

**Statement for
the Record**

**Reserve Officers Association of the United States
And
Reserve Enlisted Association**

for the

**Senate Armed Services Committee
Subcommittee on Personnel**

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"Serving Citizen Warriors through Advocacy and Education since 1922."™



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The Reserve Officers Association of the United States (ROA) is a professional association of commissioned and warrant officers of our nation's seven uniformed services, and their spouses. ROA was founded in 1922 during the drawdown years following the end of World War I. It was formed as a permanent institution dedicated to National Defense, with a goal to teach America about the dangers of unpreparedness. When chartered by Congress in 1950, the act established the objective of ROA to: "...support and promote the development and execution of a military policy for the United States that will provide adequate National Security." The mission of ROA is to advocate strong Reserve Components and national security, and to support Reserve officers in their military and civilian lives.

The Association's 60,000 members include Reserve and Guard Soldiers, Sailors, Marines, Airmen, and Coast Guardsmen who frequently serve on Active Duty to meet critical needs of the uniformed services and their families. ROA's membership also includes officers from the U.S. Public Health Service and the National Oceanic and Atmospheric Administration who often are first responders during national disasters and help prepare for homeland security. ROA is represented in each state with 55 departments plus departments in Latin America, the District of Columbia, Europe, the Far East, and Puerto Rico. Each department has several chapters throughout the state. ROA has more than 450 chapters worldwide.

ROA is a member of The Military Coalition where it co-chairs the Tax and Social Security Committee. ROA is also a member of the National Military/Veterans Alliance. Overall, ROA works with 75 military, veterans and family support organizations.

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The Reserve Enlisted Association is an advocate for the enlisted men and women of the United States Military Reserve Components in support of National Security and Homeland Defense, with emphasis on the readiness, training, and quality of life issues affecting their welfare and that of their families and survivors. REA is the only Joint Reserve association representing enlisted reservists – all ranks from all five branches of the military.

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DISCLOSURE OF FEDERAL GRANTS OR CONTRACTS

The Reserve Officers and Reserve Enlisted Associations are member-supported organizations. Neither ROA nor REA have received grants, sub-grants, contracts, or subcontracts from the federal government in the past three years. All other activities and services of the associations are accomplished free of any direct federal funding.

INTRODUCTION

On behalf of our members, the Reserve Officers Association and the Reserve Enlisted Association thank the committee for the opportunity to submit testimony on military personnel issues. ROA and REA applaud the ongoing efforts by Congress to address readiness, recruiting and retention issues.

The amount of dollars being authorized to the Department of Defense has peaked. Included in the Budget release is a statement that the president has moved \$73 billion from the OCO to the base budget (pg 61). While the budget at \$553 billion appears as a gross increase of \$22 billion above FY-2010, this shift from OCO to the base budget is a de facto cut of \$51 billion with spending on certain items being trimmed down below the FY-2010 base budget.

The Hon. Christine Fox, Defense Department Director of Cost Assessment and Program Evaluation Office briefed that to sustain the current force structure and need modernization requires a two to three percent real growth in the Defense Budget. Secretary of Defense Robert Gates department-wide review was intended to provide a series of assessment initiatives to improve efficiency and reduce costs.

Unfortunately, a lot of the needs and requirements of serving members and their families were not included in these studies. Too often, personnel costs are viewed as competing for resources for other DoD programs.

The Reserve Officers Association and the Reserve Enlisted Association will be doing a separate paper on additional efficiencies.

EXECUTIVE SUMMARY

The Reserve Officers Association CY-2011 Legislative Priorities are:

- Recapitalize the Total force to include fully funding equipment and training for the National Guard and Reserves.
- Assure that the Reserve and National Guard continue in a key national defense role, both at home and abroad.
- Provide adequate resources and authorities to support the current recruiting and retention requirements of the Reserves and National Guard.
- Support warriors, families and survivors

Issues supported by the Reserve Officers and Reserve Enlisted Associations are to:

Changes to retention policies:

- Permit service beyond the current Reserve Officers Personnel Management Act (ROPMA) limitations.
- Support incentives for affiliation, reenlistment, retention and continuation in the Reserve Component.
- Advocate against cuts in Reserve Component; support Reserve commissioning programs
- Reauthorize yellow ribbon program to support demobilized Guard and Reserve members.

