

> RAO Bulletin Update

> 1 July 2008

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> THIS BULLETIN CONTAINS THE FOLLOWING ARTICLES

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> == Medicare Reimbursement Rates 2008 [10] ----- (No Compromise)

> == VA Clinic Openings [10] ----- (44 New Clinics)

> == Tricare/CHAMPUS Fraud [11] ----- (5 years for \$100M)

> == Tricare/CHAMPUS Fraud [12] ----- (Retribution)

> == Shad [07] ----- (Low Claim Approval Rate)

> == VA Lawsuit (Lack of Care) [09] ----- (Outside Court Authority)

> == Mobilized Reserve 25 JUN 08] ----- (1,884 Decrease)

> == VA Dental Treatment [03] ----- (VA Insurance)

> == Economic Stimulus Package [06] ----- (\$2 billion Confiscated)

> == Veterans Disarmament Bill [01] ----- (Gun Ownership Protected)

> == VA Pay to Performance ----- (Pilot Project)

> == Reserve Component Mental Health Act ----- (H.R.6075)

> == SBP Lawsuit [02] ----- (Judge Orders Payment)

> == GI Bill [24] ----- (Webb Bill Passes Congress)

> == Veterans' Benefit Expirations [01] ----- (Updated)

> == Saluting the Flag [02] ----- (Civilian Attire)

> == Veterans Tax Relief [01] ----- (Signed Into Law)

> == Bequest Basics ----- (Types)

> == VA Appeals [04] ----- (Vet Lawyer Disbarment)

> == VA Mileage Reimbursement [04] ----- (\$0.505/mile Proposed)

> == Telemarketing Call Elimination [06] ----- (Rules Amended)

> == Chap 61 CRSC Claims ----- (Guidance Released)

> == DoD Disability Severance Law ----- (Violated?)

> == Senate Rules ----- (Clarification)

> == Tricare Hospital Selection in PI ----- (Verify First)

> == VA Gulf War Advisory Committee [01] ----- (1st Meeting)

> == VA Health Care Funding [13] ----- (Advance Appropriations)

> == VA Health Care Funding [14] ---- (Dysfunctional Budget System)

> == VA Drug Testing on Vets ----- (Hearings to be Held)

> == VA Drug Testing on Vets [01] ----- (300 Studies Ongoing)

> == PTSD [22] ----- (H.R. 6268)

> == Gulf War Vet Fatigue Study ----- (CoEnzyme Q10)

> == VA Budget 2009 [03] ----- (Subcommittee Approved)

> == Veteran Grave Vandals [01] ----- (Senate Committee Action)

> == Long Term Care Expense ----- (Insurance or Self Pay)

> == Army Sea Duty Ribbon ----- (Guard & Reserve Eligible)

> == VA Fraud [10] ----- (Tampa FL)

> == Credit Card Scam [01] ----- (EPPI Card system)

> == Medicare Preventive Care Services --- (Guidelines & Frequency)

> == Medicare Summary Notice (MSN) ----- (What it is)

> == Veteran Legislation Status 29 JUN 08 ----- (Where we Stand)
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> MEDICARE REIMBURSEMENT RATES 2008 UPDATE 10: On 24 JUN, the House
> overwhelmingly passed H.R.6331, Medicare Improvements for Patients and
> Providers Act, which would have stopped the payment cuts, substituted a
> small increase for doctors seeing Medicare and TRICARE patients, and
> prevented the therapy cutoff. The vote was a solid veto-proof 355-59 with
> 20 not voting. This bill was almost identical to one rejected by the
> Senate two weeks ago. But Senate Republicans and President Bush didn't
> approve of the funding source for that fix (cutbacks in some Medicare
> Advantage programs that pay doctors up to 17% more than regular Medicare
> does), and pushed an alternative bill. Medicare Advantage is but a small
> portion of those dependent upon Medicare. After the overwhelming House
> vote, Senate leaders tried to bring the bill up for a vote anyway. But
> when Republicans objected, they needed 60 votes to overcome the objection.
> On 26 JUN at 8:20PM, they got 58 with 40 nays and two not voting. Not
> enough to even get a vote, let alone override a threatened presidential
> veto. Republicans then proposed extending the current rates for 30 days to
> allow more time for a fix. But that was a non-starter, since the House had
> already left town for recess, and the Senate can't approve a new fix by
> itself.
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> Congress took a week's vacation over Independence Day and promised to
> fix things when they return. Now Medicare payments to doctors will be cut
> 10.6% starting 1 JUL. Also as of July 1, speech, physical or occupational
> therapy patients for whom Medicare has already paid at least \$1,810 for
> therapy in 2008 will have further Medicare payments for that care stopped.
> (NOTE: Tricare doesn't have a therapy payment cap like Medicare does, so
> Tricare therapy patients should be okay. For Tricare For Life patients,
> Tricare will pick up payments when Medicare stops, BUT only after the \$150
> annual Tricare deductible has been satisfied, along with applicable
> copays.) Tricare patients have a little more breathing room. Although
> Tricare doctor payments are tied to Medicare's, there's usually about a
> month's delay in updating Tricare payment files when Medicare makes a
> change.
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> This isn't the first time Congress has failed to stop a Medicare
> payment cut. In 2006, Congress missed the deadline, but approved a fix
> within a few weeks and made it retroactive. That caused doctors and
> Medicare administrators lots of headaches in the interim, but in the end,
> the lost payments were made up. And Tricare patients were never affected,
> because Congress fixed the rates before TRICARE got around to implementing
> the cuts. That's the best-case scenario now - if Congress can act quickly
> after 4 JUL to approve a fix the president will sign. But the risk remains
> that some number of fed-up doctors will decide not to accept any more

- > Medicare or Tricare patients and some may even turn away current
- > Medicare/Tricare patients. Whatever Congress does after 4 JUL, they could
- > have done before 1 JUL and prevented this mess. Actually, they have had
- > since 2002 to fix the problem but have only applied a band-aid fix each
- > year. If the President, the House, the Senate, Republicans, and Democrats
- > had been willing to compromise -- just a little -- health care access for
- > our seniors and military beneficiaries need not have been put at risk in
- > this irresponsible way. All active duty and retire personnel with Tricare
- > are encouraged to go to
- > [http://capwiz.com/usdr/issues/alert/?alertid=11554371&queueid=\[capwiz:queue_id\]](http://capwiz.com/usdr/issues/alert/?alertid=11554371&queueid=[capwiz:queue_id]) ,
- > enter your zip code, and send a message to both of your Senators to work
- > out their differences on this issue.
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- > Note: The Bush Administration announced 27 JUN 08, that it will hold
- > all Medicare claims from doctors for the first 10 business days of July
- > and that it will make no payments at the 10% reduced reimbursement rate
- > until 15 JUL at the earliest. This positive step by the administration
- > gives Congress a window of time to come together on a reasonable,
- > bipartisan Medicare bill to eliminate the 10% cut in Medicare payments to
- > doctors. [Source: USDR Action Alert 27 Jun 08 ++]
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- > VA CLINIC OPENINGS UPDATE 10: Secretary of Veterans Affairs Dr. James B.
- > Peake announced 26 JUN plans to create 44 new community-based outpatient
- > clinics to bring the health care of the Department of Veterans Affairs
- > (VA) closer to home for veterans in 21 states. The new clinics, scheduled
- > to be activated over the next 15 months, will increase VA's network of
- > independent and community-based clinics to 782, an increase of more than
- > 100 in five years. This growth in community clinics has helped VA meet
- > veterans' expectations for prompt, quality service, with 98% of veterans
- > seen within 30 days in all types of VA primary care facilities throughout
- > the country. VA's Planned Sites for New Outpatient Clinics are:
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- > . Alabama (2) -- Marshall County , Wiregrass
- > . Alaska -- Matanuska-Susitna Borough area
- > . Arkansas (2) -- Ozark, White County
- > . California -- East Bay-Alameda County area
- > . Florida - Summerfield
- > . Georgia (4) -- Baldwin County , Coweta County , Glynn County , Liberty
- > County
- > . Indiana (2) -- Miami County , Morgan County
- > . Iowa -- Wapello County
- > . Louisiana (5) -- Lake Charles , Leesville, Natchitoches , St. Mary
- > Parish, Washington Parish
- > . Maine -- Lewiston-Auburn area
- > . Minnesota (2) -- Douglas County , Northwest Metro

> . Missouri -- Franklin County
> . New Mexico -- Rio Rancho
> . North Carolina (2) -- Robeson County , Rutherford County
> . North Dakota -- Grand Forks County
> . Ohio -- Gallia County
> . Oklahoma (4) -- Itus, Craig County , Enid, Jay
> . Tennessee (3) -- Giles County , Maury County , McMinn County
> . Texas (5) -- Katy, Lake Jackson , Richmond , Tomball, El Paso County
> . Virginia (3) -- Augusta County , Emporia , Wytheville
> . West Virginia -- Greenbrier County
> [Source: VA Press Release 26 Jun 08 ++]
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> TRICARE/CHAMPUS FRAUD UPDATE 11: A former health care executive was
> sentenced 17 JUN to five years in prison for helping his Philippines-based
> company swindle nearly \$100 million from the U.S. military health
> insurance program. Thomas Lutz, age 41, said in federal court he took
> responsibility for the six-year scheme in which Health Visions Corp.
> bilked \$99.9 million from the military's Tricare program through inflated
> and fraudulent claims. U.S. District Judge Barbara Crabb said the
> five-year sentence was modest given the extent of the fraud, but it was
> the longest she could impose under Lutz's plea deal. Health Visions and
> Lutz were initially charged in a 75-count indictment in 2005. He pleaded
> guilty in 2006 to a single count of conspiracy to pay kickbacks and agreed
> to cooperate with prosecutors, a deal Crabb called "a huge break" for
> Lutz. "It's just horrifying that you were able to take as much money as
> you did," Crabb told Lutz. Prosecutors said the company routinely inflated
> claims by more than 230%, operated a phony insurance program and billed
> for medical services never delivered.
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> In April, Crabb ordered Health Visions to pay \$99.9 million in
> restitution. Under her order, the company must sell all of its assets,
> including land, hospitals and office buildings, within 10 months. She said
> Lutz would be responsible for paying the remainder, including at least 25%
> of his income once he is released from prison. Crabb gave Lutz until 18
> MAR to report to prison. Prosecutors asked for the nine-month delay so
> Lutz could help the government recover as much money as possible from the
> company. Formed in 1997, Health Visions owned and operated hospitals and
> clinics in the Philippines and billed Tricare on behalf of other health
> care providers. The company served thousands of U.S. military retirees
> living in the Philippines, where bases were located until the early 1990s.
> The company was reimbursed \$163 million by Tricare between 1998 and 2004,
> and prosecutors believe at least \$99.9 million of that was fraudulent.
> Lutz, an American citizen, read a brief statement in which he took full
> responsibility for his company's actions.
> "I would like to apologize to the Department of Defense," he said. "I am

> truly sorry for all those who have been affected. [Source: Air Force Times
> Ryan J. Foley AP article 18 Jun 08 ++]

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> Editors Note: The magnitude of this fraud was allowed in part because of
> the failure of the U.S. government to provide sufficient transportation
> funds to DCIS over six years to follow through on repeated reports by
> Tricare users of what was going on since 1997. After 3 to 4 years many
> retirees in the Philippines just gave up on their attempts to report this
> fraud in the belief that Tricare officials and WPS for whatever reasons
> did not want to pursue stopping it. Now, in part as a result of these
> losses, TMA has initiated actions that will result in all Philippine
> Tricare users having to effectively pay higher Tricare fees than those in
> CONUS. This they are allowed to do by lowering the allowed amounts that
> can be reimbursed to Philippine providers. The net result of this is that
> in addition to the 25% copay, retirees will also have to pay their
> providers the difference between what Tricare allows and what is charged
> to Philippine citizens.

