

MOAA's 2022 Legislative Priorities DECEMBER 27, 2021

By [MOAA Government Relations Staff](#)

As we head into the second session of the 117th Congress, please take note of MOAA's legislative priorities highlighted below. For 2022, we are continuing the momentum established over the previous year to carry our efforts into the second session of Congress. It is important to note all co-sponsors carry over, as do our messages and continued engagements.

Continuity and consistency of effort will be paramount to success — and we are closing in on many of these issues, so stay plugged in and ready to engage your legislators. There are other issues not listed here that are also being worked by our full staff of lobbyists. Our priorities will be shaped throughout the year depending on concurrent successes or emerging issues that warrant an all-hands approach.

Here is what we are focused on for 2022 (click each link for more on the topic):

Sustain Pay Raises and Adequate BAH for the Troops and COLA Raises for Retirees

OVERVIEW: Pay raises and adequate housing allowances for the troops remain a high priority for MOAA and for those currently serving. MOAA engaged DoD early when BAH rates did not keep up with emerging housing demands in many sectors across our nation. We need DoD to be more responsive to these changes that significantly impact servicemembers and their families during a move.

MOAA also keeps COLA raises for retirees in mind, as they represent a commitment on behalf of our government to recognize their service and sacrifice. Budget challenges often generate interest in reducing such outlays from these programs to help fund weapons acquisition and other programs. There is no doubt such challenges will appear in the coming years.

ACTIONS:

Ensure pay raises based on the Employment Cost Index (ECI) are included in the annual National Defense Authorization Act (NDAA). For January 2023, the ECI pay raise as noted in October 2021 is 4.6%.

Ensure DoD, and Congress if necessary, maintains authorities for temporary increases in BAH to account for wide fluctuations in availability and costs; and when warranted, be more prompt in executing those authorities.

Advocate for making up the 2.6% pay raise gap (due to reductions in pay from 2014 to 2016).

Protect COLA for retired pay, Social Security, and VA benefits.

Monitor the Quadrennial Review of Military Compensation for indications of DoD cost saving measures at the expense of servicemembers and retirees.

Continue to monitor COLA and pay raises each October and proposals in the pending QRMC.

Ensure the Coast Guard, National Oceanic and Atmospheric Administration, and Public Health Service Continue to Receive Pay During a Government Shutdown

OVERVIEW: In the face of a shutdown, the Office of Management and Budget identifies the key and essential agencies and their services that must be maintained through the shutdown. Decisions are rarely all-inclusive, leaving out portions or whole agencies or departments.

Previous shutdowns excluded the military but not the USCG, NOAA, or USPHS. Legislation such as the [USCG Act](#) would provide for pay and allowances for members of the Coast Guard during a funding gap, and provide full funding for operations. More work will be needed to introduce similar legislation for NOAA and USPHS.

ACTIONS:

Engage with the Department of Commerce for NOAA, and the Department of Health and Human Services for USPHS, to determine the best way forward for protections.

Advocate for comprehensive legislation covering all uniformed services given their interoperable relationships, and their relevance during a pandemic, natural disaster, or other national crises.

Continue to support and renew The Military Coalition (TMC) letter for the 117th Congress.

Advocate for lawmakers to co-sponsor the USCG Act (S. 1845) while other efforts are underway.

Advocate funding the government on time to avoid costly continuing resolutions or the potential for a government shutdown.

Protect the Value of the Military Health Care Benefit

OVERVIEW: Budget pressures, together with shortfalls in both the readiness and benefit provision missions of the Military Health system (MHS), led Congress to pass MHS reform legislation in the FY 2017 NDAA. It is not MOAA's objective to reverse MHS reform laws aimed at addressing medical readiness issues, but MOAA does oppose implementation plans aimed primarily at cost-cutting.

ACTIONS:

Block any proposal for disproportionate TRICARE fee increases, including any initiation of TRICARE for Life enrollment fees, increases to TRICARE Prime costs for active duty family members, or increases to working-age retiree costs that exceed retiree COLA.

Secure reduction in mental health and physical, speech, and occupational therapy copays to bring them in line with high quality commercial plans and to eliminate cost as a barrier to access.

Continue efforts to increase transparency, DoD reporting requirements, and congressional oversight of restructuring of military treatment facilities (MTFs) and

medical billet cuts, and ensure lessons learned from the pandemic inform decisions on medical end strength.

Oppose cuts to military medical research and the Uniformed Services University of the Health Sciences, which is essential to the uniformed provider pipeline and increases the number of culturally competent providers for military beneficiaries.

Protect the MHS Pharmacy Benefit, and Achieve Flexibility in TRICARE Pharmacy Copays

OVERVIEW: MHS reform legislation has eroded the value of the pharmacy benefit and poses a threat to MTF pharmacy access and zero-copay prescription medications. Inflexible TRICARE pharmacy cost-sharing, governed by statute, requires beneficiaries to pay full copays even when the TRICARE Pharmacy Home Delivery program is unavailable, or the full prescription quantity cannot be filled.

