

# Government Affairs Report

## December 3, 2017

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### New Jersey Legislation

From the end of November, through December and into early January 2018 there will be a lot of committee hearings in both chambers and votes on the floors of both chambers.

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### Veterans Health Care

Providing care for the nation's roughly 21 million veterans has challenged previous administrations and sometimes has caused major political headaches for presidents who don't adequately address problems within the VA.

During the previous administration, funding for the VA rose by about 85 percent, although some of that increase was the result in a rise in the total number of veterans who qualified for mandatory benefits. In fiscal 2017, the VA budget was \$182.3 billion, including \$78.7 billion in discretionary spending.

In a recent survey by the Fleet Reserve Association (January/February 2017) nearly 81 percent of veterans see quality of VA health care benefits as "Very Important" (the highest rating). The past three years VA and specifically the Veterans Health Administration (VHA) have been embroiled in controversy and scandal

April 19, 2017 President Trump signed a bill that extended stopgap services for veterans to go outside the VA medical system for care. The bill was a reauthorization of the Veterans Access, Choice and Accountability Act. The Choice program was set to expire in August without the legislation and with nearly \$1 billion unspent in the account. Congress developed the program after a scandal erupted in 2014 during the Obama administration over wait times at the VA medical center in Phoenix, where dozens of veterans died waiting for care.

S544 which became Public Law No: 115-26 amended the Veterans Access, Choice, and Accountability Act of 2014 to eliminate the August 7, 2017, sunset date for the Veterans Choice Program, thus allowing the program to operate until all of the money in the Veterans Choice Fund is expended. The bill makes the Department of Veterans Affairs (VA) the primary payer (currently the VA is the secondary payer) for medical care relating to non-service connected disabilities and recovery of costs from third parties for certain care under the program, and the bill allows the VA to share medical information with a non-VA entity (including private entities and other federal agencies) that provides veterans with authorized hospital care or medical services. Such entity may not re-disclose or use such information for a purpose other than that for which the disclosure was made.

The Choice law has allowed any veterans who either have had to wait 30 days for an appointment or live 40 miles or more from the nearest VA facility to visit a private doctor. However, bureaucratic problems have prevented many veterans from using the program.

The Choice program has merit, but will require significant oversight by this Congress to ensure it is an effective program that will benefit our disabled veterans. VA must ensure that the care coordination responsibility that has effectively been removed away from VA front-line clinicians be returned to VA Community Health Nurse Coordinators. Outsourced care has been available for many years but has not been well-planned or coordinated with VA care.

It could be argued that the Choice program was passed as a quick fix to the wait list manipulation scandal that erupted in 2014. Since that time, neither the Senate nor the House of Representatives has acted in a timely fashion to address the problems experienced by veterans seeking health care. Administration officials and veterans advocates portrayed the legislation as a temporary fix until lawmakers can devise long-range solutions.

In August 2017, the President signed the VA Choice and Quality Employment Act of 2017 which authorized \$2.1 billion in additional funds for the Veterans Choice Program (VCP). The law reflects the ongoing commitment of VA and Congress to make sure veterans get the right care, at the right time, from the right provider.

The new funds represent a short-term, temporary funding solution for VCP that will enable VA to increase the number of appointments scheduled and ensure payments are made to community providers.

A report “Veterans Saw Broad Coverage Gains Between 2013 and 2015” released April 2017 indicated more veterans younger than 65 have gained health insurance coverage under the Affordable Care Act, which the President and his Republican allies in Congress are trying to repeal and replace.

The study by the nonpartisan Urban Institute found that about 429,000 veterans nationwide gained coverage in 20 states with the largest veteran populations, reducing the uninsured rate among veterans younger than 65 by nearly 40 percent from 2013 to 2015.

If these veterans eventually lose coverage under the Affordable Care Act; they may be driven to the VA healthcare system. An unknown increase number of enrollees in the understaffed system could result in more difficulties in delivering care in a timely fashion.

With their hopes of repealing the Affordable Care Act dashed for now, some are turning their attention to a smaller but still potent new effort: allowing private health care to compete with Veterans Affairs hospitals for the patronage of the nation’s veterans.

Concerned Veterans for America, an advocacy group backed by the conservative billionaire industrialists Charles G. and David H. Koch, is pressing Republicans to make it easier for veterans to see private doctors at government expense. The group’s voice had been lonely until recently, when a raft of Koch-connected advocacy organizations and other conservative allies joined the effort.

