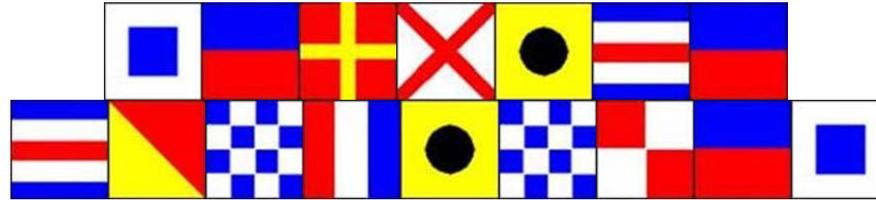


Capital Area Coast Guard Retiree Council Newsletter March 2015

SERVICE CONTINUES



Thought for the Week

Democracy is the process by which people choose the man who'll get the blame. - Bertrand Russell

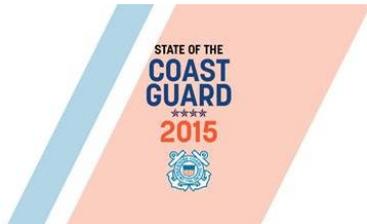
Several items having time value and/or providing important information

Hope you're doing well in this balmy weather we're having. A good time for those who need the time to just kick back & read a good book.

I have had no death/Arlington Interment notices for some time. Will distribute when I receive them

State of the Coast Guard Commandant's Address

For those interested, you can find the State of the Coast Guard 2015 here: <http://www.uscg.mil/coastguard2015/> and the USCG Western Hemisphere Strategy here: http://www.uscg.mil/seniorleadership/docs/uscg_whem_2011.pdf



BUILD THE 21ST CENTURY COAST GUARD

Through affordable investments such as the Offshore Patrol Cutter and a diverse specialized workforce.

DEFEAT TRANSNATIONAL ORGANIZED CRIME

Through intelligence-based operations, persistent offshore presence and unity of effort.

SAFEGUARD MARITIME COMMERCE

Through enhanced workforce expertise focusing on cyber threat awareness, cybersecurity and energy sector trends.

OPERATE IN THE POLAR REGIONS

Through assured access in the Arctic and Antarctic to meet national objectives.

MAXIMIZE RETURN ON INVESTMENT

Through mission performance underpinned by efficient, accountable business processes and a clean financial audit.

DRIVE OUT SEXUAL ASSAULT

Through a culture of respect inhospitable to sexual assault, sexual harassment and enabling behaviors.

See live tweets from the #USCG2015 address

Watch the full State of the Coast Guard Address

Read Adm. Zukunlt's remarks at the 2015 State of the Coast Guard Address

Find out more about where the Service is headed in

The U.S. Coast Guard is vital to our Nation's security and prosperity. The maritime domain is complex and the challenges and threats in our operational environment have never been greater.

Acknowledging Coast Guard Vietnam Veterans – From Bob Hinds CG-13 Director, Retiree Services

MCPO Placencia: I saw your piece on CGCVA in the CG Retiree Newsletter at <http://www.uscg.mil/ppc/retnews/2015/January15newsletter.pdf>.

I'd like to help promote the CGCVA and Vietnam War Commemoration (http://www.vietnamwar50th.com/education/uscoastguard_in_vietnam/) through the CG Retiree Services Website (<http://www.uscg.mil/retiree/>), CG Retiree Councils, CG Retiree Services Desks, and CG Retiree Newsletters.

I wanted to see if you've submitted anything for publication in the Apr-Jun 2015 CG Retiree Newsletter and would like to get your thoughts on the idea of soliciting stories/photos from CG Combat Veterans for publication in CG Retiree Newsletters. I see a **Vietnam Veterans Day event is planned for March 31 at CGHQ** (<http://www.coastguardcombatvets.com/>) and I'll be promoting awareness of this through the CG NCR Regional Retiree Council.

r/
Bob

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USCG CWO4 (Ret)

Recruiting Partnership, Coast Guard Retirees – Coast Guard Recruiting – Important. Please see attachment

CG National/Regional Retiree Councils, et al: This is to request your assistance in inviting CG Retirees to keep an eye out for young people with whom they'd be proud to serve, to tell them about the Coast Guard, and to refer them to CG Recruiting. Please additionally forward along attached template to CG retirees, from which they might want to cut/carry cards to give to young people with whom they'd be proud to serve.