ACTIONS:

Oppose any plans to restrict access to military treatment facility pharmacies.

Require DoD report on frequency of TRICARE Pharmacy Home Delivery out-of-stocks and feasibility of offering lower mail-order copays at retail pharmacies for drugs unavailable due to Home Delivery program shortages.

Secure legislation allowing DoD to charge pro-rated pharmacy copays for partial prescription quantity fills.

Halt planned pharmacy copay increases passed into law with the FY 2018 NDAA.

Address Barriers to Accessing Care Within the MHS, Including TRICARE Coverage Gaps and Mental Health Care Access Challenges

OVERVIEW: TRICARE coverage policy is governed by statute and often requires legislation to remain aligned with new technologies and treatment protocols and benchmarks set by high quality commercial plans and other government payers. Access problems with mental health care, [validated by an August 2020 DoD Inspector General's report](#), are particularly pronounced and must be addressed.

ACTIONS:

Support pilot program to test MHS mental health appointment schedulers to assist beneficiaries with access to care and allow the Defense Health Agency to more effectively track appointment availability versus access standards.

Extend TRICARE eligibility to dependents up to age 26 with no additional premium to bring TRICARE on par with commercial health plans.

Continue to advocate for TRICARE coverage of chiropractic care.

Protect Family Support Programs, and Ensure Military-Provided Services (Housing, PCS, Child Care, Youth Programs, Financial Counseling) Are Readily Available and Meet Standards for Quality and Costs

OVERVIEW: Programs and services for military and veteran families are often the first to see cuts when government funding becomes tight. Routinely, such decrements hit staffing, which diminishes quality and availability of programs. These benefits are essential to ensure servicemembers are squared away and can focus on the mission.

We already know military spouses play a vital role in servicemembers' decisions to stay in the military. When DoD prioritizes people first by committing to these support programs, they are more likely to retain the necessary experience supportive of an all-volunteer force.

ACTIONS:

Create innovative approaches and incentives to increase access to quality child care providers.

Address the military spouse unemployment rate through resources, program expansions, and private sector incentives.

Continue to work with the Defense State Liaison Office to increase licensure portability for military spouses through interstate compacts.

Advocate for further incentives for Family Child Care (FCC) in-home providers, to include similar support servicewide and for all ranks.

Push for full implementation of comprehensive housing reform and accountability.

Improve accountability and responsiveness of contract movers and claims during PCS moves.

Assess impact of COVID-19 on programs and progress.

Achieve Equity of Benefits, Protections, and Administrative Support for Guard/Reserve Members Consistent With Their Active-Duty Counterparts

OVERVIEW: Guard and Reserve troops can be activated with little notice to meet unknown challenges. The pandemic response highlights why we need to ensure servicemembers are always ready. Along with this, the transition to the "total force" concept has transformed the National Guard and Reserve troops into an operational force that is an essential part of America's national defense strategy.

Their readiness is essential, but despite conducting the same duties as their active duty counterparts at increasing frequencies, the reserve component is not receiving the same support.

ACTIONS:

Pay, benefits, and retirement credit inequities abound and must be eliminated to honor the vital role of our Guard/Reserve servicemembers.

Financial readiness equals operational readiness; expanding Military Lending Act protections to the Guard/Reserve forces will support their activation with reduced stress as they meet financial obligations.

Forced arbitration agreements for the Uniformed Services Employment and Reemployment Rights Act (USERRA) and Servicemembers Civil Relief Act (SCRA) must be eliminated to protect servicemembers' rights.

Eliminate Guard/Reserve retirement pay processing delays.

Support timely health care benefits for retirees, to include access to health care for those who earned early retirement based on cumulative deployment time.

Assess the pandemic's impact on short-notice deployments relative to employers and concerns noted above.

Sustain Veterans Health Administration (VHA) Foundational Missions and Services

OVERVIEW: The VA MISSION Act, [signed into law in 2018](#), is intended to fundamentally modernize how the VA delivers care — a system virtually untouched by major transformation in more than 25 years.

The VA faces several challenges as it attempts to sustain and balance its four primary health care missions (clinical, research, education and training, and emergency management response) while also meeting the expectations of veterans seeking access to high quality health care when and where they need it.

ACTIONS:

Modernize VHA's workforce to eliminate widespread staffing shortages and strengthen recruiting, retention, and professional development programs for long-term system stability.

Eliminate health disparities for women and minority veterans and other underserved communities to ensure health equity in accessing timely, sensitive, and quality care and benefits.

Expand access to caregiving, palliative, geriatric, and extended care programs and services for veterans and wounded warriors.

