

THIS BULLETIN UPDATE CONTAINS THE FOLLOWING ARTICLES:

- == Navy IRR ----- (Remaining Service Obligation)
- == Navy Casualty Assistance Division ----- (Organization & Duties)
- == Renters Insurance [01] ----- (Recommended if Applicable)
- == DoD/VA Seamless Transition ----- (Hearings Highlight Efforts)
- == Disabled Retiree Back Tax [01] ----- (Refund Beyond 3 years)
- == VA Vision Care ----- (To be Enhanced)
- == TJX Data Breach ----- (Legislation Still Needed)
- == Mobilized Reserve 24 JAN 07 ----- (Net Increase 2,038)
- == DoD VA Record Transition [02] ----- (Agreement Reached)
- == VDBC [11] ----- (Issues Discussed)
- == VDBC [12] ----- (7/24 Disability Coverage)
- == Tricare Alaska Provider Pmts ----- (Higher Authorized Rates)
- == VA Obesity Initiative [01] ----- (41,000 Participants)
- == Tricare Prime Allotment [02] ----- (Pay by Allotment)
- == Tricare Uniform Formulary [17] -- (Beneficiary Input Procedure)
- == Military Health Care TF ----- (Holds First Meeting)
- == Anheuser-Busch Hero Salute ----- (Extended Through 2007)
- == Iowa Vet Benefits ----- (What's Available)
- == Fisher House Expansion ----- (New Homes.)
- == Gulf War Presumptive Disease [02] ----- (Signs or Symptoms)
- == CRSC [36] ----- (You May Qualify)
- == Medicare Part D [15] ----- (Tricare Beneficiary Enrollment)
- == Tricare User Fees [15] ----- (DoD Increase Press)
- == Tricare User Fees [16] ----- (H.R. 4949 Introduced)
- == COLA 2008 [03] ----- (1% below 2007)
- == Korean War Armistice Day ----- (27 July 2007)
- == Federal Excise Tax Refund Credit ----- (2006 Tax Return)
- == Congressional Budget Schedule ----- (FY 2007)
- == Expatriate Income Tax ----- (Who Must File)
- == 2006 Tax Law Changes ----- (Summary)
- == TSP [08] ----- (Hackers Steal \$35,000)
- == SSA Name Change [01] ----- (2007 How To)
- == Philippine DEERS Registration [01] ---- (Walk-ins Discouraged)
- == Blood Donor Month ----- (Retiree Donations Needed)
- == Commissary User Savings ----- (32% Annually)
- == VA Compensation Rates (Other) ----- (2007 Monthly Payments)
- == Hospital Cleanliness ----- (5% Infection Rate)
- == Health Care Provider Performance ----- (Where to Look)
- == Military Legislation Status 31 JAN 07 ----- (Where we stand)

**NAVY IRR:** Service obligations normally last for either six or eight years after the sailor's initial enlistment date, depending upon the terms of his contract. Under a new Navy policy, sailors leaving active duty who decline to transfer to the selected reserve will be counseled about their remaining military service obligation under the Individual Ready Reserve (IRR) program. Those leaving active duty before their obligation is up will be told that they have to keep their uniforms ready; muster once a year for at least two hours, either in person or online; and tell the Navy whenever they change jobs, become unemployed or start school. During counseling, sailors will be warned that if they fail to comply with muster requirements they will be classified as unsatisfactory participants and can be ordered to active duty for 45 days, transferred to inactive status or processed for separation. Commissioned officers who are deemed unsatisfactory participants can be discharged only if a board of officers recommends it.

The total time a sailor spends during the annual muster, including travel to and from the muster site for in-person musters, must not exceed eight hours. Any sailor who lives more than four hours from the nearest muster point will not be asked to muster in person. Sailors mustering in person will be paid 125% of the average per diem rate for travel in the continental U.S. The muster pay rate is normally about \$165 per person, which would mean the Navy would spend about \$1 million paying for musters if rates from the past two years hold up. During those two years, between 5,000 and 7,000 IRR sailors were ordered to muster in person. There are now about 70,000 sailors in the IRR. Sailors who muster online will not be paid, although that policy could be changed at a later date. All IRR sailors are required to muster online. Many in high-demand specialties, such as physicians, nurses and Seabees, will then be asked to do the follow-on in-person muster, where they can be encouraged to take individual augmentee assignments, funeral details and other military work. [Source: NavyTimes Chris Amos article 26 Jan 07 ++]

**NAVY CASUALTY ASSISTANCE DIVISION:** The mission of the Navy Casualty Assistance Division in Millington TN is to provide timely, compassionate and caring assistance for Navy families in times of need. The Navy Casualty Assistance Division consists of a Primary Response Branch, Survivors Benefit and Entitlements Policy Branch, Casualty Case Settlement Branch, and a Prisoner of War/Missing in Action Branch. Navy Casualty Assistance Division personnel are available via 1(800) 368-3202. Their mailing address is: Bureau of Naval Personnel, Casualty Assistance Division (N1352), 5720 Integrity Dr., Millington TN 38055-6210. Components of the Navy Casualty Assistance Division include:

1. Casualty Assistance Calls Program (CACP) managed regionally by Casualty Assistance Calls/Funeral Honors Support (CAC/FHS) Program Coordinators. Among other duties they coordinate the funeral honors program.
2. Emergency Coordination Center (ECC) Operations staffed by duty personnel in the event of a mass casualty situation. The ECC provides assistance by answering telephone inquiries, providing family members with information and referral, and acting as a clearinghouse for information in mass casualty scenarios.
3. Retired Casualty Assistance Program (RCAP) assists surviving family members by

providing survivors with the "Retiree Survivors Guide", conducting telephone counseling, informing survivors of various benefits, and providing personal counseling through Retired Activities Offices (RAO).

Quick reference links available for survivor's review are:

- Military Homefront - DoD Survivors Guide

[http://www.militaryhomefront.dod.mil/portal/page/itc/MHF/MHF\\_HOME\\_1?section\\_id=20.40.500.93.0.0.0.0](http://www.militaryhomefront.dod.mil/portal/page/itc/MHF/MHF_HOME_1?section_id=20.40.500.93.0.0.0.0) gives the survivor a clear idea of how the Department of Defense will assist them from their first meeting with their Casualty Assistance Officer.

- Casualty Assistance Guide for family members of deceased servicemen

[www.npc.navy.mil/NR/rdonlyres/51D2C9C1-0351-460E-859A-403B21CEEBCD/0/Casualty\\_Assistance\\_for\\_Family.pdf](http://www.npc.navy.mil/NR/rdonlyres/51D2C9C1-0351-460E-859A-403B21CEEBCD/0/Casualty_Assistance_for_Family.pdf). The guide provides survivors with the basic information needed to ensure their benefit are promptly identified and distributed.

- SGLI Letter to Spouse (sample) [www.npc.navy.mil/NR/rdonlyres/63294BC6-17DA-4FD7-A9D1-D05B83DFEC93/0/SGLISampleLettertoSpouse.doc](http://www.npc.navy.mil/NR/rdonlyres/63294BC6-17DA-4FD7-A9D1-D05B83DFEC93/0/SGLISampleLettertoSpouse.doc)

- Navy Casualty Assistance Calls Office (CACO) Guide

<http://www.npc.navy.mil/NR/rdonlyres/3BB8B920-69C3-4A88-AF44-01EC5248BDE7/0/navyCACO.pdf>.

[Source: Military.com 29 Jan 07 ++]

RENTERS INSURANCE UPDATE 01: If a renter or their family starts a fire that destroys their apartment building, not only will they suffer the loss of their own personal belongings, they could also be responsible for damage to the entire structure. Usually, the landlord would collect from his or her insurance company. The insurance company would in turn sue the individual for the amount paid to the landlord. Alternatively, the landlord could sue them directly. This is where renter's insurance can save the day.

Renter's insurance covers individuals' personal property such as televisions, stereos, clothing, furniture, jewelry, carpets and appliances. Typically, renter's insurance provides coverage when their belongings are stolen or damaged by one of several causes specifically stated in the policy, such as fire, lightning, falling objects, hail or faulty appliances. It usually covers unintentional or non-negligent damage the renter and their family members may do to the property of others. For example, if a fire in their apartment gets out of control and destroys their apartment building, their policy would pay for damages to the entire structure. It will also provide coverage for:

- A guest suing for something as unreasonable as tripping and falling over your doorstep.
- Your dog biting a child selling candy or a visiting neighbor tripping over your rug.
- Anyone hurt as a result of a party guest you served drinks to that has a wreck on the way home. In 31 states, court precedents have found that hosts who serve alcohol are liable as third parties to crimes caused by drunk drivers.
- Expense of living elsewhere while damage to your residence is being repaired.

Renters often think insurance costs too much. However, nominal monthly premiums, often less than \$20, will typically buy \$12,000 or \$15,000 of replacement cost coverage for their personal belongings and \$100,000 of liability insurance to protect the individual

from lawsuits. Companies whose clientele are predominantly from the military community (such as USAA) usually offer higher coverage for the same premium. Also, for those who maintain a rental residence at more than one geographic location one policy will cover both residences year round with no increase in premium. [Source: Los Angeles AFB RAO News Jan-Apr 07 ++]

**DOD/VA SEAMLESS TRANSITION:** Two Senate Veterans Affairs Committee hearings on 23/24 JAN shed some additional light on progress made by the Departments of Defense (DoD) and Veterans Affairs (VA) in improving the transition between military and VA health care systems for wounded and disabled veterans. On 23 JAN, Deputy VA Secretary Gordon Mansfield and DoD Under Secretary for Personnel and Readiness Dr. David Chu testified about the joint DoD/VA plan in this area, which Mansfield said fosters an unprecedented level of cooperation between VA and DoD in an effort to remove institutional barriers and address operational challenges. They said several first steps are under way.

- A "Benefits at Discharge Program" is in place, enabling active duty members to register for benefits before leaving active service.

- Each VA office now has a point of contact assigned to work with veterans returning from Iraq and Afghanistan. Thus far, the VA has coordinated the transfer of 6,700 injured or ill active duty service members from DoD to VA, and both agencies have agreements with state National Guard leaders to provide briefings and information to ease transition for returning Guard and Reserve personnel.

In addition, the joint DoD/VA plan would establish standard guidelines in areas such as mental health (specifically PTSD), joint facility use, information management, contingency planning, patient safety, and research. Committee Chairman Sen. Daniel Akaka (D-HI) liked what he heard, but believes these efforts need more funding. He said this is "a cost of war" and will push for additional funds immediately. On 24 JAN, DoD and VA witnesses outlined plans to acquire a new, common electronic health record system that can be used jointly by health care facilities in both agencies. This has been a major sore spot for years, as military and VA facilities currently use entirely different electronic medical record systems that don't interact. While VA facilities have some limited capacity to view certain information in military health records, there is nothing like a jointly usable system at present. Sen. Larry Craig (R-ID), the Committee's senior Republican, said the new agreement to develop a joint system is "a major step... [that] is long overdue." [Source: MOAA Update 26 Jan 07 ++]

**DISABLED RETIREE BACK TAX UPDATE 01:** Most VA disability claims filed by military retirees are resolved in less than a year. But lost paperwork, administrative errors, and appeals of rejected claims delay thousands of disability awards for years on end. The VA disability award is retroactive to the date of the application -- making some portion of past military retired pay tax-free. But to get a refund of back taxes paid, disabled retirees must file an amended tax return for each applicable year. That's when retirees run into a major problem: the IRS Code bars filing amended returns beyond the

last three tax years. As a result, VA administrative glitches and insensitive tax laws cost these disabled retirees thousands of dollars through no fault of their own.

