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That means as of now they will stay in DC through the 18. It may go longer. And we have already started to have hearings on subjects in next year’s National Defense Authorization Act.**          **VA Continues to Roll Out Choice Act Consolidation Plan**    **SecDef orders all military combat rolls open to women**    **US Corporations Commit to Hiring 1 Million Veterans**    **List of Navy Ships Covered by Presumption for Agent Orange Exposure Updated by VA** TRICARE Benefit Expands to Cover New Hip SurgeryNORAD Celebrates 60 Years Tracking Santa     **VA Continues to Roll Out Choice Act Consolidation Plan**    The Department of Veterans' Affairs has streamlined eligibility requirements for the Choice Program.    **Under the old policy, a Veteran was eligible for the Veterans Choice Program if he or she met the following criteria:**     * Enrolled in VA health care by 8/1/14 or able to enroll as a combat Veteran to be eligible for the Veterans Choice Program; * Experienced unusual or excessive burden eligibility determined by geographical challenges, environmental factors or a medical condition impacting the Veteran’s ability to travel; * Determined eligible based on the Veteran’s current residence being more than 40 miles driving distance from the closest VA medical facility.     **Under the updated eligibility requirements, a Veteran is eligible for the Veterans Choice Program if he or she is enrolled in the VA health care system and meets at least one of the following criteria:**     * Told by his or her local VA medical facility that they will not be able to schedule an appointment for care within 30 days of the date the Veteran’s physician determines he/she needs to be seen or within 30 days of the date the Veteran wishes to be seen if there is no specific date from his or her physician; * Lives more than 40 miles driving distance from the closest VA medical facility with a full-time primary care physician; * Needs to travel by air, boat or ferry to the VA medical facility closest to his/her home; * Faces an unusual or excessive burden in traveling to the closest VA medical facility based on geographic challenges, environmental factors, a medical condition, the nature or simplicity or frequency of the care needed and whether an attendant is needed. Staff at the Veteran’s local VA medical facility will work with him or her to determine if the Veteran is eligible for any of these reasons; or * Lives in a State or Territory without a full-service VA medical facility which includes: Alaska, Hawaii, New Hampshire (Note: this excludes New Hampshire Veterans who live within 20 miles of the White River Junction VAMC) and the United States Territories (excluding Puerto Rico, which has a full service VA medical facility).     Veterans seeking to use the Veterans Choice Program or wanting to know more about it, can call1-866-606-8198 to confirm their eligibility and to schedule an appointment. For more details about the Veterans Choice Program and VA’s progress, visit: [www.va.gov/opa/choiceact](http://www.va.gov/opa/choiceact).    This opens Choice to 160,500 more veterans enrolled in VA care. Another Dec. 1 change lifts a requirement that to qualify for Choice a veteran must have enrolled in VA health care by Aug. 1, 2014. That date is removed, making 26,000 recent enrollees eligible for Choice automatically because they live more than 40 miles from VA primary care.    At a hearing of the Senate Veterans' Affairs Committee (SVAC) last week senators from rural states including Alaska, West Virginia and Kansas expressed disappointment with how Choice operates today.    Senator Johnny Isakson (R-GA), the SVAC chairman, and the committee’s ranking member, Senator Richard Blumenthal (D-CT), agreed the plan to consolidate purchased care leaves Congress with many critical decisions to make and a lot of money at stake.    The task of combining the patchwork of programs is urgent and apparently very expensive — VA asked for $1.9 billion merely to begin its consolidation plan.  The new plan involves consolidating Choice, the Patient-Centered Community Care networks (PC3), Project ARCH, two different VA-paid emergency care plans, VA affiliations with other federal agencies and various academic partners, and numerous individual agreements between VA health facilities and community care providers into one workable program.    “Each has its own requirements, different eligibility rules, reimbursement rates, different methods of payment and different funding routes,” Deputy VA Secretary Sloan Gibson said. “It’s all too complicated — for veterans, for community providers and for VA staff as well.”    The consolidation plan, he said, will focus on five goals: Establishing a single set of eligibility criteria based on distance, wait time and availability of VA care, and expanded outside urgent care too; improving access by simplifying authorization and referral processes; partnering with federal, academic and community providers to offer a tiered provider network; better coordination of care by deploying an improved health information exchange; ensuring prompt payment with better billing and claim processing.    TREA will keep you up to date on the plan's progress.       |  | | --- | | **SecDef orders all military combat rolls open to women**    Last Thursday Secretary of Defense Ash Carter ordered that all military combat jobs be open to women. This opens up the final 10% of military positions to women including special operation forces including the Army Delta units and the Navy SEALs.    This decision is in opposition to the position of the Marine Corps which wishes to keep women away from some front line combat positions. The present Joint Chiefs of Staff chairman, Gen. Joseph Dunford, who was previously the Marine Corps commandant, has argued that the Marines should be allowed to keep women out of certain front-line combat jobs, citing studies showing that mixed-gender units aren't as capable as all-male units.    