Relative to this initiative, I've asked CG Recruiting to consider tracking the following related metrics/measures:

- (1) Total referrals to CG Recruiting
- (2) Total referrals to CG Recruiting by CG Retirees
- (3) Total referrals to CG Recruiting from other sources
- (4) Total accessions (enlist, OCS, Direct Commission, CGA) from each referral source.

And ideally, longer term:

- (5) Total accessions (from each referral source) that complete Basic Training, OCS, CGA.
- (6) Total accessions (from each referral source) that complete first enlistment/commissioning contract.

Additionally, this program offers opportunities to build long term mentoring relationships between CG retirees and the people they lead to the Coast Guard - with a "measurable" return for both the CG and CG Retirees.

Finally, thanks go to a CG colleague/CG retiree, Mr. Paul Redmond, for conceptualizing and bringing this idea to the table.

r/
Bob

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National Coast Guard Museum ► **Moving Forward**

The chairman of the National Coast Guard Museum Association has purchased the historic Union Station for \$3 million, a sale viewed as necessary for the proposed museum to move forward. At 5 p.m. on 26 JAN, James Coleman Jr. became the owner of New London's Union Station, purchasing it from owners Todd O'Donnell and Barbara Timken. Speaking by phone Coleman said he was "very, very impressed and amazed" at the 130-year legacy of the Henry Hobson Richardson-designed station, and that he understands the "strong importance" for New London to "keep the building as a train station." "I'm absolutely committed to seeing that happen," he said. "The museum association led by Coleman is raising funds to build a National Coast Guard Museum downtown. Union Station is adjacent to the museum's planned waterfront site. The state has committed \$20 million to the project for design, engineering and the construction of a pedestrian bridge to connect Water Street to the museum. "What we're able to do now is let the architect loose to design the pedestrian bridge," Coleman said, adding that his group "couldn't start any of the architecture or planning" without settling the ownership of the station.



It will be years before the museum is open, Coleman said. The Coast Guard is the only branch of the armed services that does not have a national museum to celebrate its role in the life of our nation and to honor the men and women who serve. Since its inception in 1790, the Coast Guard has established a proud and illustrious history which deserves recognition from the public. Permanent and revolving multi-media exhibits will tell compelling stories of its past, present and future as they evoke the Coast Guard's critical role and mission in maritime security, safety, protection of natural resources, and national defense. As a dynamic institution charged with these roles, the Museum will engage the public, veterans and present Coastguardsmen in the dreams and goals for the future.

Interactive and innovative exhibits and displays will include realistic virtual environments in which the museum visitor participates in the action. The participatory nature of the activities and exhibits will encourage families and individuals to make multiple visits. The very nature of the Coast Guard's missions lend themselves to spectacular exhibits in a dynamic architectural space: simulation of helicopter rescues in force 10 storms saving lives at sea; rescue boats tossing and swaying in tumultuous seas; a ship's bridge on the "prow" of the building simulating a Captain's role; the building and the sheer red atrium wall evoke the tall hull of a ship thrusting out to the water. For further info on the proposed museum refer to The National CG Museum Association website <http://coastguardmuseum.org>. [Source: The Day | Julia Bergman | Feb 02, 2015 ++]

2015 TAX GUIDE ►

The 2015 MOAA Tax Guide is ready! This resource, only available to PREMIUM and LIFE Members, helps servicemembers and veterans navigate each state's tax maze and includes information about personal income tax, sales and property taxes, inheritance and estate taxes, and tax on retired pay. [Log in now and learn how your state's tax code treats your military benefits and how your state taxes compare nationally.](#)

Death of BMCM Ibb Anderson

> I regret to inform you all that BMCM Ibb Anderson (ret.) passed away at the end of last week. Ibb was assigned to the Cape May area during his career and also the president of our CPOA chapter for several terms. There will be a memorial service at the TRACEN Chapel on Saturday March 7th at 1000. MCPOCG Vince Patton will be ministering the service. We would like to do side boys and pipe him ashore at the end of the service so if any of you are available to attend please let me know. The uniform for active duty will be SDB's. Also, if there are any Boatswains Mates that would like to volunteer their services on the boatswains pipe please let me know. There will also be a luncheon at the Chief's Club after the service. I'm sure I have not included everyone in this email that knew Ibb please forward this on as you see fit. If you have any questions please let me know.