Health Care: see end of Executive Summary

Pay and Compensation:

- Reimburse a Reserve Component member for expenses incurred in connection with round-trip travel in excess of 50 miles to an inactive training location, including mileage traveled, lodging and subsistence.
- Obtain professional pay for Reserve Component medical professionals, consistent with the Active Component.
- Eliminate the 1/30th rule for Aviation Career Incentive Pay, Career Enlisted Flyers Incentive Pay, Diving Special Duty Pay, and Hazardous Duty Incentive Pay.
- Simplify the Reserve duty order system without compromising drill compensation.
- Reauthorize the Reserve Income Replacement Program for mobilized reserve components that expired in 2010.

Education:

- Include Title 14 Coast Guard Reserve duty in eligibility for the Post 9/11 GI Bill.
- Exempt earned benefit from GI Bill from being considered income in need based aid calculations.
- Develop a standard nation-wide payment system for private schools.
- Re-examine qualification basis for yellow ribbon program, rather than first come first serve.
- Increase MGIB-Selected Reserve (MGIB-SR) to 47 percent of MGIB-Active.
- Include 4-year reenlistment contracts to qualify for MGIB-SR.

Employee Support:

- Permit delays or exemptions while mobilized of regularly scheduled mandatory continuing education and licensing /certification/promotion exams.
- Continue to support a law center dedicated to USERRA/SCRA problems of deployed Active and Reserve service members.

Mobilization:

- Oversee service sections' policies to reimburse mobilized Reservists on Temporary Duty Orders (TDY) orders with lengths over 179 days.
- Provide differential pay for deployed federal employees permanently.

Spouse Support:

- Expand eligibility of surviving spouses to receive Survivor Benefit Plan (SBP)-Dependency Indemnity Clause (DIC) payments with no offset.
- Provide employment protection and provide family leave for spouses and family care-givers of mobilized Guard and Reserve for a period of time prior to or following the deployment of the military member.

Deferred Benefits and Retirement:

- Extend current early retirement legislation retroactively to Sept. 11, 2001.
- Promote improved legislation on reducing the Reserve Component retirement age.
- Permit mobilized retirees to earn additional retirement points with less than two years of activated service, and codify retirement credit for serving members over age 60.
- Modify US Code that requires repayment of separation bonuses if an individual receives a Uniformed Service retirement annuity.
- Change US Code to eliminate the Fiscal Year barrier toward full credit toward early retirement.
- Continue to protect and sustain existing retirement benefits for currently retired.

Voting:

- Ensure that every deployed service member has an opportunity to vote by:
 - Working with the Federal Voting Assistance Program.
 - Supporting electronic voting.
- Ensure that every military absentee ballot is counted.

Health Care: - ROA and REA positions include that:

TRICARE Prime:

- The proposed \$30 increase for individuals and \$60 for families is a modest proposal.
- If indexed, adjustments to the enrollment fee should be population based rather than industry-based.
- It is important to independently verify the current total cost of DoD health care benefits. Such an audit will permit Congress to validate proposals based on cost-sharing percentages.
- Annual increases should **not** be tied to the market-driven Federal Employee Health Benefits Plan (FEHBP) or a commercial plan.

On Pharmacy Co-payments:

- ROA and REA believe higher retail pharmacy co-payment should not apply on initial prescriptions, but on maintenance refills only.
- ROA and REA support DoD efforts to enhance the mail-order prescription benefit.

Sole Community Hospitals:

- Fee adjustments must be approached with caution because of inconvenience to beneficiaries.

US Family Health Plan – Medicare coverage:

- ROA and REA support continuation of the Medicare coverage as part of USFHP.
- To maintain the program, a mandatory Part “B” payment might be considered.