General Dunford did not attend the news conference that announce the change but released a prepared statement that said he had provided his best military advise to the Secretary on the issue and would now, “ lead the full integration of women in a manner that maintains our joint warfighting capability, ensures the health and welfare of our people, and optimizes how we leverage talent across the joint force."  Secretary Carter said that “we are a joint force” and that the military could no longer exclude 50% of the population from some military jobs. He stated that women would need to meet the same grueling standards as men. “Equal opportunity, he said, will not mean equal participation in some specialty jobs.”Therefore it would be likely that there will be few women in certain jobs but he said that there will be no quotas and “combat effectiveness” is the goal.    This decision was long expected. When recently visiting Sicily Secretary Carter answered a Marine’s question about the policy by saying “You have to recruit from the American population. Half the American population is female. So I'd be crazy not to be, so to speak, fishing in that pond for qualified service members."  The Services were given 30 days to submit plans to him to make the historic change.    Whether this decision means that in the future women will be required to register for the draft is not settled but it seems very likely. On Thursday Chairmen of the House and Senate Armed Services Committees Rep. Mac Thornberry (R-TX) and Senator John McCain (R-AZ) issued a statement which in part said:”look forward to receiving the [Defense] Department’s views on any changes to the Selective Service Act that may be required as a result of this decision.”    At present there are at least 2 pending cases challenging the Constitutionality of the present Selective Service System. (One brought by a woman and the other by a men’s’ organization. The U.S. Court of Appeals for the 9th Circuit (California) is expected to hear the second case this Tuesday.    While Secretary Carter would not give an opinion on this question at his Thursday press conference when testifying before his confirmation hearing in January he said: “Given that the Armed Forces have waged the longest continuous conflict in our history with an All­Volunteer Force, and the fact that most military career fields are now open to women, a review of the military selective service act would be prudent. This is not solely a Defense issue, but rather part of a much broader national discussion.”    In 1981 the Supreme Court found the exclusion of women in the Selective Service System Justice William Rehnquist wrote for the majority: “The existence of the combat restrictions clearly indicates the basis for Congress’ decision to exempt women from registration. The purpose of registration was to prepare for a draft of combat troops. Since women are excluded from combat, Congress concluded that they would not be needed in the event of a draft, and therefore decided not to register them.”    Since these limitations no longer exist is seems very likely that we will see a change in this policy in the near future.      **US Corporations Commit to Hiring 1 Million Veterans**      A U.S. Chamber of Commerce Foundation called “Hire 500,000 Heroes” has collected promises from more than 2,000 businesses to hire at least 200,000 more veterans or their spouses. Wal-Mart alone says that it has met its goal of hiring 100,000 military veterans and has upped its commitment to 250,000. A coalition of more than 200 other companies has vowed this month to make a million hires.    All of this veteran hiring is taking place in an economy where veterans have an overall unemployment rate of just 3.9% as of October. The most recent unemployment rate for veterans who served after 9/11 was 4.6% — essentially the same as the rate for civilians, which is at 5.0% overall.  In addition to the corporate hiring campaigns, the White House has an initiative known as Joining Forces announced this year that it had secured new commitments from the private sector to hire or train 90,000 veterans and military spouses, in addition to 100,000 already brought on board.    The employment situation has changed sharply from five years ago, when the country was in the grips of recession, U.S. troops were still immersed in Afghanistan and Iraq, and being a recent veteran seemed to be a disadvantage in the job market.    Many employers hesitated to hire reservists, who could be deployed at any time. The stigma of post-traumatic stress disorder is also thought to have hurt job prospects.    The youngest veterans fared worst, with unemployment rates in some months that were double those of other workers their age. But the latest data show that among 18- to 24-year-olds, unemployment rates for veterans and civilians were statistically equal, at just over 10%.    While it unclear exactly how many veterans have been positively impacted by corporate American and government hiring pledges, the most important contribution of the hiring campaigns may be their underlying message: veterans are not the damaged people that many Americans imagine but valuable members of the workforce.    And as long as people are hiring veterans, which is the first and most important step towards reintegrating them back into society after they leave the service. If you have a job, you have a chance. And that is all anyone can ask for. | | |  |  | | --- | --- | | |  | | --- | |  | |   **List of Navy Ships Covered by Presumption for Agent Orange Exposure Updated by VA**  VA maintains a list of U.S. Navy and Coast Guard ships associated with military service in Vietnam and possible exposure to Agent Orange based on military records. This evolving list helps Veterans who served aboard ships, including "[Blue Water Veterans](http://www.publichealth.va.gov/exposures/agentorange/locations/blue-water-veterans.asp)," find out if they may qualify for presumption of herbicide exposure.    