Concerned Veterans for America first rose to prominence within the veterans community around a 2014 scandal over the manipulation of patient wait times at Department of Veterans Affairs facilities. In the aftermath, the group emerged as a vocal — and aggressive — critic of the VA.

This has resulted in the Concerned Veterans for America arguing against veterans service organizations that are working to improve rather than replace the Veterans Affairs health care system.

Obviously the veterans’ service organizations have millions of member nationwide with years of experience of working with the VA and Congress to improve health care delivery to veterans. In comparison, the much smaller partisan think tanks like the Concerned Veterans for America pale in comparison to the history of accomplishments of the veterans’ service organization, some with close to a century of working on behalf of veterans.

Currently, lawmakers on Capitol Hill are crafting legislation that could drastically reshape the Department of Veterans Affairs’ Veterans Health Administration, a multibillion-dollar health system that provides care to nearly nine million veterans each year. They are hoping to complete their work before the end of the year, when a key agency program is set to run out of money.

The veterans' service organizations are working against those seeking an opportunity to advance their campaign against government-provided medical care. These groups have pledged millions of dollars for advertising and outreach, and have unleashed a small army of lobbyists and donors to pressure the Trump administration and Republican lawmakers. Veterans service groups that are Congressionally chartered are not permitted to engage in some of the activities that others are permitted to engage in, putting the service groups at a disadvantage.

Some of the efforts have already succeeded in disrupting the consensus-driven veterans community, where policy discussions have long been dominated by congressionally chartered veterans groups. Those groups still have significant clout with lawmakers, and in many cases they have largely banded together to critique the proposals, which they fear would effectively dismantle the VA they have built up over decades.

We are now witnessing other groups, including Americans for Prosperity and Freedom Partners, who are planning to spend liberally from its \$300 million to \$400 million policy and politics budget for the year, financing outreach to activists, lobbying and direct advertising. Other allied groups, including Grover Norquist's Americans for Tax Reform and Tea Party Nation, have come along, signing a letter to lawmakers amplifying many of Concerned Veterans' long-running arguments.

So here we are with veterans and their advocates standing up against groups who take their marching orders from wealthy donors.

It is worth noting that veterans groups and lawmakers from both parties supported the creation of the Choice program and largely agree that the VA's health programs need reorganization. The House committee was set to vote on bipartisan legislation that would allow VA doctors to decide with the veteran when it was in a veteran's best interest to seek private care — because a nearby government facility either was overburdened or could not provide specialty care. The vote was ultimately postponed over cost concerns.

Here's where the cost problems come into view. Republicans and conservative groups would prefer new spending be at least partly offset by cost savings and other cuts to the Department of Veterans Affairs. Democrats and veterans groups are unlikely to support a plan unless it makes simultaneous investments in the VA's own capacity. Without it, the problems that have necessitated private care in the first place will only fester.

If money is diverted from the VA health care system, service will suffer leading to more calls to provide outside non-VA care while saying the VA health care system is failing veterans. Complaints will increase exponentially; which in turn will result in more calls for non-VA care.

Maybe it is time to revisit the VA - Medicare relationship. If, you're enrolled in VA Health Care, consider this: You can have both Medicare and Veterans Affairs (VA) benefits, according to MedicareInteractive.org. However, Medicare and VA benefits do not work together. Medicare does not pay for any care that you receive at a VA facility. According to MedicareInteractive:

- In order for Medicare to cover your care, you must receive care at a Medicare-certified facility that works with your Medicare coverage.
- In order for your VA coverage to cover your care, you must generally receive health care services at a VA facility.

And with respect to Medicare Part B and VA coverage, MedicareInteractive.org notes the following:

“Many veterans use their VA health benefits to get coverage for health-care services and items not covered by Medicare, such as over-the-counter medications, annual physical exams and hearing aids. However, you may want to consider enrolling into Medicare Part B (medical insurance), even if you have VA coverage. Part B may cover services you receive from Medicare-certified providers and provide you with medical coverage outside the VA health system. In addition, if you do not enroll into Part B when you are first eligible to do so, you will most likely incur a Part B premium penalty for each 12-month period you were without Medicare Part B coverage. In addition, you may also experience gaps in coverage.”

Draft Bill, to establish a permanent Veterans Choice Program  
VA Legislative Proposal,  
the Veteran Coordinated Access and Rewarding Experiences (CARE) Act

A bill has been introduced by Congressman Phil Roe (R-TN) to replace the Veterans Choice Act. Under the Veterans Choice Act, veterans were given more flexibility to visit private sector care facilities outside of the VA’s system of 1,233 health-care facilities, including 168 VA Medical Centers.