Reserve Health Care Initiatives:

- Improve continuity of health care for all drilling Reservists and their families by:
 - GR members should qualify for TAMP coverage when separated from Active Duty.
 - Having GAO Audit the assumptions used for TRICARE Retired Reserve (TRR) premiums.
 - Creating a self plus one premium for TRR.
 - Providing Continuing Health Benefit Plan to traditional Drilling Reservists who are beneficiaries of TRICARE Reserve Select but are separated from the Selected Reserve to provide COBRA protections.
 - Permitting active members in the Individual Ready Reserve (IRR) to buy-into TRICARE Reserve Select.
 - Allowing demobilized Retirees and Reservists involuntarily returning to IRR to qualify for subsidized TRS coverage.
 - Providing TRS coverage to mobilization ready IRR members; levels of subsidy would vary for different levels of readiness.
 - Improving post deployment medical and mental health evaluations and access to care for returning Reserve Component members.
 - Providing an option for Reservists where DoD pays a stipend to employers.
- Extend military coverage for restorative dental care following deployment to 90 days.
- Permit beneficiaries of Federal Employee Health Benefit plan the option of subscribing to TRICARE Reserve Select.

READINESS DISCUSSION

Operational versus strategic missions for the Reserve Component

The Reserve forces are no longer a part-time strategic force but are an integral contributor to our nation's operational ability to defend our soil, assist other countries in maintaining global peace, and fight in overseas contingency operations.

National security demands both a strategic and an operational reserve. The operational reserve requires a more significant investment of training and equipment resources, and places greater demands on its personnel as compared to the strategic reserve. Those serving in operational reserve units must be fully aware of the commitment required to maintain the expected level of readiness. A similar awareness and commitment is necessary for those responsible for providing resources to the operational reserve.

Planners also must recognize that few individuals can remain in the operational reserve for an entire career. There will be times when family, education, civilian career, and the other demands competing for their time and talents take priority. Such an approach requires the ability to move freely and without penalty between the operational and strategic elements of the Reserve Component as a continuum of service.

Each service has its own force generation models and the services organize, train and equip their Reserve Components to a prescribed level of readiness prior to mobilization to limit post-mobilization training and to maximize operational deployment time. **ROA and REA urge Congress to continue to support and fund each service's authority to manage the readiness of its own reserve forces as one model does not fit all.**

In an era of constrained budgets, a capable and sustainable Reserve and National Guard is a cost-effective element of national security.

Junior Officer and Enlisted Drain

As an initial obligated period draws to the end, many junior officers and enlisted choose to leave, creating a critical shortage of experienced young people in the leadership conduit.

Yet, as the services face pending end strength reduction, they approach this challenge with an inverse solution, by riffing out junior people, as the Air Force and Marine Corps are doing. Cutting the most junior people does not provide the same amount of savings in that it creates an older top heavy organization and does not make room for the newest generation of combat veterans. These cuts also reduce a fresh prospective brought by younger members.

Another DoD solution to reduce the end strength is to slow down the input into the system. Both ROA and REA are concerned that ROTC scholarships and commissioning are being reduced. Last year, the Chief of Naval Operations announced a 30 percent reduction in NROTC scholarships. The U.S. Air Force will be screening this year's sophomore class, only allowing 60 percent of the class to advance as Juniors; next year only 45 percent will be allowed to advance.

End Strength and Preparedness

Part of the President's budget includes planned reductions for both the Army and Marine Corps, by 27,000 and 15,000, respectively. It should be remembered that individuals cannot be brought quickly on

to active duty on a temporary basis, but it is an accumulation of experience and training that is acquired over years that becomes an asset for the military. Reducing the force will also foreshorten dwell time.

Before cuts to the USA and USMC are made, ROA and REA hope that Congress requests a report from services and DOD on the effect in the short and long term. These cuts need to be carefully evaluated to ensure that it is not based on budgetary concerns, but on capability.

Without external threats, the USA has traditionally reduced the size of its armed forces. Since the 1990's the Pentagon has recommended proportional cuts be taken in the Reserve Component when taken in the Active force. This reasoning fails in many ways. It results in a hollowing out of the force and preparedness, undermines morale, and undercuts retention. National security is put at risk.

Yet, it has been the Reserve Component that has provided the temporary surge to fill-in the active duty numbers. The end strengths included in the President's budget appear to maintain current numbers. As end strengths are cut, **ROA and REA support transferring both manpower and equipment into the National Guard and Reserve to provide operational flexibility in the future.**

ROA and REA are concerned that the ongoing cuts to the Navy's Reserve will continue and this is a trend that needs to be reversed. The reported end strength of the Navy Reserve is just above sixty four thousand members. A new manpower study needs to be done and published by the Navy Reserve to calculate the actual manning level requirements: this study should be driven by readiness and not budgetary requirements. In the president's budget, the Navy Reserve will face another 2,900 cut.