The "Disabled Veterans Tax Fairness Act of 2007" (S. 326) would allow disabled veterans whose disability claims have been pending for more than 3 years to receive refunds on previous taxes paid for up to five years - the length of time the IRS keeps these records. Sen. Lincoln (D-AR) received bipartisan support on her bill, with 11 senators joining as original cosponsors. House champion Rep. Sam Farr (D-CA) is expected to re-introduce a similar measure soon, according to his staff. The Farr bill would authorize a 15-year look-back exception to IRS rules for amended returns from disabled military retirees. Those who would like to communicate their support of this bill to their legislators can go to <http://capwiz.com/moaa/issues/bills/?bill=9294921> and see/send a recommended letter by typing in their zip code. [Source: MOAA Update 26 Jan 07 ++]

**VA VISION CARE:** The VA announced in JAN 07 that more than a million visually impaired veterans will receive enhanced health care services from the Department of Veterans Affairs (VA) under a reorganization of VA's vision rehabilitation services. VA will make approximately \$40 million available during the next three years to establish a comprehensive nationwide rehabilitation system for veterans and active duty personnel with visual impairments. The system will enhance inpatient services and expand outpatient services throughout the 1,400 locations where VA provides health care. Under the reorganization plan, each of VA's 21 regional networks-called Veterans Integrated Service Networks, or VISNs-will implement a plan to provide eye care to veterans with visual impairments ranging from 20/70 to total blindness. Basic low-vision services will be available at all VA eye clinics, and every network will offer intermediate and advanced low-vision services, including a full spectrum of optical devices and electronic visual aids. VA's 10 existing inpatient blind rehabilitation centers will continue to provide the Department's most intensive eye care programs, but each VISN now will also provide outpatient-based blind rehabilitation care. VA estimates there are more than 1 million visually impaired veterans over the age of 45 in the United States. Within this group, approximately 157,000 are legally blind, and 1,026,000 have low vision. About 80% of all visually impaired veterans have a progressive disability caused by age-related macular degeneration, glaucoma, or diabetic retinopathy. [Source: NAUS Weekly Update for 26 Jan 07 ++]

**TJX DATA BREACH:** The Cyber Security Industry Alliance (CSIA) is calling on the new Congress to pass comprehensive data-security legislation after another massive data breach reported in mid-JAN 07. TJX, the parent company of stores including Marshalls and TJ Maxx, announced that hackers broke into a system that handles credit and debit card transactions. The company has refused to say how many customers were affected. Liz Gasster, president and CEO of CSIA said the episode "has the potential to be a very large breach," and the fact that the company is based in Massachusetts, one of 15 states without breach laws, highlights the need for national legislation. Several data-security

bills were introduced in the last session of the 109th Congress, some addressing protections for data housed by commercial companies and others addressing sensitive data stored by various government agencies. The legislation outlined requirements for notifying affected consumers in the event of a security breach and sometimes mandated preventive measures like encryption. Various committees, including the House Government Reform and Financial Services panels, held hearings, but none of the legislation became law.

So far this session, Sen. Dianne Feinstein (D-CA) has introduced a bill, S.239, that would require federal agencies to disclose data breaches, and Rep. Jo Ann Davis (R-VA), has introduced a measure, H.R.516, that also just addresses the security of government data. It would require encryption for all sensitive data housed by government agencies and also outline security requirements for government workers and contractors with access to the data. Gasster said, "The biggest priority is to pass a comprehensive data-security law that applies to all entities. A lot of proposals focus on the private sector. I think it's important for the law to apply equally to the government and the private sector. It does not make sense for security standards and procedures to change depending on where the data rests because it certainly does not matter to an identity-theft victim. It is especially unfair to consumers when a government agency fails to secure sensitive data. We can choose to do business with a company, but when we do business with the government, we don't have a choice." [Source: GOVEXEC.com Heather Greenfield article 22 Jan 07 ++]

**MOBILIZED RESERVE 24 JAN 07:** The Army, Navy, Air Force, Marine Corps and Coast Guard announced the current number of reservists on active duty as of 24 JAN 07 in support of the partial mobilization. The net collective result is 2,038 more reservists mobilized than last reported for 27 DEC 06. Total number currently on active duty in support of the partial mobilization for the Army National Guard and Army Reserve is 74,688; Navy Reserve 5,269; Air National Guard and Air Force Reserve 5,307; Marine Corps Reserve 5,573; and the Coast Guard Reserve 309. This brings the total National Guard and Reserve personnel, who have been mobilized, to 91,344, including both units and individual augmentees. At any given time, services may mobilize some units and individuals while demobilizing others, making it possible for these figures to either increase or decrease. A cumulative roster of all National Guard and Reserve personnel, who are currently mobilized, can be found at <http://www.defenselink.mil/news/Jan2007/d20070124ngr.pdf>. [Source: DoD News Release 24 Jan 07 ++]

**DOD VA RECORD TRANSITION UPDATE 02:** After nearly a decade of attempting to exchange information stored in separate systems, the Veterans Affairs Department and the Pentagon have agreed to join together to establish an updated electronic health records system. While details remain sparse, the Defense Department announced 24 JAN that the two agencies would jointly acquire and use a new in-patient electronic health system. The VA developed its current system, known as VistA, in 2001. Work began on

the Pentagon's Armed Forces Health Longitudinal Technology Application, or AHLTA, in 1997. Both systems are in need of an upgrade. The agencies have agreed to study their clinical processes and requirements and assess the benefits and the potential effects on their timelines and costs, before making a final decision on a joint acquisition strategy for the upgraded system. Until now, the VA and Defense have been working independently on enhancing and improving their existing systems. They have made various attempts to share health information. According to Defense, millions of records and data messages are regularly moved electronically between the agencies.

VA Secretary James Nicholson, who announced plans for the joint venture 23 JAN at a meeting of the American Health Information Community, called the agreement "groundbreaking" and said that "it has the potential to further transform the way we care for our nation's veterans and active duty service members." A joint system for documenting in-patient health information will smooth the process of transferring active duty service members to veteran status, according to the Pentagon. The system will also make the inpatient health care data on shared beneficiaries immediately accessible to both Defense and VA health care providers. The joint acquisition and development of the system could result in significant cost savings, the Pentagon said in a statement. The two existing systems have diverse missions. Defense needs its system to support patients in its combat theaters, and pediatric and obstetrical patients. The VA's system supports domiciliary care. But both agencies "believe that the similarities in clinical and business processes may make the adoption" of a joint system a viable option, according to the Pentagon. Robert McFarland, former VA chief information officer, said it made no sense for the two organizations to have separate systems. The two agencies have more similarities than differences, he said, and should have combined their efforts a long time ago. He predicted that hundreds of millions of dollars could be saved as a result of the joint effort. [Source: GOVEXEC.com Daniel Pulliam article 25 Jan 07 ++]

VDBC UPDATE 11: The Veterans' Disability Benefits Commission met 18 & 19 JAN in Washington, D.C. and continued their review of veterans' benefits. The two-day hearing included testimony from a panel of military and veteran organization representatives, including the TMC, MOAA, FRA, AL, and VFW representatives in attendance. They opened with an oral statements that drove home recommendations for three severe inequities that exist in concurrent receipt law:

- Changing current legislation to include "Chapter 61" disability retirees with less than 20 years of service,
- Extending eligibility to disabled retirees with 10-40% disability ratings, and
- Accelerating/eliminating the 10-year phase-in schedule.

Their written statement can be found on [www.moaa.org](http://www.moaa.org). Several Commissioners, but not all, were receptive to including Chapter 61s with less than 20 years as an option in their concurrent receipt deliberations. The Commission's position on that issue is expected during the 21-23 FEB public hearing. [Source: MOAA Leg Up 19 Jan 07 ++]

VDBC UPDATE 12: Testifying 19 JAN before the Veterans Disability Benefits Committee, which is considering limits on veterans disability and health care, the American Legion argues it is "fundamentally unfair" to change standards. The commission, appointed by Congress, is looking at updating military and veterans' benefits. One of the proposed changes involves restricting benefits to cover health problems among veterans only if those problems have a direct connection to military duties. The commission is expected to make a recommendation by fall. Steve Smithson, the American Legion's deputy director for claims services says, "We find such a proposal detrimental to the national interest and patently absurd. If a service members is subject to the Uniform Code of Military Justice 24 hours a day, seven days a week, whether on or off a military base and whether performing official duties or taking personal time, then health care and disability coverage should be the same."

Two related issues that would limit veterans' health and disability benefits are being discussed:

- One would try to separate on-duty and off-duty health problems, leaving the government fully responsible for any injury or illness related to military service, while providing limited or no coverage for off-duty health problems, such as a drunken service member having a motorcycle accident while on leave.
- The second issue involves trying to separate age-related health problems from service-connected health problems.

Under the most restrictive proposal, death, disease or injury would have to be incurred during military operations or training to be covered by veterans' disability, health and death benefits, and could not be due to willful misconduct or the abuse of alcohol or illegal drugs. Not providing around-the-clock disability coverage would create a major hole in military and veterans' benefits, Smithson said. "The federal government does not provide service members with health insurance, long-term disability insurance, or workers' compensation benefits," Smithson said. "If VA disability compensation was unavailable for medical conditions that occur during or result from the period of military service, but not from performance of military duties, members would be forced to purchase private insurance to protect against financial hardship after they are discharged. Buying insurance, however, could be difficult. Private insurers would likely charge high premiums for coverage against disabilities for service members and health insurance purchased after leaving the military might exclude coverage for pre-existing conditions. Deciding what is and is not a disability resulting from military duties also is a question ripe for problems because it is not always clear. For example, would it be considered to be in the line of duty if a service member is paralyzed by a drunk driver while returning to her off-base home at 2:30 in the morning after reporting for an emergency recall drill?. Would it be considered to be in the line of duty in a case where an individual is injured running or playing basketball, while on leave, in order to keep in shape to comply with military fitness standards?" [Source: ArmyTimes Rick Maze article 23 Jan 07 ++]

TRICARE ALASKA PROVIDER PAYMENTS: To improve access to care for its

beneficiaries in Alaska, Tricare Management Activity will conduct a three-year demonstration project there. Beginning 1 FEB 07 physicians and other non-institutional individual professional providers in Alaska will receive payment at a rate higher than the Medicare rate. Access to health care services in Alaska is often severely limited by the overall scarcity of providers, their reluctance to accept Tricare payment rates, transportation issues, and other factors. Tricare is raising reimbursement rates in response to these challenges. During the three-year demonstration project, Alaska doctors will receive payment at a rate 1.35 times the current Tricare allowable rate. The project will test how this increase affects provider participation in Tricare, beneficiary access to care, and the cost of health care services, all of which could impact military medical readiness, morale and welfare. When local providers are unavailable, patients must be transported to Seattle or another location for treatment, which is expensive and involves considerable lost duty time. This demonstration will test to what extent savings in travel costs, lost duty time, and other factors might offset the increased costs of provider payments. Tricare provider payments are generally the same as under Medicare, unless the Defense Department takes specific action to increase payment rates in response to a severe access problem in a location. Alaska's Military Treatment Facilities meet a large percentage of the state's beneficiary health care needs. Those remaining must be referred to local civilian providers or to the lower 48 states. [Source: TMA News Release 23 Jan 07 ++]

VA OBESITY INITIATIVE UPDATE 01: By the start of Healthy Weight Week (21-27 JAN), more than 41,000 veterans were participating in a weight management program designed by the Department of Veterans Affairs (VA) to reduce the high rates of illness among VA's patients caused by obesity. According to Secretary of Veterans Affairs Jim Nicholson there is a growing epidemic of obesity and diabetes in the nation, especially among veterans. Of the veterans VA cares for 70% are overweight and one in five has diabetes, both of which increase the risk of many diseases. VA's Managing Overweight Veterans Everywhere (MOVE!) program not only encourages veterans enrolled in VA care to get in shape but also offers information to family members and anyone trying to lose weight through an Internet link. VA started MOVE! to encourage veterans to increase their physical activity and improve their nutrition.

