Federal Update for September 23 - 27, 2013

Walz Announces $10 Million Grant for Veterans Cemetery in Preston

Mankato, MN [9/25/13] – Today, Representative Tim Walz announced that the Department of Veterans Affairs awarded a $10 million grant covering 100 percent of the allowable costs associated with establishing a Minnesota State Veterans Cemetery in Preston, Minnesota. Last year, Representative Walz, along with Representative Runyan (R-NJ), held a bipartisan field hearing in Preston, Minnesota to examine the proposal for the construction of a new Minnesota State Veterans Cemetery in Preston and the process used by the U.S. Department of Veterans Affairs to construct new state-run veterans' cemeteries.

"After the tremendous sacrifices made by our nation's veterans, our warriors deserve a final resting place that will both honor their memory and give them peace of mind in knowing they will be close to family and loved ones," Representative Walz said. "I'm pleased to announce this grant and grateful for the bipartisan coalition that worked diligently together to get this done."

The grant will help the state provide enhanced services for 51,150 Minnesota Veterans and their families. The closest state Veteran cemetery is Northern Wisconsin Veterans Memorial Cemetery in Spooner, Wisconsin, approximately 193 miles away. Currently, Minnesota has only one state Veteran cemetery, located in Little Falls—nearly 250 miles away.

The closest VA national cemetery is Fort Snelling National Cemetery, located in Minneapolis, which is approximately 120 miles away.

The Department of Veterans Affairs (VA) Veterans Cemetery Grants Program was established in 1978 to complement VA's National Cemetery Administration. The program assists states, territories and federally recognized tribal governments in providing gravesites for Veterans in those areas where VA's national cemeteries

cannot fully satisfy their burial needs. Grants may be used only for establishing, expanding or improving Veterans cemeteries that are owned and operated by a state, federally recognized tribal government, or U.S. territory. VA cannot provide grants to private organizations, counties, cities or other government agencies.

Representative Walz sits on the U.S. House of Representatives Veterans Affairs Committee. He is a 24 year veteran of the Army National Guard and is the highest ranking enlisted soldier to ever serve in Congress.

VA Caregiver Program

The Department of Veterans Affairs said 4 SEP it supports expanding a caregivers benefit for grievously wounded veterans but only if Congress comes up with the billions needed to pay for the expansion. Congress created the program in 2010, giving caregivers of seriously wounded veterans a stipend, health care and at least 30 days of respite care each year. But it was limited to veterans who served after the Sept. 11, 2001 terrorist attacks. Lawmakers told the VA to study the feasibility of expansion after some veterans groups raised questions about fairness. The study, distributed to lawmakers 4 SEP, said an expansion would cost up to $3.8 billion in the coming year. The VA voiced concerns about what the extra costs could mean to the overall quality of health care delivered to veterans.

"VA believes the expansion of benefits to caregivers of eligible veterans of all eras would make the program more equitable," the agency said in a statement. "Unfortunately, core health care services to veterans would be negatively impacted without the additional resources necessary to fund the expansion."

Caregivers of seriously wounded veterans — those who need help with daily activities such as feeding, bathing and dressing — are eligible for some help from the VA regardless of the war the veteran fought in, but not the financial stipend, now averaging about $2,000 a month. The amount of respite care available is also more generous for those caring for veterans of the Iraq and Afghanistan wars. Under the enhanced benefit, caregivers also can get their health care through the VA.

The Senate Committee on Veterans' Affairs passed a bill that would expand the caregiver benefit to all generations of soldiers. The bill also went a step further,

increasing the types of injuries and illnesses that would qualify for extra help. Any veteran with a "serious-service connected disability" who needed help with basic activities of daily living would qualify. But concerns about costs will be difficult to overcome, especially in the fiscal climate on Capitol Hill. Currently, about 11,000 caregivers are enrolled in the program. The Congressional Budget Office estimated that an additional 70,000 caregivers would participate by 2016 if the bill, sponsored by Sen. Bernie Sanders (I-VT) becomes law. So far, the VA has escaped much of the cost-cutting that has hit other government departments. It was exempt from the mandatory budget cuts under sequestration, and agency employees were able to avoid furloughs. In fact, some were required to work overtime to speed processing of disability claims. [Source: AP | Kevin Freking | 4 Sep 2013 ++]