According to Congressman Roe, since fiscal year 2014, community care appointments have increased by 61% overall, and in fiscal year 2016, 30% of all VA appointments were held in the community rather than in VA medical facilities.

Congressman Roe writes that the while the VA has been collaborating with community providers to treat veterans since 1945, the recent increase in veteran demand for community care has highlighted serious issues and inefficiencies within the VA’s community care system.

The Congressman cites as an example that the VA uses six different methods to refer veteran patients to community providers. These six different methods often conflict with one another, creating confusion for veterans, community providers and VA employees alike.

The House Committee on Veterans’ Affairs, led by Chairman Roe and Ranking Member Walz, have worked on drafting legislation to streamline the VA’s community care programs. H.R. 4242 has 23 co-sponsors (zero from N.J.) with support of both Democrats (10) and Republicans (13).

This legislation still has a long way to go. It is still in the House Veterans Affairs committee for consideration and, if it should emerge from the House, it is likely to face changes before becoming law.

The purpose of H.R. 4242 is to establish a permanent VA Care in the Community Program. The legislation would provide a greater choice of medical care to veterans under certain conditions. The agency would set up regional networks for providing care under contract with the VA.

The VA would negotiate rates for care and services of veterans and reimburse the care facilities for their services.

There are concerns with this approach. If the end result is to establish the basics of a privatization plan – regardless of what they call it – and they keep throwing more and more money at it and encourage veterans to use it instead of the VA; the VA system will ultimately fail as they starve the VA of staff and other resources in order to make it fail.

The end result could be a broken system that has lost public support, a system with lots of valuable real estate they can sell off, and a privatization infrastructure that sends all the patients whose treatment is profitable to the private sector, with a skeletal VA left to care for the sickest that the private sector doesn’t want.

Another concern is having a third party determining what care is available to whom. Currently these services are decided by Health Net and TRICARE. Their services are not free, so in essence they take money out of the VA health care budget to administer services provided by non-VA providers.

The Concerned Veterans for America and several other organizations see the bill as creating the ability to use more private-sector providers to provide care for veterans more quickly, efficiently, and allowing veterans choose where to prefer to receive medical care. The problem however is, what happens when the private sector is not providing care that is quicker, more efficient and does not resolve travel issues?

The goal of improving veterans' health outcomes at lower cost by operating effectively and efficiently greatly depends on the performance level and degree of integration. Who will bear this responsibility, the VA, the third party administrator or the non-VA health care provider?

From a veteran patient's perspective, who is going to provide information veterans would need to make an informed decision? For example, information about the quality of the community providers in this network will give veterans the ability to discern between those community providers that are more knowledgeable about the veteran experience and their unique needs, information about the satisfaction rating from other veterans who have seen that provider, and whether there is a good working relationship with the VA that facilitates care coordination.

As currently arranged under the Choice program, a critical part of the care coordination responsibility has effectively been removed away from VA front-line clinicians. VA Community Health Nurse Coordinators are the case managers and coordinators of care and work with the veteran's health care team to provide for the veteran patient's medical, nursing, emotional, social and rehabilitative needs as close as possible to or in the veteran's home.

While VA Community Health Nurse Coordinators are now better able to exercise their clinical authority due to the Section 106 reorganization, they are frustrated having lost their ability under the current Choice program to act as a liaison between community providers and VA and as an advocate for their veteran patients—who themselves have unsuccessfully tried to exercise their Choice option and asked for assistance from their VA nurse coordinator—to get the care they need in the community. This needs to be resolved in the new legislation.

The concept of Community Health Nurse Coordinators is a great one but requires a significant increase in staffing. The bill doesn't recommend any additional funding for this role, so the net offset would be a reduction in staff that provides health care. Supplemental VHA allocations are warranted.

The legislation needs to ensure VA remains the coordinator and primary provider of care for veterans. This includes ensuring VA is maximizing its resources before turning the community care to fill demand and continually evaluating whether care VA is purchasing from community care providers should be delivered in house. The committee needs to amend the bill to ensure veterans who are assigned a community primary care provider receive assistance from VA in selecting the provider that best fits their needs instead of simply giving them a list of network providers and then leaving them on their own to find one willing to see them.