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> TRICARE/CHAMPUS FRAUD UPDATE 12: The former health care executive
> responsibility for the six-year scheme in which Health Visions Corp (HVC)
> bilked \$99.9 million from the military's Tricare program through inflated
> and fraudulent claims, was sentenced 17 JUN to five years in prison.
> However, it is likely he (Thomas Lutz) will never have to spend a day in
> jail for this fraud. How can this be? Consider the following

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> . Lutz was convicted on only one count of mail fraud out of 75 charges.
> This was in exchange for a deal to work with the prosecution to recover
> assets and evidence to build cases for additional prosecutions.
> . The time between his conviction and sentencing was 18 months during
> which he was out of custody on personal recognizance with no BAIL.
> . At the request of the prosecution team, the judge is allowing him to
> stay a "free man" another 9 months until 18 MAR 09 to help in the recovery
> of money owed the government.
> . Because the state prosecutors ask for his freedom to help the government
> the time (a total 2 years 3 months) will count towards jail time served.
> . Under the law he can earn one day for every day served for good behavior
> or another 2 years 3 months.
> . That leaves only six months of the 5 year sentence to serve. However,
> because of the overcrowding of penal facilities they could extend their
> early release program by another 3-6 months.

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> Adding up these times results in the potential of him serving no real jail
> time. Even if he were to serve a few months in custody, since this was a
> "white collar" crime and he has shown by his extended time out of custody

> with no bail (he was allowed to remain in Missouri the entire time) not to
> be a flight risk he would go to a minimum security facility and avoid
> exposure to the hardships of a regular penal institution. Thus, the only
> real retribution he will have to make for his \$100 million theft will be
> from the judge's order that he has to give 25% of his earning for the rest
> of his life to the government to help pay off the \$100 million fine.
> Assuming upon release he could earn \$10,000 a month he would have to work
> for another 3,300 years to pay off the fine. Even then, to ensure he is
> paying the correct amount the government will have to prove his earnings
> and the court can always take in consideration the needs of his family to
> reduce the amount of that order.

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> The judge ordered that all corporation assets be liquidated to help
> pay the balance of the fine. However the majority of those assets are in
> a foreign country (Philippines) under the legal control of foreigners who
> are not subject to U.S. law. Lutz and his partner Thieke Sr. had
> hospitals in Olongapo (2 facilities), Metro Manila, Angeles City, and
> Iloilo. Thieke's wife, a Filipino citizen, was on the Board of Directors
> of HVC and the end owner of the hospitals. The U.S. Government has
> acknowledged s in a newspaper article that they "may not be able to get
> those facilities". Local sources say that the Manila hospital was either
> in the name of Thieke Jr's natural mother or sold. Local sources also say
> in Olongapo, one hospital is closed down with all the equipment being seen
> to be moved to the hospital in the Subic Bay Freeport Zone. Allegedly the
> closed hospital's lease is still under the name of Thieke Jr. who has
> joined with a local official and opened a new medical school. They had an
> open house last month to introduce the reopening of the Hospital under a
> new name. They still operate the nursing school. Bottom line it is
> unlikely the U.S. government will recoup much from the assets of the HVC
> Corporation. Perhaps, if he writes a book on "How to Defraud the U.S.
> Government and Avoid Prosecution" the royalties will help pay off some of
> the fine. Source: Various Jun 08 ++]

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> SHAD UPDATE 07: Within the last few days the Associated Press reported
> that only 6% of health claims filed by veterans of secret Cold War
> chemical and germ warfare tests conducted by the Pentagon have been
> granted by the Department of Veterans Affairs. However, by way of
> comparison, the VA has granted approximately 88% of claims from Gulf War
> veterans. And more than 90% of the claims from veterans of the Iraq and
> Afghanistan wars have been granted. The VA claims it is not correct to
> make those sorts of comparisons because each group of veterans has its
> unique circumstances. It also noted that most of these veterans ended
> their service more than 30 years ago and that a study by the Institute of
> Medicine found no clear connection between the warfare tests and the
> cancer, respiratory illnesses and other problems now being experienced by

> those veterans. However, that study has been dismissed by some veterans
> groups as having been conducted in a shoddy manner. According to the DoD,
> 6,440 veterans took part in the tests. Of the 641 claims that had been
> processed by the VA as of May, 56 were pending, only 39 were granted, and
> 546 were denied.

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> House Veterans Affairs Committee Chairman Bob Filner reacted to the
> information by saying, "This is ridiculous. These guys were there. They
> all have cancer. Take care of them." Two weeks ago the House VA Committee
> held hearings on bipartisan legislation that would grant coverage to the
> veterans who were involved without them having to prove a link between
> their diseases and the experiments they participated in. Filner said he
> hopes to have the bill passed out of his committee by the 4 JUL recess.
> However, that will only be the start of the battle. Both the VA and DoD
> oppose the bill. According to the AP story, "The Pentagon only began to
> disclose details of the tests publicly in 2001, after pressure from
> veterans and lawmakers. Two years later Defense officials stopped looking
> for additional participants, despite criticism from the Government
> Accountability Office, which said untold numbers of veterans and civilians
> could remain unaware of their potential exposure." Far too often, the
> leadership in both the VA and DoD are more concerned with the impact on
> their budgets than on the need to take care of veterans. [Source: TREA
> Washington Update 27 Jun 08 ++]

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> VA LAWSUIT (LACK OF CARE) UPDATE 09: A judge determined 25 JUN that he
> does not have the jurisdiction to change the way the Veterans Affairs
> Department cares for returning service members in a lawsuit Veterans for
> Common Sense filed against VA Secretary James Peake. "The grievances are
> misdirected," Judge Samuel Conti wrote in his decision for the U.S.
> District Court, Northern District of California. "The remedies to the
> problems, deficiencies, delays and inadequacies complained of are not
> within the jurisdiction of this court." But though he found for the
> defendants, the judge laid out in an 82-page decision many problems he
> identified within VA from three weeks of testimony. Veterans for Common
> Sense complained that VA needs better oversight to ensure programs are in
> place and well-run, and that delays and gaps in mental-health care have
> led to problems for Iraq and Afghanistan veterans, including lost jobs,
> ruined relationships, homelessness, accidental overdoses in VA facilities
> and suicide while under VA care.

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> Conti said the plaintiffs "have demonstrated that their members have
> suffered injuries in fact". He wrote, "Given the dire consequences many
> of these veterans face without timely receipt of benefits or prompt
> treatment for medical conditions, especially depression and
> [post-traumatic stress disorder], these injuries are anything but

> conjectural or hypothetical. As VA concedes, delays in health care,
> especially for mental health issues, and delays in receipt of disability
> benefits, which are often the primary or sole source of income for a
> veteran, can lead to exactly the type of injuries complained of" by
> Veterans for Common Sense." In fact, he said, the actions sought by
> Veterans for Common Sense, including a time limit on how long an appeal
> can take, would likely improve the situation. "This issue ... is whether
> this and other relief sought by [Veterans for Common Sense] are within the
> power of the court to grant," Conti wrote. "The Court finds that [Veterans
> for Common Sense's] individual members would have standing to sue."

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> The trial brought to light an e-mail showing 1,000 veterans a month
> attempt suicide while under VA care - written by VA's top mental health
> doctor with the subject line, "Shh!" It caused a VA employee to forward an
> e-mail sent to mental health staff at a Temple, Texas, VA facility
> requesting that mental health workers diagnose adjustment disorder before
> PTSD because they didn't have the resources to deal with PTSD. And it
> showed that delays in medical appointments, which VA claimed were 30 days,
> were actually much longer. But Veterans for Common Sense had to prove the
> problems were systemic - that they affected every veteran. Instead, they
> showed that many of the problems affected a lot of veterans, but not all
> of them. Though Veterans for Common Sense intends to appeal the decision,
> Paul Sullivan, executive director of the organization, said they "stand
> willing to work with Congress and VA to resolve the many serious problems
> the court confirmed." [Source: Marine Corps Times Kelly Kennedy article
> Posted 27 Jun 08 ++]

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> MOBILIZED RESERVE 25 JUN 08: The Army, Air Force and Marine Corps
> announced the current number of reservists on active duty as of 25 JUN 08
> in support of the partial mobilization. The net collective result is 1884
> fewer reservists mobilized than last reported in the Bulletin for 11 JUN
> 08. 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. The total number currently on active duty in support
> of the partial mobilization of the Army National Guard and Army Reserve is
> 87,791; Navy Reserve, 5,601; Air National Guard and Air Force Reserve,
> 11,431; Marine Corps Reserve, 8456; and the Coast Guard Reserve, 787. This
> brings the total National Guard and Reserve personnel who have been
> mobilized to 114,066, including both units and individual augmentees. A
> cumulative roster of all National Guard and Reserve personnel, who are
> currently mobilized, can be found at
> <http://www.defenselink.mil/news/Jun2008/d20080625ngr.pdf>. [Source: DoD
> News Release 532-08 25 Jun 08 ++]

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> VA DENTAL TREATMENT UPDATE 03: Legislation has been introduced in
> Congress that would provide veterans and their dependents with access to
> dental insurance. The bills would allow the Department of Veterans'
> Affairs (VA) to establish a dental program for the 7.9 million veterans,
> surviving spouses, and certain dependent children enrolled in VA health
> care system. The program, which is completely voluntary, would give them
> the benefit of VA's buying power in order to get lower premiums on dental
> insurance coverage. Sen. Richard Burr (R-NC) said, "Healthy teeth are an
> important part of overall health, and our veterans should have access to
> affordable dental care. This legislation would provide veterans with
> access to group insurance rates they may not otherwise be able to get on
> their own." The legislation calls for an annual enrollment period with
> the ability to cancel insurance once a year or if a person is prevented by
> a serious medical condition from receiving any dental benefits or moves to
> a place where dental insurance cannot be used, such as overseas. Rep.
> Steve Buyer introduced his bill on 17 JUN. Sen. Richard Burr (R-NC)
> introduced his version on 23 JUN. The only significant difference between
> Buyer's House bill, HR 6277, Richard Burr (R-NC) bill, S 3178, is that
> Buyer would authorize, but not require, VA to create the insurance
> program, while Burr would mandate its creation. In a statement, Buyer
> described the idea as similar to the Tricare Retiree Dental Program (TRDP)
> for retirees created in 1997 that now covers about 800,000 people,
> including military retirees, National Guard and reserve members and
> families.
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> VA provides such care to veterans with service-connected dental
> disabilities, those who are 100% disabled for any condition, and those who
> were prisoners of war for 90 days or longer. Additionally, veterans newly
> separated from active duty can receive one-time dental treatment from VA
> if their discharge records show they were receiving dental treatment that
> was not completed before they were discharged. The bills would not replace
> any dental services provided by VA. While Buyer talked about the
> military's Tricare Reserve Dental Program as a success, military retirees
> have complained about that program's cost and the fact that the government
> does not subsidize the insurance. As a result, dental premiums are higher
> for some military retirees than their premiums for health care. Premiums
> for military retirees vary by region, with family coverage costing \$90.57
> a month in Arkansas, \$121.39 in the District of Columbia and \$138.66 in
> California. In addition to the monthly premiums, an annual deductible must
> be met before any dental expenses are covered. The insurance plan also
> does not fully cover all costs. For example, it covers only 60% of the
> cost of a tooth extraction and only 80% of the cost of a filling. New
> enrollees also sometimes must wait for a year before they are eligible for
> some coverage, such as dentures and orthodontics. [Source: Marine Corps
> Times Rick Maze article 26 Jun 08 ++]
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> **ECONOMIC STIMULUS PACKAGE UPDATE 06:** About \$2 billion in economic
> stimulus rebate checks are being confiscated to pay overdue bills for
> child support, student loans and back taxes, the government says. So far,
> 1.8 million rebate checks have been intercepted by Treasury Department
> computers showing that individuals owe money to federal or state
> governments. The biggest beneficiaries: parents who are owed child
> support. The Internal Revenue Service has mailed 77 million checks worth
> \$64 billion - a little more than half the expected total. "It's a nice
> bonus for the children and families in need," says Mike Adams, head of
> child support at the Tennessee Department of Human Services. His state has
> received \$8.5 million of \$20 million expected for unpaid child support.
> The large take for unpaid debts is the result of an increasingly
> sophisticated debt-collection program that was started in 2001. Today,
> most states and federal agencies send weekly lists of delinquent Americans
> to the Treasury Department. Before a rebate is mailed, it's run through a
> list that contains the names and Social Security numbers of people who owe
> money. "We've had a few complaints but not many," says Dean Balamaci,
> director of debt collections at the Treasury Department. "We're proud that
> we're sending money back to families who need it." So far, nearly \$1
> billion has been collected. Where it has gone: 55% for child support, 39%
> for federal debts such as student loans or farm loans, and 6% for unpaid
> state taxes. Taxpayers denied their rebate get letters explaining why they
> got a reduced payment or none at all. The diverted money is sent directly
> to the family or government agency to which it was owed. A few states,
> however, are losing out on millions of dollars available through the
> program. Michigan doesn't get its delinquent state taxes collected,
> Balamaci says. The reason: It hires private contractors to collect back
> taxes. Also, Mississippi hasn't joined yet, and California doesn't submit
> the names of income tax debtors. So, while Maryland has collected \$6
> million from rebate checks for unpaid state income taxes, California has
> received nothing. [Source: USA TODAY Dennis Cauchon article 25 Jun 08 ++]