Through individual and group counseling, physicians, nurses, dieticians and recreational therapists help enrollees change their eating behavior and increase their exercise. Primary care teams at all VA medical centers stay in touch with participants to track their progress. Increasing numbers of VA community-based clinics also are enrolling veterans. Among activities they promote are competitions in fitness challenges, joining community exercise programs that partner with VA medical facilities, and leading families and friends into movement and nutrition routines. Anyone can log onto [www.move.va.gov](http://www.move.va.gov) where a questionnaire helps identify personal barriers to weight control. The questions link to about 100 informational materials on the site. People not enrolled in VA health care can take the information about themselves to their personal health care providers. [Source: VA News Release 23 Jan 07 ++]

TRICARE PRIME ALLOTMENT UPDATE 02: Military retirees in TRICARE Prime are reminded they may pay their Prime enrollment fees by establishing a monthly allotment from their Service retirement pay. The Defense Financial Accounting System (DFAS), the U.S. Coast Guard or the U.S. Public Health Service deducts the retirement pay allotment. Retirees enrolled in TRICARE Prime currently receive a quarterly or annual bill, which they can pay by check or credit card. Choosing to pay by allotment saves on paperwork and time. Retirees may begin to take advantage of this convenient process by downloading and completing an enrollment fee allotment authorization form, based on the region in which they live: TRICARE North, TRICARE South, TRICARE West. This form is used to stop, start, or change monthly allotment payments from retiree pay accounts. Allotment forms can be found at these links:

&#61550; West Region:

<https://www.triwest.com/triwest/default.html?/triwest/unauth/content/enrollment/>

&#61550; North Region:

[https://www.hnfs.net/bene/enrollment/enrollment\\_activities\\_current\\_beneficiaries.htm](https://www.hnfs.net/bene/enrollment/enrollment_activities_current_beneficiaries.htm)

&#61550; South Region:

<http://www.humanamilitary.com/south/bene/TRICAREResources/forms/BeneForms.htm#2>.

Retirees should send the completed form with an initial quarterly payment to their regional contractor. The regional contractor will forward a payment request to the designated pay agency and the agency will set up a monthly payment to the regional contractor on the retiree's behalf. Retirees should contact their regional contractor or go online to a contractor's secure website to make sure it received the enrollment fee allotment authorization form and initial quarterly payment. DFAS will put allotment orders in the pay system for processing once Tricare sends the request. Retirees may view their allotment details through myPay at: <https://mypay.dfas.mil/mypay.aspx>, or on their pay statements (leave and earnings statement or retired or annuitant account statement), when DFAS activates the allotment.

Beneficiaries who receive survivor benefits from either retired or active duty sponsors are paid through a separate pay account and are not eligible for an enrollment fee allotment. For more information on enrollment fee allotments, retirees may contact their regional contractor at:

&#61550; West Region: TriWest, 1(888) 874-9378, [www.tricare.osd.mil/west](http://www.tricare.osd.mil/west)

&#61550; North Region: HealthNet, 1(877) TRICARE, [www.tricare.osd.mil/north](http://www.tricare.osd.mil/north)

&#61550; South Region: Humana Military, 1(800) 444-5445, [www.tricare.osd.mil/south](http://www.tricare.osd.mil/south)

For more information on monthly allotments, visit the DFAS website at:

<http://www.dfas.mil/>. [Source: NMFA Government and You E-News 23 Jan 07 ++]

TRICARE UNIFORM FORMULARY UPDATE 17: .When it directed DoD to institute the 3-tier formulary, Congress established the Uniform Formulary Beneficiary Advisory Panel (BAP) to review and comment on the recommendations of the DoD Pharmacy and Therapeutic (P&T) Committee. Members of the BAP include active duty family

members, retirees and retiree family members, two clinical experts outside of DoD, a pharmacist from the Uniformed Services Family Health Plan and physicians or pharmacists from the Tricare regional contractors and the pharmacy contractor. NMFA Government Relations Volunteer Deb Fryar serves as an active duty family member representative on the panel. The P&T Committee forwards recommendations, along with the comments from the BAP, to the director, TRICARE Management Activity for consideration prior to a final decision. The military health system encourages Tricare beneficiaries to be part of the process by communicating their concerns to the BAP. The Federal Register announcement of the public BAP meeting and its agenda is posted on the BAP website at [www.tricare.osd.mil/pharmacy/BAP/](http://www.tricare.osd.mil/pharmacy/BAP/) two to six weeks in advance of the meeting. The site provides information on how beneficiaries should submit comments or concerns. [Source: NMFA Government and You E-News 23 Jan 07 ++]

**MILITARY HEALTH CARE TASK FORCE:** The Task Force on the Future of Military Health Care held its first open meeting 16 JAN, in Alexandria, Virginia. The commissioners received an overview of the Military Health System (MHS), the Defense Health Program (DHP), and the DoD "sustaining the military health benefit" efforts. Dr. William Winkerwerder, Assistant Secretary of Defense for Health Affairs, and Dr. David Chu, Under Secretary of Defense for Personnel and Readiness, added their commentary on their health care programs and initiatives. The MHS and DHP briefing included information about the MHS mission, beneficiaries and benefits, financial resources, operation and maintenance structure, medical military construction, the Medicare eligible retiree health care fund and current issues. The MHS mission is to:

- Provide health care to the military in order to deploy healthy service members;
- Provide patient care to beneficiaries;
- Maintain professional proficiencies: and
- Deploy medical staff in support of deployed service members.

Currently, the approximately 9.1 million beneficiaries include 2.3 million active duty family members and 2.2 million eligible retiree family members. Funding for the DHP covers operation and maintenance (O&M), research, development, test and evaluation (RDT & E) and procurement (purchases for equipment and systems). Total DHP funding included in the President's FY 2007 budget is approximately \$21 million. Additional FY 2007 budgeted items are medical military personnel, medical military construction and unified medical program, totaling approximately \$28 million. The Medicare eligible retiree health care fund covers beneficiaries eligible for Tricare for Life (TFL). The total FY 2007 estimated TFL cost is \$7.7 billion. and has a total budget authority of approximately \$36 million. The MHS infrastructure consists of 259 veterinary, 417 dental, and 409 medical clinics, as well as 70 inpatient facilities. Patient care makes up 81% of the DHP O&M budget. Patient care received within the military medical facilities is valued at approximately \$5.6 million, with \$11 million paid for private sector care. Current financial issues are the added cost of the Global War on Terrorism and the failure of the 110th Congress to pass the FY 2007 appropriations bill that funds military construction and Defense health care. Instead, it decided to fund all programs without a completed appropriations bill through at a Continuing Resolution at FY 2006 levels. This

decision will create a \$2 billion budget shortfall for Defense health care this year.

The DoD briefers presenting the "sustaining the military health benefit" discussed the rising cost of Tricare, in terms familiar to beneficiaries who have followed this issue since DoD's attempt last year to increase certain Tricare fees. Currently, health care makes up 8% of DoD's total budget, but is projected to rise to \$62 billion and 12% in 2015. Officials noted that the under age 65 retiree eligible population is approximately 3 million. They indicated that the changes proposed last year, and still supported by the Department, are estimated to create \$11.2 billion savings over five years. The initial report of the task force is due to Congress in MAY 07. The next meeting is scheduled for 6 FEB 07 in the Washington, DC, area. The task force website is:

<http://www.ha.osd.mil/dhb/fmhc/>. [Source: NMFA Government and You E-News 23 Jan 07 ++]

ANHEUSER-BUSCH HERO SALUTE UPDATE 02: Anheuser-Busch has extended its "Here's to the Heroes" program through 2007. The program provides a single day's free admission to any one SeaWorld or Busch Gardens park, Sesame Place, Adventure Island or Water Country USA for the servicemember and as many as three of his or her direct dependents. Any active duty, active reserve, ready reserve servicemember or National Guardsman is entitled to free admission under the program. He or she need only register, either online at [www.herosalute.com](http://www.herosalute.com) or in the entrance plaza of a participating park, and show a Department of Defense photo ID. Also included in the offer are members of foreign military forces serving in the coalitions in Iraq or Afghanistan or in the United States attached to American units for training. Inactive, standby and retired reserve members, military retirees, U. S. Merchant Marine and civilian DoD employees are ineligible for the program. Dependents may take advantage of the offer without their service member, though an adult must accompany minor dependents. Busch Gardens Williamsburg and SeaWorld San Antonio are seasonal operations that will remain closed until spring 2007. The remaining parks, SeaWorld Orlando, Busch Gardens Tampa Bay and SeaWorld San Diego are open year round. Personnel interested in visiting those parks can check operating schedules at [www.herosalute.com](http://www.herosalute.com). Here's to the Heroes is the fourth tribute to military personnel offered by Anheuser-Busch since Yellow Ribbon Summer welcomed servicemembers home from the Gulf War in 1991. [Source: Military.com article 22 Jan 07 ++]

IOWA VET BENEFITS: In addition to benefits available from the federal government the State of Iowa has expanded its Vet Benefit programs to include:

- The Iowa Veteran's Housing Grant Program, which gives a \$5,000 matching grant to any veteran for the purchase of a home, tax free. To qualify, the service member must have served on active duty under title 10, 90 days or more after 911. Active duty for training does not count. For more information, log onto [www.ifahome.com](http://www.ifahome.com) Veterans also receive an annual property tax exemption on their homes.
- The Injured Veteran Grant Program, which provides grants to any Iowa veteran injured

in a combat zone while in the line of duty. The injury does not have to be combat action related. To qualify, the injured veteran must be medically evacuated from a combat zone. Within one week of evacuation, the veteran or his/her designated family member receives a check in the amount of \$2,500. The veteran will continue to receive \$2,500 every 30 days while he or she is receiving medical treatment, up to a maximum of \$10,000. This grant is provided by the state to help offset the additional financial burdens veterans and their families incur during convalescence.

- If you join the Iowa National Guard, the state will pay 100% of your college tuition for four years, up to a maximum of about \$6,000 a year. This amount can be applied to attend any private or independent college as well. Guardsmen can then use their GI bill to pay for other expenses.