VA Bonuses Update

Lawmakers will hold a field hearing in Pittsburgh 9 SEP to ask why local Veterans Affairs administrators received hefty bonuses in the wake of the preventable deaths of five patients. But what they really want to know is whether there is any accountability within the VA bureaucracy. The rare outside-the-beltway hearing follows a series of reports condemning how the department has handled merit pay and benefit assistance oversight. It also comes after months of pressure from veterans groups and members of Congress for the VA to take tougher action against poorly performing employees. The criticism that VA employees are rarely held accountable for failings cuts across numerous problems faced by the department in recent years, including the shrinking but still massive disability backlog.

On 29 AUG Republicans on the House Veterans Affairs Committee launched the Trials in Transparency website http://veterans.house.gov/transparency to call out midlevel administrators by name for receiving sizable bonuses despite significant questions about their effectiveness. They include a VA construction chief who received $55,000 in extra pay despite numerous delays and cost overruns with major projects; a disability benefits executive who got $60,000 in bonuses despite the mounting claims backlog; and a St. Louis facility director who received $25,000 in award pay despite “persistent patient-safety issues” including HIV exposure of several patients. Chairman Jeff Miller (R-FL) said the goal is to expose “VA’s long and well-documented history of rewarding failure” and force a culture

change within the organization. “VA executives who fail in their jobs shouldn’t receive bonuses or glowing performance reviews,” he said. “They should be disciplined or fired.” In a statement, VA officials said that some performance awards – including individuals in the health administration medical networks – have been suspended pending further review. "All employees are expected to help VA achieve its mission of providing veterans the highest quality care possible,” the statement said. “When an incident occurs, VHA leadership conducts a prompt review to understand what happened, hold those responsible accountable and prevent similar incidents in the future. “If employee misconduct or failure to meet performance standards is found to have been a factor, VA will take appropriate corrective action immediately.” Top officials at AMVETS and Concerned Veterans of America this week penned an editorial charging that underperforming VA workers “face no serious consequences” for failure. “Welcome to the twisted world of federal executive branch employment, where it’s nearly impossible to be fired for poor performance,” the piece said.

Department officials have insisted the vast majority of VA employees are hard-working and dedicated individuals who have veterans’ best interests at heart. Thus far, they haven’t responded to committee requests to justify the bonuses. In August, the Government Accountability Office portrayed the VA’s merit pay systems as dysfunctional, with no real connection between work accomplished and bonuses awarded. The review results — requested by congressional Democrats — dismayed lawmakers. “It is clear to me that too often those who do not perform above and beyond are reaping rewards they do not deserve,” said veterans committee ranking member Mike Michaud, D-Maine. The Pittsburgh hearing follows months of pressure on VA executives for their role in an outbreak of Legionnaires’ disease at a local veterans health center. Five patients died and up to 20 others were sickened in 2011 and 2012. Despite that, the regional director and other area executives received glowing work reviews and tens of thousands in bonuses for exemplary job performance. VA has defended those payouts, saying the bonuses were not tied to a single event or benchmark.
J. David Cox, national president of the American Federation of Government Employees, said the bad publicity surrounding VA management mistakes casts all department employees in a bad light, even the rank-and-file workers. “If you’re a veteran stuck waiting on a claim to be processed, you’re not selective in who you blame, even if it’s really a management problem,” he said. In May, the House committee passed legislation to ban all VA executive bonuses for five years. The

proposal has received support from veterans groups but stalled in the face of VA opposition. The same month, VA suspended bonuses for all Veterans Benefits Administration senior executives, reinvesting that money into efforts to end the backlog. Committee members have promised to revive that idea in coming weeks, along with their accountability questions. [Source: Stars & Stripes | Leo Shane | 5 Sep 2013 ++]

VA Bonuses Update 2

Proposals to ban performance bonuses for senior executives at the Veterans Affairs Department are unwarranted and damaging to VA's mission, according to a professional association representing top federal managers. The Senior Executives Association (SEA) wrote a letter to Reps. Jeff Miller (R-FL) and Mike Michaud (D=ME), the chairman and ranking member of the House Veterans' Affairs Committee, to condemn a recent push to limit or altogether block performance awards to Senior Executive Service and equivalent grade employees at VA. "There seems to be a misperception that federal career senior executives are collecting Wall Street salaries and bonuses while accomplishing little of value," SEA President Carol Bonosaro wrote in the letter. "Nothing could be farther from the truth." Miller has introduced a bill -- the Putting Veterans Funding First Act -- that would place a five-year moratorium on all bonuses for senior executives at the VA, saving the federal government $18 million.

