**MOAA's Top 10 Legislative Goals for 2016**

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**1. Ensure any TRICARE reform sustains top-quality care**

Military health care recommendations from the Military Compensation and Retirement Modernization Commission have the potential to stimulate major changes to military health care programs. MOAA will strive to ensure the problems with TRICARE are addressed in a systemic manner, programs that are working well are sustained, and problem areas are addressed to improve care, coverage, and readiness.

**2. Prevent disproportional TRICARE fee increases**

A unique military health care plan is an essential offset to the arduous conditions in a military career. Any fee-adjustment formula must recognize that military beneficiaries prepay very large premiums for their lifetime coverage through decades of service and sacrifice, and the country must have a higher obligation to them than what corporate employers demonstrate for their employees. To that end, a percentage increase in military beneficiaries' health care fees in any year should not exceed the percentage increase in their military compensation.

MOAA adamantly will resist proposals to make military health care programs more like those offered by civilian employers and that add thousands of dollars a year to military beneficiaries' costs.

**3. Sustain military pay comparability with the private sector**

Congress worked to improve military pay after previous pay-raise caps caused retention problems. For 2016, the military pay raise was capped at 1.3 percent, 1 percentage point below the 2.3-percent private-sector pay growth, as measured by the Bureau of Labor Statistics' Employment Cost Index (ECI). This is the third consecutive year of capping military raises below the statutory ECI standard, and the president's budget envisioned additional caps for six consecutive years. Past history with military pay-raise caps shows they continue until they hurt retention and readiness. MOAA strongly objects to further planned pay caps. This unwise process generated retention crises in the 1970s and '90s. Sustaining pay comparability is essential to long-term retention and readiness.

**4. Block erosion of compensation and commissary benefits**

Protect against privatization, consolidation, reduction in services, or elimination efforts in commissary and exchange programs. Sustain funding support, and guard against diminution of this substantial benefit for active duty, reserve, and retired servicemembers and their families and survivors.

**5. Protect military retirement/COLAs**

Proposals to cap annual COLAs below inflation or to redefine and depress the Consumer Price Index for the purpose of geometrically depressing successive annual adjustments would break long-standing statutory commitments to them.

Accordingly, MOAA is gratified the FY 2016 NDAA repealed the final section of a COLA-reducing law that was enacted two years ago for future military retirees. Under the repealed law, future military retirees would have had their annual COLAs capped 1 percentage point below inflation until age 62.

MOAA was instrumental in repealing the COLA cap, with members sending more than 300,000 messages to Capitol Hill in just a few months.

MOAA will continue to exert every effort to preserve the congressional intent, as expressed in the House Armed Services Committee Print of Title 37, U.S. Code, “to provide every military retired member the same purchasing power of the retired pay to which he was entitled at the time of retirement [and ensure it is] not, at any time in the future ... eroded by subsequent increases in consumer prices.”

**6. Sustain wounded-warrior programs and expand caregiver support**

A recent RAND Corp. study of caregivers found more than 1 out of 6 of our nation's 5.5 million caregivers are caring for post-9/11 veterans. Nearly 40 percent of these caregivers are under the age of 30 and will remain in the role of caregiver for decades to come. We must do more to support these caregivers who are providing an estimated $3 billion a year in services to our wounded, ill, and injured servicemembers and veterans. Improvements to respite care, employment accommodations, and health care are a priority. Full-time caregivers of severely disabled veterans from conflicts prior to Sept. 11, 2001, must be included in Caregiver Act services, support, and respite care.

More must be done to ensure medical and benefit systems are providing continuity of care and coverage for wounded warriors of all services and components, including reasonable assistance, training, mental health and family-marital counseling, and compensation for their dependent and nondependent caregivers.

DoD and the VA have made progress toward increasing the number of behavioral health care providers, but timely access to qualified, appropriate mental health intervention and treatment remains difficult in many DoD and VA health care facilities. The shortage of mental health care providers results in increased referrals to civilian providers, many of whom have little knowledge or understanding of military culture and the unique needs of military families. Specialized training and military cultural-awareness programs should be expanded for community providers to improve efficiency when working with servicemembers and veterans and their families.