These are in addition to:

- Annual Tax exemption for veterans of the:

(1) Mexican War or War of the Rebellion: The property not to exceed \$11,111 in taxable value.

(2) War with Spain, Tyler Rangers, Colorado Volunteers in the War of the Rebellion (1861-1865), Indian Wars, Chinese Relief Expedition or Philippine Insurrection: The property not to exceed \$56,667 in taxable value.

(3) World War I: (April 6, 1917 to November 11, 1918): The property not to exceed \$2,768 in taxable value.

(4) World War II: (December 7, 1941 to December 31, 1946): The property not to exceed \$1,852 in taxable value.

(5) Korean Conflict: (June 25, 1950 to January 31, 1955): The property not to exceed \$1,852 in taxable value.

(6) Vietnam Conflict: (December 22, 1961 to May 7, 1975): The property not to exceed \$1,852 in taxable value.

- Use of the Iowa Veterans Home located in Marshalltown, Iowa 50158. Presently, the home provides personalized medical, nursing, rehabilitative care, mental health, pharmacy and dietary services, along with many other services.

- War Orphans Educational Aid from the Iowa Department of Veterans Affairs which may be used to defray the expenses of tuition, matriculation, laboratory and similar fees, books and supplies, board, lodging, and any other reasonably necessary expense for the War Orphan to attend the educational institution of higher learning. Aid is limited to \$600.

- Use of The State of Iowa Veterans Cemetery when constructed.

Note: At <http://www.military.com/benefits/veteran-benefits/> can be found benefits provided by all states. [Source: Military.com article 22 Jan 07 ++]

**FISHER HOUSE EXPANSION:** The Fisher House Foundation plans to expand its efforts by building five new homes per year until 2010. This year, VA medical centers in Los Angeles, Dallas, and Seattle are scheduled to break ground on new homes, and the San Diego Naval Medical Center is scheduled to get its second Fisher House as well. On 29 JAN Fisher Houses III and IV at the Brooke Army Medical Center, at Ft. Sam

Houston, Texas will be dedicated. The foundation builds homes on and near active military and Veterans Affairs medical facilities. The houses provide free lodging for servicemembers who must stay near a hospital for continuing treatment, as well as families visiting wounded loved ones. Today, there are 36 Fisher House facilities in 16 states and one in Germany. After the houses are built, they are gifted to U.S. government, which then maintains them. The foundation works closely with the military to determine where a new house should be built. For more information, visit the Fisher House Foundation Website [www.fisherhouse.org](http://www.fisherhouse.org). [Source: Military.com article 22 Jan 07 ++]

GULF WAR PRESUMPTIVE DISEASE UPDATE 02: Other than Amyotrophic lateral sclerosis (ALS or Lou Gehrig's Disease) researchers have not been able to isolate any other illness or disease that could be attributed to active service in the Southwest Asia theater of operations during the Persian Gulf War. However, the VA assumes that those who served in the combat theater who have chronic disabilities resulting from undiagnosed illnesses could receive disability benefits and be afforded other veterans' rights. Signs or symptoms that may be a manifestation of an undiagnosed illness or a chronic multisymptom illness include the following:

1. Fatigue
2. Unexplained rashes or other dermatological signs or symptoms
3. Headache
4. Muscle pain
5. Joint pain
6. Neurological signs and symptoms
7. Neuropsychological signs or symptoms
8. Signs or symptoms involving the upper or lower respiratory system
9. Sleep disturbances
10. Gastrointestinal signs or symptoms
11. Cardiovascular signs or symptoms
12. Abnormal weight loss
13. Menstrual disorders

Source: [www.gulfwarvetlawsuit.com/040902.html](http://www.gulfwarvetlawsuit.com/040902.html) ++]

CRSC UPDATE 36: Ann Lacey of the CRSC office at the Air Force Personnel Center says many vets may be missing out on special compensation. Just because a veteran was not injured storming the beaches at Normandy does not mean he or she may not be entitled to receive Combat-Related Special Compensation (CRSC). Veterans may be missing out on hundreds, if not thousands, of dollars every month because they have not applied for the compensation. "Don't let the term 'combat' throw you; there are many circumstances which are combat related that could justify approval of extra tax-free money for you" she said. CRSC is designed to restore military retirement pay that has been offset by Department of Veterans Affairs compensation when evidence exists to confirm the associated disabilities are combat related. For example, if a veteran is currently rated for a disability of 10% with the VA, he or she receives a check from the VA for \$115 each month, but his or her retired pay is reduced by that same amount. If

that disability is found to be combat-related by the CRSC review board, he or she would continue to receive the monthly check from the VA for \$115 along with the remainder of the retired pay, but begin to receive an additional monthly check from CRSC for \$115.

Many disabilities that resulted from conditions during peacetime may meet the criteria for CRSC. For example an aircraft mechanic who works on the flight line and begins to lose his hearing while in-service; a personnel technician who dives for cover during a simulated air raid and injures a shoulder; a pararescue journeyman who makes a peacetime parachute jump and breaks his ankle upon landing. If you're not sure the circumstances surrounding your disability meet the combat-related criteria, it would be beneficial for you to apply for CRSC and let the board make a determination for you. There are a few prerequisites to consider before submitting a CRSC application. To meet the basic eligibility criteria to be considered for CRSC, veterans must meet the following prerequisites that exist in concurrent receipt law:

• Be retired with 20 (or more) years of active-duty military service, or retired at age 60 from the Guard or Reserve.

• Be receiving military retired pay. Veterans who waived military retirement pay for Civil Service credit are not eligible to apply for CRSC.

• Have a compensable VA disability rating of 10 percent or higher.

• Receive military retired pay that is reduced by VA disability payments.

Copies of the Application for Combat-Related Special Compensation, DD Form 2860, and more information on the program can be downloaded from the AFPC Web site at <http://ask.afpc.randolph.af.mil/>. People can call the Air Force CRSC office at 1(800) 616-3775 for assistance, or e-mail them at [afpc.dppdc.afcrsc@randolph.af.mil](mailto:afpc.dppdc.afcrsc@randolph.af.mil). It will take a little time to complete the application and make copies of your documentation but it may qualify you for monthly tax-free compensation for the rest of your life. [Source: Air Force Retiree News 12 Jan 07 ++]

**MEDICARE PART D UPDATE 15:** In 2006, the Centers for Medicare and Medicaid Services (CMS) started automatically enrolling some Tricare beneficiaries in a Medicare Part D prescription drug plan. According to federal law, the Tricare pharmacy benefit is considered a secondary payer to a Medicare Part D prescription drug plan. Tricare in accordance with federal law established payment rules with their claims processor to ensure their secondary payer role was complied with. Some Tricare beneficiaries who have tried to use their Tricare prescription plan have been surprised to learn that they are enrolled in a Medicare Part D prescription drug plan without their consent. Now, the Department of Defense has established a place for beneficiaries in this position to go with their problem. The Tricare Management Activity (TMA), the Defense Manpower Data Center (DMDC), and CMS have jointly developed a customer-focused process for beneficiaries to resolve Medicare Part D and Tricare coverage issues, and obtain their prescriptions quickly.

If a Tricare beneficiary is denied prescription coverage due to Medicare Part D enrollment, and believes that he or she is not enrolled in Medicare Part D, or have

disenrolled from Medicare Part D, the beneficiary should contact Express Scripts at 1(866)363-8779. The Express Scripts customer service representative will ask for the beneficiary's permission to access Medicare Part D coverage information from CMS and determine whether the beneficiary is currently in a Part D plan. If CMS records show no Part D coverage, DMDC will update the beneficiary's Defense Enrollment Eligibility Reporting System (DEERS) information in one business day. Additionally, a representative from DMDC will contact the beneficiary to confirm the record correction.

If Express Scripts discovers that CMS shows the beneficiary having Medicare Part D coverage, they will advise the beneficiary how to obtain confirmation of disenrollment or cancellation from Medicare Part D, and how to forward the disenrollment or cancellation information to DMDC to update the beneficiary's DEERS record. Once DMDC receives this documentation, a customer service representative will update the DEERS records and telephone the beneficiary to confirm the correction. To view current Medicare Part D enrollment status on the Medicare Web site, beneficiaries may go to [www.medicare.gov](http://www.medicare.gov), select the Medicare Prescription Drug Plan Finder option, "Check Current Enrollment" option, then select "View Your Current Plan" and follow the instructions. [Source: TMA Press Release 06-06 dtd 18 Jan 07 ++]

TRICARE USER FEES UPDATE 15: Senior Defense officials have renewed their call to raise TRICARE enrollment fees and co-payments for under-65 military retirees and their dependents. Official's are warning anew that unless the cost of military health care is more-balanced, so the beneficiary pays more and the government less, the present lifetime benefit, arguably the best in the country, cannot be sustained over time. Defense officials said they briefed key lawmakers on the planned fee increases back in 2005 and most seemed to agree they were needed. But in early 2006, an election year, lawmakers bolted after the Pentagon's "Sustain the Benefit" plan officially was unveiled. This year, Defense officials hope that, at a minimum, their call for higher Tricare fees will win the endorsement of a new study group, the Task Force on the Future of Military Healthcare.

The 14-member panel was created by Congress, but its members were appointed by the same officials pressing for fee increases. Half of the task force already works for the DoD, being senior military officers or civilian executives. Congress gave them a broad range of issues to examine. But at their first public hearing 16 JAN Dr. David Chu, under secretary of defense for personnel and readiness, told the task force that it needs to address the structure of benefits. Ideally, DoD wants the task force to endorse higher Tricare fees for 3.1 million beneficiaries in an interim report to Congress due in May, presumably early enough for legislative action this year when no lawmaker stands for reelection. Odd numbered years are probably better than even numbered (election) years, quipped Chu when a task force member asked for timing guidance on getting recommendations to Capitol Hill. Defense officials briefed the task force on the military health system's skyrocketing costs. They say the total this year will be \$38 billion, up 131% since 2000. Healthcare spending now is 8% of the defense budget but will climb to \$64 billion, or 12% by 2015, unless fees are increased. Most of the growth is tied to new benefits enacted since 2001, including Tricare for Life for 1.9 million Medicare-eligible

beneficiaries.

Two other key factors are medical inflation and a shift by retirees into Tricare and away from more expensive health plans earned in second careers or by working spouses. Last year's Tricare fee plan is expected to be endorsed again in the president's 2008 budget request to Congress in early February. It would raise enrollment fees and deductibles for under-65 retirees using a triple-tiered fee schedule tied to rank. After two years of stepped increases, fees would rise annually by the percentage change in premiums for federal civilian health care. Defense officials conceded to the task force that their plan's projected cost savings of \$11.2 billion over five years did not survive a review by the Congressional Budget Office. CBO said \$6.5 to \$7 billion savings is more likely. The Tricare increases planned just are not big enough to spark the behavior DoD projects: that 150,000 beneficiaries will leave Tricare and another 350,000 will decide to stay under employer-provided plans rather than switch to Tricare. Retiree advocates had challenged the savings estimate as too high and evidence of a rush by the department to make changes. The GAO also is auditing projected savings. Its report is due in JUN 07.