- >
- > V/r,
- > Larry
- >
- > MAT3 Larry Antonucci
- > TRACEN Cape May
- > Facilities Engineering
- > [609-898-6411](tel:609-898-6411)
- >
- > "The standard you walk by is the standard you accept"

DECA Budget Cuts ►

The Defense Department's fiscal 2016 budget request would slash taxpayer support of base grocery stores by \$322 million in 2016 and by \$1 billion next year, enough to "destroy" the shopping benefit, warns the American Logistics Association. ALA, which represents manufacturers, distributors and brokers of products sold in commissaries and base exchanges, released a position paper that contrasts DoD's plan to "wreck" commissaries with less onerous recommendations of a blue-ribbon panel to consolidate all base store operations to gain efficiencies.

- First, DeCA would lower its \$1.4 billion budget by \$183 million through administrative actions, saving \$29.5 million by cutting store hours; \$4.5 million by closing stores on holidays; \$58.2 million by reducing days stores are opened and \$18.8 million by cutting staff.
- Store staffs would be cut by an average of six employees next year. The number of days commissaries open would be cut a day or two per week across 183 locations. If a base would want to keep its store open longer than DeCA proposes, it would have to find the money in its own budget.
- DOD proposes securing an additional \$139 million in DeCA savings next year through legislation. It seeks authority to raise prices enough to pay the cost of shipping products to stores overseas. It also wants a change in law so DeCA can pay for store supplies from surcharges collected at checkout. This presumably would lower the amount of money available to maintain commissaries and to build new ones.
- The \$1 billion cut to DeCA in 2017 would force most stateside stores to become self-sustaining, which would mean deep cuts to shopper discounts. Commissaries also would have to sell items they cannot today, including beer and wine, gift cards and greeting cards, which would put exchange profits at risk. DeCA also would have to advertise heavily, budget documents explain, to be able to persuade patrons that shopping on base still has value.

Burial At Sea ► **How to Request**

- Burial at Sea is a means of final disposition of remains that is performed on United States Navy vessels. The committal ceremony is performed while the ship is deployed. Therefore, family members are not allowed to be present. The commanding officer of the ship assigned to perform the ceremony will notify the family of the date, time, and longitude and latitude once the committal service has been completed. Individuals eligible for this program are:
- Active duty members of the uniformed services;
- Retirees and veterans who were honorably discharged;
- U.S. civilian marine personnel of the military sealift command; and
- Dependent family members of active duty personnel, retirees, and veterans of the uniformed services.



- How to get started
- After the death of the individual for whom the request for Burial at Sea is being made, the Person Authorized to Direct Disposition (PADD) should contact the Navy and Marine Corps Mortuary Affairs office at (866) 787-0081 to request a packet and for additional information. Supporting documents which must accompany this request are:
- A photocopy of the death certificate;
- The burial transit permit or the cremation certificate;
- A copy of the DD form 214, discharge certificate, or retirement order.
- The Burial at Sea Request Form and the three supporting documents listed above make up the Burial at Sea Request package. A burial flag is required for all committal services performed aboard United States Naval vessels, except family members, who are not authorized a burial flag. Following the services at sea, the flag that accompanied the cremains/remains will be returned to the PADD. If the PADD does not wish to send a burial flag for the service, a flag will be provided by the Navy for the committal service, but will not be sent to the PADD. Cremated remains (cremains) must be in an urn or plastic/metal container. The cremains, along with the completed Burial at Sea Request package, and the burial flag will be forwarded to the Burial at Sea Coordinator at the desired port of embarkation (listed below). Prior to shipment, a family member should call the coordinator about the pending request.
-
- Specific guidelines are required for the preparation of intact (casketed) remains. All expenses incurred in this process are the responsibility of the PADD, who will select a funeral home in the area of the port of embarkation. Prior to shipment, a family member should call the coordinator about the pending request. Funeral homes responsible for preparing and shipping intact remains should contact the mortuary services office at Navy Casualty in Millington, TN to receive the preparation requirements. For further information about a Burial at Sea, call (866) 787-0081, Monday - Friday, 7:30 A.M. to 4:00 P.M. Central Time. Ports of Embarkation are Norfolk, Virginia; Jacksonville, Florida; San Diego, California; Bremerton, Washington; and Honolulu, Hawaii. [Source: ArmyEchoes | Feb. 15, 2015 ++]

