legislation was under consideration, no one stopped to think that the surviving spouses themselves would need a robust benefit in order to attain the skills and education to provide for their children and prepare them for college.

Survivors and Dependents Educational Assistance (DEA) program benefits under Chapter 35, 38 USC simply do not afford surviving spouses a realistic opportunity to raise young children, go to school concurrently without shouldering financial debt and deal with enormous challenges as Survivors.

For surviving spouses of the Iraq and Afghanistan conflicts, DEA translates to "college is unaffordable."

Under DEA, a Survivor receives $1003 per month, no cost-of-living (housing) allowance, and no book stipend. The total potential DEA benefit is $45,135 (full-time study of 45 months).

But these benefits pale in comparison to the Fry Scholarships, which pay the full cost of enrollment at any public college or university, plus a housing allowance based on a Sergeant's (E-5) "with dependents" housing rate at the zip code of the college, and up to $1000 annually for books.

MOAA recommends final passage of current legislation to authorize the Gunnery Sergeant John D. Fry Scholarships for Surviving Spouses of members who died in the line-of-duty after 10 September 2001 in lieu of Survivors and Dependents Educational Assistance (DEA) benefits.

Dependency and Indemnity Compensation (DIC) Equity. DIC is set at a flat rate for all eligible beneficiaries. MOAA believes the DIC rate should be pegged at the same percentage as Survivors of disabled civil service employees. Their compensation is set at 55% of their Disabled Retirees' Compensation for Federal workers. The GAO report on Military & Veterans' Benefits (GAO 10-62) found that "*DIC payments are almost always less than workers' compensation payments for survivors of federal employees who die as a result of job-related injuries."* ***MOAA supports establishing the annual DIC rate at 55% of the compensation rate for a 100% service-connected veteran.***

Caregivers of Catastrophically Disabled Veterans. Catastrophically disabled veterans, whose spouses serve as primary care givers, receive additional allowances due to the severity of their service-connected multiple disabilities. These full-time caregivers, however, are precluded from earning a retirement or Social Security benefits in their own right. When the veteran dies, the widow(er)'s income is reduced to the same DIC rate that other surviving spouses of veterans receive when the death was service connected. The percentage of replacement income can be as little as 15%. The income replacement of other federal survivor benefit plans is close to 50% of the benefit upon which they are based. ***MOAA recommends the Committees increase the income replacement rate for widow(er)s of catastrophically disabled veterans.***

Retain DIC on Remarriage at Age 55. Legislation was enacted in 2003 to allow eligible military survivors to retain DIC upon remarriage after age 57. Congressional staff advised MOAA at the time that the only reason age-57 was chosen was due to insufficient funds, not for any policy purpose. ***MOAA recommends final passage of current legislation to authorize retention of DIC upon remarriage at age 55. That would align the benefit with all other Federal survivor benefit programs.***

CHAMPVA Dental. ***MOAA supports permitting Survivors qualified for CHAMPVA health care to enroll in a CHAMPVA Dental program.*** This proposal, modeled on the TRICARE Retiree Dental Plan, would have no PAYGO offset requirement since it would be fully funded by enrollees' premiums.

NATIONAL GUARD AND RESERVE VETERANS

National Guard and Reserve members who have served a qualifying period of active duty are unique in that they are concurrently "veterans" and "actively serving military." These dual-status veterans face special challenges associated with their service including multiple re-entries into civilian life, employment challenges and reduced civilian career potential due to workplace absences.

Since 10 September 2001, 889,747 Guard and Reserve members (as of 4 February 2014), have served on operational active duty and more than 300,000 have served on multiple tours. This sustained reliance on citizen-warriors has no precedent in American history. Reliance on the "operational reserve" is likely to continue after the Afghanistan conflict, albeit at a reduced level.

With the drawdown of the active force, the Guard-Reserves will constitute more than 50% of the nation's military capability. Moreover, Congress enacted a call-up authority in the FY 2012 National Defense Authorization Act that permits the Services to call up as many as 60,000 reservists for up to one year to perform pre-planned, budgeted missions without a national emergency declaration.

Ever greater reliance on the Reserves means that it will be critical for the Committees, working with the Armed Services Committees, to ensure that reservists' re-employment rights are protected and re-adjustment programs for lengthy call-ups remain strong.

MOAA recommends the Committees:

- ***Upgrade Uniformed Services Employment and Reemployment Rights Act (USERRA) protections by: establishing authority for punitive action against Federal contractors for a pattern of repeated violations of the statute; establishing subpoena power for the Special Counsel in enforcement of the statute with respect to Federal agencies; creating a civil investigative authority for the Attorney General; and making workplace arbitration agreements unenforceable in disputes arising under the statute.***
- ***Conduct an oversight hearing of the Office of Special Counsel's pilot project of USERRA enforcement in the Federal government, which concludes in August 2014, to assess the effectiveness of the OSC compared to the Dept. of Labor's VETS office in protecting reemployment rights of Federal workers who are members of the National Guard or Reserve forces.***
- ***Consider adopting additional improvements to the Servicemembers Civil Relief Act (SCRA): imposition of civil fines for violations of the law; criminal penalties in egregious cases of Servicemember Civil Relief Act (SCRA) violation; and recovery of reasonable attorneys' fees by servicemembers from SCRA violators.***
- ***Ensure that the revised TAP "GPS" mandated in the VOW Act is providing tailored services to meet the needs of de-activating Guard / Reserve veterans.***

Honoring as Veterans Certain Career National Guard and Reserve Members

National Guard and Reserve members who complete a full Guard or Reserve career and are receiving or entitled to a military pension, government health care and certain earned veterans' benefits under Title 38 are not "veterans of the Armed Forces of the United States," in the absence of a qualifying period of active duty.

Due to military accounting and funding protocols, many reservists actually have performed operational missions during their careers but orders often were issued under other than a Title 10 active duty authority.

