



Special News Release

114th Congress Legislative Roundup

The 114th Congress wrapped up its second session with a flurry of bills being passed just before adjourning sine die on January 3, 2017.

Attached is a list of Public Laws that were enacted during the last session of the 114th Congress and those provisions that were directly affected by DAV Resolutions. This comes in large part as a result of your continued efforts and support over the last two years. It starts with choosing delegates to National Convention and adopting DAV Resolutions, to actively working as legislative advocates by contacting your elected officials, and finally urging passage of legislation to empower veterans to lead high-quality lives with respect and dignity.

We hope that these results will encourage you to continue your efforts during the 115th Congress and beyond. Thank you for all your hard work.

Public Law 114-188, the Female Veteran Suicide Prevention Act (S. 2487)

Amends currently required Department of Veterans Affairs (VA) evaluations of its mental health and suicide prevention programs by adding a specific focus to include the needs of women veterans. Also, the bill requires an independent contractor to VA to include in its annual reports to VA the mental health and suicide prevention programs that are most effective and have the highest

satisfaction rates among women veterans.

DAV Resolutions 129 and 250 support enhancing medical services and benefits for women veterans and program improvements and enhanced resources for VA mental health programs.

Public Law 114-197, the Veterans' Compensation COLA Act of 2016 (H.R. 5588)

Provides an increase, effective December 1, 2016, in the rates of compensation for veterans with service-connected disabilities and the rates of dependency and indemnity compensation (DIC) for the survivors of certain disabled veterans.

The law does not contain the round-down provision of previous years that reduced compensation and pension payments by millions of dollars at the expense of disabled veterans and their families.

DAV Resolution 013 calls for the provision of a realistic cost-of-living allowance for our nation's disabled veterans, their dependents and survivors.

Public Law 114-198, the Comprehensive Addiction and Recovery Act of 2016 (S. 524)

Helps address the combined mental health and substance abuse treatment needs of justice-involved veterans. It requires VA to expand its Opioid Safety Initiative; implement education and training requirements for VA employees who prescribe opioids; establish protocols for the designation of a pain management team at each VA medical facility; modify VA's Opioid Therapy Risk Report tool; establish a formalized national patient advocacy program in VA; and enhance complementary and alternative health care programs in VA.

A Government Accountability Office (GAO) report is required on VA's Opioid Safety Initiative, a quarterly progress report from VA about actions taken to address GAO's outstanding findings and recommendations, an annual report from VA on opioid prescription rates, and an investigation by the Office of the Medical Inspector of the Veterans Health Administration when prescription rates are inconsistent with standards of appropriate and safe care.

Requires the Department of Health and Human Services to award grants to states to streamline state requirements and procedures to assist veterans who completed military emergency medical technician training during their military service meet state certification, licensure, and other requirements applicable to civilian health care professions.

DAV Resolution 250 supports improvements and enhanced resources for VA

mental health programs. DAV Resolution 137 supports humane and consistent VA pain management programs. DAV Resolution 084 supports improving VA programs preventing and treating substance use disorders. DAV Resolution 244 supports comprehensive VA health services including alternative and complementary care.

Public Law 114-218, the Department of Veterans Affairs Dental Insurance Reauthorization Act of 2016 (S. 3055)

Makes permanent the existing pilot program of VA dental insurance for veterans, survivors and dependents of veterans, by allowing eligible veterans plus family members receiving care under the Civilian Health and Medical Program of VA (CHAMPVA), to purchase dental insurance.

DAV Resolution 236 supports providing VA outpatient dental care to all enrolled veterans. However, DAV opposes any copayments that this program would require. DAV Resolution 135 calls for legislation to eliminate or reduce VA and Department of Defense (DOD) health care out-of-pocket costs for service-connected disabled veterans.

Public Law 114-223, the Continuing Appropriations and Military Construction, Veterans Affairs, and Related Agencies Appropriations Act, 2017, and Zika Response and Preparedness Act (H.R. 5325)

Permits the VA to enter into agreements with Federally Qualified Health Centers in Alaska and certain Indian tribes and tribal organizations to provide healthcare, including behavioral health and dental care, to veterans in rural Alaska.

DAV Resolution 055 supports service-connected Native American and Alaska Native veterans receiving the benefits and services they have earned and deserve.