Retiree Appreciation Days ► **As of 26 Feb 2015**

- Retiree Appreciation Days (RADs) are designed with you in mind. They're a great source of the latest information for retirees and Family members in your area. RADs vary from installation to installation, but, in general, they provide an opportunity to renew acquaintances, listen to guest speakers, renew ID Cards, get medical checkups, and various other services. Some RADs include special events such as dinners or golf tournaments. Due to budget constraints, some RADs may be cancelled or rescheduled. Also, scheduled appearances of DFAS representatives may not be possible. If you plan to travel long distances to attend a RAD, before traveling, you should call the sponsoring RSO to ensure the RAD will held as scheduled and, if applicable, whether or not DFAS reps will be available. The current schedule is provided in the attachment to this Bulletin titled, "Retiree Activity\ Appreciation Days (RAD) Schedule". Note that this schedule has been expanded to include dates for retiree\ veterans related events such as town hall meetings, resource fairs, stand downs, etc. For more information call the phone numbers of the Retirement Services Officer (RSO) sponsoring the RAD as indicated in the attachment. An up-to-date list of Retiree Appreciation Days can always be accessed online at
- HTML: http://www.hostmtb.org/RADs_and_Other_Retiree-Veterans_Events.html
- PDF: http://www.hostmtb.org/RADs_and_Other_Retiree-Veterans_Events.pdf
- Word: http://www.hostmtb.org/RADs_and_Other_Retiree-Veterans_Events.doc

TRICARE Choice Act of 2015 ► **S.448 & H.R.868**

Senators Jerry Moran (R-KS) and Richard Blumenthal (D-CO) both members of the Senate Veterans' Affairs Committee, introduced the Veterans TRICARE Choice Act of 2015, S. 448, which would give TRICARE-eligible veterans the ability to pause TRICARE benefits and contribute to a Health Savings Account (HSA). The bipartisan bill addresses the inequities of current federal law, which prevents retired veterans from participating in their employer's HSA program due to their eligibility for TRICARE. HSAs have proven to be an effective way to pay for medical costs and proactively save for future medical expenses. Employees invest and save tax-free money in HSAs, which are then used to pay for qualified medical expenses. Providing retired veterans with the option to either participate with their employer's health plan and HSA or continue their TRICARE health plan not only benefits veterans, but also saves taxpayers money when their benefits are voluntarily paused. The House companion bill H.R. 868 was introduced by Reps. Chris Stewart (R-UT) and Tulsi Gabbard (D-HI). [Source: NAI Weekly Watchdog | Feb. 13, 2015 ++]

TRICARE Program Abolishment ► **Proposal Splits Veterans' Groups**

The leaders of several prominent veterans' and uniformed services' organizations are split over a proposal to effectively abolish Tricare, the military's health insurance plan. The proposal, one of 15 recommendations put forward by the Military Compensation and Retirement Modernization Commission, has become a flashpoint on Capitol Hill. The suggested change would allow nearly 5 million active-duty family members, reserve soldiers and military retirees who are not yet old enough to receive Medicare, to leave the Tricare system and sign up for a private insurance plan.

- MOAA. The proposal "is a welcome shot across the bow," Norbert Ryan, President and CEO of the Military Officers Association Of America, told the Senate Armed Services Personnel subcommittee on 25 FEB. He said the "status quo is unacceptable" but urged senators to look for ways to modernize Tricare "in a systematic manner without resorting to its elimination." Ryan's group recently conducted a survey of more than 7,500 beneficiaries and found that eight out of 10 prefer Tricare to broadly comparable alternatives.
- TREA. In a statement, The Retired Enlisted Association struck a similar chord. "Scrapping the entire Tricare system would represent a change in the entire philosophy of delivering military health coverage," the group said, urging panelists against "blowing up

the system.”