PROPOSED LEGISLATION

Retirement

Fixing early retirement—the concept whereby Reservists and Guardsmen can subtract time from age 60 when they would otherwise begin drawing their reserve retirement—has been at the front of ROA's and REA's advocacy agenda for a number of years.

The Fiscal Year 2008 National Defense Authorization act established an early retirement reduction of 90 days for every consecutive 90 day period of active duty. However, the one major flaw in the law neglects the operational reservists who mobilized prior to that date.

Newly acquired data supports backdating early retirement to 2001. Those who served prior to 2008, when the law was established, faced higher risks and took more casualties. **Between 2001 and the date the law took effect, 82 percent (926 deaths) of National Guard and Reserve deaths had already occurred.** Unfortunately, Congress overlooked this early sacrifice by not yet correcting the early retirement statute to include those who served between 2001 and 2008.

1. **ROA and REA endorse a corrective measure to Section 12731(f)(2)(A) of title 10, United States Code.** Over 600,000 members were unfairly excluded. We realize the expense of this corrective measure scored by CBO is \$1.3 billion over ten years, but hope that offset dollars can be found or the correction can be phased-in.

2. ROA and REA don't view this congressional solution as the final retirement plan. The Commission on the National Guard and Reserve recommends that Congress should amend laws to place the active and reserve components into the same retirement system. Secretary of Defense Robert Gates refers to the Tenth Quadrennial Review of Military Compensation's comprehensive review of the military retirement

systems for suggested reform. The latter report suggests a retirement pay equal to 2.5 percent of basic pay multiplied by the number of years of service.

ROA and REA agree that a retirement plan, at least for the Reserve Component, should be based on accrualment of active and inactive duty. Early retirement should not be based on the type of service, but on the aggregation of duty. It shouldn't matter if a member's contributions were paid or non-paid; inactive duty, active duty for training, special works or for mobilization. Under a continuum of service, this approach would provide both the Active or Reserve Component members with an element of personal control to determine when they retire and will encourage increased frequency of service beyond 20 years within the Reserve.

3. Despite efforts by Congress, it appears that DoD will not be altering how it credits days toward early retirement that overlap the beginning of the new Fiscal Year. **ROA and REA endorse no-cost legislation introduced by Sen. Mark Pryor (D-Ark.), S.491, to correct existing Section 12731(f)(2)(A) of title 10, United States Code.**

4. **With an ongoing need for mid-grade officers Congress should reexamine the DOPMA and ROPMA laws to:**

a. Permit O-3s without prior enlisted service to be able to retire at 20 years of service. Many of badly needed skills that the services would like to retain, yet must be discharged if passed over for promotion to often.

b. Allow O-4 officers who, after a break in service from active duty, return to the Reserve Component to retire. After being encouraged to return a number of officers find they are not eligible for non-regular retirement. When reaching 20 years of commissioned service they find they may have only 15 good federal years.

Education

1. Montgomery "GI" Bill-Selected Reserve (MGIB-SR): To assist in recruiting efforts for the Marine Corps Reserve and the other uniformed services, **ROA and REA urge Congress to reduce the obligation period to qualify for MGIB-SR (Section 1606) from six years in the Selected Reserve to four years in the Selected Reserve plus four years in the Individual Ready Reserve, thereby remaining a mobilization asset for eight years.**

2. Extending MGIB-SR eligibility beyond Selected Reserve Status: Because of funding constraints, no Reserve Component member will be guaranteed a full career without some period in a non-pay status. Whether attached to a volunteer unit or as an individual mobilization augmentee, this status represents periods of drilling without pay. **MGIB-SR eligibility should extend for 10 years beyond separation or transfer from a paid billet.**

Leadership

ROA and REA urges the Congress to change sections 5143 and 5144 of US Code Title 10 to only permit appointments from the Navy or Marine Corps' Reserve Component.

Both the Army and Air Force Reserve Chiefs may only be selected from general officers from that component's reserve, yet the Navy and the Marine Corps can select its reserve leadership from either active or reserve flag officers. The Reserve Chief of a service's reserve needs to have an understanding of both the citizen warriors who are reporting to him or her, and the system through which they report. Draft legislation can be found at www.roa.org/draftleg .