MOAA supports final passage of current legislation to establish that career Reservists eligible for or in receipt of military retired pay (at age 60), government health care and other earned veterans' benefits, but who never served under active duty orders can be honored as "veterans of the Armed Forces of the United States."

Conclusion

MOAA is grateful to the Members of the Committees for your leadership in supporting our veterans and their families who have "borne the battle" in defense of the nation.

Biography of Robert F. Norton, COL, USA (Ret.)
Deputy Director, Government Relations

Bob Norton joined the MOAA Government Relations team in 1997, specializing in National Guard / Reserve, veterans' benefits and VA health care issues. He co-chairs The Military Coalition's (TMC) Veterans' Committee and is MOAA's representative to TMC's Guard and Reserve Committee. In 2000, Bob helped found the Partnership for Veterans Education, a consortium of TMC, higher education associations, and other veterans groups that advocates for the GI Bill. Bob served on the statutory Veterans Advisory Committee on Education from 2004-2008.

Bob entered the Army in 1966 and was commissioned a second lieutenant of infantry in August 1967. He served in South Vietnam (1968-1969) as a civil affairs platoon leader. He transferred to the U.S. Army Reserve in 1969.

Colonel Norton volunteered for full-time active duty in 1978. He served in various assignments on the Army Staff and the office of the Secretary of the Army specializing in Reserve manpower and personnel policy matters.

Bob served two tours in the Office of the Assistant Secretary of Defense for Reserve Affairs, first as a personnel policy officer (1982-1985) and then as the Senior Military Assistant to the Assistant Secretary (1989-1994). Reserve Affairs oversaw the call-up of more than 250,000 members of the Guard / Reserve in the first Gulf War. Colonel Norton retired in 1995 and joined the MOAA Government Relations staff in 1997.

Colonel Norton holds a B.A. from Niagara University and an M.S.Ed. from Canisius College. He is a graduate of the U.S. Army Command and General Staff College, the Army War College, and the Harvard Kennedy School of Government senior officials in national security course.

His military awards include the Legion of Merit, Defense Superior Service Medal, Bronze Star, Vietnam Service Medal, and the Armed Forces Reserve Medal.

MOAA
Military Officers Association of America

STATEMENT

of the

MILITARY OFFICERS ASSOCIATION OF AMERICA

LEGISLATIVE PRIORITIES

for

VETERANS' HEALTH CARE and BENEFITS

2d Session, 113th Congress

before the

SENATE and HOUSE VETERANS' AFFAIRS COMMITTEES

March 6, 2014

Presented by

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EXECUTIVE SUMMARY

VETERANS' HEALTH CARE

Psychological-Cognitive Health and Suicide Prevention

- Review and adopt pertinent provisions for suicide prevention and resilience as enacted for the currently serving force in Sections 579-583 of the FY 2013 National Defense Authorization Act to enhance support to veterans.
- Closely monitor the new Patient Centered Community Care (PCCC) contracts to ensure local VA facilities are referring veterans in a timely manner when the facility is not able to meet internal access to care standards.
- Exploit new means to deliver mental health services, including rural tele-health, seamless transfers for high risk service members to VA providers prior to discharge to ensure continuity of care.
- Support additional funding for collaborative, mid- long-term research between DoD and VA on mental health care.

Sustaining VA Health System After Afghanistan Drawdown

- Preserve full funding of the health system and ensure annual independent review of VA Advance Appropriations of the health account by the Government Accountability Office.
- Oppose proposals that would combine VA and the Military Health Care System/TRICARE on the premise of creating efficiencies or alleged cost-savings in order to address mounting pressures resulting from the federal deficit or as a consequence of the Patient Protection and Affordable Care Act (P.L. 111-148).
- Oppose higher drug co-payment fees for VA services.
- Pass current legislation -- H.R. 288, Rep. Michaud, D-ME and S. 325, Sen. Tester, D-MT -- to permit adult children of Survivors entitled to CHAMPVA to be carried on their parent's insurance up to age 26 under specific circumstances. All other government and private sector plans mandate that such coverage be made available.

Integrated Electronic Health Record (iEHR)

MOAA recommends the Committees demand completion of a DoD-VA integrated Electronic Health Record as soon as possible.

Wounded, Ill and Injured Warrior Care & Support

- Include the term "illness" in the VA final rule implementing the Caregivers and Veterans Omnibus Health Services Act of 2010 (P.L. 111-163) by adopting the DoD's definition of the term in its policy for Caregiver services provided for severely ill service men and women.
- Ensure accountability of VA and DoD wounded warrior policies and programs, and establish base-line funding for program execution, research, staffing, and other resource requirements.

Women Veterans

- Continue to assess the implementation of the provisions of the Caregivers and Veterans Omnibus Health Services Act of 2010 (P.L. 111-163) that directs equitable medical care and improved support services for female veterans.
- Resolve discrepancies in reporting military sexual assaults of service women and men.

VETERANS' BENEFITS

Advance Appropriations

MOAA strongly supports extending two-year advance appropriations authority to all VA accounts.

Disability Claims and Backlog

- Initiate review and implementation of Regional Offices' best practices in case management to improve efficiency and monitor initiatives directed at improving quality and accuracy.
- Monitor employee performance standards and work-credit system, and support adequate incentives for quality and accuracy, not just production quotas.
- Monitor relationships between VA and other federal agencies to ensure that records necessary to deciding claims are exchanged in a timely manner and protected from loss or destruction.
- Ensure that the Veterans Benefits Management System (VBMS) is provided sufficient and timely resources to develop into a comprehensive, paperless, and rules-based platform.
- Ensure that the Veterans Benefits Administration is given sufficient staffing to accomplish its mission.
- Require VA to provide standardized and targeted training to employees, and test all employees on the skills, competencies, and knowledge required to do their jobs.
- Initiate a pilot program to extend claims development training to veterans' service organization representatives
- Authorize service connection for "blue water" Navy Vietnam veterans who contract a VA-listed disease presumed caused by exposure to Agent Orange.