- NGAUS. Gus Hargett, president of the National Guard Association, said the proposed change has been “well received” by his members since many don’t live near a major military installation, and therefore do not have easy access to many Tricare-accepting providers. However, he added, the association is concerned about the costs associated with the plan and advised lawmakers to bring in actuaries to do a cost-benefit analysis.
- NMFA. Joyce W. Raezer, executive director of the National Military Family Association, said beneficiaries are “used to Tricare” and “accepting” of some of the plan’s drawbacks, such as a limited provided network. She suggested lawmakers could tell the Defense Department to delay awarding the next round of Tricare contracts – which usually run for five years – so that the Pentagon can provide them more data about the system.
- FRA. Thomas Snee, the Fleet Reserve Association’s national executive director, said that the proposal requires “additional reviews.”

At the end of the hearing, subpanel chairman Sen. Lindsey Graham (R-SC) admitted lawmakers have been “wrestling this alligator” for years and that he had “lost faith” in the existing system. He said that while he sees the benefits of scrapping the current plan – including more choice for members of the reserve and families – military retirees likely will end up paying more out of pocket for health coverage. Graham said he doesn’t know what the right system is but “change is coming.” [Source: [The Hill](#) | [Martin Matishak](#) | Feb. 25, 2015 ++]

TRICARE Dental Program ► **Dental Sealants**

A dental sealant is a plastic material that is applied to the chewing surfaces of the back teeth, or molars, to prevent cavities. This material acts as a barrier so cavity causing bacteria cannot enter the pits and grooves in the chewing surfaces of the teeth. Sealants are quick and easy to apply. The dentist cleans and prepares the teeth with a solution to make the plastic stick. The plastic is then painted on the teeth where it hardens. According to the Centers for Disease Control and Prevention, most cavities in children occur in teeth that have pits and grooves. Two-thirds of those cavities occur on the chewing surfaces. Research shows that dental sealants help prevent cavities on teeth with pits and grooves. It is recommended that dental sealants be placed on the permanent molar teeth of children shortly after the molars erupt.

The first permanent molars erupt in children around age 6, with the second set of permanent molars appearing around age 12. Sealants placed on permanent molars are covered under the TRICARE Dental Program through age 18. The teeth must be cavity-free with no previous restoration. One sealant per tooth is covered in a three-year period. Sealants for teeth other than permanent molars are not covered. The cost-share for covered sealants is 20 percent. Command-sponsored beneficiaries living overseas do not have cost-shares for this service. For more information about coverage under the TRICARE Dental Program, visit <http://tricare.mil/TDP>. [Source: [TRICARE Beneficiary Bulletin #293](#) | Feb 20, 2015 ++]

TRICARE on Tax Forms ► **How to Report It**

The new Affordable Care Act has a provision that penalizes taxpayers who do not have health insurance and choose not to purchase health insurance via the new health care exchanges. These penalties are happening via the federal income tax return. If you have qualified health insurance, then you show that on your tax return. Unfortunately, the line is small, the labelling is poor, and the instructions are slim. There are three versions of the basic 1040 federal income tax return: the 1040EZ, the 1040A, and the regular 1040. Each has a different level of complexity and lets people include more information to reflect different tax situations.

Each form has a line where you state that you have health care coverage, but it is a different line for each form. Fortunately, it is not nearly as difficult as it looks. Each form has a line that says Health Care: individual responsibility (see instructions), and then the words Full-year coverage and then a box. If you had an acceptable forms of Tricare for the entire 2014 calendar and tax year, then you just check the box and you are done. Tricare coverage that meets the requirement of minimum essential coverage includes: Prime, Standard, Tricare for Life, Overseas, and Uniformed Services Family Health Plan, and also Tricare Young Adult, Tricare Reserve Select, and Tricare Retired Reserve. Minimum required coverage is also provided by the Department of Veterans Affairs (VA) to those who are enrolled with the VA for health care, and for those who are enrolled in the Civilian Health and Medical Program of the VA (CHAMPVA.)

1040EZ - If you file the 1040EZ, the health care question is located on Line 11 of the form. If your spouse (if applicable) and you were both covered by acceptable Tricare health insurance (as listed above) for the entire 2014 calendar year, then you can check the box and continue. Easy!