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> **VETERANS DISARMAMENT BILL UPDATE 01:** Lists of veterans who have been
> assigned fiduciaries to handle financial matters on their behalf could not
> be used to prevent gun ownership under an amendment approved by the Senate
> Veterans' Affairs Committee on 26 JUN. By voice vote, the committee
> attached to a veterans' health care bill an amendment prohibiting the
> Department of Veterans Affairs from sharing lists of so-called
> "incompetent" veterans with the FBI. Only if there has been specific
> ruling that a veteran poses a risk to himself or others could the VA pass
> a name on to the FBI for inclusion in records used to make instant
> background checks before gun purchases, under the amendment to S.2969, the
> Veterans' Health Care Authorization Act of 2008. Sen. Richard Burr of
> North Carolina, ranking Republican on the veterans' committee and the

> chief sponsor of the amendment, said the VA makes a determination of
> incompetence based, primarily, on whether a veteran is capable of handling
> his own finances. If he cannot, a fiduciary is appointed to handle their
> benefits. Currently, the Brady Handgun Violence Prevention Act (P.L.
> 103-159) prohibits certain individuals from purchasing a firearm,
> including those who have been deemed a "mental defective."

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> The VA's sharing of records, done under a memorandum of understanding
> with the FBI, has resulted in about 116,000 veteran's names being turned
> over, Burr said. Under current law, veterans have the right to request the
> removal of their name from the FBI list once it has been turned over,
> something Burr said presents an unfair burden, especially because other
> federal agencies, including the Social Security Administration, do not
> share its records of beneficiaries with fiduciaries with the FBI. The FBI
> uses the information in its National Instant Criminal Background Check
> System. Being listed on that site prevents the purchase of some firearms.
> The decision to appoint a fiduciary is an administrative process, decided
> by a claims adjudicator, who might be an expert in benefits but "are not
> the ones to be calling the shots on constitutional matters" such as gun
> ownership, Burr said. Sen. Daniel Akaka, D-Hawaii, the veterans' committee
> chairman, tried to discourage Burr, arguing that jurisdiction over the
> FBI's criminal records system is not a veterans' issue and that more time
> was needed to study the bill, particularly to get the VA's views. After
> Akaka tried but failed to get enough votes to table the amendment, Akaka
> was among those voting for it. On the voice vote, only Sen. Patty Murray,
> D-Wash., opposed the amendment. Murray said she supported "common sense"
> gun laws but warned that turning over records of incompetent veterans was
> something that needed careful study. "We want to tread carefully," she
> said. [Source: Army Times Rick maze article 27 Jun 08 ++]

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> **VA PAY TO PERFORMANCE:** The Veterans Affairs Department is launching a
> pilot project that will replace the decades-old General Schedule pay
> system with one that more closely ties pay to performance. On 18 JUN, VA
> announced that it would place 150 employees at the Veterans Health
> Administration under a pilot pay-for-performance system for at least the
> next five years. The plan will cover employees in the health systems
> administrator job series at the GS-14 and 15 grade levels, with the first
> performance-based pay adjustments awarded in January 2010. The Office of
> Personnel Management (OPM) said in the Federal Register that the General
> Schedule has limited options for recognizing superior performance, and
> that VA would like to use the human capital accountability and assessment
> framework to tie annual increases directly to job performance. The process
> would eliminate the fixed steps (up to 3 years) that give automatic pay
> raises to employees and instead make annual pay adjustments
> performance-sensitive, according to the OPM notice. Like other alternative

- > pay experiments across government, pay pool adjustments would be funded
- > from a kitty with money that would otherwise be used to fund the annual GS
- > pay adjustment, quality step boosts and within-grade increases. "By
- > regularly rewarding better performance with better pay, the participating
- > organization will strengthen the results-oriented performance culture,"
- > wrote OPM. "Among other things, they will be better able to retain their
- > good performers and
- > recruit new ones."
- >
- > Lawrence Bifareti, director of workforce planning and organization
- > development at VHA, said in DEC 07 that the agency already had implemented
- > a five-tiered performance management system instead of the pass-fail
- > systems many agencies use. At the time he said tying such ratings to pay
- > was the agency's next step. According to OPM, federal agencies have the
- > authority to place up to 5,000 employees in pay-for-performance
- > demonstration projects. OPM must approve the projects and cannot manage
- > more than 10 at any one time. Currently, pay-for-performance pilots are
- > active in three federal agencies -- the acquisition component at the
- > Defense Department, and the Commerce and Energy departments. The
- > Agriculture Department announced in MAY that it planned to test pay for
- > performance for 2,900 employees at the Food Safety and Inspection Service.
- > Written comments on the proposal must be submitted by 18 JUL, and can be
- > sent by e-mail to demoprojects@opm.gov. A public hearing on the plan is
- > scheduled for 5 AUG at VA headquarters in Washington. [Source: GovExec.com
- > Today 24 Jun 08 ++]
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- > RESERVE COMPONENT MENTAL HEALTH ACT: H.R.6075, the National Guard
- and
- > Reserve Mental Health Access Act of 2008, was introduced on 17 JUN by Rep.
- > Patrick Kennedy (D-RI). The bill focus is to educate soldiers on the
- > mental health care available upon their return from deployment. "With the
- > levels of Post Traumatic Stress Disorder (PTSD) rising to epidemic
- > proportions among our returning troops, it is imperative that we educate
- > our Guard and Reserve Components about the mental health services they are
- > eligible for so that no veteran or their family slips through the cracks,"
- > said Kennedy. The bill's main provisions will:
- > . Support the recently enacted Yellow Ribbon Reintegration Program.
- > . Create a Joint Psychological Health Program to coordinate mental health
- > services within the DoD.
- > . Test the feasibility of tele-mental health services available.
- > . Create a process to combat the stemmas department to combat the stigmas
- > that exist concerning mental health problems.
- > . Assign Community Outreach Coordinators to educate local business,
- > schools and others about the difficulties faced in reintegration
- > [Source: NGAUS Leg Up 20 Jun 08 ++]

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> SBP LAWSUIT UPDATE 02: When Congress changed the law several years ago
> to restore VA Dependency and Indemnity Compensation (DIC) payments to
> previously eligible widows who remarried after age 57, several of them who
> also were eligible for Survivor Benefit Plan (SBP) annuities sued to claim
> that the law required continuation of their SBP in addition to the DIC,
> without the normal dollar-for-dollar offset. The judge in the case seemed
> sympathetic and ordered the Defense Department to show why he shouldn't
> rule in their favor. But the Pentagon lawyers didn't reply. On 12 JUN, the
> judge made a summary judgment directing DoD to restore the widows' SBP
> annuities. But DoD isn't done, and is expected to appeal the decision,
> hoping for a more sympathetic appeals court judge. DoD won't have to
> restore the SBP annuities until the appeal is heard by a higher court
> first. [Source: MOAA Leg Up 20 Jun 08 ++]

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> GI BILL UPDATE 24: A sweeping new veterans' education package has been
> approved as part of the 2008 war budget. The package is designed to fully
> cover the cost of completing four years of college - including tuition and
> fees, books and living expenses - and to let career troops share those
> benefits with dependents. The new "GI Bill for the 21st Century" will
> offer a benefit worth an average of \$80,000, double the GI Bill's current
> value. The new benefit would pay up to the in-state rate for tuition and
> fees for the most expensive four-year public college or university in the
> state where a veteran attends school. The package also includes a monthly
> living stipend, a \$1000 annual book allowance, and money for tutorial
> assistance, along with many other features. The House of Representatives
> passed the war funding bill 19 JUN and the Senate passed it 26 JUN.
> Benefits increases take effect as soon as the war funding bill is signed
> into law by President Bush who has already said he will sign it the next
> few weeks. But veterans now in school will not get the higher amounts
> right away because lawmakers are giving the Veterans Affairs Department
> until 1 AUG 09, to calculate and pay amounts that will vary by state and
> by school. Retroactive payments will have to be made. Also, anyone who had
> not previously enrolled in the GI Bill will have to wait until ` AUG 09,
> to collect any payments. Under the package's new family transfer option
> will give active-duty, National Guard and reserve members the right to
> transfer benefits to spouses or children after meeting certain
> time-in-service milestones. No transfer rights would be available until
> regulations are issued by the Pentagon. [Source: Marine Corps Time Rick
> Maze article 20 Jun 08 ++]

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> VETERANS' BENEFIT EXPIRATIONS UPDATE 01: Many of your benefits have an
> expiration date. Below are a few important federal ones to remember so you

- > don't lose out. Most veterans are not aware, that their benefits can
- > expire: For more detailed information of these programs go to
- > <http://www.military.com/benefits/veteran-benefits/veterans-benefit-expiration-dates>
- > or: www.va.gov:
- >
- > Education, Training, and Employment Programs: 10 years from date of last
- > discharge or release from active duty.
- > Veterans Education Assistance Program (VEAP): 10 years from last discharge
- > or release from active duty.
- > Montgomery GI Bill for Selected Reserve (MGIB-SR): 14 years from the date
- > of eligibility for the program, or until released from the Selected
- > Reserve or National Guard. (Some extensions available if activated.)
- > Reserve Educational Assistance Program (REAP): No time limit, while
- > remaining in the same level of the Ready Reserve.
- > Vocational Rehabilitation and Employment (VocRehab): Generally, 12 years
- > of separation from service or within 12 years of being awarded
- > service-connected VA disability compensation.
- > VA Life Insurance Programs:
- > . Servicemembers' Group Life Insurance (SGLI): Coverage ends 120 days
- > after separation or Can be extended up to 1 year for totally disabled
- > veterans.
- > . Family Group Life Insurance (FGLI): Coverage ends 120 days after
- > separation or Can be extended up to 1 year for totally disabled veterans
- > after separation.
- > . Veterans Group Life Insurance (VGLI): Within 120 days of separation.
- > . Service Disables Veterans Insurance (SDVI): Within 2 years from the date
- > of being notified of service-connected status.
- > . Veterans Mortgage Life Insurance (VMLI): Must apply before age 70
- >
- > Veterans Health Care Administration (VHA) PROGRAMS:
- > . Veterans Health care: No Time Limit
- > . Combat Veterans Health Care: 5 years from release from active duty.
- > . Dental Treatment: Within 90 days of separation.
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- > VA Pension And Compensation Programs:
- > . Disability Compensation: No Time Limit.
- > . Disability Pension: No Time Limit.
- > . VA Home Loan Guaranty Program: No Time Limit.
- > [Source: CFVI Newsletter Jun 08 ++]
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- > SALUTING THE FLAG UPDATE 02: President Bush signed on 28 JAN 08 a law
- > amending federal code to allow a veteran to salute the U.S. flag while not
- > in uniform in certain, but not all, situations. The amended federal code
- > addresses actions for a viewer of the U.S. flag during its hoisting,
- > lowering or passing. In these instances, the law allows a veteran in

> civilian attire to salute the flag. All other persons present should face
> the flag, or if applicable, remove their headdress with their right hand
> and hold it at the left shoulder, the hand being over the heart. Citizens
> of other countries present should stand at attention. All such conduct
> toward the flag in a moving column should be rendered at the moment the
> flag passes. However, another section of federal code that specifically
> relates to actions of those reciting the Pledge of Allegiance was not
> amended. In this case, a veteran in civilian attire is not specifically
> authorized to render a hand salute during the Pledge. In any case, a
> veteran in civilian clothes is authorized to place their right hand over
> their heart as has been tradition. [Source: eFlorida News 20 Jun 08 ++]

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> Veterans Tax Relief Update 01: A military tax bill containing a
> combination of new tax benefits and the extension of existing benefits was
> signed into law 17 JUN by President Bush. The Heroes Earnings Assistance
> and Relief Tax Act of 2008, or HEART Act, includes a provision allowing
> military families to receive the \$600-per-person economic stimulus rebate
> even if a spouse does not have a Social Security number. Also, through the
> law:

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> * Survivors of people who die on active-duty are now allowed to put all or
> part of death gratuity payments into a tax-deferred savings or retirement
> plan, even if this puts them over the annual limit for contributions.