Joint VA/DoD Integrated Disability Evaluation System (IDES) Program

- Conduct oversight hearings to assess the effectiveness of the IDES program and evaluate what more may need to be done to support our wounded warriors as they transition through this cumbersome process.

Veteran Transition, Readjustment and Employment

- Grandfather VRAP participants whose training program – leading to employment – requires more than one year to complete, the VRAP limit.
- Authorize VRAP participants to attend 4-year colleges that offer non-degree licensing and certification programs.
- Re-authorize VRAP through 31 March 2017.
- Continually review the effectiveness of the Transition Assistance Program (TAP) "GPS" to ensure it meets the needs of separating service men and women.
- Re-authorize employer tax incentives in the VOW to Hire Heroes Act – they expired on 31 Dec. 2013
- Vocational Rehabilitation and Employment (VR&E): further extend the additional VR&E provisions in the VOW to Hire Heroes Act to 31 March 2017.

GI BILL PROGRAMS

Oversight, Outcomes, Transparency

- Enact current legislation to establish in-state tuition rates for non-resident student veterans enrolled in public colleges and universities. (MOAA is very grateful to Rep. Jeff Miller (R-FL), Chairman of the House Veterans Affairs Committee and the full House for favorably voting out in-state tuition rate legislation by a 390-0 vote on 3 February 2014).
- Further expand the VetSuccess On Campus program and make the application / selection process transparent.

- Amend the educational counseling provisions in Chapter 36, 38 U.S. Code to mandate such counseling via appropriate means, including modern technologies, and permit veterans to "opt out". Raise the $6 million cap in the counseling provision to meet the enormous demand of new GI Bill enrollments.
- Require that all academic programs receiving funding under the GI Bill be Title IV compliant under Dept. of Education rules.

Towards A 21st Century GI Bill Architecture
- Scale educational benefits eligibility according to the length and type of military duty performed. Integrate all active duty and reserve GI Bill programs in a single chapter in Title 38.

SURVIVORS' and DEPENDENTS' BENEFITS

Survivors' Educational Benefits
Enact current legislation to authorize the Gunnery Sergeant John D. Fry Scholarships for Surviving Spouses of members who died in the line-of-duty after 10 September 2001 in lieu of Survivors and Dependents Educational Assistance (DEA) benefits.

Dependency and Indemnity Compensation (DIC) Equity – Establish the annual DIC rate at 55% of the compensation rate for a 100% service-connected veteran.

Caregivers of Catastrophically Disabled Veterans –Increase the income replacement rate for widow(er)s of catastrophically disabled veterans.

Retain DIC on Remarriage at Age 55 – Enact current legislation to establish age-55 for retention of DIC upon remarriage thereby bringing the benefit in line with rules for the military SBP program and all other federal survivor benefit programs.

CHAMPVA Dental – Allow Survivors qualified for CHAMPVA health care to be allowed to enroll in a proposed CHAMPVA Dental program.

NATIONAL GUARD AND RESERVE VETERANS

- Upgrade Uniformed Services Employment and Reemployment Rights Act (USERRA) protections.
- Conduct an oversight hearing of the Office of Special Counsel's pilot project of USERRA enforcement in the Federal government, which concludes in August 2014, to assess the effectiveness of the OSC compared to the Dept. of Labor's VETS office in protecting reemployment rights of Federal workers who are members of the National Guard or Reserve forces.
- Adopt additional improvements to the Servicemembers Civil Relief Act (SCRA): imposition of civil fines for violations of the law; criminal penalties in egregious cases of violation of the statute; and recovery of reasonable attorneys' fees by servicemembers from SCRA violators.
- Ensure that the revised TAP "GPS" mandated in the VOW Act is providing tailored services to meet the needs of de-activating Guard / Reserve veterans.

Honoring as Veterans Certain Career National Guard and Reserve Members

Enact current legislation to establish that career Reservists eligible for or in receipt of military retired pay (at age 60), government health care and other earned veterans' benefits, but who never served under active duty orders can be honored as "veterans of the Armed Forces of the United States."

CHAIRMAN SANDERS, CHAIRMAN MILLER, RANKING MEMBERS BURR AND MICHAUD, on behalf of the more than 380,000 members of the Military Officers Association of America (MOAA), I am grateful for the opportunity to present testimony on MOAA's major legislative priorities for veterans' health care and benefits this year.

MOAA does not receive any grants or contracts from the federal government.

VETERANS' HEALTH CARE

MOAA thanks the Committees for your leadership and steadfast resolve to preserve and protect veterans' health care and benefits.

Psychological-Cognitive Health and Suicide Prevention

The long years of war continue to take a toll on our service men and women when they return home. A number of initiatives and programs have been put in place and we are grateful for those supports, but we are still losing too many veterans and currently serving members of the Armed Forces including the National Guard and Reserves to suicide; it is arguably the most critical health care issue facing leaders at all levels in the DoD and the VA.

MOAA was very grateful for inclusion of suicide prevention and resilience legislation in the FY 2013 National Defense Authorization Act (NDAA); now we need to see similar action to help our veteran community as they struggle with the aftermath of war, to support them as they search for their new normal and not only survive, but thrive and look with hope toward the future. MOAA requests the Committees consider directing the VA to develop and implement a comprehensive set of measures to evaluate mental health care services furnished by the Department including measures to assess:

a. The timeliness of mental health care delivery
b. The satisfaction of patients who receive mental health care services
c. The capacity to furnish mental health care.
d. The availability of alternative and complementary evidence-based therapies

The VA has made excellent progress in hiring additional behavioral health staff; the number of Vet Centers has more than doubled and the VA's 24/7 suicide prevention hotline has extended the Department's reach to more at-risk veterans.