Military Voting

ROA and REA thank Congress for the improvements made to absentee voting in the FY-2010 Defense Authorization. Military personnel, overseas citizens and their families residing outside their election districts deserve every reasonable opportunity to participate in the electoral process. Yet, studies by Congressional Research Service show that 25 percent of military member and family votes were not counted in the 2008 election. During the 2010 elections there were at least a dozen states that had one or more counties that failed to comply with the MOVE Act.

ROA and REA urge Congress to direct the Government Accountability Office to report further on the effectiveness of absentee voting assistance to Military and Overseas Citizens for the 2010 General Election and determine how Federal Voting Assistance Program's efforts to facilitate absentee voting by military personnel and overseas citizens differed between the 2008 and 2010 national elections.

ROA and REA hope that Congress encourages the Secretary of Defense, in conjunction with States and local jurisdictions, to gather and publish national data about the 2010 election by voting jurisdiction on disqualified military and overseas absentee ballots and reasons for disqualification

HEALTH CARE DISCUSSION

MILITARY HEALTH CARE – a shaky foundation.

The Global War on Terror is a protracted engagement that will not end with the withdrawal of troops from Iraq and Afghanistan. Overseas Contingency Operations (OCO) will continue, as will military response to crisis spots such as Libya. Yet, there are members on both sides of the aisle that are saying if cuts are made then Defense should not be exempt. Lawmakers are talking openly about TRICARE fees not having been increased since 1995.

For a number of years, the Pentagon has spoken out about the rising costs of health care and the need for reform. This can be noted by statements illustrating that military health costs have increased such as "DoD medical costs have shot up from \$19 billion in FY 2001 to \$52.5 billion in FY 2012," as made by Deputy Secretary of Defense William J. Lynn, III at a Senate Budget hearing last month.

Health care costs now consume nine percent of the DoD budget. Yet comparisons of health care costs are distorted by beginning with a peacetime starting point followed by a decade of war. Many in the Pentagon are attributing the increases in military health care to its retirees, especially those working second careers.

Unfortunately, many retirees are blaming much of this additional health care costs on National Guard and Reserve members for being included under TRICARE.

The Pentagon's public campaign for health care reform has undercut its credence by serving members, retirees and beneficiary associations in what has been said, what has been budgeted, and what still might be planned.

HEALTH CARE COST

The Reserve Officers Association and the Reserve Enlisted Association are disappointed in how the Department of Defense Health Affairs has in the past attempted to address such an emotionally laden issue unilaterally. While this year, the Pentagon has made efforts to meet with beneficiary associations, these gathering have been more briefings rather than discussions to seek solutions. ROA and REA applaud the efforts by Congress to address the issue of increasing Department of Defense health care

costs and its interest to initiate dialogue and work with both the Pentagon and the beneficiary associations to find the best solution. The time has come to examine the cost of TRICARE and the level of beneficiary contribution.

It is important to sustain the DoD health care as a deferred benefit for our serving Active and Reserve Component members and their families. While retired, these beneficiaries have accepted risks and made sacrifices in their earlier military careers that have not been asked of the remaining 99 percent of the nation's population. TRICARE fulfills an on-going promise by the government for continued health care to those who have served or are serving.

ROA and REA are committed to our membership to sustain this health care benefit. We fear that Congress will be unable to continue prohibitions on health care fees. DoD, Congress and the beneficiary associations need to work together to find a fair and equitable solution that protects our beneficiaries and ensures the financial viability of the military health care system for the future. Some associations seek to continue a freeze on premium fees permanently; others are joining ROA and REA by admitting that some increases are necessary.

Conversely, the Department of Defense and this nation cannot afford to carry the full burden of health care costs. The operational Active and Reserve force and their families deserve the best, both while serving and into retirement. To preserve the top health care program in the nation as a DoD benefit, ROA and REA are open to discussions on cost-sharing.

Beneficiary medical expense totals have not yet been provided by DoD. Congress should ask the Pentagon for a financial breakdown. An independent audit by the Government Accountability Office (GAO) or another agency would allow Congress an opportunity to validate proposals based on financial benchmark.