VA has come under increased pressure after a Government Accountability Office audit found inadequate oversight led to suspended and unlicensed doctors receiving significant bonuses. Miller held a hearing Monday to further examine VA's bonus program. Bonosaro emphasized the bonuses are part of SES employees' pay structure, and are awarded only after a rigorous review of executives' achievements against both individual and organizational performance goals. "In those very infrequent instances when a career executive abuses his or her position or fails to meet established performance requirements, their agency can and should take appropriate corrective and/or disciplinary action," Bonosaro wrote. "However, all indications suggest that the federal career executive corps is an extremely hard-working, dedicated and effective group of senior managers who work to maintain the public trust." She added threats to ban bonuses are "counter-productive and run the risk of detracting from mission accomplishment and driving high performing VA executives to retire or seek more rewarding

positions in other parts of the government or the private sector." [Source: GovExecc.com | Eric Katz | 10 Sep 2013 ++]

VA VetSuccess On Campus Update

The Department of Veteran Affairs is developing innovative ways to help Veterans make the transition to college life. Through their VetSuccess On Campus (VSOC) program, they are strengthening partnerships with institutions of higher learning and creating opportunities to help Veterans achieve success by providing outreach and transition services to the general Veteran population during their transition from military to college life. The VSOC program provides:

- A VA Vocational Rehabilitation Counselor assigned to each VSOC school to provide vocational testing and career, academic, and readjustment counseling services.
- A VA Vet Center Outreach Coordinator, co-located on many campuses, to provide peer-to-peer counseling and referral services.

VetSuccess counselors ensure that Veterans receive the support and assistance needed to pursue their educational and employment goals. Because the VetSuccess counselors are easily accessible on campuses, they help resolve any problems that could potentially interfere with a Veteran's educational program, to include assisting with disability requirements. If needed, they can also provide referrals for health services through VA Medical Centers, Community-Based Outpatient Clinics, or Vet Centers. VSOC began as a pilot in 2009 at the University of South Florida, and is currently located at 32 campuses across the country. Plans are currently underway to increase VSOC to additional campuses during FY 2013. At http://www.vetsuccess.gov/assets/VetSuccess_on_Campus.pdf can be found a complete list of VSOC locations and counselor contact information. Interactive resources from within the VA and other resources for Servicemembers, Veterans, and their family members to support their successful transition to college life can be found by going to http://vetsuccess.gov/vetsuccess_on_campus and either clicking on your state or entering your zip code. To learn more about VSOC go to http://vetsuccess.gov/assets/VetSuccess_On_Campus_Information.doc. [Source: www.va.gov Aug 2013 ++]

VA Patient Centered Care Update

Veterans should see more timely access to mental health providers and other civilian medical specialists under a new Patient Centered Community Care (PC3) initiative, which the Department of Veterans Affairs will phase in across the country over the next six months. The initiative is centered on two five-year contracts worth a combined $9.3 billion and awarded Tuesday to separate health management companies tasked with consolidating and standardizing quality of providers that veterans are referred to when the VA can't deliver in-house care in a timely way. Health Net Federal Services LLC of Arlington, Va., and TriWest Healthcare Alliance Corp. of Phoenix, Ariz., will establish vast non-VA provider networks across all six VA medical regions, taking three apiece.

- Health Net, the current TRICARE support contractor for military beneficiaries in that system's North Region, will be responsible for VA regions that span the New England states, the Northern Midwest states and all Eastern seaboard states down through Florida and Alabama. Health Net's combined regional contracts are valued at $5 billion.

- TriWest, which supported a provider network across the TRICARE West Region until last April, landed VA contracts worth $4.4 billion to provide networks of mental health and specialty care in Western states, including Alaska, Hawaii, and all South Central states from Texas to Mississippi.