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> * Mobilized National Guard and reserve members may make penalty-free
> withdrawals from their personal retirement plans. This especially helps
> those with financial troubles caused by military service.

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> * Guard and reserve members who contribute to an employer-provided
> flexible spending account can get refunds of contributions at the end of a
> calendar year, rather than lose the money, if they have been mobilized,
> since mobilizations could interfere with their ability to spend money as
> expected.

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> * Small businesses employing Guard and reserve members may receive a
> \$4,000 tax credit to make up salary differences for employees who are
> mobilized for military duty.

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> * When calculating aid for military families, the Social Security
> Administration will not use combat-related pays to disqualify a family for
> disability or health benefits.

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> * California, Texas and other states with their own home loan programs
> would be able to provide loans to newly discharged service members,
> something that was not previously allowed because of bond-related issues.

> [Source: Navy Times Rick Maze article 19 Jun 08 ++]

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> **BEQUEST BASICS:** A bequest is the means by which you transfer property to
> beneficiaries through your will or living trust. When it comes to planning
> a bequest, nothing can replace the experience and knowledge of a skilled
> professional. Consult an estate planning attorney for this purpose.
> Following are eight generally accepted ways to make a bequest in your will
> or revocable living trust. The first four generally define the amount of
> the bequest. And apply in the case of bequests to individual heirs or
> bequests to charitable organizations, such as Military Officers
> Association of America Scholarship Fund. Numbers 5 thru 8 are optional
> considerations added to any of the first four when the bequest is made to
> charity:

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> 1. Specific bequest. This is a gift of a specific item to a specific
> beneficiary. For example, "I give my golf clubs to my nephew, John." If
> that specific property has been disposed of before death, the bequest
> fails and no claim can be made to any other property.

> 2. General bequest. This is usually a gift of a stated sum of money. It
> will not fail, even if there is not sufficient cash to meet the
> bequest-even if other estate assets need to be sold. For example, "I give
> \$50,000 to my daughter, Mary."

> 3. Contingent bequest. This is a bequest made on condition that a certain
> event must occur before distribution to the beneficiary. For example, "I
> give \$50,000 to my son, Joe, provided he enrolls in college before age
> 21."

> 4. Residuary bequest. This is a gift of all the "rest, residue and
> remainder" of your estate after all other bequests, debts and taxes have
> been paid. For example, say your estate is worth \$500,000, and you intend
> to give a child \$50,000 by specific bequest and the residuary estate to
> your spouse. If the debts, taxes and expenses are \$100,000, there would
> only be \$350,000 left for the surviving spouse. Most people prefer to
> divide their estates according to percentages of the residue (rather than
> specifying dollar amounts), to ensure that your beneficiaries receive the
> proportions you desire.

> 5. Unrestricted bequest. This is a gift for our general purposes, to be
> used at the discretion of some organization's governing board. A gift like
> this-without conditions attached-is frequently the most useful; as it
> allows the recipient to determine the wisest and most pressing need for
> the funds at the time of receipt.

> 6. Restricted bequest. This type of gift allows you to specify how the
> funds are to be used. It's best, however, to consult recipient
> organization when you make your will to be certain your intent can be
> fulfilled.

> 7. Honorary or memorial bequest. This is a gift given "in honor of" or "in

- > memory of" someone.
- > 8. Endowed bequest. This bequest allows you to restrict the principal of your gift, requiring the recipient to hold the funds permanently and use only a small percentage or the income they generate. Creating an endowment in this manner means that your gift can continue giving indefinitely.
- >
- > If you intend to make a charitable bequest you should heed some simple guidelines that will help ensure that your gift will qualify as an estate tax deduction. Although the estate tax is repealed for one year in 2010 , it is reinstated at less favorable levels in 2011. In many ways, federal estate tax rules parallel income tax rules, but with this favorable difference: There are no maximums on the dollar amount of the charitable deduction from your estate. If you are so inclined, you can leave your entire estate to a qualified charitable organization and your estate won't pay a penny of tax. A qualified charitable organization (like Military Officers Association of America Scholarship Fund) is any religious, charitable, scientific, educational or other organization described in section 501(c)(3) of the Internal Revenue Code. You should be aware that there are some circumstances that might affect the deductibility of your bequest.
- > . Conditional bequest. No deduction is allowed for a charitable bequest that is conditional if there is a real possibility that the condition will not be met.
- > . Challenged bequest. If you are concerned that a relative might challenge your charitable bequest, consider providing in your will, in states where allowed, that any beneficiary who does so will not receive a share of your estate.
- > . Discrimination. A bequest to an institution that practices some form of discrimination can trigger disallowance.
- > [Source: MOAA News Exchange 18 Jun 08 ++]
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- > VA APPEALS UPDATE 04: An attorney who chose to spend his career helping injured veterans secure disability benefits could lose his law license for his efforts. Edward Bates stands accused of violating a decades-old rule that prevented veterans from directly paying an attorney to help them appeal a ruling on benefits. That rule has since been lifted, but state legal officials are pushing for disbarment after complaints were made by the Department of Veterans Administration about the years of work Bates did. At issue are VA rules allowing a "disinterested third party" to pay an attorney on the vet's behalf, but prohibiting the attorney from taking payment directly from the vet or sharing in the benefits secured on the vet's behalf. The VA accused Bates of violating that rule, and a hearing officer recommended a five-month suspension of his law license. But the Illinois Attorney Registration Disciplinary Commission (ARDC) is now appealing, pushing for disbarment. "I thought someday my daughter

> would be able to look back and say how much I did for people," the
> 65-year-old said. "Now, they'll only remember these proceedings. I'm not
> going to be able to undo any of this."

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> Attorney Thomas McGarry is fighting to help Bates keep his license,
> calling the VA rules archaic and insulting to veterans. "They tell vets,
> 'You don't need a lawyer, we'll look out for your best interests,'" he
> said. "[Bates] represented them, did stellar work for them and is now
> accused of committing a crime that reflects adversely on the legal
> profession." Bates suspects he made himself a target because of the
> national reputation he earned by winning so many benefits for injured
> veterans. But VA and ARDC officials contend Bates reaped in those
> earnings, as well. While VA officials declined to address his case, they
> said the rules were clear and that Bates violated them. And while the ARDC
> acknowledges in court filings "it may well be that the veterans' benefits
> system is flawed," the answer can't be to allow attorneys to skirt rules
> while they're in effect. Bates, they say, "built a personally lucrative
> practice on the backs of those he professed to serve ... his misconduct
> was dishonest and illegal, and it was undertaken to enrich himself." A
> decision by a legal panel is expected this summer. [Source: Chicago
> Sun-Times Steve Patterson Article 16 Jun 08 ++]

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> VA MILEAGE REIMBURSEMENT UPDATE 04: Rep. Mark Souder (R-IN-03)
working

> with Rep. Brad Ellsworth (D-IN-08) intend to sponsor the Veterans Travel
> Equity Act, which will increase the reimbursement rate for veterans
> traveling to Veterans Affairs medical facilities and make the benefit
> available to more veterans. The congressman spoke about the bill 16 JUN in
> Fort Wayne IN. Secretary of Veterans Affairs James Peake increased the
> mileage reimbursement for veterans in February from 11 cents a mile to
> 28.5 cents a mile. Veterans traveling 54 miles or more for medical care
> receive that benefit to compensate for fuel costs and vehicle wear. This
> bill would increase the rate to 50.5 cents a mile - the same rate federal
> employees receive for driving their personal vehicles for work. It would
> also reduce the minimum round trip distance to 30 miles. He said the
> change is necessary because some veterans are skipping appointments to
> keep from having to pay for the trip. "I believe especially with gas
> prices where they are, never should their mileage be an impediment to
> getting health care," he said. Souder said his bill would also eliminate
> disability requirements to receive the benefit, as veterans currently must
> have service-connected disabilities at 30% or higher for mileage
> reimbursement. The bill would likely bring significant costs, but Souder
> said he didn't have any estimates. He said there were several similar
> proposals being floated, so he was confident something would get done to
> help veterans this year. He expected any plan to get enough votes to

> override a presidential veto and said the overwhelming support could force
> the administration to change it without legislation. [Source: Journal
> Gazette Benjamin Lanka article 17 Jun 08 ++]
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> **TELEMARKETING CALL ELIMINATION UPDATE 06:** Federal Communications
> Commission on 11 JUN 08 has amended its rules to require telemarketers to
> honor registrations with the National Do-Not-Call Registry indefinitely.
> The previous rules provided that registrations would expire after five
> years. This action is consistent with Congress's mandate in the
> Do-Not-Call Improvement Act of 2007, which prohibits the removal of
> numbers from the Registry unless the consumer cancels the registration or
> the number has been disconnected and reassigned or is otherwise invalid.
> The Federal Trade Commission has already committed to retain numbers on
> the Registry indefinitely. This rule change serves to minimize the
> inconvenience to consumers of having to re-register their phone numbers
> every five years and furthers the underlying goal of the Registry to
> protect consumer privacy rights. To enhance the accuracy of the Registry,
> the Commission encourages telephone companies to convey information on
> disconnected and reassigned numbers to the FTC, the administrator of the
> Registry, in a timely and accurate manner. The Commission also said it
> will continue to coordinate with the FTC on additional ways to improve the
> Registry's accuracy. There is only ONE DNC Registry. There is no separate
> registry for cell phones. You can register your phone number(s) in the
> National Do-Not-Call Registry at <http://donotcall.gov> or by calling 1(888)
> 382-1222. [Source: FCC News Release CG Docket No. 02-278 dtd 17 Jun 08 ++]
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> **CHAP 61 CRSC CLAIMS:** About 20,000 veterans forced out of the military
> early by a combat-related injury could be eligible for hundreds in special
> compensation pay under new rules outlined by the services this month.
> Congressional researchers estimated the new program will cost the Defense
> Department about \$680 million over the next 10 years. The change, mandated
> by Congress last year, makes veterans who served less than 20 years (i.e.
> Chap 61, TERA, and TERA) eligible for Combat-Related Special Compensation
> payments from the Defense Department. Those funds are designed to restore
> money deducted from troops' military retirement accounts because they also
> receive veterans' disability payouts. The offset can trim a significant
> portion of the military retirement pay, and veterans groups have lobbied
> for years to end the deductions. Since 2002, servicemembers with 20 years
> of military service and a combat-related injury have been receiving
> monthly Combat-Related Special Compensation, but those with fewer years
> were not eligible. Now, the new change is effective back to 1 JAN 08
> making all combat veterans eligible to apply for six months of retroactive
> payments and future monthly compensation. Medical and TERA retirees must
> still provide documentation that shows a causal link between a current VA