Dr. William Winkenwerder, assistant secretary of defense for health affairs said, "Unfair criticism has been leveled at the plan including a charge that higher fees will be a great financial burden. Not so. An E-6 retiree in TRICARE Prime has been paying roughly \$38 a month since 1996. That would increase to \$50 over two years. That \$12 increase is like five cups of coffee. Over the same period, E-6 retired pay has climbed an average of \$300 a month to keep pace with inflation." Defense officials overall are striking a harder tone than was heard last year. Winkenwerder, advised the task force that if it wants to consider more sweeping cost-control measures, to include higher fees for retirees 65 and older too, it should do so. He also said he learned too late that, by law, the department has authority to raise the \$22 co-payment for non-formulary Tier-3 prescription drugs to \$30. He suggested that should have been part of the plan. Several task force members, including retired Air Force Gen. Richard Myers, former chairman of the Joint Chief, are on record as supporting the fee increases and newer faces on the task force also seem to consider higher fees as reasonable.

Dr. Robert Galvin, director of global healthcare for General Electric, said the DoD plan sounded like it was well researched, rigorously thought through. But why, Galvin asked, did Congress not enact it? Part of the problem, Chu said, is that Congress only votes one budget year at a time and in the immediate year it's not a crisis. So it is easier to listen to the concerns of various constituencies and to think about the fact that you would have to stand for reelection in the face of this unpopular and difficult decision. The lone task force member appointed to represent the views of military associations and veterans' service organizations even seemed to side with raising fees. Retired Army Reserve Major Gen. Robert W. Smith III, former president of the Reserve Officers Association, urged defense officials to work harder to explain that military healthcare is not an "entitlement" as some retiree groups contend, but a "benefit" which, he implied, an employer can adjust from time to time. Smith said, "When perceived as an entitlement health care is a more emotional issue. Service associations have been making that kind of argument. Veteran groups and The Military Coalition went to the congressmen and the senators and created

a lot of this." Winkenwerder said he agreed with that premise. [Source: Military.com Tom Philpott article 18 Jan 07 ++]

**TRICARE USER FEES UPDATE 16:** Taking up the cudgel where they left off last year, Tricare champions Rep. Chet Edwards (D-TX) and Walter Jones (R-NC) on 19 JAN reintroduced their "Military Retirees Health Care Protection Act" (H.R. 579) just days after Pentagon officials renewed their calls for increasing Tricare premiums, deductibles and co-payments for some beneficiaries to deal with the military's rising health care costs. Last year, the Bush administration proposed to double and triple Tricare premiums for working-age retirees, those under age 65, but Congress blocked the move, ordering more study. That has not stopped the Pentagon from pursuing higher fees, which is why Edwards and Jones made a point of introducing their bill before the administration sends its fiscal 2008 budget to Congress. The new bill is virtually identical to the one (H.R. 4949) they introduced last year, which gathered 164 cosponsors and helped prevent imposition of Pentagon-proposed fee increases of up to \$1,000 a year for retired members, family members and survivors under age 65. The Edwards-Jones bill would remove the Pentagon's authority to increase Tricare fees, specifying that that authority should reside only with Congress. It would also establish certain principles in law, including:

- Acknowledgement that military members pay very large premiums for their future care "up front" through decades of arduous service and sacrifice;
- Acknowledgement that the primary offset for enduring the extraordinary sacrifices inherent in a military career is a package of retirement and health benefits that must be considerably better than that afforded civilian workers; and
- The principle that the percentage increase in health fees in any year should not exceed the percentage increase in beneficiaries' military compensation.

[Source: MOAA Leg Up 19 Jan 07 ++]

**COLA 2008 UPDATE 03:** This week, the Bureau of Labor Statistics announced the DEC 06 monthly Consumer Price Index (CPI), which is the metric used to calculate the annual cost-of-living adjustment (COLA) for military retired pay, VA disability compensation, survivor annuities, and Social Security. The Consumer Price Index had its first increase of the first quarter of the fiscal year by jumping 0.6 percent above November's CPI. However, the CPI still stands 1.0 percent below the FY2007 CPI base - which may indicate a relatively low COLA for 2008. For more information visit MOAA's Web site at <http://moaaonline.org/ct/Lpzemics1hXjm/>. [Source: MOAA Leg Up 19 Jan 07]

**KOREAN WAR ARMISTICE DAY:** The Korean War Armistice Day Committee has announced that ceremonies marking the 54th anniversary of the armistice ending the Korean War will be held on 27 JUL 07 at 10am at the Korean War memorial on the Mall in Washington, DC. For detailed information contact J. Norbert Reiner, 6632 Kirkley Ave., McLean VA 22101 or call (703) 893-6313. Info on accommodations and tours is

available from Jack Cloman, 2702 Franklinville Road, Joppa, MD 21085 or call (410) 676-1388. [Source: NAUS Weekly Update 19 Jan 07 ++]

**FEDERAL EXCISE TAX REFUND CREDIT:** When you file your 2006 tax return, make sure you do not overlook the "federal excise tax refund credit." This credit is a refundable credit. That means you get this money, no matter how your tax return works out. If you would end up owing the IRS a balance, the refund will reduce that balance you owe. If you end up getting a refund, the credit will be added and you get a bigger refund by that \$30 to \$60, depending on how many dependents are on your return. The credit is claimed on line 71 of form 1040. A similar line will be available if you file the short form 1040A. Also, if you know anyone who no longer files a tax return and they have their own land phone in their home and have been paying a phone bill for years, make sure they know about the form 1040EZ-T, which they can use to claim this refund. The one time credit is available because the federal excise tax has been charged to you on your phone bill for years. It is an old tax (Spanish American War era) that was assessed on your toll calls based on how far the call was being made and how much time you talked on that call. When phone companies began to offer flat fee phone service, challenges to the excise tax ended up in federal courts in several districts of the country. The challenges pointed out that flat fee/rate phone service had nothing to do with the distance and the length of the phone call. Therefore, the excise tax should/could not be assessed and restitution should be made to those concerned.

The IRS has now conceded this argument. Phone companies were given notice to stop assessing the federal excise tax as of 30 AUG 06. You most likely will have seen the tax on your September cutoff statement, but it should NOT have been on your October bill. But the challengers of the old law also demanded restitution. The IRS has announced that a one time credit will be available when you file 2006 tax return. However, the IRS also established limits on how large a credit you can get. Here's how it works.

- If you file your return as a single person with just you as a dependent, you get to claim a \$30 credit on line 71 of your 1040.
- If you file with a child or a parent as your dependent, you claim \$40.
- If you file your return as a married couple with no children, you claim \$40.
- If you file as married with children, you claim \$50 if one child, \$60 if two children

In all cases, the most you get to claim is \$60 - unless you have all your phone bills starting after 28 FEB 03 through 31 JUL 06. If so, then you can add up the actual tax as it appears on your bills and claim that for a credit. If you do this you cannot use line 71 on your tax return. You have to complete a special form number 8913 and attach it to your tax return. Individuals using the special form 1040EZ-T will have to attach this form 8913 also. [Source: NAUS Weekly Update 19 Jan 07 ++]

**CONGRESSIONAL BUDGET SCHEDULE:** Most, but not all, law changes affecting military personnel and compensation policy are incorporated in the annual Defense Authorization Bill and funded via the Defense Appropriations Bill. Last year Congress

failed to enact 9 of the 11 annual spending bills for FY2007 which started on 1 OCT 06. Instead, Congress passed a continuing resolution, which funds non-DoD government agencies for 2007 at 2006 levels. Congressional rules outlining the budget schedule are supposed to avoid this type of slippage. Here's this year's schedule if they live by the rules:

- . February 5: Deadline for submission of President's budget.
  - . Six weeks after budget submission: Deadlines for committees to submit cost estimates for their proposed initiatives to the Budget Committees, as applicable.
  - . March-April: House/Senate pass separate budget resolutions (self-imposed, annual spending ceilings).
  - . April: House/Senate agree on a single budget resolution. Last year, the House and Senate could not agree on a single resolution.
  - . Mid-May: Begin to consider annual appropriations bills.
  - . June: Appropriations Committees report the last of the appropriations bills and each chamber completes action on the spending bills.
  - . July 1.
  - . October 1: New fiscal year begins. Only two annual appropriations bills were completed by Oct 1 last year - defense and military construction.
- [Source: MOAA Update 19 Jun 07 ++]

**EXPATRIATE INCOME TAX:** U.S. citizens and resident aliens who live in a foreign country must file a tax return if their global income exceeds their standard deduction and exemption amount(s). For Married Couples, the Standard Deduction is \$10,300; for Singles, \$5,150; Heads of Household, \$7,550; Married Couples Filing Separately, \$5,150; Qualifying Widow(er), \$10,300. The Standard Deduction is increased by \$1,250 for an unmarried individual age 65 or blind, and \$2,500 for a combination of the two. It is increased \$1,000 for any married person 65 years or older, or blind, or \$2,000 for both conditions. The Exemption amount is \$3,300 per dependent. A married couple with two children would therefore not be required to file a tax return if their global income in 2006 was under \$23,500 ( $\$10,300 + (\$3,300 \times 4)$ ), unless either spouse had foreign earned income. A couple marrying the last day of the calendar year may file as though married for the entire year. But a couple who divorces on 31 DEC is considered unmarried for the entire year. Regardless of whether foreign earned income (salaries, wages, earnings from self-employment) can be excluded from U.S. taxation by the \$82,400 Foreign Earned Income Exclusion resulting in an American expatriate filer falling below the Standard Deduction + Exemption threshold, a tax return must be filed. Otherwise, in a future audit, IRS can deny a non-filer the FEIE and tax him or her on the foreign earnings.

A resident alien living outside the United States can be a resident in the U.S. for 183 days in the past three years plus 31 days during the recent calendar year, or a green card holder. A nonresident alien may have to file a tax return based on income from U.S. sources. Income effectively connected with a U.S. business and capital gains from the sale of U.S. real estate are subject to regular income tax rates. Otherwise income is taxed at 30% or lower treaty rate. A U.S. citizen living abroad can file a tax return as Married

Separate but might well consider the possibility of a better tax break by filing jointly with his or her alien spouse. Under certain circumstances a person arriving in or departing from the U.S. could be classified as both resident and nonresident for tax purposes. American expatriates owing taxes for 2006 must pay by 16 APR 07 even though a tax return need not be filed until 15 June. Form 4868 can extend this latter filing deadline to 15 OCT. Tax returns should be sent to: Internal Revenue Service, Austin, TX 73301-0215. It is recommended that filers submit their returns online or by traceable means such as registered or certified mail. For additional information refer to [www.taxbarron.com/filing\\_requirements.htm](http://www.taxbarron.com/filing_requirements.htm) or [www.irs.gov](http://www.irs.gov). PDF Forms and instructions can be downloaded at [www.irs.gov/formspubs/lists/0,,id=97817,00.html](http://www.irs.gov/formspubs/lists/0,,id=97817,00.html). [Source: The Tax Baron Report Jan 07 ++]