MOAA urges the Committees to continue to support funds to expand VA's mental health capacity and to improve oversight, accountability and responsiveness in the areas of access, timeliness, quality, delivery, and follow-on care and information. The key to success will be providing the right type of care at the right time, in the right location, with "right" being defined by the veteran, family and caregiver.

Expansion efforts and funds should include marketing and outreach to encourage enrollment of eligible veterans, with special emphasis on Guard-Reserve members, rural veterans and high risk populations.

MOAA recommends the Committees:

- ***Review and adopt pertinent provisions for suicide prevention and resilience as enacted for the currently serving force in Sections 579-583 of the FY 2013 National Defense Authorization Act to enhance support to veterans.***
- ***Direct close monitoring of the new PCCC contracts to ensure local VA facilities are referring veterans in a timely manner when the facility is not able to meet internal access to care standards.***

- ***Exploit new means to deliver mental health services, including rural tele-health, seamless transfers for high risk service members to VA providers prior to discharge to ensure continuity of care.***
- ***Support additional funding for collaborative, mid- long-term research between DoD and VA on mental health care.***

Sustaining VA Health System After Afghanistan Drawdown

Congress has steadfastly supported record funding for the VA health system consistent with the rising demand from more than 13 years of sustained combat operations in Afghanistan and Iraq.

MOAA would strongly oppose any reductions in funding VA health in light of the enormous sacrifices that our fighting men and women have made over the longest protracted conflicts in our nation's history.

As a strong proponent of the 2015 Veterans' Independent Budget, MOAA urges the Committees to carefully consider the IB's recommendations in deliberating VA budget requirements.

MOAA recommendations:
- ***Preserve full funding of the health system and ensure annual independent review of VA Advance Appropriations of the health account by the Government Accountability Office.***
- ***Oppose proposals that would combine VA and the Military Health Care System/TRICARE on the premise of creating efficiencies or alleged cost-savings in order to address mounting pressures resulting from the federal deficit or as a consequence of the Patient Protection and Affordable Care Act (P.L. 111-148).***
- ***Oppose higher drug co-payment fees for VA services.***
- ***Pass current legislation -- H.R. 288, Rep. Michaud, D-ME and S. 325, Sen. Tester, D-MT -- to permit adult children of Survivors entitled to CHAMPVA to be carried on their parent's insurance up to age 26 under specific circumstances. All other government and private sector plans mandate that such coverage be made available.***

Integrated Electronic Health Record (iEHR)

MOAA was very disappointed with the news that progress on developing a truly interoperable, joint iEHR has stalled, again. In one form or another plans to create an iEHR go back at least to the early 1980s. As casualties increased from the Iraq and Afghanistan conflicts, efforts were re-doubled to accelerate the development of the iEHR. According to *Modern Healthcare* Congress set a deadline in 2008 to achieve "full interoperability of personal healthcare information between the two departments" by Sept. 30, 2009. It didn't happen. In 2009, President Obama set a goal for creating what he described as a virtual lifetime electronic health record by 2012 that could follow active-duty military personnel through to veteran status. That hasn't happened, either.

One of many questions that arise on this issue is whether veterans will be able to access their military Service and VA medical records. At this point, it appears that only medical professionals have access to separate military and VA medical data, not the entire record, from on an interface platform.

An iEHR remains critical for continuity of health care, VA claims processing, transparency, and because of the enormous demand for mental health care and other medical services arising from the drawdown of forces in Afghanistan and scheduled cuts in our Armed Forces.

MOAA feels strongly that an iEHR should remain a priority, as evidenced by repeated public assurances from the Secretaries of Defense and Veterans Affairs.

MOAA recommends the Committees demand completion of an integrated Electronic Health Record as soon as possible.

Wounded, Ill and Injured Warrior Care and Support

The Fiscal Year 2008 Defense Authorization Act (P.L. 110-181) set out a comprehensive policy for the care and management of recovering service members, care coordination and disability evaluations; how they would return to duty when appropriate; and the transition of service members from DoD services to the VA.

MOAA has held an annual day-long wounded warrior and family forums since 2007 as well as multiple roundtables to assess progress in implementing wounded warrior care and transition policy, programs and oversight and to highlight remaining gaps in the care and support of our wounded warriors, their families and caregivers.

An area of particular concern is the seamless transition of wounded warriors eligible for Caregiver support from DoD and the VA. The Caregiver Act established a comprehensive package of services and support for DoD and VA caregivers of the most severely wounded, ill or injured warriors.

The VA issued an initial final rule for the Caregiver Act more than two-years ago but the Department has not signaled when the final rule will be promulgated.

We believe that DoD and VA policies on caregiver compensation and support services should mirror each other and that support should be seamless from one system to the other.

Severe "illness," however, is not addressed in the VA's interim rule for Caregivers, although the term is fully set out in DoD regulation.

DoD Instruction 1341.12 Special Compensation for Assistance With Activities of Daily Living (SCAADL) includes and defines 'catastrophic illness'. Conditions such as cancer, stroke/heart attack, severe respiratory conditions, pneumonia, emphysema, severe arthritis, severe nervous disorders, among others potentially would trigger caregiver support.

If a service member's condition warrants compensation and care/support under DoD's policy and the member leaves the service with that same condition (still requiring personal or other assistance for Activities of Daily Living (ADL)), the service member should be eligible for and offered the same level of Caregiver compensation and/or services from the VA.

MOAA recommendations:

- ***Include the term "illness" in the VA final rule implementing the Caregivers and Veterans Omnibus Health Services Act of 2010 (P.L. 111-163) by adopting the DoD's definition of the term in its policy for Caregiver services provided for severely ill service men and women.***
- ***Ensure accountability of VA and DoD wounded warrior policies and programs, and establish base-line funding for program execution, research, staffing, and other resource requirements.***

Women Veterans

Women veterans now constitute 9 percent of the total veteran population and are projected to be nearly 18% by 2040, almost 1 in 5 vets. This represents a huge demographic shift.