The health and well-being of the all-volunteer force has never been more critical. DoD and the VA must have viable and effective systems of care and support that address all warrior physical, mental, and emotional issues, including managing pain, substance use, and complex trauma conditions. Senior commanders must continue to strengthen efforts to establish a command climate that eliminates stigma associated with seeking mental health care. Establishing a culture that encourages individuals to seek help as an act of strength rather than as a sign of weakness is central to transforming the willingness of servicemembers to seek treatment.

**7. End disabled/survivor financial penalties**

MOAA supports a plan to phase out the disability offset to retired pay for all disabled retired servicemembers, with initial priority for those who were prevented from serving 20 years solely because they became severely disabled in service. MOAA will work with Congress, DoD, and the administration to advance this proposal as a further important step toward ending the offset for all disabled retirees.

In addition, MOAA will continue to fight for full repeal of the deduction of VA Dependency and Indemnity Compensation (DIC) from Survivor Benefit Plan (SBP) annuities for survivors of servicemembers who died of service-connected causes.

MOAA strongly believes when military service causes a servicemember's death, DIC should be paid in addition to SBP rather than being subtracted from it. To the extent funding cannot be obtained for immediate, full repeal, MOAA will seek interim steps to extend and substantially upgrade compensation for these most deserving survivors by supporting legislation to extend the Special Survivor Indemnity Allowance (SSIA) beyond the current statutory expiration date of Oct. 1, 2017. Congress enacted SSIA as an interim means of easing financial penalties for survivors affected by the deduction of DIC from SBP. Since October 2008, qualifying surviving spouses have received gradually increasing monthly payments. The FY 2017 monthly allowance will be $310. It will be essential to include an extension provision in the FY 2017 defense bill to keep these survivors from experiencing a significant income loss.

**8. Fix Guard/Reserve retirement**

Guard and Reserve families cannot be indefinitely burdened with irreconcilable tradeoffs between civilian employment, personal retirement planning, and family obligations. Operational Reserve policy requires reservists to serve one of every five years on active duty, though many already have served multiple combat tours equal to active force deployment cycles. Regardless of reemployment protections, periodic long-term absences from the civilian workplace can only limit these servicemembers' upward mobility and employability, as well as personal financial security. The new hybrid retirement plan (for service entrants on or after Jan. 1, 2018), composed of reduced retired pay and a matched 401(k)-style system, will require robust financial education of all servicemembers, including guardmembers and reservists, to protect their retirement interests.

**9. Improve spouse and family support**

Preserve funding for family support; morale, welfare and recreation; exchange; commissary; and other critical support services and quality-of-life programs. Improve and enhance access to affordable, quality child care. MOAA recognizes the significance of continued crucial support of military family members bearing the brunt on the home front of over a decade at war. MOAA will work with Congress, DoD, and others in ensuring necessary family support and quality-of-life services across all components, installations, and communities. Military families with a special-needs member face additional stressors. More must be done to enhance support services and health care for these families.

**10. Assure timely access to the VA, and eliminate the VA claims backlog**

The VA must aggressively implement reforms to assure timely access to the quality care most enrolled veterans experience. Changes in leadership in some facilities, recruitment of separating DoD medical professionals, upgrades of clinical space, and an overhaul of the out-of-date scheduling system are needed. MOAA supports a comprehensive, strategic plan for VA health care delivery in the 21st century.

The VA must double down on efforts to improve mental health care delivery and address the number of veteran suicides. The VA and DoD need to strengthen their collaboration in delivering long-term medical and benefits counseling and caregiver support for catastrophically disabled veterans.

To sustain VA services to the nation's veterans, two-year funding across all VA accounts must be enacted. MOAA will continue to be watchful against any initiative that would force dual-eligible beneficiaries, solely as a cost-savings measure, to choose between the DoD and VA health systems.

If you have questions or concerns about MOAA's legislative goals please call the Member Service Center at 1-800-234-6622 or email legis@moaa.org.

- See more at: http://www.moaa.org/Content/Take-Action/Top-Issues/Currently-Serving/MOAA-s-Top-10-Legislative-Goals-for-2016.aspx#sthash.JXY272V4.dpuf