Requires the VA to ensure that the toll-free crisis hotline provides individuals who contact the hotline with immediate assistance from a trained professional, and adheres to all requirements of the American Association of Suicidology.

DAV Resolutions 250 supports improvements and enhanced resources for VA mental health programs.

Eliminates veterans' copayments for Naloxone, a drug that reverses the effects of opioid overdose, and requires education on its use.

DAV Resolution 135 supports elimination or reduction of VA and DOD health care out-of-pocket costs for service-connected disabled veterans.

Provides specified funds to carry out and expand the pilot program providing child care assistance to veterans receiving or in need of VA readjustment counseling and related mental health services or other intensive health care services.

DAV Resolution 129 supports enhancing medical services and benefits for women veterans and program improvements and DAV Resolution 244 supports comprehensive VA health services to enrolled veterans.

Extends a requirement for the VA to report to Congress on its capacity to provide for specialized treatment and rehabilitative needs of disabled veterans.

DAV Resolutions 132 and 244 supports timely access to all medically necessary services from the VA health care system and the provision of comprehensive VA health services to enrolled veterans.

Permits the VA to use funds to ensure that the ratio of veterans to full-time employees within any rehabilitation program does not exceed 125 veterans to one full-time employment equivalent. Also requires the VA to report to Congress on rehabilitation programs including: (1) an assessment of the veteran-to-staff ratio for each program, and (2) recommendations to reduce the veteran-to-staff ratio for each program.

DAV Resolution 150 calls for increased staffing levels for VA Vocational Rehabilitation and Employment Service.

Permits VA Medical Services funds to be used to provide: (1) fertility counseling and treatment using assisted reproductive technology to a covered veteran or the spouse of a covered veteran, or (2) adoption reimbursement to a covered veteran. Defines a "covered veteran" as a veteran who has a service-connected disability that results in the inability of the veteran to procreate without the use of fertility treatment.

DAV Resolutions 129 and 244 support enhancing medical services and benefits for women veterans and the provision of comprehensive VA health services to enrolled veterans.

Public Law 114-228, the Department of Veterans Affairs Expiring Authorities Act of 2016 (H.R. 5985)

Programs and benefits extended through December 31, 2017:

- Nursing home care for veterans who have a service-connected disability rated at 70 percent or greater or are in need such care because of a service-connected

disability.

- Pilot program on assistance for child care for certain veterans receiving health care.
- Pilot program on counseling in retreat settings for women veterans newly separated from service.
- Rehabilitation and vocational benefits at VA facilities for members of the Armed Forces with severe injuries or illnesses
- Homeless veterans reintegration programs and homeless veterans with children reintegration program.
- Agreement with the National Academy of Sciences regarding associations between diseases and exposure to dioxin and other chemical compounds in herbicides

Programs and benefits extended through September 30, 2017:

- Referral and counseling services for veterans at risk of homelessness transitioning from certain institutions.
- Financial assistance for supportive services for very low-income veteran families in permanent housing.
- Specially adapted housing assistance for certain service connected veterans with disabilities causing difficulty ambulating.

Public Law 114-247, the No Veterans Crisis Line Call Should Go Unanswered Act (H.R. 5392)

VA is required to develop a quality assurance process outlining performance indicators and objectives on the responsiveness and performance of the Veterans Crisis Line and backup call centers, and a timeline noting when objectives will be reached.

VA must also develop a plan to ensure any communication to the Veterans Crisis Line or backup call center is answered in a timely manner by a person in accordance with the guidance established by the American Association of Suicidology.

DAV Resolution 250 supports program improvements and enhanced resources for VA mental health programs with special attention to suicide prevention efforts.

Public Law 114-328, the National Defense Authorization Act for Fiscal Year 2017 (S. 2943)

Requires a feasibility evaluation of expanding the categories of passengers eligible for space-available travel to include former members of the Armed Forces who have a disability rated as total, if space-available travel is provided to such

members on the same basis as such travel is provided to members of the Armed Forces entitled to retired or retainer pay.

DAV Resolution 036 calls for legislation to extend the eligibility of space-available air travel aboard military aircraft to service connected veterans rated 30 percent or more.

