

# News Flash

From The Retired Enlisted Assn

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## TREA WASHINGTON UPDATE FOR OCTOBER 9, 2009

This is a big week for military retirees.

In last week's legislative update we told you that DoD had announced a huge increase in TRICARE Standard Inpatient co-pays for care given at civilian hospitals to retirees under age 60. We have a major news on that in this week's update.

In addition, the Senate finally unblocked some of its logjam this week and passed the FY 2010 Defense appropriations bill. And the Senate-House conference committee reached agreement on the FY2010 National Defense Authorization Act. We have much more detail on all of this below.

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**1. Senate-House Conference Committee Agrees on FY2010 National Defense Authorization Act – and Blocks TRICARE Fee Increases** - Many Congress watchers were surprised this week when the Senate-House conference committee dealing with defense issues reached agreement on the FY2010 National Defense Authorization Act (NDAA). Because of the many differences between the House and Senate in their respective versions of the bill, and because of the all the time and effort being consumed by the national health care debate, it was thought the NDAA would not be agreed to until much later in the year, if at all. But they confounded those observers and reached agreement on Wednesday.

The NDAA, which must be passed each year, authorizes funding for the Department of Defense and the national security programs of the Department of Energy. The Senate issued a 32 page press release which gave just the highlights of the conference report. The actual bill itself is almost 1,400 pages long.

The bill contains both good news and bad news for TREA members and all military retirees. First, the good news:

- 1) The bill blocks the increases in TRICARE Standard Inpatient co-pays for care given at civilian hospitals to retirees under age 60 that were announced by DoD just last week.
- 2) It authorizes full funding for the Defense Health Program.
- 3) It extends eligibility for TRICARE Standard to reserve component area retirees who have not yet reached age 60, also known as "gray area" retirees.

Now, the bad news. Unfortunately, it did not contain two provisions that are on the top of TREA's priority list:

- Concurrent receipt for medically retired military personnel (Chapter 61s)
- Elimination of the SBP/DIC offset

Regarding the good news:

That the conferees agreed to block the TRICARE increases announced last week by DoD is, indeed, great news. As we told you last week, TREA sent a letter of protest to Defense Secretary Gates last week to protest the announcement of the fee increases. While we have been, and continue to assume that DoD wants fee increases, we took Secretary Gates at his word when he stated earlier this year that he would not seek increases this year. In addition, DoD never went to Congress seeking any increases, and none of our Capitol Hill contacts told us that increases were in the works.

So when the increases were announced by DoD last week, it was a bit of a shock.

However, since the NDAA blocked them, we assume that key members of Congress knew the increases were coming and they went ahead and blocked them ahead of time.

The second thing they did, fully funding the Defense Health Program, was something we anticipated because both houses had done so while the bills were working their ways through the committees. In fact, this was another reason we did not expect increases in fees to be proposed. In the past, the Defense Health Program was not fully funded, and it was in those years that DoD sought to increase TRICARE fees.

Thirdly, making Guard-Reserve "gray area" retirees eligible for TRICARE Standard is a great victory, and one that is especially important during this time when members of the Reserve components are assuming a greater and greater share of the warfighting. This provision should be of little or minimal cost to the government, since the costs are paid by the individuals who enroll in the program.

As for the bad news, TREA was pushing very hard for both concurrent receipt for medically retired personnel and for the elimination of the SBP/DIC offset and we are extremely unhappy that neither made it into the conference report. The loss of the battle for concurrent receipt for Chapter 61 retirees is an especially devastating setback because, for the first time, the President's budget had included this measure, and House

leaders had found funding for the first year. And ending the SBP/DIC offset is another long-time goal that urgently needs to be passed into law.

We will continue to forcefully fight for legislation for both of these goals to be passed separately or as part of next year's defense bill. We will keep you advised on these issues in the coming weeks.

However, there is still a small chance the final NDAA may not pass one or the other of the houses of Congress. According to one report, the hate crimes provision that is part of the bill is strongly opposed by many, if not most, Senate Republicans and they could either delay or even derail a final vote on the bill in the Senate.

In addition, President Obama previously threatened to veto any bill that contained the authorization of a second jet engine for the Joint Strike Fighter. Despite that, the conferees went ahead and put such a provision in the NDAA. So it is possible the President could veto the bill. However, most people believe that in the end the bill as it now stands will eventually be signed into law.

**2. Senate Passes FY 2010 Defense Appropriations Bill** - On Tuesday of this week the Senate finally passed its version of the FY 2010 Defense appropriations bill. The House had passed its version back on July 30.

The Senate debated the bill most of last week, but it was slowed by debate over military strategy in Afghanistan and weapons spending. The bill would provide \$636.3 billion in discretionary spending, which is \$3.8 billion less than the president's request, but \$4.4 billion more than the current level, which includes supplemental appropriations.

The total amount for defense spending is the same in both versions of the bill: \$636.3 billion. However, as you might imagine, there are differences about just exactly how to spend that much money. The good news is that Defense health care is fully funded: \$28.3 billion in the Senate and \$29.9 billion in the House. Although that difference is a huge amount of money for an average person, in terms of government spending it really isn't that big of a gap. The Senate-House conference committee has been appointed and most people expect final agreement to be reached and the bill to be sent back to both houses for a final vote, then on to the President for his signature before the end of this month.

Even though there is a vigorous debate about what to do in Afghanistan, and the decision the President reaches could have a major budgetary impact, House Defense Appropriations Subcommittee Chairman John Murtha has stated that Congress would provide the additional money next spring if the President decides to send more troops. According to Murtha, each 1,000 additional troops would cost up to \$1,000,000,000 per year and would have to be appropriated in a supplemental spending bill.

**3. Senate Passes Veterans' Benefits Legislation** - On Thursday, the Senate unanimously approved legislation designed to enhance a number of benefits for veterans and their families, including compensation, housing, employment, education, burial, and insurance benefits.

One key provision of the legislation would provide for retroactive payments to those servicemembers who suffered traumatic injury while on active duty on or between October 7, 2001, and November 30, 2005. Previously, this benefit was only available to servicemembers who suffered a traumatic injury in Operation Iraqi Freedom or Operation Enduring Freedom theaters of operation during that time period.

*"I am pleased that the Senate passed this much needed legislation. Without it, some servicemembers who suffered traumatic injuries would be denied the same retroactive payment given to their wounded comrades,"* said U.S. Senator Daniel K. Akaka (D-HI), Chairman of the Veterans' Affairs Committee and author of this bill.

Among other things, S. 728, as amended, the Veterans' Benefits Enhancement Act of 2009, would:

- Strengthen life insurance and mortgage insurance programs for disabled veterans;
- Remove the enrollment cap on the number of veterans allowed in VA's Independent Living program; and
- Ease the burden of proof on veterans seeking to establish that their disabilities are related to their service.

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