- > disability and a combat-related event. Department of Defense guidance
- > defines a combat-related disability in one of the three following ways:
- > 1. A Purple Heart disability, which is a disability with an assigned
- > medical diagnosis code from the Veterans Affairs Schedule for Rating
- > Disabilities, or VASRD, that was attributed to injuries for which the
- > member was awarded a Purple Heart.
- > 2. One with an assigned medical diagnosis code from the VASRD that was:
- > -- incurred as a direct result of armed conflict;
- > -- as a result of hazardous service;
- > -- in the performance of duty under conditions simulating war; or
- > -- through an instrumentality of war.
- > 3. One with an assigned medical diagnosis code from the VASRD that was
- > deemed presumptive or "presumed" by the VA to be incurred as a result of
- > combat operations. More
- >
- > To receive the special compensation, veterans must be currently receiving
- > military retired pay and veterans disability payments, and must have a 10%
- > or greater rated disability recognized by the military as combat related.
- > The amount of the monthly CRSC pay will be based on troops' rank, years of
- > service and severity of their injury. In some cases the formula for
- > Combat-Related Special Compensation could actually reduce a veteran's
- > total monthly payments however, Defense Finance and Accounting service
- > (DFAS) will calculate all of the disability pay impact to make sure
- > veterans are receiving the highest payouts possible and begin CRSC
- > payments within 60 to 90 working days of receiving the approval letter.
- > All veterans, including recently separated servicemembers, will have to
- > apply to receive the new compensation by completing a DD Form 2860 with
- > the required documentation attached. . Required documentation includes a
- > signed claim form and:
- > a). Copy of Chapter 61 Board results (Chapter 61 claimants only).
- > b). Copies of ALL VA rating decisions which include the letter and the
- > narrative summaries
- > c). Copies of ALL DD214's
- > d). Medical records that support "HOW" the injury occurred for each
- > claimed disability that meets the criteria for combat-related. Refer to
- > CRSC website to learn what combat-related is.
- >
- > PDF Claim forms can be downloaded at
- > www.dtic.mil/whs/directives/infomgt/forms/eforms/dd2860.pdf. For
- > additional info and where to send applications refer to
- > . USA: www.crsc.army.mil
- > . USN/USMC: [www.hq.navv.mil/corb/CRSCB/ combatrelated.htm](http://www.hq.navv.mil/corb/CRSCB/combatrelated.htm)
- > . USCG: <http://www.uscg.mil/adm1/crsc.asp>.
- > . USAF: <http://www.afpc.randolph.af.mil/library/combat.asp>.
- > [Source: Stars & Stripes Leo Shane article 18 Jun 08 ++]
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> **DOD DISABILITY SEVERANCE LAW:** At the end of a boisterous House Veterans
> Affairs Committee hearing in which lawmakers lambasted Veterans Affairs
> Department and Pentagon officials for not meeting various deadlines for
> improving care for wounded combat troops, Disabled American Veterans (DAV)
> dropped a quiet bombshell. The Pentagon "knowingly violated the law and
> ignored the intent of Congress" in implementing a provision of the 2008
> Defense Authorization Act that lawmakers designed to enhance disability
> severance pay for wounded and injured service members, wrote Kerry Baker,
> associate national legislative director for DAV. Baker argued that
> Congress created Section 1646 of the 2008 Defense Authorization Act with
> the intent that service members injured in combat, in a combat zone, or
> performing tasks related to combat - such as training - would not have to
> pay back any disability retirement severance pay they receive from the
> Defense Department before becoming eligible for VA disability
> compensation, as has been the case under long-standing policy. But Baker
> said David S.C. Chu, undersecretary of defense for personnel and
> readiness, sent out a "directive-type memorandum" March 13 instructing
> that only those injured in a combat zone in the line of duty or as a
> direct result of armed conflict do not have to pay back their severance
> money.

>
> Baker said he believes Chu's decision was purely monetary. "This
> action has intentionally read 'hazardous service,' 'conditions simulating
> war,' and 'instrumentality of war' completely out of the law. forces one
> to question his true resolve to care for those he sends into battle, or
> orders to train for battle. We can think of no other conceivable reason .
> to circumvent the law as he has done here. To answer the question of
> 'why,' Congress need only determine in whose budget the disability
> compensation is deposited once offset by VA. We believe the answer to that
> question is the [Defense Department] budget." Baker wrote. Defense
> Department spokeswoman Eileen Lainez said that was not Chu's intent. "Rest
> assured that saving money was not the driver in the implementation," she
> said in an e-mail. "The statutory intent of [the law] clearly and
> appropriately focuses the 'enhanced disability severance' to those service
> members where the unfitting condition is a result of direct participation
> and performance of duty in the war effort." But Baker said the memo
> intentionally leaves out people clearly included in both the law's
> definition of "combat-related disability" and the Defense Department's own
> definition of "combat-related," and that Congress had made clear its
> intent that anyone with a combat-related disability should be included.

>
> The memo is important because a service member who breaks his back in
> a helicopter accident at Fort Bragg, N.C., while training to deploy to
> Iraq still must pay back his severance before qualifying for VA disability
> compensation. "It can take 20 years" to pay back the severance, Baker

> said. "We do not view this as an oversight. We view this as an intentional
> effort to conserve monetary resources at the expense of disabled
> veterans." The 2008 Defense Authorization Act states: "No deduction may be
> made under paragraph (1) in the case of disability severance pay received
> by a member for a disability incurred in line of duty in a combat zone or
> incurred during performance of duty in combat-related operations as
> designated by the secretary of defense." Baker said it is the second part
> of that sentence - "incurred during performance of duty in combat-related
> operations" - that has been misconstrued. According to the 2008 Defense
> Authorization Act, a "combat-related disability" occurs "as a direct
> result of armed conflict, while engaged in hazardous service, in the
> performance of duty under conditions simulating war, or through an
> instrumentality of war."

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> The Defense Department has defined "combat-related" as being
> "attributable to the special dangers associated with armed conflict or the
> preparation or training for armed conflict." That includes hazardous
> service, such as flight duty, parachute duty, demolition duty,
> experimental stress duty and diving duty. An instrumentality of war is a
> weapon, a combat vehicle, or a sickness caused by fumes, gases or
> explosion of military ordnance. But Chu's memo states that "incurred
> during performance of duty in combat-related operations" will be defined
> by paragraph E3.P5.1.2 of Defense Department Instruction 1332.28 - "armed
> conflict." Chu's narrower definition includes injuries "as a direct result
> of armed conflict," Baker wrote, or "in the line of duty in a combat
> zone," leading to questions of whether someone playing basketball in the
> Green Zone would qualify. The Defense Department had not answered that
> question.

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> Baker, who submitted written testimony but did not appear before the
> committee for questioning, said the memo has not affected many veterans
> yet, but it has the potential to affect "tens of thousands." It applies
> only to service members medically retired after 28 JAB 08, with disability
> ratings of less than 30% from the Defense Department. Baker said the net
> result is that troops injured during training for combat - situations that
> Congress meant to cover with the recent change in law - will not be
> covered, and troops injured in those situations will still have to repay
> their severance money before they can get VA disability payments. Lainez
> said Congress left it up to Pentagon officials to decide the definition of
> "combat-related operations. "Clearly the statutory intent is to provide
> wounded warriors enhanced disability compensation," she wrote. "Saving
> money was not a policy development factor . rather, [it was] ensuring
> proper compensation for those service members who are wounded, ill or
> injured as a result of armed conflict in the combat zone." Baker
> disagreed, urging Congress to revisit the issue to prevent defense
> officials "from continuing such blatant disregard for the law and for the

> livelihood and welfare of those who stand up to defend the
> country."[Source: Marine Corps Times Kelly Kennedy article 18 Jun 08 ++]
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> SENATE RULES: In a recent Bulletin article on Medicare Reimbursement
> Rates a question was raised as to why Sen. Reid (D-NV), who favored
> stopping a reduction in rates to providers, changed his vote at the last
> minute to oppose it. Under Senate rules a resolution that was voted down
> cannot be raised again by someone who voted for it. By changing his vote
> from Yea to Nay when he saw there were insufficient votes for the
> resolution to pass , Senator Reid kept open the possibility of raising the
> issue again (since he was now in the minority). Apparently, Senator Trent
> Lott (R-MS) used the same technique when he was Majority Leader. In the
> interim unless a similar resolution is introduced by 1 JUL Medicare
> reimbursement rates to providers will be reduced impacting on the number
> of Tricare providers available to retirees. [Source: Gratiot MI County
> Veterans Rodolfo Diaz-Pons input 15 Jun 08 ++]
>
>
> TRICARE HOSPITAL SELECTION IN PI: Tricare users requiring hospitalization
> need to be aware that in order for a claim for their stay in the hospital
> to be approved by WPS the facility must be listed on the certified
> Philippine providers list at <http://tpaoweb.oki.med.navy.mil>. However,
> just because the facility is listed as a certified provider the services
> offered through it (i.e. physician fees) may not be. It really depends on
> the arrangement between the institution and the providers it allows to
> utilize their facility as a base for offering services. If the institution
> has been certified, the cost of care-including the professional fees can
> be filed using the institution's certified credentials. The institution
> can then pay the provider for his/her professional fees once reimbursement
> is received from you or Tricare. If a provider wants to file directly to
> Tricare for his/her professional fee and not through the institution, then
> he/she should request to be certified separately from the institution to
> obtain his/her own provider number. Certification verifies that the
> physician has valid credentialing and a physical facility location. Once
> certification has been granted, TRICARE issues a provider number that
> facilitates the processing of claims for care rendered by that provider.
> Certification does not mean that these claims will automatically be paid.
> Claims are paid only if the services or supplies were determined to be
> medically necessary and a covered benefit.
>
> Editor's Note: Realistically, it is very difficult to find any
> hospital/clinic/physician willing to wait for reimbursement from Tricare
> because of length of time required to receive payment. Most will require
> payment up front by the patient who in turn will need to file the claim
> directly to WPS along with copies of the billing indicating payment was

> made by you. A prudent step to take to maximize the likelihood that a
> claim to WPS will be honored is to discuss in advance with your family
> members where you should be taken in the event of an emergency. (Facts
> reviewed by TAO-P 18 June 08)

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> VA GULF WAR ADVISORY COMMITTEE UPDATE 01: Veterans of the 1990-91
Gulf

> War will gained additional access to the leadership of the Department of
> Veterans Affairs (VA) when the department's Advisory Committee on Gulf War
> Veterans held its first meeting 17-19 JUN. The 14-member, independent
> panel was formed to advise the Secretary and the department on the full
> range of health care and benefits needs of those who served in the
> conflict. Serving on the committee are Gulf War and other veterans,
> veterans service organizations' representatives, medical experts, and the
> surviving spouse of a Gulf War veteran. Members were selected to provide
> a variety of perspectives, experiences, and expertise. Open to the public
> the first meeting was designed to give committee members an overview of VA
> as well as the benefits and services provided to Gulf War veterans.
> Members received briefings on education, home loan guaranty, disability
> compensation and other benefits. Additional briefings planned include
> health care and veterans' legal and appeal rights. Public comments were
> heard on the afternoons of 18-19 JUN. Secretary of Veteran Affairs Dr.
> James B. Peake welcomed the members and thanked them for their service
> both on the committee and in their lives as citizens, veterans or veteran
> advocates. He also discussed the importance the VA places on the unique
> issues and challenges faced by Gulf War veterans. [Source: VA News Release
> 17 Jun 08 ++]

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> VA HEALTH CARE FUNDING UPDATE 13: Veterans benefits are one of the most
> popular causes in Congress. But Veterans Affairs hospitals and clinics are
> routinely buffeted by the annual uncertainties of the increasingly
> dysfunctional budget process on Capitol Hill. Now veterans advocates have
> proposed a controversial fix. For years, veterans groups have argued, in
> vain, for making veterans health care funding automatic, as it is for
> Social Security, Medicaid, and Medicare. In recent months, however, a
> coalition led by the 1.4 million-member Disabled American Veterans (DAV)
> has switched tactics. Instead of seeking politically unpalatable mandatory
> funding, the group is proposing that VA health care be funded through an
> obscure legislative mechanism called "advance appropriations." In contrast
> to mandatory or entitlement funding, the advance-appropriations process
> does let Congress vote on funding levels--but it does so a year in advance
> of the regular budget cycle. So while Congress debates most programs'
> appropriations for fiscal 2009, it is setting aside almost \$30 billion
> worth of advance appropriations for 2010. This money funds an eclectic mix

> of programs ranging from Section 8 housing subsidies to education grants
> to the Corporation for Public Broadcasting. No matter how delayed or
> disrupted funding may be for the rest of the federal government, these
> advance-appropriations programs are guaranteed to get their money on time,
> at the start of each fiscal year. "The VA has had a hideous problem for a
> decade" with tardy funding bills, said John M. Bradley, a longtime Hill
> staffer who is now with the Disabled American Veterans. "Advance
> appropriations are a very attractive potential vehicle."