2006 TAX LAW CHANGES: Following is a summary of what to look for when preparing your 2006 tax return:

- 1.) Alternative Minimum Tax - Exemption amounts: Estates and Trusts, \$22,500; Married Filing Jointly, \$62,550; Single or Head of Household, \$42,500; Married Filing Separately, \$31,275.
- 2.) Capital Gains Rates - Remain at 5% and 15% for 2006 and 2007.
- 3.) Section 179 - Taxpayers may expense up to \$108,000 of qualifying property.
- 4.) Child and Dependent Care Credit - 35% with reduced credits starting at \$15,000 of AGI. Amount of eligible expenses is \$3,000 for one child and \$6,000 for two or more children.
- 5.) Child Tax Credit - \$1,000 for each qualifying child.
- 6.) Qualified Dividends - Taxed at 5% and 15% through 2007.
- 7.) Education Credits - Maximum Go Zone Lifetime Learning Credit, \$4,000; Others, \$2,000. Hope Credit, \$3,300; Others, \$1,650.
- 8.) Salary Reduction Agreements - Maximum amount of elective deferrals that could be contributed to a qualified plan increased to \$15,000 (\$20,000 if taxpayer is age 50 and up). SIMPLE plans amount increased to \$10,000 (\$12,500 age 50).
- 9.) Exemption Amount - \$3,300 in 2006 and \$3,400 in 2007.
- 10.) Hurricane Katrina Exemption Amount - For taxpayers providing housing for victims, the amount is \$500 per month; maximum \$2,000 MFJ.
- 11.) The Foreign Earned Income Exclusion - \$82,400 of qualified income for 2006, and \$85,700 in 2007.
- 12.) Health Savings Accounts - Taxpayers can contribute the lesser of the annual deductible for medical insurance coverage or up to \$2,700 for singles or \$5,450 for families in 2006.
- 13.) Traditional and Roth IRAs - Under age 50, smaller of \$4,000 or earned income; age 50 and over, smaller of \$5,000 or earned income.
- 14.) Kiddie tax - Tax on net unearned income of under 18 age child if over \$1,700 computed at parent's highest marginal tax rate.
- 15.) Meal Expenses - Generally limited to 50% if business- related but 75% if meals occur incident to Department of transportation's 'hours of service' limits.
- 16.) Archer Medical Savings Account - Self only annual deductible is \$1,800 - 2,700;

family, \$3,650 - 5,450.

17.) Standard Mileage Rates - Business miles, \$.445; Charity, \$.14; Medical, \$.18; Moving, \$.18 In 2007, \$.485, .14, .20 and .20 respectively.

[Source: The Tax Baron Report Jan 07]

TSP UPDATE 08: Hackers breached the accounts of some Thrift Savings Plan (TSP) participants in late December, stealing \$35,000 and prompting officials to encourage extra safeguards. Officials with the 401(k)-style retirement savings plan for federal employees said every participant who was affected by the theft has been notified. Computers of about 25 participants were infected with software that allowed hackers to record their keystrokes and find their TSP personal identification numbers. TSP officials are working with the Secret Service to find the perpetrators. Speaking at a TSP Board meeting 16 JAN, Executive Director Gary Amelio encouraged participants to install a protective program on their computers to block unwanted spyware and to log off of the TSP Web site when finished accessing their accounts. Amelio stressed that the TSP system itself was not breached. TSP officials posted two announcements on the Web site that must be read before participants can access their accounts. One details the security breach and the other is a warning that only TSP participants can use the site in order, to inflict stronger legal penalties on hackers.

When TSP officials became aware of the theft, they temporarily blocked electronic transfers out of the plan, because the criminals electronically sent the money to their own accounts. Amelio spoke out about the breach on the same day that his staff released full results from the first survey of TSP participants since 1991. The survey revealed that participants prefer using the Internet to access their accounts. Forty-nine percent access their accounts online at home and 39% access them online at work. In addition, survey respondents indicated they would like more choices in the plan. Sixty percent of respondents said they agreed that the TSP would be better if there was a Roth 401(k) option, which would allow investors to pay taxes at the time of investment instead of when they take their money out upon retirement. Only 11% disagreed, and 16% were neutral. Many respondents also said the plan would be better if there were more investment options to supplement the six funds that exist now. Forty-six percent of respondents said they agreed that the plan would be better with more funds, while 19% disagreed and 24% were neutral. But when TSP participants were asked if they wanted more options even if it would cost them more, the numbers went down. Right now, TSP participants only pay administrative costs of \$4 for every \$10,000 they have in their accounts, much lower than the costs of similar plans.

Board members recently hired outside consulting firm Ennis Knupp & Associates of Chicago for advice on whether the plan should have more funds. In November, the firm recommended against doing so. Board members also have been in a legislative battle to block a heavily lobbied bill to add a Real Estate Investment Trust (REIT) fund to the plan. The bill has not yet been reintroduced in the 110th Congress. More than half of survey respondents said they would want the REIT fund if costs stayed the same and about 25% said they wanted the fund even if it would cost more. About 20% of

respondents said they did not want the extra fund. Amelio and board members said they will examine the survey results as they decide upon next steps for the plan, but they said the TSP is not a democracy. [Source: GOVEXEC.com Daily Briefing 16 Jan 07]

**SSA NAME CHANGE UPDATE 01:** If you legally change your name because of marriage, divorce, court order or any other reason, tell Social Security so that you can get a corrected card. If you are working, also tell your employer. If you do not tell SSA when your name changes, it may delay your tax refund and may prevent your wages from being posted correctly to your Social Security record. This would lower the amount of your future Social Security benefits. To change your name on your Social Security card complete an Application For A Social Security Card (Form SS-5) and provide SSA proof of your U.S. citizenship (if you have not previously established your citizenship with them) or immigration status. For legal name and/or Identity change take (or mail) your completed application and documents to your local Social Security office. All documents must be either originals or copies certified by the issuing agency. SSA will not accept photocopies or notarized copies of documents. Included in our application must be a recently issued document as proof of your legal name change. Documents Social Security may accept to prove a legal name change include:

- Marriage document;
- Divorce decree;
- Certificate of Naturalization showing a new name; or
- Court order for a name change.

If the document you provide as evidence of a legal name change does not give SSA enough information to identify you in their records or if you legally changed your name more than two years ago, you must provide SSA with additional documentation. In addition to showing a legal document proving your marriage, divorce or annulment, you must provide an identity document. That document must show your old name, as well as other identifying information or a recent photograph. SSA can accept an expired document as evidence of your old name. In addition to showing a legal document citing your new name, such as a court order, adoption decree or Certificate of Naturalization, you must provide two identity documents that show identifying information or a recent photograph. The two documents needed are one identity document in your old name (which can be expired); and one identity document in your new legal name, which must be current (unexpired).

If you are a U.S. citizen born outside the United States and SSA's records do not show you are a citizen, you will need to provide proof of your U.S. citizenship. If you are not a U.S. citizen, Social Security will ask to see your current immigration documents. Your new card will have the same number as your previous card, but will show your new name. SSA will mail your number and card as soon as they have all of your information and have verified your documents. [Source: [www.socialsecurity.gov](http://www.socialsecurity.gov) Jan 07 ++]

**PHILIPPINE DEERS REGISTRATION UPDATE 01:** Initial DEERS registration and

military ID cards can now be obtained via JUSMAG at the U.S. Embassy, Manila. Those desiring to enroll in DEERS and/or obtain initial or updated replacement ID cards can call Specialist Babcock at his Cell: 0920-911-8964 between 08-1700 M-F to obtain an appointment. Walk-ins are discouraged since Babcock has other duties to perform and may not be available to see you without an appointment. Those who already have an ID card and thus are registered in DEERS need only bring their old card. Dependents who need to initially register in DEERS or change their status will have to provide original or certified copies of their birth, marriage, death, or divorce certificates as applicable. Students turning age 21 must bring a letter with from the Registrar's office of the college/university they are attending verifying their enrollment. Sponsor's should accompany dependents. If not, possible this should be discussed when you call for an appointment to obtain instructions on how to proceed. DEERS enrollment is good to age 65 unless divorced or turning age 21 (23 if a student), and does not cease with the expiration of your ID card. Thus, you can still file Tricare claims if your card has expired. Other than Space "A" travel in PI, ID card renewal is only needed to obtain access to military installations/facilities which are only available outside of the Philippines. To obtain TFL at age 65 you must obtain Medicare Part "B" and reregister in DEERS. [Source: JUSMAG Philippines Specialist Babcock communication 16 Jan 07 ++]

**BLOOD DONOR MONTH:** About 20% of servicemembers donate blood, compared to less than 5% of the civilian population. This year, the Armed Services Blood Program (ASBP) will collect about 160,000 units or pints of blood products. The ASBP collects blood only from servicemembers, government civilians, retirees and their family members. The program manages 18 stateside blood donor centers and four overseas centers. Specific information can be found on the program's website [www.militaryblood.dod.mil](http://www.militaryblood.dod.mil). Blood is always needed because blood products normally must be replenished about 42 days after being collected. [Source: NAUS Update 12 Jan 07]

**COMMISSARY USER SAVINGS:** Commissary customers closed 2006 with record-breaking savings. According to Patrick Nixon, Defense Commissary Agency director and chief executive officer the average customer savings for a family of four have risen to nearly \$3,000 annually. Savings have actually been holding steady at about 32% for several years. DeCA has not revised its savings messages for more than a year, but using current U.S. Department of Agriculture figures for retail grocery food purchases consumed at home, a family of four shopping at the commissary on a regular basis can save \$2,957 annually on groceries. The figure formerly used was \$2,700. Under the latest calculations, couples can save \$1,885, and individuals can save \$1,029 by shopping regularly at their commissary. [Source: Armed Forces News 5 Jan 06 ++]

#### VA COMPENSATION RATES (OTHER):

Death:

1.) Headstone -\$132

- 2.) Service-Connected Burial: \$2000
- 3.) Service-Connected Burial: \$300
- 4.) Plot Allowance: \$300
- 5.) State Cemetery Plot Allowance: \$300

Note 1: The service-connected burial rate applies in cases where death occurred on or after 9/11/01.

Note 2: The headstone/marker allowance is payable only if the veteran died between 10/18/78 and 11/1/90. The rate payable is determined by when the headstone/marker was purchased. For example, the rate payable would be \$98 if the veteran died on 7/1/85 and the headstone/marker was purchased on 9/29/94.

#### Special Benefit Allowances:

- 1.) Automobile Allowance: One automobile allowance of \$11,000 is payable to certain very disabled veterans. Some reimbursement is possible for adaptive equipment. Check with nearest VA office before making any purchases.
  - 2.) Clothing Allowance: Prosthetic appliances and medications have an effect on clothing. If qualified, a veteran can receive a one time or yearly allowance for reimbursement of \$662 per year. The clothing allowance increase, while effective the date of the law, is not payable until the following August 1st.
  - 3.) Medal of Honor Pension: \$1,104 per month
- [Source: [www.vba.va.gov/bln/21/Rates/](http://www.vba.va.gov/bln/21/Rates/) Dec 06 ++]

**HOSPITAL CLEANLINESS:** One of every 20 people who go into a U.S. hospital picks up an infection. And for 90,000 Americans a year, the infections are a death sentence. A growing number of hospitals are working harder to stop infections, but as more bugs become resistant to antibiotics, it's an uphill struggle. Some two million patients get a hospital-acquired infection annually. In Pennsylvania alone, more than 19,000 infection cases occurred in 2005 (up from 11,600 in 2004) out of 1.6 million admissions to 168 hospitals, according to a report issued by the state's Health Care Cost Containment Council. Pennsylvania, the first state to provide infection data collected directly from its hospitals, reported that nearly 13% of patients who got infections died, compared with slightly more than 2% of patients who didn't have infections. Nationwide, hospital infections are the eighth leading cause of death.