State borders don't neatly define VA's six regions, so Health Net will have responsibility for 38 states or parts of states as well as Puerto Rico. TriWest will provide non-VA provider networks for 28 states or parts of states as well as U.S. territories in the Pacific. Today, when VA facilities lack capacity to provide care in house, patients are referred to private sector care under different purchased care mechanisms including local contracts, sharing agreements and medical care authorizations. This is viewed as inefficient. Future referrals will be consolidated under PC3 contracts so veterans see more coordinated and timely access to comprehensive networks of providers, all of them screened to meet uniform VA quality standards. The contractors will provide inpatient and outpatient specialty care and mental health care services when local VA medical centers cannot, either because VA specialists aren't available except after long waits for appointments or because veterans live far from the nearest VA facilities. The new networks must screen providers to meet or exceed VA standards for credentialing, licensing

and specialty care requirements. They must establish customer service and complaint procedures, and they must see patients within a specified period and be geographically convenient. Also, medical files generated by network specialists must be shared with VA promptly to ensure that all VA care is closely monitored and coordinated.

The Veterans Health Administration has conducted a pilot program of non-VA provider networks since 2009 called Project Hero. It involves only four of 56 VISNs (Veteran Integrated Service Networks). Through 2012, it reportedly saved VHA $27 million by more effectively purchasing care from private sector specialists using pre-negotiated rates. The PC3 contracts will take six months to implement starting next month. Networks are to be operating across the country by April 2014. Rep. Jeff Miller (R-FL) has pushed for TRICARE-like provider networks for VA patients since he became chairman of the House Veterans Affairs Committee in 2011, noting how far veterans in his own district have to travel to get VA care, which so many quality providers available locally. Some veteran service organizations have worried that a big shift to private sector care, over time, will dilute VA medical expertise and also impact continuity of care being delivered to veterans having multiple medical conditions. VHA officials said they heard these concerns during meetings with stakeholders last year and they helped to shape final design of the contracts.

Joseph Violante, legislative director of Disabled American Veterans, said his organization wants VA to ensure all enrolled veterans get “quality medical care when they need it and in the appropriate setting.” That will require VA closely managing any care provided including, as circumstances warrant, care delivered in the private sector, he said. “DAV would be concerned if VA merely sent veterans out into the private sector without overseeing and managing the medical care to ensure veterans’ needs are being met,” said Violante. David J. McIntyre, Jr., chief executive officer and president of TriWest, recalled in a phone interview how the military came to rely more heavily on TRICARE support contractors during the Iraq and Afghanistan wars when so many providers in the direct care system had to be deployed. The new non-VA provider networks will give VA the same sort of flexibility to respond to gaps in timely care including mental health treatments for veterans with post-traumatic stress, McIntyre said. “The first step for the VA is much like it was for DoD when they started doing TRICARE. That is to buy care on an efficient and effective basis across a broad

geographic space [and] from one entity that can provide what they need," said McIntyre. It will take a while for VA to figure out its demand for civilian health care and what volume of care should be bought through these networks for maximum quality and efficiency, he added. "But this gives them the ability, like DoD has, to turn on the spigot pretty quickly if they need to," said McIntyre. "I hold to the same philosophy I have held for 18 years" operating provider networks for military beneficiaries, McIntyre said. "That is, the government should determine where government resources, taxpayer dollars, optimally are used. And if there's enough demand, the government should provide that service directly." But there will be times when it is cheaper, and for patients more convenient, for VA to buy care from the civilian networks, said McIntyre. VA does buy care "in the marketplace right now. They just don't do it on a consolidated basis. And that's what this is going to give them," he said. "We're there to supplement the direct care system, not to replace it." [Source: Stars & Stripes | Tom Philpott | 5 Sep 2013 ++]

VA & Affordable Care Act

The Affordable Care Act, also known as the health care law, was created to expand access to affordable health care coverage to all Americans, lower costs, and improve quality and care coordination. Under the health care law, people will have:

- health coverage that meets a minimum standard (called "minimum essential coverage") by January 1, 2014;
- qualify for an exemption; or
- make a payment when filing their taxes if they have affordable options but remain uninsured.

In 2014, Health Insurance Marketplaces will be a new way to find health coverage. On the Marketplaces, some people may be eligible for lower costs on health premiums and out-of-pocket costs based on their income. At a glance:

- VA wants all Veterans to get health care that improves their health and well-being.
- If you are enrolled in VA health care, you don't need to take additional steps to meet the health care law coverage standards.