Establishes standards and quality assurances for members of the Armed Forces obtaining civilian professional credentials when transitioning out of the military to obtain employment using skills acquired in the military.

DAV Resolution 153 supports the elimination of employment barriers that impede the transfer of military occupations to the civilian labor market.

DOD must report to the House and Senate Armed Services Committees evaluating the success of DOD's Job Training, Employment Skills Training, Apprenticeships, Internships and SkillBridge initiatives, including companies that offer training or internship opportunities that may lead to employment for the service members after their separation.

DAV Resolution 151 urges Congress to monitor the benefits and services of the federal government's comprehensive transition assistance program for separating service members and their spouses.

Federal law requires veterans to pay back any DOD voluntary and involuntary separation pay they received before receiving VA disability compensation. The DOD is now required to inform participants of the Transition Assistance Program (TAP) of such offset and the possible economic hardships it can cause.

DAV Resolution 112 calls for legislation to clarify that Special Separation Benefit payments, including voluntary and involuntary separation pay, are not disability payments and therefore should not be recouped from VA disability compensation payments.

Changes the Survivor Benefit Plan (SBP) to treat members of the reserve component who die from an injury or illness incurred or aggravated in the line of duty during inactive-duty training the same as members of the Armed Forces who die in the line of duty while on active duty.

DOD is to provide an independent assessment of the SBP by a federally-funded research and development center. SBP purposes, effectiveness, feasibility and advisability of providing SBP through an alternative Government subsidized insurance would be assessed. DAV will work to ensure the assessment of SBP

considers DAV Resolution 009.

DAV Resolution 009 supports legislation to repeal the offset between SBP annuity payments and DIC payments.

The definitions for veteran-owned small businesses (VOSBs) and service-disabled veteran-owned small businesses (SDVOSBs) will be standardized. VA will continue to determine whether individuals are veterans or service-disabled veterans and would be responsible for verification of applicant firms. Challenges to either status based upon issues of ownership or control would be decided by the administrative judges at the Office of Hearings and Appeals of the Small Business Administration.

DAV Resolution 266 supports verification improvements for veteran-owned businesses within the VA and recommends VA simplify its verification process for SDVOSBs and VOSBs interested in participating in the VA's Veterans First Contracting Program.

Requires that a service member who was sexually assaulted within 24 months prior to a proposed administrative separation under conditions other than honorable, including an administrative separation in lieu of court-martial, and who is diagnosed with post-traumatic stress disorder (PTSD) or traumatic brain injury (TBI) may not be separated until the results of the medical examination have been reviewed by appropriate authorities responsible for evaluating, reviewing, and approving the separation case.

When discharge review boards are convened to consider of combat veterans claims asserting PTSD or TBI in connection with combat or sexual trauma as a basis for review of discharge, the military department concerned, or the Department of Homeland Security, is required to make available to the public on an Internet website information regarding claims considered by the service board for correction.

DAV Resolution 226 supports a more liberal review of other than honorable discharges for purposes of receiving VA benefits and health care services in cases of former service members whose PTSD, TBI and military sexual trauma or other trauma contributed to their administrative discharges characterized as other than honorable.

Public Law 114-286, the Faster Care for Veterans Act of 2016 (H.R. 4352)

VA is to conduct an 18-month pilot program in three Veterans Integrated Service Networks to allow veterans to use a website to schedule and confirm

appointments at VA medical facilities.

DAV Resolutions 132 supports timely access to all medically necessary services from the VA health care system.

Public Law 114-292, the Combat-Injured Veterans Tax Fairness Act of 2016 (H.R. 5015)

DOD is required to identify certain severance payments to veterans with combat-related injuries paid after January 17, 1991, from which DOD withheld amounts for tax purposes. DOD is required to provide each such veteran with a notice of the amount of improperly withheld severance payments, and instructions for filing amended tax returns to recover such amount. The period for filing a related Internal Revenue Service claim for a credit or refund is extended to one year after DOD provides the veteran with the information required by this Act.

DAV Resolution 011 supports allowing all veterans to recover taxes from their disability severance pay.

Public Law 114-294, the Communities Helping Invest through Property and Improvements Needed for Veterans Act of 2016 (H.R. 5099)

Allows VA to carry out a pilot program on partnership agreements to construct new facilities and allows VA to accept from specific non-federal entities up to five donations of facilities and real property.