TRICARE Nurse Advice Line ► **1,700 Calls Daily**

Since the full rollout of Tricare’s Nurse Advice Line (NAL) last August, more than 366,000 calls have poured in at an average rate of about 1,700 a day, mainly from Tricare Prime beneficiaries seeking medical care and advice for minor illnesses, Defense Department data show. Of greatest significance to the Pentagon, which is trying to rein in the cost of providing health care to nearly 9.5 million beneficiaries, is the impact the call center is having on emergency room visits – a nearly 66 percent decline in trips among those who called the line. Defense Health Agency officials said:

While 36 percent of callers initially intended to go to an ER for their illness, just 12 percent went within 24 hours of calling. More than 22 percent said they were thinking about going to an urgent care facility at the start of a call but just 12 percent went within 24 hours. The number of callers who decided to seek care at a military treatment facility rose, by nearly 17 percent, according to DoD data.

The NAL number is 1-800-TRICARE (874-2273)

The cost of a military or network ER visit for a routine illness is roughly \$400 while the cost of a medical appointment in the military system is less than \$77 – which is why DoD has for years has tried to chip away at the nearly 177,000 emergency room visits made by beneficiaries each week. In its fiscal 2016 budget request released Feb. 2, DoD proposed new fees designed to reduce overuse of hospital emergency rooms. The plan would introduce new fees for retirees to use military and civilian emergency rooms and active-duty families also would pay a penalty for going to an emergency room for nonemergency care, from \$30 to \$70 depending on the sponsor’s rank. When military families can’t get an appointment with their primary care physician for urgent care – either because appointments are full or they need care outside office hours – they often turn to military or civilian emergency rooms for primary care visits.

The Nurse Advice Line number is 1-800-TRICARE (874-2273). It was established, in part, to ward off unneeded trips. “You go to an emergency room at any one of our MTFs any night and you’ll see the overutilization of health care – you see a room absolutely filled with people who tried to get an appointment and couldn’t, so they are camped out,” retired Army Gen. Peter Chiarelli said in a recent congressional hearing. The most common calls to the Nurse Advice Line are for colds, flu, abdominal pain, fever, rashes and neonatal concerns, officials said. Tricare reintroduced the service after a 10-year hiatus largely to provide information on self-care for acute illnesses and improve use of military treatment facilities. Answering nurses can make recommendations about whether beneficiaries should seek care; help find the closest medical facility; and will check on a caller by phone a few hours later if requested. Advice line representatives also can make appointments for Tricare Prime beneficiaries at most military hospitals or clinics. [Source: [Military Times](#) | [Patricia Kime](#) | Feb 05, 2015 ++]

TRICARE Pharmacy Policy Update ► **Compounded Medication**

Two advisory committees to the Defense Health Agency are at odds over whether Tricare should reimburse for compounded medications. The Defense Department Pharmacy and Therapeutics Committee in December recommended strict guidelines on compounded medication prescriptions – rules that would allow Tricare to reimburse for the medicines even through its own regulations don’t require the defense health system to do so. The P&T Committee agreed on a plan that would approve coverage if the person who prescribed the medicine provided information on whether the patient had tried already available products, the duration of the therapy and its purpose. Active ingredients in the prescriptions would have to be an FDA-approved drug and approved by the FDA for the specific use needed, according to the requirements, and the patient must need the special formulation because he or she can’t use a commercially available product. But the Defense Department Beneficiary Advisory Board on 8 JAN elected not to accept the committee’s recommendation, leaving the decision on these costly medicines to Defense Health Agency officials.

Compounded medications are prescriptions formulated by pharmacists that usually combine an FDA-approved pharmaceutical with bulk ingredients – powders, creams or liquids – designed to meet an individual patient’s needs, either by altering a dosage, eliminating an allergen or changing the medication’s delivery method. In 2013, DoD filled 465,000 prescriptions for compounded medications, a tiny fraction – about one-third of 1 percent – of all prescriptions covered by Tricare for the year, according to a 2014 Government Accountability Office report. The cost for the medicines in 2013 totaled \$259 million. But in 2014, that more than tripled to \$746 million. An the first month of 2015, DoD spent \$6 million a day on these medicines, on track to total \$180 million in January alone, according to data provided by the Defense Department.