Betsy McCaughey, a health policy expert and former lieutenant governor of New York has founded the nonprofit Committee to Reduce Infection Death (RID). McCaughey pushes and cajoles hospitals to prevent the spread of infection. The necessary measures, she says, are simple and well documented in medical literature. Yet they're not consistently practiced or explained to patients. "A very good example," she says, is to tell patients to "shower with chlorhexidine soap if you're going in for surgery ... it's so easy. And you get it in the drugstore." In fact, job number one for advocates like McCaughey is to debunk the notion that infection in the hospital is like bad weather-unfortunate but inevitable. Administrators, they insist, have set the bar way too low, content to keep their hospitals' infection rates to national averages-for example, a wound infection for one of every 24 surgical patients and a urinary tract infection for up to a

quarter of those requiring a catheter for a week or longer.

Generally speaking, there's little debate about what it takes to check the spread of infection in hospitals, from giving patients antibiotics before surgery to avoiding overuse of catheters and intravenous lines. But hospitals are busy places, and the foe is invisible. Research suggests that more than half the time, health care workers even fail to wash their hands as recommended—a critical bulwark against infection identified 160 years ago. McCaughey says, "Bacteria is largely spread through touch. In the old days nurses and doctors were trained not to touch doorknobs, cabinets, curtains and blood pressure cuffs once they scrubbed and/or gloved. But all of that training really went by the wayside in the early '70s, when the liberal use of antibiotics replaced that attention to rigorous hygiene." Not coincidentally, those same years brought a galloping increase in germs you can't knock out with standard antibiotics. In 1974 only 2% of staph germs in the United States were drug-resistant but by 2004, fully 63% were.

One outcome of the crisis is that more hospitals are working harder to stop deadly infections. In early 2005, for example, the nonprofit Institute for Healthcare Improvement in Cambridge, Mass., enlisted 3,000 hospitals to practice interventions proven to save lives. One approach targeted ventilator-associated pneumonia (VAP), a deadly infection that strikes about 15% of patients who have a breathing tube inserted. Hospital workers washed their hands frequently, closely monitored incision sites and raised patient beds to at least 30 degrees to prevent stomach fluids from backing up into the lungs—measures that enabled more than 30 hospitals to report no VAPs for at least a year. Pittsburgh's Allegheny General Hospital is also waging war on infections. In the past few years the staff has reduced the rate of bloodstream infections caused by large-vein catheters by 90% and ventilator pneumonias by 85%. The hospital saved \$1.2 million over two years by devoting resources to controlling infection. It was determined that eliminating a single bloodstream infection case paid for nearly a year's worth of measures to stop the infections. The savings to patients and insurers are more obvious. The November report on Pennsylvania's hospitals noted that the average charge for infection cases was \$185,260, compared with \$31,389 for noninfection cases.

By studying quality-control techniques of the industrial production lines hospitals are learning how to reduce their infection rates. When an infection does happen, treatment teams to figure out what went wrong can reduce repeat occurrences. In most hospitals, patients do not get a thorough review and/or disclosure about the source of an infection. Moreover, in most parts of the country, it's virtually impossible to find out how well hospitals are doing at infection control overall. But that's changing with Pennsylvania and California among the states leading the way. In the past three years, 14 states have passed laws requiring hospitals to report information about infections to the public. Public reporting not only informs consumers, it motivates doctors and nurses to work for better results. In 1989, when New York state started publishing hospitals' death rates after bypass surgery, the hospitals conducted internal reviews, hired new personnel and pushed out surgeons with the highest death figures. Statewide mortality dropped by 41 percent in four years. Nobody wants their deficiencies published and places that do well take pride in their good work. [Source: AARP Katharine Greider article 12 Jan 07 ++]

**HEALTH CARE PROVIDER PERFORMANCE:** Before getting medical care, whether it's having a knee or hip replaced or another non-emergency treatment, it's helpful to know how a particular hospital and/or physician, performs compared to other providers. Checking out a provider's quality performance becomes ever more important as individuals take on more health care decision-making in the era of consumer-driven health care. Increasingly, federal and state governments, along with employer and consumer organizations, are making easier the difficult task of determining the quality of healthcare providers. Recognizing the need to provide consumers with more performance information, many states are providing web-based tools to help consumers locate the best hospital or physician for their medical treatment and care. The type and amount of information made available electronically varies by state.

Even if your state doesn't yet offer its own comprehensive data, or if you simply want other resources to help with your research, you can turn to the easy-to-use Hospital Compare tool, maintained by the U.S. Department of Health and Human Services at [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov). The tool allows adults to get information about hospitals in their area and the quality of their treatment for certain medical conditions, such as heart attacks, heart failure and pneumonia by using available data. It also highlights how well each facility does in preventing surgical infections. The website has hospital information, quality measures and patient tools. Other sources to check out include:

- The Leapfrog Group, a group representing the millions of employees of more than 70 companies and organizations that buy health care, rates hospitals on how they are doing on several key measures of improving patient safety. Consumers can search for hospital rankings with the Leapfrog Hospital Quality and Safety Survey Results, where you can search for hospital information by your ZIP code at [www.leapfroggroup.or/home](http://www.leapfroggroup.or/home).
- Quality Check, a service of the Joint Commission on Accreditation of Healthcare Organizations, allows consumers to see and compare the quality and patient safety performance of local hospitals at [www.qualitycheck.org/consumer/searchQCR.aspx](http://www.qualitycheck.org/consumer/searchQCR.aspx).
- A fee-based service [www.DocInfo.org](http://www.DocInfo.org) offered by the Federation of State Medical Boards, provides consumers with professional information on physicians and physician assistants licensed in the United States and includes information on disciplinary sanctions, education, medical specialty, licensure history and locations. A directory of state medical boards may provide you with access to free information through your state's medical board at [www.fsmb.org/directory\\_smb.html](http://www.fsmb.org/directory_smb.html).
- Good sources of health care quality information can be found at the Agency for Healthcare Research and Quality consumer site [www.ahrq.gov/consumer](http://www.ahrq.gov/consumer).
- A state by state guide is available at [www.aarp.org/bulletin/yourhealth/statebystate\\_guide\\_healthcare\\_provider\\_performance.html](http://www.aarp.org/bulletin/yourhealth/statebystate_guide_healthcare_provider_performance.html)

The following State-by-State Guides on medical care/needs can be viewed on the AARP Bulletin Online site [www.aarp.org/bulletin](http://www.aarp.org/bulletin):

- Healthcare Provider Performance
- Pharmacy Assistance Programs

- Nursing Home Performance Data
- HMO Report Cards
- Transportation Assistance

[Source: AARP Bulletin Online Christopher J. Gearon article Dec 06 ++]

MILITARY LEGISLATION STATUS 31 JAN 07: Following is a listing of Congressional bills of interest to the military community that have been introduced in the 110th Congress. Support of these bills through cosponsorship by other legislators is critical if they are ever going to move through the legislative process for a floor vote to become law. A cosponsor is a member of Congress who has joined one or more members in his/her chamber (i.e. House or Senate) to sponsor a bill or amendment. The first member to sign onto a bill is considered the Sponsor, members subsequently signing on are Cosponsors. Any number of members may cosponsor a bill in the House or Senate. At <http://thomas.loc.gov> you can determine the current status of each bill, the committee it has been assigned to, and if your legislator is a sponsor or cosponsor of it. The key to increasing cosponsorship is letting our representatives know of veterans feelings on issues. At the end of some of the below listed bills is a web link that can be used to do that. Otherwise, you can locate on <http://thomas.loc.gov> who your representative is and his/her phone number, mailing address, or email/website to communicate with a message or letter of your own making:

H.R.0023: A bill to amend title 46, United States Code, to provide benefits to certain individuals who served in the United States merchant marine (including the Army Transport Service and the Naval Transport Service) during World War II. Sponsor: Rep Filner, Bob [CA-51] (introduced 1/4/07). Cosponsors (7).

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H.R.0081: A bill to amend title 38, United States Code, to provide that members of the Armed Forces and Selected Reserve may transfer certain educational assistance benefits to dependents, and for other purposes.

Sponsor: Rep Bartlett, Roscoe G. [MD-6] (introduced 1/4/07) Cosponsors (2).

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H.R.0089: A bill to amend title 10, United States Code, to extend eligibility for combat-related special compensation (CRSC) paid to certain uniformed services retirees who are retired under chapter 61 of such title with fewer than 20 years of creditable service.

Sponsor: Rep Bilirakis, Gus M. [FL-9] (introduced 1/4/07). Cosponsors (3). To support this bill and/or contact your Representative refer to

<http://capwiz.com/moaa/issues/bills/?bill=9240191>.

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H.R.0092: A bill to amend title 38, United States Code, to establish standards of access (i.e. 30 days) to care for veterans seeking health care from the Department of Veterans Affairs, would allow referral to civilian care in cases where the standard is not met, would require the VA to annually report its performance in meeting those access standards, and for other purposes. Sponsor: Rep Brown-Waite, Ginny [FL-5] (introduced 1/4/07). Cosponsors (7). To support this bill and/or contact your Representative refer to

<http://capwiz.com/moaa/issues/bills/?bill=9240456>.

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H.R.0109: A bill to amend the Small Business Act to make service-disabled veterans eligible under the 8(a) business development program. Sponsor: Rep Davis, Jo Ann [VA-1] (introduced 1/4/07) Cosponsors (None).

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H.R.0112: A bill to amend title 38, United States Code, to provide for the payment of stipends to veterans who pursue doctoral degrees in science or technology. Sponsor: Rep Davis, Jo Ann [VA-1] (introduced 1/4/07). Cosponsors (None).

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H.R.0136: A bill to amend title II of the Social Security Act to provide that individuals and appropriate authorities are notified by the Commissioner of Social Security of evidence of misuse of the Social Security account numbers of such individuals. Sponsor: Rep Gallegly, Elton [CA-24] (introduced 1/4/07). Cosponsors (2).

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H.R.0140: A bill to amend title 10, United States Code, to require the amounts reimbursed to institutional providers of health care services under the TRICARE program to be the same as amounts reimbursed under Medicare, and to require the Secretary of Defense to contract for health care services with at least one teaching hospital in urban areas. Sponsor: Rep Green, Gene [TX-29] (introduced 1/4/07). Cosponsors (None).

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H.R.0156: A bill to amend title 38, United States Code, to provide for the payment of dependency and indemnity compensation (DIC) to the survivors of former prisoners of war who died on or before 30 SEP 99, under the same eligibility conditions as apply to payment of DIC to the survivors of former prisoners of war who die after that date. Sponsor: Rep Holden, Tim [PA-17] (introduced 1/4/07). Cosponsors (1). To support this bill and/or contact your Representative refer to

<http://capwiz.com/moaa/issues/bills/?bill=9240856>

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H.R.0191: A bill to amend the Internal Revenue Code of 1986 to repeal the inclusion in gross income of Social Security benefits. Sponsor: Rep Paul, Ron [TX-14] (introduced 1/4/07). Cosponsors (8).