DAV Resolution 126 supports modernizing VA's health care capital infrastructure.

Public Law 114-315, the Jeff Miller and Richard Blumenthal Veterans Health Care and Benefits Improvement Act of 2016 (H.R. 6416)

- Establish automatic entitlement to survivor benefit payments in certain cases (Resolution No. 009);
- Streamline the Board of Veterans' Appeals video hearing process (Resolution No. 034);
- Enhance the Veterans Benefit Administration's contract medical examination process (Resolution No. 222);
- Require continuous review of the Transition Goals Plans and Success (GPS) program, its workshops, training methodology, delivery of services, collection and analysis of course critiques and VSO involvement (Resolution No. 151);
- Establish a three-year transition period for Service Disabled Veteran Owned

Businesses following the non-service-connected death of the service-disabled veteran owner, rated less than 100 percent (Resolution No. 196);

- Express a sense of Congress that October 5 be recognized annually as American Veteran Disabled for Life Day (Resolution No. 001);

Health Care

- Authorize advance appropriations for VA's Medical Community Care account (Resolution No. 238);
- Improve access to standard immunizations for veterans (Resolution No. 244);
- Establish procedures for mental health treatment for veterans who performed classified missions while on active duty (Resolution No. 250);
- Provide examination and treatment by VA for emergency medical conditions and women in labor (Resolution No. 240);
- Authorize several major VHA medical facility projects (Resolution No. 126);
- Authorize research for descendant health conditions potentially related to veterans exposed to toxic substances during their service in the Armed Forces (Resolution No. 246);

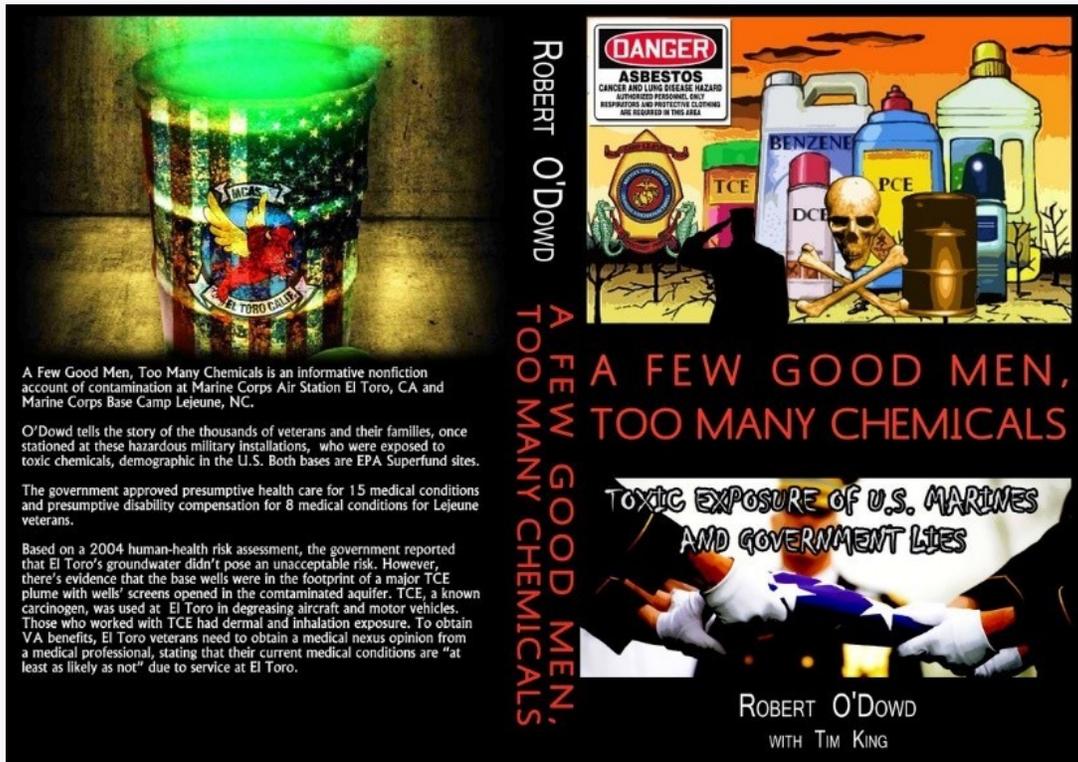
Homeless

- Expand the definition of "homeless veteran" to authorize access to VA services and benefits to this group of veterans;
- Increase per diem payment rates for transitional housing assistance that later become permanent housing for homeless veterans;
- Establish a program to improve retention of housing by formerly homeless veterans and veterans at risk of becoming homeless;
- Require VA to assess comprehensive service programs for homeless veterans.