According to the GAO, the benefit is used largely by retirees and their family members, who filled more than 85 percent of all Tricare compounded prescriptions in 2013. GAO said defense officials could realize significant cost savings on the medications if it followed its own regulations, which dictate that Tricare reimburse only for medications that include FDA-approved ingredients. Tricare’s coverage policies for the medications are similar to Medicare’s but more generous than the Veterans Affairs Department health system, according to GAO. Tricare announced in July 2013 that it had begun adhering to its own regulations and would stop covering any compounded prescriptions containing ingredients not approved by the FDA. Tricare officials said they made the decision out of concern for patient safety – in 2012, 64 people died after receiving contaminated steroid injections compounded at a facility in Massachusetts – as well as the legal restrictions that keep the military health system from paying for prescriptions containing unapproved ingredients. But the decision caused an uproar among Tricare beneficiaries who use compounded medications, prompting Congress to order a GAO analysis.

GAO recommended that DoD "align Tricare's payment practices for compounded drugs with applicable regulations governing the Tricare program." Jay McEniry, executive director of Patients and Physicians for Rx Access, said the P&T committee's requirements would force compounding pharmacists to use ingredients that are less pure, since the FDA approves only finished products, which contain numerous ingredients, rather than the pure active pharmaceutical agent. He also said if DoD wants to rein in spending, rather than stop paying for the medications, it should reimburse at rates similar to those used by commercial insurers. A majority of the top 25 most expensive compounded prescriptions issued Tricare beneficiaries in 2013 were topical pain medications. McEniry said the medicines offer an alternative to addictive and sometimes dangerous opioids and he expressed hope that DoD would develop policies that would allow physicians the option to continue prescribing compounded alternatives to pain pills. "This is first time I've seen such a reaction in health care — let's just cut [the benefit]. Let's not cut it. A lot of people need compounds. They have no other options, no other medications they can tolerate. It's interesting we are having this discussion. It's a disservice to a lot of people who need it and deserve it," McEniry said. [Source: MilitaryTimes | Patricia Kime | Feb. 02, 2015 ++]

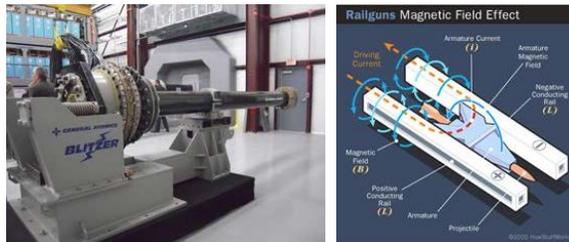
[VA Prescription Tracker](#) ▶ [24/7 Online Access to Status](#)

Veterans can now track the status of most of their prescriptions online, thanks to an innovative idea by a Department of Veterans Affairs' (VA) employee. The new 24/7 service allows online tracking for most prescriptions mailed from the VA Mail Order Pharmacy (<https://www.myhealth.va.gov/index.html>). The Prescription Tracker was recommended by VA employee Kenneth Siehr, a winner of the President's 2013 Securing Americans Value and Efficiency (SAVE) Award. Siehr's idea focused on the use of technology as a way to save money and improve the services VA provides to its patients. "Our nation's Veterans deserve a first-class pharmacy and quality customer service as a part of the exceptional health care available from VA," said Siehr, the National Director for Consolidated Mail Outpatient Pharmacies. "It is an honor to be part of serving Veterans and to have been recognized for an idea that enhances our services to them."

More than 57,000 Veterans are currently using the service through My HealtheVet, an online feature that allows Veterans to partner with their health care team. The number is expected to grow as VA starts to educate Veterans about the new feature. Later this month, the tracking feature will include images of the medication that dispensed. Over the next year, a secure messaging alert will be added so that Veterans know when a medication was placed in the mail. "VA prescription refill online is an excellent example of how one employee looked at the process of VA prescription tracking through the eyes of our Veterans and came up with an idea that better serves Veterans," said Interim Under Secretary for Health, Carolyn M. Clancy. "This idea is both innovative and transformative, and it is certainly one, when put into action, improves customer service for America's Veterans." [Source: VA News Release | Feb. 04, 2015 ++]

[Railgun](#) ▶ [Navy's Latest Weapon](#)

The U.S. Navy is tapping the power of the Force to wage war. Its latest weapon is an electromagnetic railgun launcher. It uses a form of electromagnetic energy known as the Lorentz force to hurl a 23-pound projectile at speeds exceeding Mach 7. Engineers already have tested this futuristic weapon on land, and the Navy plans to begin sea trials aboard a Joint High Speed Vessel Millinocket in 2016. "The electromagnetic railgun represents an incredible new offensive capability for the U.S. Navy," Rear Adm. Bryant Fuller, the Navy's chief engineer, said in a statement. "This capability will allow us to effectively counter a wide range of threats at a relatively low cost, while keeping our ships and sailors safer by removing the need to carry as many high-explosive weapons."