ROA and REA agree that the proposed \$30 increase for individuals and \$60 for families is a modest proposal, and can accept this as a first step.

Of concern is a proposal to index future increases. Having some formula in place seems appropriate, following a similar approach to what was taken by Congress to calculate cost of living allowances (COLA) for social security and military retirement pay. But the challenge is, **What index to select?**

ROA and REA agree with other beneficiary associations that it should not be a Medicare Index, because a Medicare-based index penalizes those retirees under age 65 who don't suffer from the same ailments as retirees in the older age group. ROA also found that contracted commercial indexes tend to maximize health care growth, likely justifying the higher premium increases associated with commercial health insurance and should not be used. Comparisons between commercial and military health care plans are not justified. ROA is continuing to explore indices, but the challenge is that even government matrixes are based on an industry and not actual beneficiary health care costs.

ROA and REA share the concern that any process used should be a fair and equitable approach where retiree's won't be overburdened. Should an index be agreed upon, it should be codified.

HEALTH CARE REFORM

The beneficiary associations were invited to the Pentagon for a meeting with Dr. Clifford L. Stanley, Under Secretary of Defense for Personnel and Readiness about the health reform proposals. At this meeting it was stated that the FY-2012 proposal was enough to cover what was needed in the FY-12

budget, and if more was needed the next year, DoD would submit additional proposals. During the first week of March, the Pentagon also announced that John Baldacci, former governor of Maine, has been hired into in a newly created position to recommend to Dr. Stanley “necessary reforms for the military health care system.”

Statements like these combined with the DoD public relations health care costs campaign makes both retirees and beneficiary associations nervous.

In anticipation of less modest proposals in the future ROA and REA include the following:

TRICARE:

- Catastrophic Cap of \$3000 should not be changed, nor indexed.

TRICARE Standard:

- ROA and REA do not endorse an annual enrollment fee for either DoD or VA beneficiaries.
- Should DoD suggest increasing deductible levels, the total cost of Standard needs to be evaluated, because...
- Standard has large co-payments of 25 percent after the deductible, and the cost of TRICARE standard automatically adjust to changes in medical costs.
- For individuals or families relying on Standard for medical treatment, it is a more expensive health plan than TRICARE Prime.

TRICARE Reserve Select (TRS)

- DoD should stop viewing TRS as a health insurance, but as a health program.

TRICARE Retired Reserve (TRR)

- Premiums are too high, and for TRR to be viable, premiums need to be reduced.

TRICARE for Life (TFL)

- No enrollment or separate premium should be introduced. Retirees over 65 are already paying more than younger retirees.

RESERVE COMPONENT HEALTH CARE

The Pentagon views TRICARE as a health care plan, and Reserve TRICARE as a health care insurance. Because words create paradigms, Reserve health care is treated by DoD entirely different than active duty health care. The differences are easily noted: Active duty members enroll in a benefit with deductibles and co-payments; Guard and Reserve members “purchase” a premium based health plan. The following are suggested improvements.

1. ROA and REA hold concerns over premium rates for TRICARE for gray area retirees. Because DoD treated Reserve gray area retirees as a separate health care risk group, health care premiums proved higher than expected. Because of the expense, enrollment is low. It is likely just being used by those with health care problems, who can’t afford health care from other sources. If the program is not changed it will have a similar success to mobilization insurance.

ROA and REA hope that the committee will request a Government Accountability Office review of the process that determined the published premium levels.

2. Seamless Transition. Service members should not have to navigate through bureaucracy to receive care or benefits. Every time a Reserve Component member transitions into a new category of health care, he or she is required to reenroll in the new program. Even those who are beneficiaries of TRICARE Reserve Select (TRS) need to do an administrative transition between TRS, TRICARE once mobilized, into Transitional Assistance Management Program (TAMP) and back onto TRS. And once retired, there is additional transition into TRICARE Retired Reserve, and the latter TRICARE retiree health care. Add to this the additional health care provided by the Department of Veteran Affairs, and there are gaps in health care as a Reserve Component or family member moves between programs.

3. Access to TAMP. It has come to ROA's attention that some Guard and Reserve members who have returned from deployment may not be provided TAMP coverage. In a number of cases, individuals who was placed in a wounded warrior company, after being found fit, was told that they would not qualify for transitional health care upon discharge because TAMP coverage was started upon the day they returned to the United States and they had been in the wounded warrior program for over 180 days.