>
> Advance appropriations began in 1967 as a way to insulate the
> Corporation for Public Broadcasting from congressional criticism of its
> programming. Congress slowly added other appropriations in ensuing years;
> as late as 1996, however, the total sum was less than \$3 billion. Then
> appropriators seized on the mechanism as a way to bypass budget caps. Over
> the next five years, advances increased 800%. For fiscal 2001, budgeteers
> stepped in to limit advances being slipped into the budget to \$23.5
> billion. That figure is expected to hit \$28.9 billion in fiscal 2009. If
> the veterans groups manage to move most VA health care accounts into the
> advance-appropriations process, the total would more than double, to
> approximately \$70 billion a year. Such a large sum speaks to the central
> irony of the whole debate. Activists are generally happy with the amounts
> that Congress is voting for VA health care. The problem is with how long
> it takes Congress to vote. Congress last managed to enact veterans funding
> on time in 1996, when it passed the 1997 appropriation just four days
> before the beginning of the fiscal year, which begins on 1 OCT. It has
> been late every year since, never by less than 19 days and, on average, by
> more than two months. The appropriation for fiscal 2008 was passed the day
> after Christmas, 86 days late.

>
> To keep federal agencies operating in the no-man's months after one
> year's funding has expired and before the next year's is appropriated--and
> to avoid a politically costly government shutdown such as 1995's--Congress
> passes "continuing resolutions" that keep programs at last year's spending
> levels. (In an unprecedented departure, a fall 2007 continuing resolution
> did give the VA an increase.) This stopgap is awkward for any department
> or agency. It is especially problematic for the VA, which has to keep 153
> hospitals and 732 clinics running day in, day out, for a patient
> population that continues to grow rapidly--from 4.2 million in 2001 to 5.7
> million today. The VA has come up with a host of stopgaps to keep the
> lights on and the patients cared for. To keep paychecks coming for nurses
> and doctors, VA administrators routinely put off buying equipment, doing
> maintenance, restocking inventories, and even hiring staff until later in
> the year. When appropriations finally do arrive, they often trigger a
> scramble to cover backed-up needs and to spend money that, thanks to
> congressional generosity, is well in excess of what the VA had planned
> for. Such a cycle of famine and feast encourages inefficiency, hampers

> planning, and can make hiring in certain medical specialties almost
> impossible. [Source: National Journal Magazine Sydney J. Freedberg article
> 14 Jun 08 ++]
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> VA HEALTH CARE FUNDING UPDATE 14: Advocates have long argued that
making
> veterans health care funding automatic--as veterans disability payments
> already are--would guarantee the VA the funds it needs, when it needs
> them. Veterans groups are still backing mandatory-funding bills by Tim
> Johnson (D-SD) in the Senate and Phil Hare (D-IL) in the House. "We have
> to suck it up and keep the promise that we made," Hare told National
> Journal. "I put it up on par with Social Security and Medicare." Most
> legislators, however, are loath to move any more programs from the
> discretionary side of the budget, where they can vote funding levels every
> year, to the entitlement side, where spending is set by statutory formulas
> and increasingly runs out of control. And veterans groups are giving up
> hope that Democratic control of Congress might soften this resistance.
> Speaker Nancy Pelosi (D-CA) has said positively that she wants mandatory
> spending for VA health care, but we can't get any traction," said Hill
> staffer John M. Bradley of the Disabled American Veterans. "So our
> thinking for the past year has been directed to looking at an alternative
> approach, and we stumbled upon this advance-appropriations technique."
>
> The idea originated with a June 2007 memo from a consultant to the
> Disabled American Veterans, Marsha Simon, who was a clerk on the Senate
> Appropriations subcommittee covering the departments of Labor and Health
> and Human Services when they dramatically expanded advance appropriations
> back in the 1990s. It took some effort to explain the arcana of advance
> appropriations to the veterans advocates, but as the prospects for
> mandatory funding grew increasingly dim, veterans groups seized on Simon's
> proposal. The Disabled American Veterans are now working with sympathetic
> lawmakers with an eye toward introducing legislation sometime this summer.
> "We will [still] take mandatory spending in a heartbeat if they enact it,"
> Bradley said, "but we're trying to spread the word that this is the new
> direction." The House and Senate Budget committees are likely to be the
> first line of resistance. "We appropriate annually for a reason," a
> staffer said. "We set priorities, and we make programs compete against
> each other annually. They would like not to have to compete."
>
> Appropriators are skeptical as well. "There's 100% agreement with the
> veterans' organizations that we must pass VA appropriations on a more
> timely basis," said Rep. Chet Edwards (D-TX), chairman of the House
> Appropriations Committee panel that covers the Veterans Affairs
> Department. "There may be honest differences on the means of getting
> there. The easiest, simplest, cleanest way to solve the problem is for us

> to start passing VA appropriations bills on time. If that proves to be an
> impossible task, we'll just have to look at the other options." Democrats
> like to blame tardy appropriations on President Bush's intransigence--but
> the delays began during the Clinton years. It is hard to ask veterans, or
> any constituency for that matter, to sit tight and have faith that
> Congress will get its act together soon. "What this highlights is how
> dysfunctional the budget system has become," said Robert Bixby, executive
> director of the Concord Coalition, "and I don't blame them for looking for
> alternative ways." But the more that programs sidestep the annual logjam
> by getting mandatory or advance funding, the worse the problem becomes
> overall--which only increases the pressure on Congress to create more
> special cases for special interests. "Because there's a lot of attention
> on veterans these days, if anybody can do it, they might have the
> strongest case," Bixby said. "But I think you'd find a lot of other folks
> coming out of the woodwork saying, 'Hey, what about us?'" [Source: National
> Journal Magazine Sydney J. Freedberg article 14 Jun 08 ++]

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> VA DRUG TESTING ON VETS: A Washington Times/ABC News investigation has
> revealed the government is testing drugs with severe side effects like
> psychosis and suicidal behavior on hundreds of military veterans, using
> small cash payments to attract patients into medical experiments that
> often target distressed soldiers returning from Iraq and Afghanistan. In
> one such experiment involving the controversial anti-smoking drug Chantix
> [Varenicline], the VA took three months after they learned from the FDA
> that the drug was linked to a large number of hallucinations, suicide
> attempts and psychotic behavior to alert its patients about severe mental
> side effects. The VA's warning did not arrive until after one of the
> veterans taking the drug had suffered a psychotic episode that ended in a
> near lethal confrontation with police. One of the nation's premier medical
> ethicists said the VA's behavior in the anti-smoking study violated basic
> protections for humans in medical experiments. In all, nearly 1,000
> veterans with PTSD were enrolled in the study to test different methods of
> ending smoking, with 143 using Chantix. VA initially acknowledged there
> were 21 serious adverse events (SAE) from the drug, including one in which
> a vet suffered suicidal thoughts but subsequently raised their figures to
> 26 with 10 of them being of a psychiatric nature and two cases of suicidal
> thoughts.

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> According to the FDA, nearly 40 suicides and more than 400 incidents
> of suicidal behavior have been linked to Chantix. The drug testing began
> in JAN 07, and the FDA issued its first alert about dangerous side effects
> to Chantix in November. House Veterans Affairs Committee Chairman Bob
> Filner, along with committee members Rep. Ed Markey (D-MA), and Rep. Paul
> Hodes (D-NH), sent a letter 18 JUN to VA Secretary James B. Peake
> requesting immediate response to dozens of questions about his agency's

> treatment of service members in its medical studies." Earlier that day,
> Filner "demanded that the VA immediately terminate experiments in which"
> Chantix "is being administered to soldiers suffering from PTSD." Veterans
> groups are also expressing their anger over the study and are also calling
> for the studies to be ceased and for an investigation. Filner announced
> that he will hold hearings in early July to figure out why it took so long
> to notify patients of the side effects of the drug that was used in this
> study. The White House on Tuesday said that the VA is doing everything it
> can to be mindful of the safety of these veterans in all its programs and
> try to help them.

>
> In a VA news release on their Smoking Cessation Program they said the
> reports are inaccurate and misleading. More than six million
> prescriptions were written for Varenicline in the United States in 2007;
> it is an FDA-approved, widely used medication for smoking cessation. In
> NOV 07, FDA issued an "early communication" to health care providers
> indicating concerns had arisen about the medication having a possible side
> effect involving mental health; VA immediately passed along that concern
> to practitioners at all of their medical centers. On 1 FEB, FDA issued a
> "Public Health Advisory" to providers, providing more information on
> potential side effects of which clinicians and patients should be aware.
> VA distributed this alert to pharmacists in its system on that same day,
> and to researchers on 5 FEB. Throughout, VA's use of Varenicline has been
> consistent with guidelines on smoking cessation the U.S. Surgeon General's
> office has established. They note that FDA has never asked that
> Varenicline be removed from the market, and it continues to be FDA
> approved as a safe and efficacious medication. Also, neither FDA nor the
> manufacturer has ever recalled Varenicline, and VA has never been asked to
> do so. [Source: Washington Times Audrey Hudson article 17 & 18 Jun 08 ++]

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> VA DRUG TESTING ON VETS UPDATE 01: At the request of The Times and ABC
> News, the director of the Center for Bioethics at the University of
> Pennsylvania Arthur Caplan reviewed the consent and notification forms
> used in VA's controversial anti-smoking drug Chantix study. He concluded
> the VA deserved an "F" and that it has an obligation to end the study,
> given the vulnerability of veterans with PTSD and the known side effects
> of Chantix. The VA continues to test Chantix on veterans, even as reported
> problems with the drug increase and have prompted at least one other
> federal agency to take action. On 21 MAY the Federal Aviation
> Administration banned airline pilots and air traffic control personnel
> from taking Chantix, citing the adverse side effects. VA officials defend
> their use of veterans in medical studies, saying that helping PTSD
> sufferers to stop smoking would prolong their lives. As for the
> three-month delay in notifying its patients about the Chantix problems,
> the VA said bureaucracy slowed down their warning because the alert

> letters had to be issued through an Institutional Review Board (IRB) that
> oversees the experiment at each VA location. Miles McFall, director of
> the VA's programs for PTSD sufferers commented he believed the VA response
> was incredibly quick response for a governmental institution. Asked about
> adverse reactions now linked to the drug, Mr. McFall said: "We are
> certainly aware of FDA warnings and we took all precautions ... so it can
> be used safely. All drugs have side effects or potential side effects."