- The health care law does not change VA health benefits or Veterans' out-of-pocket costs.
- If you are not enrolled in VA health care, you can apply at any time. You do not have to make a payment if you have coverage that meets a minimum standard (called "minimum essential coverage"). If you have access to affordable coverage but remain uninsured starting in 2014, you may have to make payment when filing your taxes. This payment will either be a flat fee or a percentage of your taxable household income, depending on which amount is higher. Exemptions from the payment will be granted under certain circumstances. For more information on these exemptions, visit www.healthcare.gov. This payment will be phased-in according to the schedule below:

- $95 or 1% of your taxable income in 2014
- $325 or 2% of your taxable income in 2015
- $695 or 2.5% of your taxable income in 2016

If you are enrolled in any of VA's programs below, you have coverage under the standards of the health care law:

- Veteran's health care program
- Civilian Health and Medical program (CHAMPVA)
- Spina bifida health care program

More information on VA health care and the Affordable Coverage Act can be found by going to this website: http://www.va.gov/health/aca/FAQ.asp. [Source: TREA News For the Enlisted 9 Sep 2013 ++]

Vet Toxic Exposure/Lejeune Update

The Department of Veterans Affairs filed proposed rules with the Federal Register on 11 SEP that would be used to implement part of the Honoring America's Veterans and Caring for Camp Lejeune Families Act, which became law a year ago. Public comments on the proposed rule are being solicited until 11 OCT. The law mandates that the VA provide health care to certain veterans and their families who were at Camp Lejeune, N.C., in the last half of the 20th century because of illnesses arising from consumption of contaminated water there. The proposed

rules only cover care for veterans; rules for family members will be filed at a later date. Among the proposed rules are:

- Defining the affected area as "any area within the borders of the U.S. Marine Corps Base Camp Lejeune." The statute and legislative history had not demarcated the extent of the affected area, and this definition would include all base housing, training sites and any other facilities servicemembers had access to.
- Defining eligible veterans as any who served at Camp Lejeune on active duty for at least 30 days – consecutive or nonconsecutive – between Jan. 1, 1957, and Dec. 31, 1987.
- Waiving copayments if health care is for one of 15 illnesses or conditions associated with the contaminated water.
- Retroactively reimbursing veterans for copayments made for qualifying illnesses and conditions. Reimbursement would be retroactive only to Aug. 6, 2012, the day the law was passed. [Source: Stars & Stripes | Wyatt Olsen | 12 Sep 2013 ++]

PTSD Update

In support of PTSD Awareness Month in June, Capt. Janet Hawkins was invited to speak at the 2013 Family Advocacy Training Course in Quantico, Va., on the relationship between posttraumatic stress disorder (PTSD) and interpersonal violence. Hawkins is a violence prevention subject matter expert at the Deployment Health Clinical Center. She specializes in posttraumatic stress disorder and interpersonal violence prevention in military populations. She shared findings from the July 2012 Institute of Medicine report, "Treatment for Posttraumatic Stress Disorder in Military and Veteran Populations: Initial Assessment," which examined PTSD treatment programs and services at the Defense Department and Department of Veterans Affairs, and served as a basis for discussing the relationship between the clinical disorder and interpersonal violence. More than 40 Marine Corps leaders attended the annual violence prevention training, including installation sergeant majors, behavioral health managers and family advocacy managers. From the meeting it was clear that the relationship between PTSD and interpersonal violence is not well understood. Here are some insights to that relationship.

PTSD Factors

The Institute of Medicine report found that of the 2.6 million service members deployed to Iraq and Afghanistan since 2001, an estimated 13 to 20 percent may have PTSD. PTSD is triggered by exposure to one or more traumatic events, including combat situations and sexual violence, and is characterized by the following symptom clusters:

- Intrusion: Re-experiencing the event through intrusive memories, nightmares, or flashbacks; physiologic reactivity or distress in reaction to trauma-related stimuli.
- Avoidance: Avoiding trauma-related thoughts, feelings, or external reminders such as situations, people, places, objects or conversations.
- Alterations in cognitions and mood: Inability to remember important aspects of the event; negative beliefs and expectations about oneself and others; reduced interest in activities; feelings of detachment; trauma-related anger, guilt, or shame; or persistent inability to experience positive emotions.
- Alterations in arousal and reactivity: Hypervigilance; irritability or aggression; difficulty falling or staying asleep; exaggerated startle response; reckless or destructive behavior; or problems with concentration.