All of these homeless provisions are in alignment with DAV Resolution No. 139.

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**A FEW GOOD MEN, TOO MANY
CHEMICALS**



A Few Good Men, Too Many Chemicals is the story of the exposure of U.S. Marines at Marine Corps Air Station El Toro, CA, and Camp Lejeune, NC, who were exposed to organic solvents, benzene, and other carcinogens in the drinking water, and through dermal contact and inhalation while working with toxic chemicals without protective clothing and face masks.

Thousands of veterans and their families were once stationed at El Toro, an EPA Superfund site and the premier Marine Corps jet fighter base until it closed in July 1999. At Camp Lejeune, an active Marine Corps base and EPA Superfund site, the base wells were contaminated with organic solvents from 1953 to 1987 with an estimated one million people exposed to contaminated well water. The Navy and the Marine Corps initially denied any health effects from the Lejeune's contaminated well water until Marine veterans and dependents enlisted the help of the North Carolina Congressional delegation and took the battle for VA health care to Congress. Reported health problems in people of all ages from drinking water contaminated with TCE and/or PCE include: Non-Hodgkins lymphoma, Bladder cancer, Breast cancer, Lung cancer, Hodgkins disease, Cervical cancer, Kidney cancer, Liver/biliary cancer, Ovarian cancer, Prostate cancer, Neurological effects (delayed reaction times problems with short-term memory, visual perception, attention, and color vision).

Legislation to provide health care for Camp Lejeune was passed in the 112th Congress. In September 2016, Lejeune veterans were eligible for presumptive VA disability compensation for 8 of the 15 health conditions that the VA agreed are

linked to toxic chemicals in the base's water wells. There is no presumptive health care and disability for El Toro Marines. El Toro veterans have to fight for health care and disability one veteran at a time.

A Few Good Men, Too Many Chemicals documents the denial of responsibility and the cover-up by Marine Corps leadership of environmental contamination from veterans, their dependents, and the public at El Toro, including no usage records on TCE and other organic solvents used on the base for decades; denial of ownership for 16 years of a major TCE plume spreading for miles into Orange County until a lawsuit forced the government to accept responsibility; loss of all of the original well construction drawings (permanent records) and over 40 years of water distribution engineering drawings; no records on the dates the base wells were abandoned; denial of the use of base wells by the Corps and Navy when a small quantity of softened municipal water was purchased in 1951, there was no evidence of contaminated well water or insufficient supply of water from the aquifer under the base, and the early purchase was inadequate to meet the demand for water without access to the wells; engineering drawings showing the base wells part of the water distribution system after the purchase of municipal water; the unexplained cut-off of pumping records when the base wells were clearly shown as not abandoned in an El Toro engineering drawings from 1975; a radiation contaminated hangar shuttered and sealed in 2016, years after the Navy reported the hangar free of radiation, and dioxin 2,3,7, 8 (TCDD), the deadly toxin in Agent Orange, listed on the California Department of Toxic Substances Control's database as a probable contaminant of concern, and the VA's confirmation of the death of an El Toro Marine from Agent Orange exposure who never served in Vietnam

At El Toro, 55-gallon drums of TCE waste were buried on the base to hide them from the Marine Corps Inspector General after their use was not authorized; the entire set of water distribution engineering drawings were redrawn in 1986, the year after TCE was found in agricultural wells on and off the base and during the period when ten Camp Lejeune's wells were found contaminated with TCE and abandoned. The Navy's mantra, "No need to worry" falls on deaf ears."

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VA Improvements

As of right now a new VA Secretary has not been nominated by President-elect Trump. We will be watching closely to see who his eventually nominee is and then we will be on guard to see what kinds of changes he or she will propose to improve VA health care.