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> The government has a controversial history of using military personnel
> as human research subjects. Mustard gas was tested on the military during
> World War II, radiation during the early Cold War period, LSD in the
> 1960s, herbicide in Vietnam and Panama, and chemical and biological
> warfare drugs during the Gulf War, according to Senate testimony given by
> the Vietnam Veterans of America (VVA) on 10 JUL 02. In most of those
> cases, few if any military test subjects were informed of the potential
> health consequences of the exposure. "We have a phrase to describe this
> phenomenon - the disposable soldier syndrome," said Richard Weidman,
> former VVA director of government relations. The most infamous government
> experiment is the Tuskegee Syphilis Study conducted by the U.S. Public
> Health Service from 1932 through 1972, which used 400 poor and uneducated
> black male sharecroppers who carried the sexually transmitted disease.
> The men were purposely undiagnosed and untreated for a disease that
> already had progressed to late stages, and were studied through autopsy.

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> The VA has extensive screening of veterans who enroll in medical
> experiments and requires detailed consent forms to ensure patients know
> about the potential complications and benefits. Currently, the VA and
> other federal agencies are conducting nearly 300 clinical studies
> involving veterans with PTSD. Most studies are behavioral, including one
> that tests the effects of yoga on PTSD sufferers. Twenty-five, however,
> are testing drugs on 4,796 veterans, more than half (2,488) of whom are
> just returning from the wars in Iraq and Afghanistan, according to
> clinical trials filed with the National Institutes of Health (NIH) and
> reviewed by The Times. Mr. Caplan, the bioethicist, said that using
> veterans with PTSD in clinical trials carries a "high risk" that must be
> addressed by the VA. He recommended several steps the government should
> adopt before allowing future testing on vulnerable veterans, including
> more participation by families and veterans on committees that review and
> approve research proposals. Future studies that involve veterans with PTSD
> also should receive special approval from the VA secretary. And a clear
> policy should be established that prohibits drugs reported to have serious
> side effects be tested on populations at risk of those side effects,
> including veterans with PTSD, he said.

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> Veterans Affairs Secretary James B. Peake on 19JUN sought to quell a
> growing controversy over his agency's failure to quickly notify veterans

> about psychotic and suicidal side effects from the anti-smoking drug
> Chantix, vowing that his department will improve its communication process
> to ensure patients are alerted more quickly when dangerous side effects
> emerge. Mr. Peake also said the letter the Department of Veteran Affairs
> (VA) sent to veterans in February - three months after learning about new
> complications from Chantix - should have identified suicidal behavior as
> one of the risks. To make the point, the former Army surgeon turned VA
> chief said he was personally sending a letter to more than 32,000 veterans
> taking Chantix to ensure they understand all of the issues, including the
> risks of suicidal behavior as a side effect. [Source: Washington Times
> Audrey Hudson article 17, 18, & 19 Jun 08 ++]
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> PTSD UPDATE 22: Fort Carson CO and Fort Leonard Wood MO would become test
> beds for predeployment counseling programs aimed at reducing the risk of
> combat stress under legislation sponsored by two Colorado lawmakers. Reps.
> Mark Udall (D-CO) and John Salazar (D-CO) are urging the creation of pilot
> programs at the two Army bases to try to prevent post-traumatic stress
> disorder in combat troops, and to provide early detection and treatment
> for PTSD when it happens. The bill H.R.6268 they introduced 12 JUN also
> gives active-duty service members access to readjustment and mental health
> counseling from veterans centers, provide grants for nonprofit groups who
> provide counseling services for the survivors of service members or
> veterans, extends military survivor benefits to families of service
> members who commit suicide after a history of combat-related health
> problems, and creates a new scholarship program to train behavioral health
> specialists about mental health treatment for service members and
> veterans.
>
> The wide swath of initiatives complicates passage. The bill was
> referred to the House Veterans' Affairs Committee, but its provisions fall
> under the jurisdiction of two other panels - the Armed Services Committee
> that is responsible for military benefits, and the Ways and Means
> Committee that oversees grants for nonprofit groups. The bill is similar
> to S 3008, a measure introduced 12 MAY by Sens. Barbara Boxer (D-CA) and
> Christopher Bond (R-MO). Boxer and Bond might offer their package as an
> amendment to the 2008 defense authorization bill when the Senate takes up
> that measure in JUL. Senate passage of the legislation would provide a
> legislative shortcut that would avoid giving three House panels the chance
> to consider - and possibly change - the bill. Udall said Congress needs to
> do more. About 40,000 Iraq and Afghanistan veterans have been diagnosed
> with PTSD, with more than 600,000 reporting symptoms of PTSD or severe
> depression. Udall, who serves on the House Armed Services Committee, said
> the Defense Department and Veterans Affairs Department are not doing
> enough. [Source: Marine Times Rick Maze article 17 Jun 08 ++]
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> GULF WAR VET FATIGUE STUDY: Principal Investigator Beatrice A. Golomb,
> MD, Ph.D is seeking veterans who served in the Persian Gulf Theater of
> Operations during Operation Desert Shield/Desert Storm between AUG 90 and
> JUL 91 with Gulf War Illness to participate in a 12-month research study.
> Gulf War Illness includes symptoms that started during or after Gulf War
> participation and are present for at least six months. Symptoms may
> include fatigue, muscle or joint pain, sleep problems, memory problems
> and/or others. The research is to see if CoEnzyme Q10 can improve symptoms
> and benefits quality of life for affected veterans. Participants will
> receive CoEnzyme Q10, a nutritional supplement, and a placebo, an inactive
> pill, during alternate periods of their participation in the study.
> Monetary compensation, lab work, diet profiles, and study drugs, will be
> provided. Those desiring to participate should contact Study Coordinator
> Janis Ritchie, University of California, San Diego, 9500 Gilman Drive, La
> Jolla, CA 92093-0995 Tel: (858) 558-4950 ext 203 or email
> jbritchie@ucsd.edu. [Source: "CA VFW VSO Scott Langhoff email 16 Jun 0
> ++]

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> VA BUDGET 2009 UPDATE 03: The House Military Construction-Veterans
> Affairs Appropriations Subcommittee on 12 JUN unanimously approved a \$72.7
> billion fiscal 2009 funding bill that would provide a large increase in
> spending for veterans programs for the second year in a row.
> The bill was referred to the full committee with strong bipartisan support
> and a plea from the ranking member that it would not get caught up in the
> political battles that have stalled most substantial legislation this
> year. The measure would provide a total of \$3.4 billion more than
> President Bush requested, including a \$2.9 billion increase in VA funding.
> House Military Construction-Veterans Affairs Appropriations Subcommittee
> Chairman Chet Edwards (D-TX) noted that if approved by Congress that
> increase would make a total of \$16.4 billion added to VA funding in two
> years. Appropriations Chairman David Obey said the bill "demonstrates that
> the number one priority of this Congress is veterans." The bill adds \$400
> million to Bush's request for military construction and Base Realignment
> and Closure, with an emphasis on improving family housing.

>
> Edwards said the legislation "sends a clear message to America's
> service men and women, their families and our veterans that we appreciate
> and we respect their service and sacrifice." House Military
> Construction-Veterans Affairs Appropriations Subcommittee ranking member
> Zach Wamp (R-TN) praised the bipartisanship that produced a very good
> bill. Wamp sees room for work. "We need to complete the process. I would
> challenge both sides" to get this bill and the defense appropriations
> signed into law. "If we can't get together on these, we can't get together
> on anything," Wamp said. Only one of the 12 fiscal 2008 funding bills --

- > defense -- became law. The rest of the government was funded by an omnibus
- > appropriations bill. The bill would:
- > . Provide \$47.7 billion for VA, a \$4.6 billion increase over 2008.
- > . Add \$1.6 billion to VA's health administration to increase access to
- > services, ensure safer facilities, and improve treatment.
- > . Require VA to spend "no less than \$3.8 billion" on mental health
- > services and \$584 million for substance abuse programs, reflecting the
- > increase in problems resulting from repeated combat tours.
- > . Pay for 1,400 more claims processors, above the 703 additional personnel
- > Bush requested to cut the backlog in requests for benefits.
- > . Add \$1.1 billion to VA's construction budget to cover six additional
- > major building projects and 145 minor construction efforts.
- >
- > The \$24.8 billion approved for military construction, family housing and
- > BRAC includes additional money for facilities to house and train the
- > 92,000 extra soldiers and Marines being recruited to reduce the strain on
- > the ground forces. It also adds \$136 million for military health care
- > facilities, a result of hearings that revealed inadequate and badly aged
- > facilities. The bill will now be scheduled for markup in the full House
- > Committee on Veterans' Affairs. [Source: Congress Daily Otto Kreisher
- > article 13 Jun 08 ++]
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- > VETERAN GRAVE VANDALS UPDATE 01: The Senate Judiciary Committee voted
- 12
- > JUN to impose severe federal penalties for vandals who desecrate graves or
- > steal grave plaques of deceased military veterans. Without discussion, the
- > committee approved the House-passed bill (H.R. 3480) on a voice vote for
- > Senate consideration. The House approved the bill on 21 MAY. Metal grave
- > markers are being stolen from the grave sites of veterans either as an act
- > of vandalism or to get the metal to sell to scrap yards. Incidents have
- > occurred in Texas, Washington state and Michigan. The measure would make
- > such acts that occur to a veteran's grave in a federal or private cemetery
- > a federal crime. It would require the U.S. Sentencing Commission to review
- > its guidelines and increase penalties for those convicted of crimes
- > associated with "desecration, theft, or trafficking in, a grave marker,
- > headstone, monument, or other object, intended to permanently mark a
- > veteran's grave." It also states penalties should be "appropriately
- > severe." [Source: Congress Daily Michael Posner article 13 Jun 08 ++]
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- > LONG TERM CARE EXPENSE: Approximately 20 million people are eligible to
- > apply for the governments FLTCIP insurance, including Federal and Postal
- > employees and annuitants, active and retired members of the uniformed
- > services, their qualified relatives and a few other eligible groups. For
- > more info on this program refer to <http://opm.gov/insure/ltc/>. For those

> that are not eligible Long-term care insurance from private insurance
> companies covers some of the costs of long-term care and can help you
> preserve your assets. It generally covers nursing home and home care, but
> only if your needs are substantial enough. Each policy sets a minimum set
> of health care needs that "trigger" coverage to begin. While long-term
> care insurance can limit health care costs for some people, it is not a
> good option for most. It is expensive and premiums can increase
> substantially as you age. You should not consider a long-term care policy
> if paying the premiums would require that you make any lifestyle changes.
> And if you have Alzheimer's or other serious health problems, you may not
> be able to buy a policy at any price. To obtain a quote for LTC refer to
> <http://www.longtermcarequote.com> or call 1(800) 587-3279 You will have to
> pay for long-term care yourself if you:
> . Do not qualify for Medicaid;
> . Do not have long-term care insurance;
> . Have used up your Medicare 100-day skilled nursing benefit or do not
> qualify for it;
> . Do not qualify for Medicare's home health benefit.