While most veterans with PTSD don't engage in interpersonal violence, current research shows that some combat veterans with the disorder are at greater risk of violent acts than those without it. One recent study found that persistent anger predicted aggression and severe violence against family members, and frequency of flashbacks predicted aggression and severe violence against strangers. Additionally, specific risk factors related to military deployments associated with interpersonal violence among Iraq and Afghanistan combat veterans are being studied. More research is needed to better understand the unique and complex roles that other conditions such as alcohol misuse/abuse and traumatic brain injury play in family violence among combat veterans with PTSD.

How PTSD and Interpersonal Violence Relate

Individuals coping with the disorder can face challenges in maintaining healthy relationships, particularly with family members. So, it's critical that providers counsel these individuals on the relationship between PTSD and interpersonal

violence. Spouses and other family members not aware of or knowledgeable about the disorder may also be unaware of how symptoms can contribute to or escalate family conflict. Some symptoms, such as hypervigilance, depressed mood, detachment and avoidance can interfere with establishing and maintaining intimacy, harmony and commitment in relationships. Characteristic behaviors of interpersonal violence include:

- Physical/sexual assault.
- Coercion and threats.
- Emotional abuse.
- Use of isolation.
- Rage.

It's important to note that a PTSD diagnosis doesn't excuse an act of interpersonal violence. Rather, individuals with mental health concerns may require additional assessment to determine if interpersonal violence intervention is needed. Service members with PTSD may need additional social support and help reducing sources of chronic stress, such as financial difficulties. Such factors are associated with better mental health outcomes and overall family functioning.

Resources

Various resources exist within the Defense Department and Department of Veterans Affairs to help service members and veterans cope with psychological health concerns and family violence issues. Some key patient resources for providers to be aware of include:

- "Strength at Home" is a promising, fairly new intervention designed to prevent conflict and violence in military couples. The program emphasizes strengthening relationships for veterans, service members and their families who are struggling with anger and readjustment after a deployment.
- The DCoE Outreach Center provides 24/7 assistance by phone at 866-966-1020, live online chat or email at resources@dcoeoutreach.org.
- Military OneSource (800-342-9647) provides support to all branches of the military and offers direct access to medical professionals through face-to-face, online, email and phone sessions.

- Afterdeployment.org offers online, confidential assessments on common post-deployment issues such as post-traumatic stress, sleep disorders, depression, anger, resilience and work adjustment for military members and their families.
- Military Pathways is an online voluntary, anonymous mental health and alcohol education screening program for military members and their families.
- The Real Warriors Campaign website shares information about tools and resources available for psychological health care and support via informative articles, stories of real service members, message boards and more.

Find more information and resources at the National Center for PTSD website http://www.ptsd.va.gov. The site includes a section for military members who have experienced trauma, or family members and friends who know someone who has. It also includes information for health care professionals. You can also download the presentation, audio podcast and resources from the June DCoE webinar http://www.dcoe.health.mil/Training/Monthly_Webinars/2013_Webinars.aspx , which discussed the increased risk of violence in military veterans. [Source: VA Secy Vet Group Liason Officer | Kevin Secor | 3 Sep 2013 ++]

POW/MIA Update

"Keeping the Promise", "Fulfill their Trust" and "No one left behind" are several of many mottos that refer to the efforts of the Department of Defense to recover those who became missing while serving our nation. The number of Americans who remain missing from conflicts in this century are: World War II (73,000+), Korean War (7,900+), Cold War (126), Vietnam War (1,655), 1991 Gulf War (0), and OEF/OIF (6). Over 600 Defense Department men and women -- both military and civilian -- work in organizations around the world as part of DoD's personnel recovery and personnel accounting communities. They are all dedicated to the single mission of finding and bringing our missing personnel home. For a listing of all personnel accounted for since 2007 refer to http: //www.dtic.mil/dpmo/accounted_for. For additional information on the Defense Department’s mission to account for missing Americans, visit the Department of Defense POW/Missing Personnel Office (DPMO) web site at http:

//www.dtic.mil/dpmo or call or call (703) 699-1169. The remains of the following MIA/POW's have been recovered, identified, and scheduled for burial since the publication of the last RAO Bulletin:

Vietnam

- None

Korea

- None

World War II

- The DPMO announced 12 SEP that two U.S. servicemen, missing in action from World War II, have been identified and are being returned to their families for burial with full military honors. They are Army Air Force 2nd Lt. Valorie L. Pollard, 25, of Monterey, Calif. and Sgt. Dominick J. Licari, 31, of Frankfort, N.Y. Remains representing Pollard and Licari, will be buried as a group in a single casket, on Sept. 19, at Arlington National Cemetery near Washington, D.C. The individually identified remains of Licari were buried on Aug 6, in Frankfort, N.Y. On March 13, 1944, Pollard and Licari were crew members of an A-20G Havoc bomber that failed to return to base in a country now known as Papua New Guinea. The aircraft crashed after attacking enemy targets on the island. In 2012 the A-20G crash site in the mountains of Papua New Guinea was excavated and the remains of Licari and Pollard were recovered. [Source: http://www.dtic.mil/dpmo/news/news_releases/ Aug 2013 ++]

Medicare Reimbursement Rates 2014

A recent Congressional Budget Office (CBO) report revealed a surprise finding – the growth of Medicare spending is slowing. Pinpointing the exact reasons for this historically slower growth is unclear, but it's likely the result of both provider and beneficiary behaviors. Predictably, some on Capitol Hill attribute this good news to healthcare reform, while others point to the economic downturn as reasons for the slowed growth. The report points out the complexity of reasons, but does affirm that the change in how care is delivered has become a significant factor. For instance, there are now fewer higher cost inpatient hospital admissions and a greater shift to outpatient settings – particularly for surgical services. This trend is

welcome news, but could it have an impact on recent attempts to finally fix Medicare's flawed Sustainable Growth Rate, commonly known as the "Doc Fix"? Unfortunately the answer is most likely "it won't." The reimbursement rate for Medicare and TRICARE providers is based in large part on the annual changes in economic growth as measured by gross domestic product (GDP). Physician spending exceeding the growth in GDP in any given year results in an automatic, proportional cut in physician reimbursement the following year. For 2014, the formula calls for a cut of approximately 25 percent. Several Congressional committees have worked this summer to develop legislation that will reform the formula and provide stable access to care for seniors and TRICARE beneficiaries but it may be a hard pill to swallow for some legislators when the fix could cost anywhere from a reported $138 billion to over $200 billion over ten years. [Source: MOAA Leg Up 6 Sep 2013 ++]

Veteran Hearing/Mark-up Schedule

Following is the current schedule of recent and future Congressional hearings and markups pertaining to the veteran community. Congressional hearings are the principal formal method by which committees collect and analyze information in the early stages of legislative policymaking. Hearings usually include oral testimony from witnesses, and questioning of the witnesses by members of Congress. When a U.S. congressional committee meets to put a legislative bill into final form it is referred to as a mark-up. Veterans are encouraged to contact members of these committees prior to the event listed and provide input on what they want their legislator to do at the event. Membership of each committee and their contact info can be found at http: //www.congress.org/congressorg/directory/committees.tt?commid=svete.

- September 17, 2013. HVAC-Health Subcommittee will hold a subcommittee field hearing in Cincinnati, Ohio, entitled, "Making a Difference: Shattering Barriers to Effective Mental Health Care for Veterans." 10:00 A.M.; Location: Anderson Center, 7850 Five Mile Road, Anderson Township, OH 45230
- September 19, 2013. HVAC will hold a full committee field hearing entitled "Trials in Transparency: An Analysis of VA Cooperation with Congress in Meeting its Oversight Responsibilities on Behalf of Veterans." 10:00 A.M.; 334 CHOB

- October 1, 2013. HVAC, Subcommittee on Disability Assistance and Memorial Affairs is hosting a Member level, Veterans' Benefits Appeals roundtable 10:00 – 12:00 P.M; 334 Cannon [Source: Veterans Corner w/Michael Isam 14 Sep 2013 ++]