While supporting the draft legislation, veterans would like to note that a priority of any legislation should be to restore the capacity of the Veterans Health Administration. We understand that VHA is struggling to fill 14,000 clinical positions. Additionally, purchasing care in the community, while necessary, should not be the focus of transforming VHA, rather preserving the health care system built to address the maladies of wartime veterans, should be. We oppose any pretense of privatization of the VA health care system.

Although the proposed legislation allows the VA to determine whether they have a shortage of available health care professionals, it does nothing to remedy shortages. Its' Annual Capacity and Commercial Market Assessments makes no mention of identifying the supplemental allocations and resources that are needed to address human capital and infrastructure gaps. Nor does it show how money flowing to Choice providers are impacting local facility staffing and services.

The veteran community strongly affirms that strengthening and improving the VHA should go hand in hand with any Veterans Choice Program redesign. Without adequate funding, VHA shortages will be inevitable and services slowly eroded. The proposed bill could accelerate a one directional flow of veterans' specialty hospital care and medical services out of the VHA and into the community. Choice care would be reimbursed first and the VHA would be forced to make do with remaining funds, thus draining VHA of staffing resources, and resulting in privatizing care over time.

Section 503 is a pay-for and authorizes round-downs of certain cost-of- living adjustments from 2018 through 2027. Veterans are vehemently opposed to this section. We do not support taking money from veterans to pay for their own benefits. This is a disservice to all veterans and we call on Congress to find another source of funding.

Veterans and their advocates are appalled that either Congress or the Administration would recommend that veterans disability checks be debited, even one dime, to cover the costs of other veterans benefits. The COLA round down provision as proposed many times over the past several years would tax service disabled veterans to pay for service disabled veteran benefits. Regardless of what the annual amount of money debited from a veterans check would be each month, the very thought that this is okay is insulting and offensive. Veterans' healthcare should not be subjected to offsets or pay-fors, and the full burden of providing care for service disabled veterans needs to be borne by the federal government through a debt to the U.S. Treasury. There are no exceptions. This is the obligation of a nation that sends its men and women into combat.

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### Republicans Considering Funding Stopgap

GOP leaders are considering a short-term continuing resolution to keep the government funded beyond December 8, 2017 Speaker Paul D. Ryan said recently.

The stopgap measure is likely needed to buy leaders and appropriators more time to finalize an omnibus spending measure, which they are behind in negotiating. Leaders have yet to strike a deal on topline spending levels for fiscal 2018, which appropriators need before they can draft the omnibus.

“We’re not talking about going into next year, we’re talking about getting it done this year for many reasons, the military chief among them,” Ryan said of a short-term CR. “We might need a little more time to give the appropriators time to write their bill, but we don’t intend on going into next year.”

Pushing the appropriations deadline back means lawmakers may be in Washington closer to the December holidays. Ryan had previously threatened to keep members in town for Christmas if needed to pass the GOP’s tax overhaul bill. That extra time could still be needed for the House and Senate to work out the differences between their tax bills.

Rep. Ken Calvert said appropriators “may need a little extra time” before they can put together an omnibus spending bill. He expects a short-term continuing resolution will be needed, the California Republican said. It’s “unlikely” a new fiscal 2018 spending level will be reached and an omnibus passed before Congress leaves for its winter break, he said.

House Appropriations Chairman Rodney Frelinghuysen said he expects a new fiscal 2018 spending level soon, though probably not this week. “As soon as we get through the tax bill,” the New Jersey Republican said.

What impact this will have on the Veterans Access, Choice, and Accountability Act is anybody’s guess.

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### Disabled Veterans Do Not Deserve Jobs?

I recently read a posting titled “Republicans Claim that Disabled Veterans Do Not Deserve Jobs – Don’t Generate Value!” It was offered by “The Democratic Writer” on November 5, 2017. Obviously it has a partisan slant and I am not taking sides here, just sharing some information. No need to engage me in some argument.

The gist of the article dealt with legislation that purports to drastically change the tax code. Again, you can have your own opinion and there is no need to blast me for merely sharing information.

The writer noted a closer look in the framework shows the several, less obvious ways that the GOP plan would hurt the most exposed.

According to the article, “One especially egregious part of the GOP scheme which has received little attention is section 3404, which defines “repeal of Work Opportunity Tax Credit.”

The Work Opportunity Tax Credit is a provision of the tax code which gives extra money to companies that hire individuals who have “always faced significant barriers to employment.”