Women veterans are significantly younger than male veterans: in 2009 the average age of women veterans was 48 years, compared to 63 years for their male counterparts.

The top three medical diagnoses for women include PTSD, hypertension and depression. About 1 in 5 women seen in VA medical facilities screen "yes" for military sexual trauma (MST).

According to the VA, women make up almost 12 percent of OEF/OIF/OND Veterans and that number is increasing. More than half of OEF/OIF/OND female veterans have received VA health care; of these, almost 9 out of 10 women have used VA health care more than once.

MOAA recommends the Committees

- ***Continue to assess the implementation of the provisions of the Caregivers and Veterans Omnibus Health Services Act of 2010 (P.L. 111-163) that direct equitable medical care and improved support services for female veterans.***
- ***Resolve discrepancies in VA and DoD reporting of military sexual assaults of service women and men.***

VETERANS BENEFITS

VA Advance Appropriations for All Accounts

MOAA strongly supported the creation of two-year funding authority for veterans' medical care. Passage of the enabling legislation in 2009 -- the Veterans Health Care Budget Reform and Transparency Act (P.L. 111-81) -- was an historic moment in our nation's commitment to veterans.

The government shutdown in the Fall of 2013 proved that advance appropriations work. During the Shutdown, VA hospitals and clinics were able to provide uninterrupted care to millions of wounded, injured and ill veterans.

But other critical services for veterans were delayed, disrupted and suspended. Work was stopped on more than 250,000 Department of Veterans Affairs (VA) disability claims awaiting appeals, burials at national cemeteries were scaled back and vital medical and prosthetic research projects were suspended.

Had the Shutdown continued for another couple of weeks, even mandatory obligations of the federal government, such as disability compensation and pension payments to veterans and their survivors, would have been halted. More than four million wounded, injured, ill and poor veterans rely on these payments; for some it is their primary or only source of income. It is simply unacceptable that there was even the threat of default on these payments.

Current legislation would extend advance appropriations authority to the remaining VA discretionary accounts. This is an important step in the right direction; however, the Shutdown confirmed the need to extend the authority to all VA accounts, discretionary and mandatory.

MOAA strongly supports extending two-year advance appropriations authority to all VA accounts.

Disability Claims and Backlog

MOAA continues to support a comprehensive, integrated strategy for improving the claims-management system with primary emphasis on quality decisions at the initial stage of the process.

We believe the VA is making steady progress in attacking the claims backlog.

At this time last year, the backlog of claims exceeding the 125 day standard for rating claims was over 600,000. As of 15 February this year, there were 397,841 over 125 days, 58.7% of 677, 464 claims in the inventory.

The VA processed over one point one million claims in 2013 and quality on compensation claims rose from 86% to 89% accuracy. Several initiatives such as clearing out the oldest claims inventory, encouraging fully developed claims, and national training have worked to reduce the pending claims inventory.

But to continue this progress and come close to VA's goal of ending the backlog by 2015 while we are still involved in wars that have spanned over a decade, investments in "people, process, and technology" need to continue.

Simplifying claims regulations, getting results faster in claims processing, and using best practices in claims management must continue so that VA is prepared for current and future claims demand.

Better outreach means today's veterans are aware that they must claim and document, for example, loss of motion of a shoulder and nerve impingement, rather than just a "shoulder condition".

Antiquated paper-based claims, arcane records request systems and one-size-fits-all claims processing meant a veteran didn't know if her medical records were received by the VA, didn't know if VA had all her service treatment records, and still received a standard notice asking for more information. As the only logical thing to do would be to send another copy of the entire record, veterans sent twice the paper, which clogged the system and further delayed a decision.

The above example illustrates problems that current legislation can address. By establishing liaisons with the Social Security Administration and the National Archives, VA can work to achieve faster, accurate responses to requests for records, shortening processing time and increasing quality.

By re-authorizing incentives in the fully developed claims program and by standardizing mail processing and scanning in an electronic environment, VA will avoid sending confusing requests for information when a veteran has certified that he or she has provided all private evidence to support the claim, and will have much of their development time reduced.

By identifying best practices in claims management among high-performing regional offices, VA will ensure consistency in its decisions, leading to greater trust of the system and easier identification of systemic problems.

Continuation and expansion of national "challenge" training is needed as well as VA training for veterans' service organization representatives to ensure that veterans' claims are developed to their optimum.

In concert with standardized and specialized training, simplification of VA regulations and policies would enable veterans to understand the evidence necessary to decide their claim and increase accuracy and efficiency. Now that VA is tracking both issue-based as well as claim-based accuracy, it should become apparent which types of decisions are creating problems or are being delayed due to unclear evidence requirements.

For example, one of the most complicated types of claims to rate is residuals of traumatic brain injury. When policy was clarified and 22 hours of training was mandated, the accuracy level of these claims increased to greater than 92%.

MOAA continues to support current legislation that would extend the presumption of Agent Orange exposure to "blue water" Navy Vietnam Veterans. MOAA believes Secretary Shinseki did the right thing in deciding to create additional presumptions of service connection for three diseases in 2010 following the Institute of Medicine's Agent Orange Update. After years of litigation and scientific studies, it is a policy decision as to where the bright line for presumption of exposure to Agent Orange exists. Instead of trying to locate deck logs and verify testimony of when veterans went ashore, it would be a great efficiency to extend the presumption to those Blue Water Navy veterans who served in Vietnam waters. While recognizing expansion of benefits could create backlog pressure, MOAA supports increased staff levels to handle any temporary spike in demand.

MOAA also supports current legislation that would require VA to assess and report its capacity to handle expected current and future claims volume, in terms of staffing levels.