ROA and REA feel that TAMP should only begin upon separation from Active duty.

4. Sustaining Reserve Health Care. *Continued Health Care Benefit Plan* continues to be shown as only allowing members of the Selected Reserve who have had a tour of active duty within the previous 18 months by DoD. This is denying COBRA protections for TRS beneficiaries who haven't be activated, and doesn't support the Secretary of Defense's directive to mobilize National Guard and Reserve members one year out of six, which would be a dwell time of 60 months. There is little cost as the beneficiary pays a premium of 102 percent of TRICARE Cost.

As even discharged active service members have the benefit of the Continuing Health Care Benefit Plan, those Guard and Reserve members who have signed up for TRICARE Reserve Select need to have protections when they leave the Selected Reserve.

ROA and REA encourage Congress to work with the Pentagon to open up Reserve Component member access to the Continued Health Care Benefit Plan to any TRICARE Reserve Select beneficiary separating from the Selected Reserve under conditions that are not punitive in nature.

5. Employer health care option: DoD pays a stipend to employers of deployed Guard and Reserve members to continue employer health care during deployment. G-R family members are eligible for TRICARE if the members' orders to Active Duty are for more than 30 days; but some families would prefer to preserve the continuity of their own health insurance. Being dropped from private sector coverage adversely affects family morale and military readiness and discourages some from reenlisting. Many G-R families live in locations where it is difficult or impossible to find providers who will accept new TRICARE patients. This stipend would be equal to DoD's contribution to Active Duty TRICARE.

ROA and REA continue to support an option for individual Reservists where DoD pays a stipend to employers

6. Dental Readiness. Currently, dental readiness has one of the largest impacts on mobilization. The action by Congress in the FY-2010 NDAA was a good step forward, but still more needs to be done.

The services require a minimum of Class 2 (where treatment is needed, however no dental emergency is likely within six months) for deployment. Current policy relies on voluntary dental care by the Guard or

Reserve member. Once alerted, dental treatment can be done by the military, but often there isn't adequate time for proper restorative remedy. Reserve and Guard Dentists could support reducing costs.

ROA and REA continues to suggest that the services are responsible to restore a demobilized Guard or Reserve member to a Class 2 status to ensure the member maintains deployment eligibility.

Because there are inadequate dental assets at Military Treatment Facilities for active members, active families, and reservists, **ROA and REA further recommend that dental restoration be included as part of the six month TAMP period following demobilization.** DoD should cover full costs for restoration, but it could be tied into the TRICARE Dental program for cost and quality assurance.

7. Utilization of TRS: ROA and REA support efforts by the Pentagon to encourage enrollment in TRICARE Reserve Select. We share a concern that the numbers being published by the Pentagon understate the actual level of participation by Guard and Reserve members who are eligible. A survey should be taken of TRICARE contractors to compare their participation measures with those of DoD.

8. IRR Access to TRS: Not everyone who drills is eligible for TRS. All services offer drilling for points without pay. These members are in the Individual Ready Reserve (IRR). The Navy has Voluntary Training Units. The Air Force and Army have non-paid Individual Mobilization Augmentees (IMA). The Army also has a group within the IRR body that has agreed to mobilization during their first two years.

The Army, the Marine Corps and the Navy have mobilized Reservists out of the Individual Ready Reserve. Under current law, unless these RC members are given an opportunity to join the Selected Reserve, they are not eligible to purchase TRS following their return.

ROA and REA feel that IRR members should be eligible for TRS. They could qualify if they sign an agreement of continued service and complete a satisfactory year of training and satisfy physical standards. A satisfactory year could be defined either by points or by training requirements, as defined by each Reserve Chief.

ROA and REA recommend legislation to allow IRR buy-in to TRICARE Reserve Select.

CONCLUSION

ROA and REA reiterate our profound gratitude for the progress achieved by this committee by providing parity on pay and compensation between the Active and Reserve Components, with the sub-committee also understanding the difference in service between the two components.

ROA and REA look forward to working with the personnel sub-committee where we can present solutions to these and other issues, and offers our support in anyway.