Reform the Presumptive Process to Support Veterans Claiming Service-Connected Disabilities for Toxic Exposures

OVERVIEW: Before we go to war, we pursue cutting-edge weapons; develop effective tactics, techniques, and procedures; and train our forces to defeat our enemies. After the fog of war lifts, the consequences on our servicemembers become apparent, albeit sometimes decades later.

When Agent Orange, burn pits, and other hazardous materials cause illnesses, the current practice is to place the burden of proof and record-keeping on our veterans.

Many are unable to prove their exposure, and while they or others conduct the research, the ill veteran suffers without health care or benefits. If the veteran dies during this process, their surviving spouse will not receive Dependency and Indemnity Compensation. The entirety of this problem is exacerbated by the time it takes to conclude.

ACTIONS:

Pursue enactment of legislation that concedes veterans serving in the Middle East and Southeast Asia were exposed to hazardous substances.

Increase transparency and tracking around toxic substance use and exposure.

Establish an advisory committee to recommend research on emerging conditions.

Assess the impact of the pandemic on the health of servicemembers deployed to assist the whole-of-government response.

Achieve Concurrent Receipt of Service-Earned Retirement pay and VA Disability Pay

OVERVIEW: Currently, those with a 40% VA-rated disability and those forced to medically retire under Chapter 61 have their retirement pay offset for every dollar of VA disability received. The Congressional Budget Office estimates fixing concurrent receipt will cost \$33 billion over 10 years. An incremental strategy to break up concurrent receipt into smaller cost brackets can enhance progress.

ACTIONS:

Continue to support concurrent receipt legislation and the incremental approach to aid in the efforts toward an eventual and total solution.

Develop solutions with professional staff members and the House and Senate for feasible language in the NDAA.

Include the [Major Richard Star Act](#) in the FY 2023 NDAA to support 48,000 combat-injured servicemembers (many seriously disabled) with concurrent receipt of their medical retirement pay and VA disability.

Protect Full Military Honors and Burial at Arlington National Cemetery (ANC) for Those Currently Eligible

OVERVIEW: DoD draft eligibility changes for interment and inurnment at ANC are pending through the federal rule-making process. Unfortunately, if the eligibility changes are approved, many who had planned for an in-ground burial at ANC will be denied and their family will have to change plans.

DoD and the VA need to identify our next national cemetery that affords full military honors; this effort could be the impetus for grandfathering all those currently eligible for Arlington National Cemetery.

ACTIONS:

Advocate for a halt to the current proposal for changes at ANC with DoD and lawmakers.

Engage MOAA members and TMC to continue sharing their concerns over these changes.

Secure new language in the NDAA that will direct expansion of our national cemetery, protect full military honors for 20-year retirees, and prevent reduction of current eligibility.

Simplify and improve the planning data by establishing a reservation system.

Improve Survivors' Benefits

OVERVIEW: After the [repeal of the "widows tax" in 2019](#), with full effect in January 2023, there remain injustices to survivors on several other issues.

ACTIONS:

Advocate for passage of H.R. 2214, the [Military Survivor Comfort Act](#).

Pursue SGLI/VGLI improvement to keep up with inflation, either via standalone legislation like the [Supporting Families of the Fallen Act](#) (H.R. 3793) or larger legislative vehicles like the annual NDAA.

Build co-sponsors for The Caring for the Survivors and Families of Veterans Act of 2021.

Continue to support Dependency and Indemnity Compensation improvement to bring it on par with federal employees.

Support a Quality Transition Experience From Active Duty to Veteran Status for All Servicemembers

OVERVIEW: As servicemembers transition to becoming veterans, they deserve a quality transition to civilian life and the resources to help them access VA services.

ACTIONS:

Support a claims process that helps veterans build a relationship with the VA to improve the pathway to care and the benefits they need.

Clarify claims rules and prohibit predatory behaviors that overcharge veterans to get their earned benefits.

Lobby Congress to provide the VA with the resources needed to effectively reduce the claims backlog.

Recognize the Pandemic Continues to Affect the Lives of Our Servicemembers

OVERVIEW: In the wake of the pandemic, it is important to improve the resilience of installation and institutional support to those who serve in our eight uniformed services, past and present, and their families and survivors. Challenges range from PCS to

retirement processing, deployments to day care, training or executing a mission, at home or abroad, across active and reserve components.

It is likely we will not know the extent of the impact the pandemic has had broadly, or continues to have, on DoD, the VA, and other agencies until we are well on the other side of it.

ACTIONS:

Assess the administration and congressional influence already observed through stimulus legislation and other efforts continuing well into the second session of the 117th Congress.

Identify the pandemic's impacts on our uniformed services and their families, and ensure any gaps in support are identified to congressional leaders and their staffs.

Capitalize on lessons learned from the pandemic to educate all about the importance of having a ready-now capability to respond to varying emergencies; and that such strategic capacity should not be confused with excess, nor should it serve as a target for short-sighted savings.