MOAA recommends the Committees:

- ***Initiate review and implementation of best practices in case management to improve efficiency and monitor initiatives directed at improving quality and accuracy.***
- ***Monitor employee performance standards and work-credit system, and support adequate incentives for quality and accuracy, not just production quotas.***
- ***Monitor relationships between VA and other federal agencies to ensure that records necessary to deciding claims are exchanged in a timely manner and protected from loss or destruction.***
- ***Ensure that the Veterans Benefits Management System (VBMS) is provided sufficient and timely resources to develop into a comprehensive, paperless, and rules-based platform.***
- ***Ensure that the Veterans Benefits Administration is given sufficient staffing to accomplish its mission.***
- ***Require VA to provide standardized and targeted training to employees, and test all employees on the skills, competencies, and knowledge required to do their jobs.***
- ***Initiate a pilot program to extend claims development training to veterans' service organization representatives***
- ***Authorize service connection for "blue water" Navy Vietnam veterans who contract a VA-listed disease presumed caused by exposure to Agent Orange.***

Joint VA/DoD Integrated Disability Evaluation System (IDES) Program

VA's *Performance and Accountability Report for 2013* reported that the average time for completion of IDES claims was 78 days post-discharge from the military, an increase of 24 days from the average completion time of 54 days in 2012. MOAA notes that this is a change in reporting from the total average days of completion noted in the 2012 performance and accountability report. We believe this new measure correctly defines the problem: providing a final decision for servicemembers and their families to use in decision-making prior to military retirement or separation. The acceptable time frame for such a decision is 0 days post-discharge for servicemembers who cannot continue on active duty due to disability.

The *Report* notes that VA has placed full time vocational rehabilitation and employment (VR&E) counselors at 75 IDES locations as of the end of 2013 to support servicemembers' transition into meaningful civilian careers. The plan is for VR&E counselors to meet with all service men and women referred to a military Physical Evaluation Board (PEB) and to enroll as many as possible in VR&E

services prior to discharge. This is an encouraging development and MOAA supports maximizing the impact of this initiative using all of VA's employment partners.

MOAA remains concerned about access to the IDES by wounded and ill members of the National Guard and Reserve, who in some cases are advised to take their medical issues following deployments directly to the VA instead of being referred into the IDES.

MOAA recommends that the Committees conduct oversight hearings to review the IDES program and VA's other pre-discharge programs – termed Benefits Delivery at Discharge and Quickstart - and to evaluate what more may need to be done to support our wounded warriors as they transition to civilian life.

Veteran Transition, Readjustment and Employment

The successful Veterans Retraining Assistance Program (VRAP) created in the VOW to Hire Heroes Act (P.L. 112-56) is set to expire at the end of March 2013. VRAP opens Montgomery GI Bill (MGIB) training benefits to unemployed 35-60 year old veterans.

Approximately 76,000 veterans are enrolled or have completed training under VRAP. VA has paid approximately $741 million in VRAP benefits with over 143,000 applications submitted and nearly 127,000 certificates of eligibility awarded. Extending VRAP will keep up the momentum in reducing older veteran unemployment.

Another provision in the VOW Act improves Vocational Rehabilitation and Employment (VR&E) benefits and extends automatic eligibility through 2014 for active duty servicemembers referred by DoD with severe illnesses or injuries. The provision affords VR&E rehabilitative services early in the disability evaluation process. The law also expands the Special Employer Incentive program to employers who hire veterans participating in VR&E even in cases where the veteran has not completed training.

MOAA recommendations:

- ***Grandfather VRAP participants whose training program – leading to employment – requires more than one year to complete, the VRAP limit.***
- ***Authorize VRAP participants to attend 4-year colleges that offer non-degree licensing and certification programs.***
- ***Re-authorize VRAP through 31 March 2017.***
- ***Continually review the effectiveness of the Transition Assistance Program (TAP) "GPS" to ensure it meets the needs of separating service men and women.***
- ***Re-authorize employer tax incentives in the VOW to Hire Heroes Act – they expired on 31 Dec. 2013***
- ***Vocational Rehabilitation and Employment (VR&E) – Further extend the additional VR&E provisions in the VOW to Hire Heroes Act to 31 March 2017.***

GI BILL PROGRAMS

The Post-9/11 GI Bill authorized under Chapter 33 of 38 U.S. Code is the most generous educational assistance program since the great World War II GI Bill. More than a million veterans and other beneficiaries have used the new GI Bill since 2009.

MOAA is very pleased to see that the VA in collaboration with other Federal agencies has created and fielded GI Bill "comparison" and "complaint" tools to aid veterans in making informed decisions before

using their benefits and if necessary reporting any problems they may experience with their program of education / training or the administration of their benefit.

MOAA recommends the Committees*:*

- ***Enact current legislation to establish in-state tuition rates for non-resident student veterans enrolled in public colleges and universities. (MOAA is very grateful to Rep. Jeff Miller (R-FL), Chairman of the House Veterans Affairs Committee and the full House for favorably voting out in-state tuition rate legislation by a 390-0 vote on 3 February 2014).***
- ***Further expand the VetSuccess On Campus program and make the application / selection process transparent. In 2013 VetSuccess expanded to 94 campuses from 32 the previous year. The program should be ramped up as rapidly as possible so that more veterans can get academic and career counseling support.***
- ***Amend the educational counseling provisions in Chapter 36, 38 U.S. Code to mandate such counseling via appropriate means, including modern technologies, and permit veterans to "opt out". Raise the $6 million cap in the counseling provision to meet the enormous demand of new GI Bill enrollments.***
- ***Require that all academic programs receiving funding under the GI Bill be Title IV compliant under Dept. of Education rules. The FY 2014 National Defense Authorization Act, P.L. 113-66 includes provisions that mandate Title IV compliance for DoD educational assistance programs for service members and their spouses.***

Towards A 21st Century GI Bill Architecture

When the Post-9/11 GI Bill (Chapter 33, 38 U.S. Code) was enacted in June 2008, Congress also substantially hiked rates under the legacy Montgomery GI Bill (Chapter 30), an unexpected outcome.