Source: TREA

Concurrent Receipt

We will once again support legislation to give concurrent receipt to military retirees with less than a 50 per cent VA rated disability.

HR 303, The Retired Pay Restoration Act, and HR 333, Disabled Veterans Tax Termination Act have already been introduced in the House of Representatives. These are substantially the same bills that have been introduced for the last several years. However, with the change of Administrations and one-party control of Congress, we will be pushing this hard in the year to come. Below are summaries of both bills:

Retired Pay Restoration Act (HR 303)

Expresses the sense of Congress that military retired pay should not be reduced because a military retiree is also eligible for veterans' disability compensation awarded for a service-connected disability.

Allows the receipt of both military retired pay and veterans' disability compensation with respect to any service-connected disability (under current law, only a disability rated at 50% or more). Repeals provisions phasing in the full concurrent receipt of such pay through December 31, 2013.

Makes eligible for the full concurrent receipt of both veterans' disability compensation and either military retired pay or combat-related special pay those individuals who were retired or separated from military service due to a service-connected disability.

Disabled Veterans Tax Termination Act (HR 333)

Amends federal military retired pay provisions to: (1) permit veterans with a service-connected disability of less than 50% to concurrently receive both retired pay and disability compensation; (2) eliminate provisions requiring a phase-in between January 1, 2004, and December 31, 2013, of concurrent receipt of retired pay and disability compensation; (3) eliminate a phase-in of concurrent

receipt of retired pay and disability compensation for disabled veterans determined to be individually unemployable; and (4) require a limited reduction in retired pay for qualified disability retirees with less than 20 years of retirement-creditable service.

S. 66

A bill to amend title 10, United States Code, to permit certain retired members of the uniformed services who have a service-connected disability to receive both disability compensation from the Department of Veterans Affairs for their disability and either retired pay by reason of their years of military service or Combat-Related Special Compensation, and for other purposes.

We are aware that the Congressional Budget Office has said that one way to reduce federal spending is to eliminate concurrent receipt for everyone now receiving it. We will be watching to see if any member of Congress picks up that idea and proposes it in legislation.

Source: TREA

Privatization

There seems to be great enthusiasm among many in Congress to privatize things like commissaries, DoD schools, VA health care and other health care programs currently run by the government. In addition, several Washington “think tanks” are advocating taking retirees out of the military health care system and making them get their health care in the private sector. We will be closely watching all of these and fight to stop any new proposals that would hurt military personnel.

Source: TREA

(Veterans-For-Change Suggest all Veterans fight against this!)

Update on California National Guard Bonus Scandal

The Pentagon has determined that on a few hundred of the roughly 17,500 soldiers who mistakenly received bonuses from 2006-2011 will ultimately have to pay back the money.

Those who repaid the government prior to the public outcry will be reimbursed. The review of cases and the reimbursements should be completed by July.

The few hundred cases involve soldiers who "knew or should have known" that they were wrongly receiving re-enlistment and student loan bonuses. They now face the possibility of having their cases heard by the Army Board for the Correction of Military Records.

Soldiers who have been cleared should be getting notification of the dismissal of their cases within a month. In addition, the Pentagon will notify credit bureaus and attempt to help any troops whose credit was adversely impacted by the bonus errors that mainly resulted from fraud committed by Guard administrators.

While the early news reports suggested that the problem was widespread in National Guard units across the country, apparently it was somewhat limited to California. The Pentagon says that they have not uncovered more than a few dozen cases in any other state.

Source: TREA

Recent TRICARE Updates

TRICARE has come out with two fact sheets that may be of interest to you.

The first gives the new costs for the TRICARE plans. You can click on this link.

<http://www.tricare.mil/Costs/HealthPlanCosts>

When you get to the page look at the upper right hand side and you'll see "Costs and Fees Sheet." If you click on that you'll see the page with the latest cost information.

For the latest information about the TRICARE Young Adult Program you can click on this link.

<http://www.tricare.mil/Costs/HealthPlanCosts/TYA>

When you get to this page, look again at the upper right hand corner and you'll see "TRICARE Young Adult Program Fact Sheet." If you click on that you will be taken to the latest information on the TRICARE Young Adult Program.

Source: TREA



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