Veterans must meet VA's [criteria for service in Vietnam](http://www.publichealth.va.gov/exposures/agentorange/locations/vietnam.asp), which includes aboard boats on the inland waterways or brief visits ashore, to be presumed to have been exposed to herbicides. Veterans who qualify for presumption of herbicide exposure are not required to show they were exposed to Agent Orange or other herbicides when seeking VA compensation for [diseases related to Agent Orange exposure](http://www.publichealth.va.gov/exposures/agentorange/conditions/index.asp).    **Find your ship:**    Ships or boats that were part of the **Mobile Riverine Force**, **Inshore Fire Support (ISF) Division 93** or had **one of the following designations** operated on the inland waterways of Vietnam. Veterans whose military records confirm they were aboard these ships qualify for presumption of herbicide exposure.  During your Vietnam tour, did your ship or boat have one of the following designations?   * AGP (Assault Group Patrol/Patrol Craft Tender) * LCM (Landing Craft, Mechanized) * LCU (Landing Craft, Utility) * LCVP (Landing Craft, Vehicle, Personnel) * LST (Landing Ship, Tank) * PBR (Patrol Boat, River) * PCF (Patrol Craft, Fast or Swift Boat) * PG (Patrol Gunboat) * STABS (Strike Assault Boats) * WAK (Cargo Vessel) * WHEC (High Endurance Cutter) * WLB (Buoy Tender) * WPB (Patrol Boat) * YFU (Harbor Utility Craft)   Alphabetized ship list  If your vessel is **not** included in the Mobile Riverine Force, ISF Division 93 or above designations, check VA's [alphabetized ship list](http://www.publichealth.va.gov/exposures/agentorange/shiplist/list.asp).    - See more at: [http://www.publichealth.va.gov/exposures/agentorange/shiplist/index.asp#sthash.7wqKEIda.dpuf](#sthash.7wqKEIda.dpuf)     TRICARE Benefit Expands to Cover New Hip Surgery   The 2015 National Defense Authorization Act created a provisional coverage program that allows TRICARE to provide coverage for emerging treatments and technologies. The first treatment to be evaluated and approved under this new program is surgical treatment of a hip condition called Femoroacetabular Impingement (FAI).  FAI can occur when the bones of the hip are abnormally shaped. Because they do not fit together perfectly, the hip bones rub against each other and cause damage to the joint.  Symptoms include pain in the hip or groin area which limits or hinders mobility.    Provisional coverage for FAI surgery begins January 01, 2016. At that time, your health care provider can give you a referral for treatment if you are diagnosed with this condition and meet certain clinical criteria. You will be able to get FAI surgery from any TRICARE authorized orthopedic surgeon who performs this procedure. Your costs will [vary by plan](http://www.tricare.mil/Costs.aspx), but will be lower if you use a network provider. The surgery must be pre-authorized by your regional [contractor](http://www.tricare.mil/ContactUs/CallUs.aspx). Pre-authorization lets your provider present additional information so TRICARE and our contract partners can make an individual review of your care.   There is no retroactive preauthorization or coverage prior to January 01, 2016.    The American Orthopaedic Society for Sports Medicine reports that some people may have FAI their entire lives, and never have any problems. However, if symptoms develop, it usually means there is damage to the cartilage and the condition is likely to get worse.    “TRICARE can now review emerging health care products and services that are not currently covered under the TRICARE program but may provide a benefit to patients under a provisional coverage status.” said Dr. James Black, Medical Director, Clinical Support Division, Defense Health Agency. “We will evaluate other emerging treatments and technologies for consideration and make public announcements when additional ones are approved.”    For more information about the TRICARE health plan and current covered services, visit the [TRICARE](http://www.tricare.mil/) website. |  |  |  | | --- | --- | | |  | | --- | | NORAD Celebrates 60 Years Tracking Santa From a North American Aerospace Defense Command News Release  PETERSON AIR FORCE BASE, Colo. December 1, 2015 — The North American Aerospace Defense Command is celebrating the 60th anniversary of tracking Santa’s Yuletide journey.  The NORAD Tracks Santa website, which launched today, features Santa’s North Pole Village, which includes a holiday countdown, games, activities, and more.    The website is available in eight languages: English, French, Spanish, German, Italian, Japanese, Portuguese and Chinese.      Official NORAD Tracks Santa apps also are available in the Windows, Apple and Google Play stores, so parents and children can count down the days until Santa’s launch on their smartphones and tablets. Tracking opportunities also are offered on Facebook, Twitter, YouTube, and Google Plus. Santa followers simply need to type “@noradsanta” into each search engine to get started.  This year, the website features the NORAD headquarters in the North Pole Village and highlights of the program over the past 60 years.      **Tracking Santa’s Flight:**    Starting at 12:01 a.m. MST (2:01 a.m. EST) Dec. 24, website visitors can watch Santa make preparations for his flight. NORAD’s “Santa Cams” will stream videos on the website as Santa makes his way over various locations. Then, at 4 a.m. MST (6 a.m. EST), trackers worldwide can speak with a live phone operator to inquire as to Santa’s whereabouts by dialing the toll-free number 1-877-Hi-NORAD (1-877-446-6723) or by sending an email to [noradtrackssanta@outlook.com](mailto:noradtrackssanta@outlook.com).    Any time on Dec. 24, Windows Phone users can ask Cortana for Santa’s location, and OnStar subscribers can press the OnStar button in their vehicles to locate Santa.  NORAD Tracks Santa is possible, in large part, to the efforts and services of numerous program contributors, NORAD officials said. | | | |