The overwhelming majority of service members and veterans, however, have opted for the new GI Bill because it offers a package of benefits that underwrites college education or career training at little or no personal cost.

MOAA believes strongly that the awkward co-existence of two GI Bill program is inefficient, costly to administer and confusing to service members, recruiters, career counselors and veterans.

The withdrawal of forces from Afghanistan raises the uncomfortable prospect over the future of the new GI Bill. A Congressional "finding" in the Post-9/11 GI Bill statute "recognize[s] the difficult challenges in readjusting to civilian life after wartime service in the Armed Forces." For the purposes of the new GI Bill, "wartime service" means "service on active duty in the Armed Forces after September 11, 2001."

At some point, the Committees may be tempted to suspend or even repeal the new GI Bill once active operations in Afghanistan are concluded. MOAA would regard that approach as harmful to recruiting, retention and readjustment outcomes for our nation's All Volunteer Force.

Instead, MOAA again recommends preservation of the Post-9/11 GI Bill and repeal of the MGIB.

Here's why:

- Less than 25% of America's young people qualify for military service. A majority of young Americans simply do not meet the mental, physical or moral standards of military service
- Even with reduced quotas, recruiting is becoming more challenging and costly

- To attract the best and brightest to military service, the Services must compete with exogenous forces including an improving economy and generous Federal student aid programs, which do not require service to the nation
- Re-adjustment to civilian pursuits, even in peacetime, demands the acquisition of new skills and / or educational credentials without burdening the veteran and family with debt
- Political, social and economic unrest in various parts of the world may compel the United States to commit military force and quickly reverse force reductions. The nation must be prepared to provide robust readjustment tools for future service men and women.

A 21st Century GI Bill for our volunteers and veterans should begin with the simple principle that ***educational benefits should be scaled to the length and type of military duty performed.*** Full-time active duty service of at least three years would create the highest benefits. Lesser amounts of active duty service – including call-ups of the National Guard and Reserves -- would yield proportionally reduced benefits. Service in the Selected Reserve – inactive duty (IDT) or active duty for training (ADT) service – would yield basic benefits.

To implement this simple principle, ***GI Bill programs should be integrated under a single chapter in Title 38.***

MOAA recommends the Committees:

- ***Repeal Chapter 30, the Montgomery GI Bill for active duty service – with appropriate grandfathering of remaining participants -- and amend language in the preamble to Chapter 33 to indicate that the new GI Bill is intended to support recruitment, reenlistment and readjustment outcomes for the Armed Forces.***
- ***Repeal Chapter 1607, 10 USC. MGIB benefits for operational active duty service performed by National Guard and Reserve servicemembers after 10 September 2001 were superseded by the Guard and Reserve call-up provisions in the Post-9/11 GI Bill.***
- ***Consolidate basic Selected Reserve GI Bill benefits authorized under Chapter 1606, 10 USC) with the new GI Bill. (Benefits authorized under Chapter 1606 were last raised -- except for annual COLAs -- in 1999! Since then, the ratio between Chap. 1606 benefits and Chap. 30 active duty MGIB benefits has plunged from nearly 50 cents to the dollar to less than 22 cents to the dollar).***

SURVIVORS' and DEPENDENTS' BENEFITS

Survivors' Educational Benefits. The Gunnery Sergeant John D. Fry Scholarship program (P.L. 111-32) established Post-9/11 GI Bill benefit entitlement for the children of Fallen members of our Armed Forces who died in the line of duty after September 10, 2001.

Unfortunately, surviving spouses are ineligible for "Fry Scholarships." At the time the legislation was under consideration, no one stopped to think that the surviving spouses themselves would need a robust benefit in order to attain the skills and education to provide for their children and prepare them for college.

Survivors and Dependents Educational Assistance (DEA) program benefits under Chapter 35, 38 USC simply do not afford surviving spouses a realistic opportunity to raise young children, go to school concurrently without shouldering financial debt and deal with enormous challenges as Survivors.

For surviving spouses of the Iraq and Afghanistan conflicts, DEA translates to "college is unaffordable."

Under DEA, a Survivor receives $1003 per month, no cost-of-living (housing) allowance, and no book stipend. The total potential DEA benefit is $45,135 (full-time study of 45 months).

But these benefits pale in comparison to the Fry Scholarships, which pay the full cost of enrollment at any public college or university, plus a housing allowance based on a Sergeant's (E-5) "with dependents" housing rate at the zip code of the college, and up to $1000 annually for books.

MOAA recommends final passage of current legislation to authorize the Gunnery Sergeant John D. Fry Scholarships for Surviving Spouses of members who died in the line-of-duty after 10 September 2001 in lieu of Survivors and Dependents Educational Assistance (DEA) benefits.

Dependency and Indemnity Compensation (DIC) Equity. DIC is set at a flat rate for all eligible beneficiaries. MOAA believes the DIC rate should be pegged at the same percentage as Survivors of disabled civil service employees. Their compensation is set at 55% of their Disabled Retirees' Compensation for Federal workers. The GAO report on Military & Veterans' Benefits (GAO 10-62) found that "*DIC payments are almost always less than workers' compensation payments for survivors of federal employees who die as a result of job-related injuries."* ***MOAA supports establishing the annual DIC rate at 55% of the compensation rate for a 100% service-connected veteran.***

Caregivers of Catastrophically Disabled Veterans. Catastrophically disabled veterans, whose spouses serve as primary care givers, receive additional allowances due to the severity of their service-connected multiple disabilities. These full-time caregivers, however, are precluded from earning a retirement or Social Security benefits in their own right. When the veteran dies, the widow(er)'s income is reduced to the same DIC rate that other surviving spouses of veterans receive when the death was service connected. The percentage of replacement income can be as little as 15%. The income replacement of other federal survivor benefit plans is close to 50% of the benefit upon which they are based. ***MOAA recommends the Committees increase the income replacement rate for widow(er)s of catastrophically disabled veterans.***