>
> Many people go without coverage and pay for care themselves. You need to
> think about how much care may cost over an extended period of time and as
> you become increasingly frail. Find out about nursing home care costs in
> your area. Then calculate how much money you would need for a four-year
> stay. If you can set aside enough to cover four years of residential care,
> you should consider simply paying for it yourself. Keep in mind that
> actual costs can't be predicted. If you suffer from Alzheimer's or other
> forms of dementia, you may need care for many more years. Home care often
> costs much less than residential care. Since people often wish to continue
> living in their own homes, you may want to research the cost of home and
> community-based services in your area. Along with home adaptations (like
> ramps for wheelchair access), such services, may help you stay in your own
> home. [Source: Medicare Rights Center www.medicareinteractive.org May 08
> ++]

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> ARMY SEA DUTY RIBBON: A retroactive award for soldiers who log sea duty
> now includes Army National Guard and Army reserve troops. The Army Sea
> Duty Ribbon was approved in 2006 to include soldiers who have served
> aboard Army vessels since 1 AUG 52. The Army Transportation Corps
> recently updated the award's qualifications to include the Guard and
> Reserve. To be eligible, active duty soldiers must complete two years of
> cumulative sea duty on a class A (such as tugs, LSVs and large landing
> crafts) or Class B (smaller landing craft and all amphibians) vessels.
> Guardsmen and reservists must have two creditable years in a U.S. Army
> watercraft unit, which must include at least 25 days underway each year
> and two annual training exercises underway on a class A or B vessel or a

> 90-day deployment aboard an Army vessel underway. The Army Sea Duty ribbon
> is the first non-campaign ribbon approved by the Army in more than 20
> years. The retroactive date corresponds to the standing-up of the 1st
> Heavy Boat Company in the Army. Requests should be sent to: Chief, Marine
> Qualification Division, Attn: Career Pay Office, HRC, Bldg. 705, Rm. 231,
> 705 Read St., Ft. Eustis, VA 23604-5407 email: armyseapay@conus.army.mil.
> [Source: VFW Magazine Jun/Jul 08 ++]

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> VA FRAUD UPDATE 10: Federal judges this week sentenced two people to
> prison for either stealing from or defrauding the Department of Veterans
> Affairs. The cases of Frank M. Persicano, of St. Petersburg, and Catherine
> Rodriguez, of Tampa, are unrelated, the U.S. Attorney's Office said.
> Persicano, 63, was sentenced today to serve 41 months in prison after he
> pleaded guilty 31 JAN to theft of government funds, mail fraud and making
> a false statement to the VA. He concealed his income and employment status
> from the Department of Veterans Affairs and fraudulently received more
> than \$70,000 in disability benefits, prosecutors said. Rodriguez, 37, was
> sentenced 9 JUN to six months in prison after investigators said she stole
> more than \$30,000 from the James A. Haley Veterans Hospital canteen.
> Rodriguez, who was manager of the store, also falsified cash register
> records and other receipts, prosecutors said. Along with the prison terms,
> U.S. District Judge Elizabeth A. Kovachevich ordered Persicano to pay
> \$72,225 in restitution to the VA and U.S. District Judge James D.
> Whittemore ordered Rodriguez to pay back \$30,000. [Source: Tampa Tribune
> article 12 Jun 08 ++]

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> CREDIT CARD SCAM UPDATE 01: The U.S. Federal Bureau of Investigation
> warned 13 JUN that online scammers are now targeting single parents who
> use the EPPICard system to receive child-support payments. The criminals
> are running a typical phishing scam, but one that is targeted at a new
> group of victims. "Individuals have reported receiving e-mail or text
> messages indicating a problem with their account. They are directed to
> follow the link provided in the message to update their account or correct
> the problem," said the FBI's Internet Crime Complain Center (IC3) in an
> advisory. "The link actually directs the individuals to a fraudulent Web
> site where their personal information, such as account number and PIN, is
> compromised." In another scam, victims are asked to fill out an online
> survey and are then told that once they enter their account information,
> they will receive an EPPICard deposit as a token of thanks for their
> answers. Instead, their accounts are emptied by criminals. EPPICards are
> issued by government agencies in 15 U.S. states. They work like debit
> cards, and are promoted as an easy-to-use alternative to child support
> payment checks. The EPPICard association also warns about the scam on its
> Web site. "We will never request your personal information such as social

> security number, card number or PIN through any of these methods," the
> warning reads. "Please do not respond to requests like these." Scammers
> have also been trying to get this information via the telephone, the
> association warns. [Source: IDG News Service Robert McMillan article 14
> Jun 08 ++]

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> **MEDICARE PREVENTIVE CARE SERVICES:** Even though it is commonly said that
> an ounce of prevention is worth a pound of cure, Medicare has not
> traditionally covered preventive care. However, coverage for many
> preventive care services has been added in the past few years. Doctors may
> not realize that Medicare now covers these services, so it is important to
> ask your doctor about them. As long as you meet basic eligibility
> standards, you have the right to receive these services no matter which
> Medicare health plan you are enrolled in. Your costs for these services
> may be different if you are in a Medicare private health plan (HMO or
> PPO). However, private plans cannot charge you anything for the flu or
> pneumonia vaccine. In addition, private plans cannot require that you get
> a referral in order to get a screening mammogram or a flu shot. Be sure
> to follow the Medicare guidelines for receiving preventive care services
> in order to ensure that Medicare will cover them since some are covered
> only once every few years and others are only covered if you meet specific
> criteria. The following coverage guidelines are only for preventive
> screenings. Medicare may cover these tests more frequently if they are
> needed to diagnose or treat an illness or condition.

>

> . Diabetes screening: 100% of the Medicare-approved amount (no Part B
> deductible). Every 12 months if you meet the profile for getting
> diabetes.

> . Diabetes services and supplies: 80% of the Medicare-approved amount
> (after Part B deductible). Up to 10 hours of self-management training for
> your first year, and two hours every year if you have diabetes and your
> doctor says that you need diabetes self-management training and education
> and specified diabetic supplies.

> . Medical Nutritional Therapy: 80% of the Medicare-approved amount (after
> Part B deductible). Three hours for the first year and two hours every
> year thereafter, although it will cover more hours if your doctor says you
> need them.

> . Glaucoma screening: 80% of the Medicare-approved amount (after Part B
> deductible). Annual (every 12 months) if you are at high-risk for
> glaucoma.

> . Blood testing for cardiovascular diseases: 100% of the Medicare-approved
> amount (no Part B deductible). Once every five years.

> . Bone mass measurement: 80% of the Medicare-approved amount (after Part B
> deductible). Every two years (24 months), If your doctor believes you are
> at risk for osteoporosis and orders the test.

- > . Screening mammograms: 80% of the Medicare-approved amount (no Part B deductible). One Baseline mammogram for women 35 to 39 years of age and every 12 months for women 40 years and older.
- > . Pap smears, pelvic exams and clinical breast exams: 100% for Pap lab test (no Part B deductible). Every two years (24 months)
- > . 80% of the Medicare-approved amount for Pap test collection, pelvic exam and clinical breast exam (no Part B deductible).
- > . Colon cancer screening: 100% for fecal occult blood test; 80% of the Medicare-approved amount for flexible sigmoidoscopy, colonoscopy and barium enema. Once a year for Fecal occult, once every four years for flexible sigmoidoscopy, once every 24 months if you are at high-risk (once every 10 years if not) for colorectal cancer
- > . Prostate cancer screening: 100% for PSA test; 80% of the Medicare-approved amount for digital rectal exam (after Part B deductible). Prostate screening once a year for men age 50 and older
- > . Flu shot: 100% of the Medicare-approved amount (no Part B deductible). Once every flu season if you are less able to fight infections; 50 or over; have chronic disorder; 6 or more months pregnant; or reside in a long term care facility.
- > . Pneumonia vaccine: 100% of the Medicare-approved amount (no Part B deductible). Once in your lifetime.
- > . Hepatitis B vaccine: 80% of the Medicare-approved amount (after Part B deductible). As needed.
- > . One routine physical exam : 80% of the Medicare-approved amount (after Part B deductible). One-time during the first six months after you enroll in Medicare Part B regardless of your age.
- > [Source: Medicare Rights Center Jun 08 ++]
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- > MEDICARE SUMMARY NOTICE (MSN): When Medicare processes a claim for health care services you received, the claim is detailed in a Medicare Summary Notice (MSN). It is a summary of claims for health care services Medicare processed for you during the previous three months. They are mailed four times a year and contain information about submitted charges, the amount that Medicare paid, and the amount you are responsible for. The most important fields on your MSN explain:
- >
- > . You May Be Billed: This field indicates the total amount that the provider is allowed to bill you (balance billing). It deducts the amount you already paid. In many instances, Medicare forwards your MSN to your supplemental insurer, which may pay this amount in full or in part.
- > Sometimes, you may be responsible for a portion of the balance which neither Medicare nor your supplemental insurance has paid. Note: You should ignore the "Amount Charged" field.
- > . Non-covered charges, if any: This field shows the portion of charges

- > for services that are denied or excluded (never covered) by Medicare. A
- > \$0.00 in this field means that there were no denied or excluded services.
- > If you disagree with a non-covered charge, you can appeal.
- >
- > You are encouraged to save your MSNs for about seven years. You might need
- > them in the future to prove that payment was made if a provider sends you
- > a bill or that services were received if you claimed a medical deduction
- > on your taxes. If you have lost your MSN or you need a duplicate copy,
- > call 800-MEDICARE. You will be redirected to the Medicare carrier who
- > originally issued the MSN and can send you a copy.
- >
- > When you receive your (MSN) or your Explanation of Medicare Benefits
- > (EOMB) if you are in a private health plan, look at it carefully to make
- > sure that you actually received all the services listed. Sometimes this
- > can be hard to do if you received services from several doctors at the
- > same time. The MSN is not a bill but is a useful tool to help identify
- > Medicare fraud. Some other ways to help identify fraud are:
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- > 1. In selecting providers or receiving care you should be suspicious of
- > people who tell you they represent Medicare and want to offer you a
- > service for free; call you or visit your house to offer services or
- > equipment; offer "free consultations" only to people with Medicare and ask
- > for your Medicare number.
- > 2. At your doctor's office your doctor should not charge a coinsurance for
- > most preventive services, such as pap smears or flu shots, offer tests or
- > other services that you don't need, especially if the doctor says that the
- > more tests you receive, the cheaper they are, are fail to charge a
- > coinsurance all the time. Doctors can sometimes forgive a coinsurance if a
- > patient is in great financial need, but they should not do this routinely.
- > 3. If you have returned your Durable Medical Equipment, your supplier
- > should not continue to charge Medicare for rental fees or maintenance.
- > These charges would appear on your MSN or EOMB.
- > [Source: Medicare Rights Center Jun 08 ++]
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- > **HAVE YOU HEARD:** A college professor, an avowed Atheist, was teaching his
- > class. He shocked several of his students when he flatly stated he was
- > going to prove there was no God. Addressing the ceiling he shouted: "God,
- > if you are real, then I want you to knock me off this platform. I'll give
- > you 15 minutes!" The lecture room fell silent. You could have heard a pin
- > fall. Ten minutes went by. Again he taunted God, saying, "Here I am, God.
- > I'm still waiting." His count-down got down to the last couple of minutes
- > when a Marine - just released from active duty and newly registered in the
- > class - walked up to the professor, hit him full force in the face, and
- > sent him tumbling from his lofty platform. The professor was out cold! At
- > first, the students were shocked and babbled in confusion. The young

> Marine took a seat in the front row and sat silent. The class fell
> silent...waiting.
> Eventually, the professor came to, shaken he looked at the young
> Marine in the front row. When the professor regained his senses and could
> speak he asked: "What's the matter with you? Why did you do that?"
> "The marine replied, "God was busy. He sent the Marines."
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> VETERAN LEGISLATION STATUS 29 JUN 08: Congress is on vacation and is not
> expected back in Washington until 7 JUL. Refer to the Bulletin's House &
> Senate attachments for or a listing of Congressional bills of interest to
> the veteran 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 good indication on that likelihood is
> the number of cosponsors who have signed onto the bill. A cosponsor is a
> member of Congress who has joined one or more other members in his/her
> chamber (i.e. House or Senate) to sponsor a bill or amendment. The member
> who introduces the bill is considered the sponsor. Members subsequently
> signing on are called cosponsors. Any number of members may cosponsor a
> bill in the House or Senate. At <http://thomas.loc.gov> you can also review
> a copy of each bill's content, determine its current status, the committee
> it has been assigned to, and if your legislator is a sponsor or cosponsor
> of it. To determine what bills, amendments your representative has
> sponsored, cosponsored, or dropped sponsorship on refer to
> <http://thomas.loc.gov/bss/d110/sponlst.html>. The key to increasing
> cosponsorship on veteran related bills and subsequent passage into law is
> letting our representatives know of veteran's feelings on issues. At the
> end of some listed bills is a web link that can be used to do that. You
> can also reach his/her Washington via the Capital Operator direct at
> (866) 272-6622, (800) 828-0498, or (866) 340-9281 to express your views.
> 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. Refer to
> http://www.thecapitol.net/FAQ/cong_schedule.html for future times that you
> can access your representatives on their home turf. [Source: RAO Bulletin
> Attachment 29 Jun 08 ++]
>
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