In addition to rehabilitated ex-convicts and individuals on food stamps, a number of the greatest beneficiaries of the credit are disabled or out-of-work veterans.

The writer goes on to note the fact House Republicans are targeting a section of the tax code that helps wounded warriors get jobs is outrageous. This program costs the government just \$1 billion a year — a drop in the bucket beside the \$269 billion Republicans want to add to the deficit by repealing the estate tax for millionaires.”

The writer shares a few more comments which indicate he is no fan of the GOP. I have excluded them so as to avoid being partisan here.

It is fair to say that any program that eliminates helping people who help those who have sustained grievous injuries fighting for our nation find gainful employment is absolutely without foundation.

Raising taxes on businesses that employ our heroes in uniform is a new low and yet another indication that this tax scam is as morally bankrupt as it is financially irresponsible and dangerous.

Last week the House Ways and Means Committee marked up and voted on a major tax reform bill. House leadership has indicated that amendments will be debated in committee but no amendments will be allowed from the House floor.

April 26, 2017 a letter from The Military Coalition (TMC), was sent to key legislators of said Committee, requesting to extend the Hire Heroes Act tax credits and the Work Opportunity Tax Credit (WOTC) for five years. The VOW To Hire Heroes Act, signed in 2011, strengthened the WOTC by significantly increasing the financial incentives to employers for hiring veterans, including veterans with disabilities. Department of Labor (DOL) statistics show that 35,904 veterans were certified for WOTC during the three-year period before the VOW Act. By contrast, 278,611 veterans were certified during FY 2013-15, an increase of more than 700 percent. The WOTC has been a critically important tool for solving the veteran unemployment problem.

However, the constant cycle of expiration and retroactive renewals of these tax credits causes a great deal of uncertainty among employers. By reforming the tax code to include a permanent WOTC, employers will build veteran employment into their decision-making processes. Additionally, veterans will have certainty this is one more arrow in their quiver so they can more effectively pitch themselves to employers.

TMC also urged Congress to include military spouses in a permanent WOTC. Military spouses often find themselves penalized and disadvantaged in the labor marketplace because of constant relocations. Unemployment and underemployment are chronic problems in the military spouse community, both of which adversely affect military families. Congress can help address these issues by including them in this tax credit.

The letter was signed by representatives from the following:

- Air Force Association
- Air Force Sergeants Association
- Air Force Women Officers Associated
- AMVETS (American Veterans)
- Army Aviation Association of America
- AMSUS, the Society of Federal Health Professionals
- Association of the United States Army
- Association of the United States Navy
- Chief Warrant & Warrant Officers Association, USCG
- Commissioned Officers Association of the U.S. Public Health Service, Inc.
- Enlisted Association of the National Guard of the United States
- Fleet Reserve Association
- Gold Star Wives
- Iraq & Afghanistan Veterans of America
- Jewish War Veterans of the United States of America
- Marine Corps League
- Marine Corps Reserve Association
- Military Officers Association of America
- Military Order of the Purple Heart
- National Guard Association of the United States
- National Military Family Association
- Naval Enlisted Reserve Association
- Non Commissioned Officers Association
- Reserve Officers Association
- Service Women's Action Network
- The Military Chaplains Association of the United States of America
- Tragedy Assistance Program for Survivors
- The Retired Enlisted Association
- United States Army Warrant Officers Association
- United States Coast Guard Chief Petty Officers Association
- Veterans of Foreign Wars of the United States
- Vietnam Veterans of America

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### Recent Federal Legislative Activity

Earlier last month the House passed the following bills:



HR 3705: The Veterans Fair Debt Notice Act instructs VA to use plain language in its debt notices to provide a clear explanation of why VA is alleging that the veteran owes such a debt.

H.R. 4173: The Veterans Crisis Line Study Act of 2017 requires VA to conduct a study on the outcomes and efficacy of the Veterans Crisis Line based on an analysis of national suicide data and data collected from the VCL.

H.R. 918: The Veteran Urgent Access to Mental Healthcare Act requires VA to provide an initial mental health assessment and any subsequent mental health services required to meet urgent mental health care needs to former service members who would otherwise be ineligible for such services because they were discharged from military service under OTH conditions.

H.R. 1133: The Veterans Transplant Coverage Act authorizes VA to provide all care and services needed for a veteran to receive an organ transplant from a live donor, regardless of whether the donor is eligible for VA health care or whether the health care facility is part of the VA.