Retain DIC on Remarriage at Age 55. Legislation was enacted in 2003 to allow eligible military survivors to retain DIC upon remarriage after age 57. Congressional staff advised MOAA at the time that the only reason age-57 was chosen was due to insufficient funds, not for any policy purpose. ***MOAA recommends final passage of current legislation to authorize retention of DIC upon remarriage at age 55. That would align the benefit with all other Federal survivor benefit programs.***

CHAMPVA Dental. ***MOAA supports permitting Survivors qualified for CHAMPVA health care to enroll in a CHAMPVA Dental program.*** This proposal, modeled on the TRICARE Retiree Dental Plan, would have no PAYGO offset requirement since it would be fully funded by enrollees' premiums.

NATIONAL GUARD AND RESERVE VETERANS

National Guard and Reserve members who have served a qualifying period of active duty are unique in that they are concurrently "veterans" and "actively serving military." These dual-status veterans face special challenges associated with their service including multiple re-entries into civilian life, employment challenges and reduced civilian career potential due to workplace absences.

Since 10 September 2001, 889,747 Guard and Reserve members (as of 4 February 2014), have served on operational active duty and more than 300,000 have served on multiple tours. This sustained reliance on citizen-warriors has no precedent in American history. Reliance on the "operational reserve" is likely to continue after the Afghanistan conflict, albeit at a reduced level.

With the drawdown of the active force, the Guard-Reserves will constitute more than 50% of the nation's military capability. Moreover, Congress enacted a call-up authority in the FY 2012 National Defense Authorization Act that permits the Services to call up as many as 60,000 reservists for up to one year to perform pre-planned, budgeted missions without a national emergency declaration.

Ever greater reliance on the Reserves means that it will be critical for the Committees, working with the Armed Services Committees, to ensure that reservists' re-employment rights are protected and re-adjustment programs for lengthy call-ups remain strong.

MOAA recommends the Committees:

- ***Upgrade Uniformed Services Employment and Reemployment Rights Act (USERRA) protections by: establishing authority for punitive action against Federal contractors for a pattern of repeated violations of the statute; establishing subpoena power for the Special Counsel in enforcement of the statute with respect to Federal agencies; creating a civil investigative authority for the Attorney General; and making workplace arbitration agreements unenforceable in disputes arising under the statute.***
- ***Conduct an oversight hearing of the Office of Special Counsel's pilot project of USERRA enforcement in the Federal government, which concludes in August 2014, to assess the effectiveness of the OSC compared to the Dept. of Labor's VETS office in protecting reemployment rights of Federal workers who are members of the National Guard or Reserve forces.***
- ***Consider adopting additional improvements to the Servicemembers Civil Relief Act (SCRA): imposition of civil fines for violations of the law; criminal penalties in egregious cases of Servicemember Civil Relief Act (SCRA) violation; and recovery of reasonable attorneys' fees by servicemembers from SCRA violators.***
- ***Ensure that the revised TAP "GPS" mandated in the VOW Act is providing tailored services to meet the needs of de-activating Guard / Reserve veterans.***

Honoring as Veterans Certain Career National Guard and Reserve Members

National Guard and Reserve members who complete a full Guard or Reserve career and are receiving or entitled to a military pension, government health care and certain earned veterans' benefits under Title 38 are not "veterans of the Armed Forces of the United States," in the absence of a qualifying period of active duty.

Due to military accounting and funding protocols, many reservists actually have performed operational missions during their careers but orders often were issued under other than a Title 10 active duty authority.

MOAA supports final passage of current legislation to establish that career Reservists eligible for or in receipt of military retired pay (at age 60), government health care and other earned veterans' benefits, but who never served under active duty orders can be honored as "veterans of the Armed Forces of the United States."

Conclusion

MOAA is grateful to the Members of the Committees for your leadership in supporting our veterans and their families who have "borne the battle" in defense of the nation.

Biography of Robert F. Norton, COL, USA (Ret.)
Deputy Director, Government Relations

Bob Norton joined the MOAA Government Relations team in 1997, specializing in National Guard / Reserve, veterans' benefits and VA health care issues. He co-chairs The Military Coalition's (TMC) Veterans' Committee and is MOAA's representative to TMC's Guard and Reserve Committee. In 2000, Bob helped found the Partnership for Veterans Education, a consortium of TMC, higher education associations, and other veterans groups that advocates for the GI Bill. Bob served on the statutory Veterans Advisory Committee on Education from 2004-2008.

Bob entered the Army in 1966 and was commissioned a second lieutenant of infantry in August 1967. He served in South Vietnam (1968-1969) as a civil affairs platoon leader. He transferred to the U.S. Army Reserve in 1969.

Colonel Norton volunteered for full-time active duty in 1978. He served in various assignments on the Army Staff and the office of the Secretary of the Army specializing in Reserve manpower and personnel policy matters.

Bob served two tours in the Office of the Assistant Secretary of Defense for Reserve Affairs, first as a personnel policy officer (1982-1985) and then as the Senior Military Assistant to the Assistant Secretary (1989-1994). Reserve Affairs oversaw the call-up of more than 250,000 members of the Guard / Reserve in the first Gulf War. Colonel Norton retired in 1995 and joined the MOAA Government Relations staff in 1997.

Colonel Norton holds a B.A. from Niagara University and an M.S.Ed. from Canisius College. He is a graduate of the U.S. Army Command and General Staff College, the Army War College, and the Harvard Kennedy School of Government senior officials in national security course.

His military awards include the Legion of Merit, Defense Superior Service Medal, Bronze Star, Vietnam Service Medal, and the Armed Forces Reserve Medal.