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H.R.0207: A bill to provide for identification of members of the Armed Forces exposed during military service to depleted uranium, to provide for health testing of such members, and for other purposes. Sponsor: Rep Serrano, Jose E. [NY-16] (introduced 1/4/07). Cosponsors (6).

\*\*\*\*\*

H.R.0243: A bill to amend title 10, United States Code, to provide for the payment of Combat-Related Special Compensation (CRSC) to members of the Armed Forces retired for disability with less than 20 years of active military service who were awarded the Purple Heart. Sponsor: Rep Weller, Jerry [IL-11] (introduced 1/5/07). Cosponsors (None).

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H.R.0303: A bill to amend title 10, United States Code, to permit certain additional retired members of the Armed Forces who have a service-connected disability to receive both disability compensation from the Department of Veterans Affairs for their disability

and either retired pay by reason of their years of military service or Combat-Related Special Compensation (CRSC) and to eliminate the phase-in period under current law with respect to such concurrent receipt. Sponsor: Rep Bilirakis, Gus M. [FL-9] (introduced 1/5/07). Cosponsors (17). To support this bill and/or contact your Representative refer to <http://capwiz.com/moaa/issues/bills/?bill=9240026>

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H.R.0315: A bill to amend title 38, United States Code, to require the Secretary of Veterans Affairs to enter into contracts with community health care providers to improve access to health care for veterans in highly rural areas, and for other purposes. Sponsor: Rep Pearce, Stevan [NM-2] (introduced 1/5/07). Cosponsors (9).

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H.R.0333: A bill to amend title 10, United States Code, to permit retired members of the Armed Forces who have a service-connected disability rated less than 50% to receive concurrent payment of both retired pay and veterans' disability compensation, to eliminate the phase-in period for concurrent receipt, to extend eligibility for concurrent receipt and combat-related special compensation to chapter 61 disability retirees with less than 20 years of service, and for other purposes. Sponsor: Rep Marshall, Jim [GA-8] (introduced 1/9/07). Cosponsors (7). To support this bill and/or contact your Representative refer to <http://capwiz.com/usdr/issues/alert/?alertid=9226426&type=ML>

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H.R.0339: A bill to amend title 38, United States Code, to improve access to medical services for veterans seeking treatment at Department of Veterans Affairs outpatient clinics with exceptionally long waiting periods. Sponsor: Rep Duncan, John J., Jr. [TN-2] (introduced 1/9/07). Cosponsors (None).

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H.R.0343: A bill to amend the Internal Revenue Code of 1986 to allow a refundable credit to military retirees for premiums paid for coverage under Medicare Part B. Sponsor: Rep Emerson, Jo Ann [MO-8] (introduced 1/9/07). Cosponsors (None).

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H.R.0402: A bill to amend title 38, United States Code, to provide for annual cost-of-living adjustments (COLA) to be made automatically by law each year in the rates of disability compensation for veterans with service-connected disabilities and the rates of dependency and indemnity compensation for survivors of certain service-connected disabled veterans. Sponsor: Rep Knollenberg, Joe [MI-9] (introduced 1/11/07). Cosponsors (11).

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H.R.0447: A bill to amend title 38, United States Code, to provide that World War II merchant mariners who were awarded the Mariners Medal shall be provided eligibility for Department of Veterans Affairs health care on the same basis as veterans who have been awarded the Purple Heart. Sponsor: Rep Fortenberry, Jeff [NE-1] (introduced 1/12/07). Cosponsors (None).

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H.R.0463: A bill to amend title 38, United States Code, to terminate the administrative freeze on the enrollment into the health care system of the Department of Veterans

Affairs of veterans in the lowest priority category for enrollment (referred to as "Priority 8"). Sponsor: Rep Rothman, Steven R. [NJ-9] (introduced 1/12/07). Cosponsors (29).

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H.R.0551: A bill to amend the Internal Revenue Code of 1986 with respect to the eligibility of veterans for mortgage bond financing, and for other purposes. Sponsor: Rep Davis, Susan A. [CA-53] (introduced 1/18/07). Cosponsors (19).

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H.R.0579: A bill to amend title 10, United States Code, to prohibit certain increases in fees for military health care. Sponsor: Rep Edwards, Chet [TX-17] (introduced 1/19/07). Cosponsors (28). To support this bill and/or contact your Representative refer to

[http://capwiz.com/usdr/index\\_frame.dbq?url=http://capwiz.com/usdr/issues/alert/?alertid=9284961&queueid=\[capwiz:queue\\_id\]](http://capwiz.com/usdr/index_frame.dbq?url=http://capwiz.com/usdr/issues/alert/?alertid=9284961&queueid=[capwiz:queue_id])

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H.R.0585: A bill to amend title 38, United States Code, to expand the number of individuals qualifying for retroactive benefits from traumatic injury protection coverage under Servicemembers' Group Life Insurance. Sponsor: Rep Herse, Stephanie [SD] (introduced 1/19/07). Cosponsors (1).

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H.R.0612: A bill to amend title 38, United States Code, to extend the period of eligibility for health care for combat service in the Persian Gulf War or future hostilities from two years to five years after discharge or release. Sponsor: Rep Filner, Bob [CA-51] (introduced 1/22/07). Cosponsors (None).

\*\*\*\*\*

H.R.0649: A bill to amend title XVI of the Social Security Act to provide that annuities paid by States to blind veterans shall be disregarded in determining supplemental security income benefits. Sponsor: Rep Reynolds, Thomas M. [NY-26] (introduced 1/24/07). Cosponsors (28).

\*\*\*\*\*

H.R.0650: A bill to provide for the Secretary of Veterans Affairs to conduct a pilot program to determine the effectiveness of contracting for the use of private memory care facilities for veterans with Alzheimer's Disease. Sponsor: Rep Reynolds, Thomas M. [NY-26] (introduced 1/24/07). Cosponsors (11).

Reynolds, Thomas M. [NY-26] (introduced 1/24/07). Cosponsors (24).

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H.R.0652: A bill to make the National Parks and Federal Recreational Lands Pass available at a discount to certain veterans. Sponsor: Rep Reynolds, Thomas M. [NY-26] (introduced 1/24/07). Cosponsors (24).

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H.R.0653: A bill to amend title 38, United States Code, to allow the sworn affidavit of a veteran who served in combat during the Korean War or an earlier conflict to be accepted as proof of service-connection of a disease or injury alleged to have been incurred or aggravated by such service. Sponsor: Rep Reynolds, Thomas M. [NY-26] (introduced 1/24/07). Cosponsors (1).

\*\*\*\*\*

H.R.0675: A bill to amend title 38, United States Code, to increase the amount of assistance available to disabled veterans for specially adapted housing and to provide for

annual increases in such amount. Sponsor: Rep Herseth, Stephanie [SD] (introduced 1/24/07). Cosponsors (None)

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H.R.0690: A bill to amend title 10, United States Code, to reduce the minimum age for receipt of military retired pay for non-regular service from 60 to 55. Sponsor: Rep Saxton, Jim [NJ-3] (introduced 1/24/07). Cosponsors (34).

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H.R.0704 : A bill to amend title 38, United States Code, to reduce from age 57 to age 55 the age after which the remarriage of the surviving spouse of a deceased veteran shall not result in termination of dependency and indemnity compensation (DIC) otherwise payable to that surviving spouse.

Sponsor: Rep Bilirakis, Gus M. [FL-9] (introduced 1/29/07). Cosponsors (None).

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S.0022: A bill to amend title 38, United States Code, to establish a program of educational assistance for members of the Armed Forces who serve in the Armed Forces after September 11, 2001, and for other purposes. Sponsor: Sen Webb, Jim [VA] (introduced 1/4/07). Cosponsors (None). To support this bill and/or contact your Representative refer to <http://capwiz.com/moaa/issues/bills/?bill=9242071>

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S.0057: A bill to amend title 38, United States Code, to deem certain service in the organized military forces of the Government of the Commonwealth of the Philippines and the Philippine Scouts to have been active service for purposes of benefits under programs administered by the Secretary of Veterans Affairs.

Sponsor: Sen Inouye, Daniel K. [HI] (introduced 1/4/07). Cosponsors (1).

\*\*\*\*\*

S.0066: A bill to require the Secretary of the Army to determine the validity of the claims of certain Filipinos that they performed military service on behalf of the United States during World War II.

Sponsor: Sen Inouye, Daniel K. [HI] (introduced 1/4/07). Cosponsors (None).

\*\*\*\*\*

S.0067: A bill to amend title 10, United States Code, to permit former members of the Armed Forces who have a service-connected disability rated as total to travel on military aircraft in the same manner and to the same extent as retired members of the Armed Forces are entitled to travel on such aircraft. Sponsor: Sen Inouye, Daniel K. [HI] (introduced 1/4/07). Cosponsors (None).

\*\*\*\*\*

S.0071: A bill to amend title 10, United States Code, to authorize certain disabled former prisoners of war to use DoD commissary and exchange stores. Sponsor: Sen Inouye, Daniel K. [HI] (introduced 1/4/07). Cosponsors (None).

\*\*\*\*\*

S.0117: A bill to amend titles 10 and 38, United States Code, to improve benefits and services for members of the Armed Forces, veterans of the Global War on Terrorism, and other veterans, to require reports on the effects of the Global War on Terrorism, and for other purposes. Sponsor: Sen Obama, Barack [IL] (introduced 1/4/07). Cosponsors (1).

\*\*\*\*\*

S.0207: A bill to amend the Internal Revenue Code of 1986 to allow taxpayers to designate part or all of any income tax refund to support reservists and National Guard members. Sponsor: Sen Coleman, Norm [MN] (introduced 1/9/07). Cosponsors (2)  
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S.0225: A bill to amend title 38, United States Code, to expand the number of individuals qualifying for retroactive benefits from traumatic injury protection coverage under Servicemembers' Group Life Insurance. It would expand retroactive payments of traumatic injury insurance to servicemembers injured outside a combat area between 10 OCT 01 and 1 DEC 05. Sponsor: Sen Craig, Larry E. [ID] (introduced 1/9/07). Cosponsors (1). To support this bill and/or contact your Representative refer to <http://capwiz.com/moaa/issues/bills/?bill=9242246>  
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S.0326: A bill to amend the Internal Revenue Code of 1986 to provide a special period of limitation when uniformed services retirement pay is reduced as result of award of disability compensation. Sponsor: Sen Lincoln, Blanche L. [AR] (introduced 1/17/07). Cosponsors (13). To support this bill and/or contact your Representative refer to <http://capwiz.com/moaa/issues/bills/?bill=9294921>  
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S.0383: A bill to amend title 38, United States Code, to extend the period of eligibility for health care for combat service in the Persian Gulf War or future hostilities from two years to five years after discharge or release. Sponsor: Sen Akaka, Daniel K. [HI] (introduced 1/24/07). Cosponsors (1).  
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S.0423: A bill to increase, effective as of December 1, 2007, the rates of compensation for veterans with service-connected disabilities and the rates of dependency and indemnity compensation for the survivors of certain disabled veterans. Sponsor: Sen Akaka, Daniel K. [HI] (introduced 1/29/07). Cosponsors (7).  
[Source: <http://thomas.loc.gov> 31 Jan 07 ++]

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