H.R. 1900: The National Veterans Memorial and Museum Act designates the Veterans Memorial and Museum in Columbus, Ohio, as the National Veterans Memorial and Museum.

H.R. 2123: Veterans E-Health and Telemedicine Support Act (VETS) Act of 2017 gives the VA Secretary the legislative authority to allow VA providers to practice telemedicine across state lines.

H.R. 2601: Veterans Increased Choice for Transplanted Organs and Recovery (VICTOR) Act This bill amends the Veterans Access, Choice, and Accountability Act of 2014 to include among veterans eligible to receive hospital care and medical services through agreements with the Department of Defense, the Indian Health Service, federally-qualified health centers, or health care providers that participate in the Medicare program a veteran:

- who requires an organ or bone marrow transplant; and

- who has a medically compelling reason to travel outside the veteran's Organ Procurement and Transplantation Network region in which the veteran resides to receive a transplant at a VA medical facility, or who faces an unusual or excessive burden in receiving such transplant at a VA facility, such as geographical challenges, environmental factors, or a medical condition that affects the ability to travel.

HR 3634: The Securing Electronic Records for Veterans Ease (SERVE) Act of 2017 makes BAH documentation available online to all veterans, which would help confirm a veteran's monthly housing stipend and simplify their home or apartment rental process.

H.R. 3949: Veteran Apprenticeship and Labor Opportunity Reform (VALOR) Act simplifies an approval process by allowing companies to register their apprenticeship programs with one central approval agency.

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## New Effort To Privatize VA Health Care

November 21, 2017, Congressman Doug Lamborn (R-Colo.) introduced a bill that would break our promise to veterans. H.R. 4457, the Veterans Empowerment Act, would dismantle the VA health care system, charge veterans for service-connected health care, and reduce VA to an insurance program for veterans.

The purpose of this legislation is to amend title 38, United States Code, to establish the Veterans Accountable Care Organization and to provide veterans access to private health insurance plans, and for other purposes.

Personally, I take umbrage at the title of this legislation – the Veterans Empowerment Act. Veterans and advocates are urged to contact their members of Congress to oppose H.R. 4457 and let Congress know if they cannot take care of America’s veterans, then Congress should quit creating them.

This legislation calls for the establishment of the Veterans Accountable Care Organization (in this legislation referred to as the ‘Corporation’). The purpose of the Corporation is to furnish high-quality hospital care, medical services, and other health care (excluding nursing home care and domiciliary care) to individuals eligible for such care and services under laws administered by the VA Secretary.

The Corporation shall— “(1) transfer personnel and assets of the Department of Veterans Affairs to the Corporation pursuant to subsection (b) of section 2 of the Veterans Empowerment Act; “(2) establish priorities, milestones, and timelines, in consultation with the Secretary of Veterans Affairs, for the termination of functions of the Veterans Health Administration directly related to the furnishing of hospital care, medical services, and other health care (excluding nursing home care and domiciliary care) pursuant to subsection (c) of such section 2;

The proposed legislation permits that the VA Secretary may implement a reduction in force. The legislation also notes that all of the functions of the Veterans Health Administration directly relating to the furnishing of hospital care, medical services, and other health care (excluding nursing home care and domiciliary care) to individuals eligible for such care and services under laws administered by the Secretary shall terminate one year after the date of the enactment of this Act.

The legislation also calls for the establishment in the Veterans Health Administration the Veterans Health Insurance Program. This program will involve an open enrollment period for the VetsCare Choice program that corresponds to the open enrollment period for the Federal Employees Health Benefits program described in section 8905(g); and special enrollment periods based on qualifying life events of veterans similar to such events under the Federal Employees Health Benefits Program, except that the change of priority group shall also be treated as a qualifying life event.

This proposed legislation also call for Cost-Sharing Support. That means some veterans will be billed for services received. Under this proposal, the VA Secretary shall provide health insurance support to each covered veteran equal to the costs incurred by such veteran for Medicare premiums and cost-sharing under parts A, B, C, and D of title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) and for premiums and cost-sharing for Medicare supplemental policies under section 1882 of such Act (42 U.S.C. 1395ss).

Congressman Lamborn and bill cosponsors, Congressmen Mark Meadows (R-N.C.) and Trent Franks (R-Ariz.), must not be allowed to advance this dangerous proposal.

Currently this legislation has been referred to the Committee on Veterans' Affairs, and in addition to the Committees on Ways and Means, Oversight and Government Reform, Energy and Commerce, and Armed Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

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