The massive railgun that needs just one sailor to operate it relies on the electromagnetic energy of the Lorentz force—the combination of electric and magnetic forces on a point charge—for power. The Navy likes the weapon for several reasons, not the least of which it has a range of 100 miles and doesn't require explosive warheads. That makes it far safer for sailors, and cheaper for taxpayers. According to the Navy, each 18-inch projectile costs about \$25,000, compared to \$500,000 to \$1.5 million for conventional missiles. "[It] will give our adversaries a huge moment of pause to go: 'Do I even want to go engage a naval ship?'" Rear Admiral Matt Klunder told reporters. "Because you are going to lose. You could throw anything at us, frankly, and the fact that we now can shoot a number of these rounds at a very affordable cost, it's my opinion that they don't win."

The Navy's been talking about using railguns for the past ten years. The Office of Naval Research launched a prototype program in 2005, with an initial investment of \$250 million committed through 2011. The Navy anticipates spending about that much more by 2017. Of course the Army is interested in having one too, and the Pentagon is in general interested in many aspects of the technology. In July, the Navy will display the electromagnetic railgun prototype at San Diego Naval Base. "Frankly, we think it might be the right time for them to know what we've been doing behind closed doors in a Star Wars fashion," said Klunder. "It's now reality. It's not science fiction. It's real and you can look at it." [Source: Wired Magazine | Allen McDuffee | Apr 9, 2014 ++]

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March 06, 2015

MAKING WAVES

Blue Water Navy
Vietnam
Veterans Act
(H.R. 969)

Support Blue Water/Agent OrangeTake Action!
Legislation (H.R. 969)

Rep. Chris Gibson (NY) has introduced the "Blue Water Navy Vietnam Veterans Act" (H.R. 969) that would clarify a presumption for filing disability claims with the Department of Veterans Affairs (VA) for ailments associated with exposure to Agent Orange herbicide during the Vietnam War. The bill was introduced with 131 original co-sponsors. Congress should recognize that so-called "Blue Water" veterans who served off the coast of Vietnam were exposed to Agent Orange herbicide. This bill authorizes presumptive status for VA disability claims associated with this exposure for this group of veterans. Please use the Action Center to ask your U.S. Representative to support the "Blue Water Navy Vietnam Veterans Act."

From Joint Base Ft Myer/Henderson Hall (JBM-HH) Bulletin. (Emails of other such bulletins are attached, but this item is particularly important

NIHSeniorHealth: Serious Business- Four Types of Advance Directives The National Institutes of Health Senior Health web site (<http://nihseniorhealth.gov/>) addresses topics of concern for those in various states of health. Information on four types of "Advanced Directives" as elements of one's Planning for Care was recently highlighted (extracts from <http://nihseniorhealth.gov/endoflife/planningforcare/01.html>):

Living Will: your end-of-life care wishes in case you are no longer able to speak for yourself. It spells out what life-sustaining treatment you do or do not want if you are terminally ill, permanently unconscious, or in the final stage of a fatal illness.
Health Care Proxy: to name someone to make care decisions for you if you cannot (note the distinctions between a durable power of attorney for health care and a durable power of attorney, which allows someone to make decisions on your behalf regarding property or financial matters in addition to health care"
Do Not Resuscitate (DNR) order: tells health care providers not to perform cardiopulmonary resuscitation (CPR) or other life-support procedures if your heart stops or if you stop breathing (compare with POLST)
Physician Orders for Life-Sustaining Treatment (POLST): for patients with serious, advanced illness, a POLST form provides standing, actionable medical orders concerning end-of-life care (compare with DNR)

Legal Assistance is available on JBM-HH for more detailed descriptions of these advance directives, and for advice and assistance in their preparation. On Fort Myer in the legal assistance office (703-696-0761) is in Building 201 (on Custer Road, the last building on the left north of the Officers' Club swimming pool enclosure, shared with Army Community Services). On Henderson Hall the Legal Assistance (703-614-1266) is on the third floor of Building 29 at the head of the main stairs (the building with the circular façade facing the flag pole).
