



INTERNATIONAL FEDERATION OF PROFESSIONAL & TECHNICAL ENGINEERS AFL-CIO & CLC

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2022 IFPTE Issue Brief

117th Congress

Protecting Our Nation's Veterans – It's the Least We Can Do

Overview – Without question, protecting the interests of our veterans should be a bipartisan priority for Congress. From providing quality health care through the Veterans Health Administration (VHA), to protecting the benefits that come with the GI bill, to ensuring that Veterans Preference hiring, and retention protections stay in place in the federal government, policies that impact the lives of veterans should be addressed fairly and without partisanship.

Restoring Veterans Preference – Many of the veterans who currently work for the federal government are assisting our current active duty servicemembers at the Department of Defense (DOD), serving their fellow veterans at the Department of Veteran Affairs (VA), or in other federal agencies where they utilize their specialized skills and knowledge to continue serving the nation. While Veterans Preference rewards veterans for service, helps veterans transition to civilian life, and draws disciplined, diverse, and experienced people to civil service, the Fiscal Year 2016 (FY16) National Defense Authorization Act (NDAA) included language that watered down Veterans Preference in a reduction-in-force (RIF) situation. While the FY22 NDAA includes a partial remedy by giving the Secretary of Defense the authority to restore Veterans Preference in RIF situations, IFPTE continues to seek repeal of the FY16 NDAA provisions that weakens Veterans Preference.

Funding Veterans Health Services and Reversing Privatization Under VA Choice – In 2014, Congress passed the Choice Act in 2014 to address the long wait times veterans faced at VHA facilities by temporarily allowing veterans to opt for care from private health care providers when wait times exceed 30 days. However, instead of reinvesting in the integrated care that VHA provides. In 2017, Congress expanded the privatization of VHA services by extending the original sunset. Congress also passed the VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act in 2018, legislation that massively expands the outsourcing and privatization of VHA services. IFPTE objected to these efforts before they became law and continues to support legislative fixes to provide accountability of overbilling and fraud in privatized VHA services, reverse the privatization of VHA services, and rebuild the VHA's capacity.

Supporting Veterans Suffering from Toxic Exposure – For years, veterans have urged Congress to pass legislation to address the long-lasting health effects that active-duty service members and veterans have suffered due to burn pit exposure and toxic fumes. While the Biden Administration has taken helpful steps to allow quicker access to VA benefits for veterans exposed to airborne toxic substances, Congress must act to make sure service members and veterans have benefits, support, and the care they require provided without delay.

2022 IFPTE Legislative Requests:

• **Pass the bipartisan Retired Pay Restoration Act (H.R. 303)** to permit retired members of the Armed Forces who have a service-connected disability to receive both disability compensation from the Department of Veterans Affairs for their disability and retirement pay for their military service or combat-related special compensation.

• **Pass the bipartisan “Honoring Our Promise to Address Comprehensive Toxics Act” (Honoring Our PACT Act), H.R. 3967.** This comprehensive legislation incorporates several proposals that would provide overdue and necessary healthcare and disability benefits to as many as 3.5 million veterans with service-connected exposure to airborne toxins and burn pits. The Honoring Our PACT Act establishes presumption of service connection for 23 illnesses and disabilities resulting from airborne exposure, a presumption of exposure to radiation, expands presumption for Agent Orange exposure, streamlines access and eligibility to VA benefits for affected veterans, requires VA to implement standardized training on presumption of airborne toxic exposure and conduct outreach for veterans and caregivers, and improves data collection and analysis of illnesses and treatment related to toxic exposure. We urge Congress to avoid the tragic mistakes of the past that delayed or denied disability claims for too long for so many Vietnam-era veterans.

• **Include language in House and Senate FY23 National Defense Authorization Acts (NDAA) to provide retirement equity to graduates of the United States Merchant Marine Academy.** The 2008 NDAA correctly included language (Title XI, Section 1115) that allows for federal employee retirement service credit for service as a cadet or midshipman at the nation's four service academies – Air Force Academy, Military Academy, Coast Guard Academy and Naval Academy. However, there was one group of Academy graduates who were not included - those who attended the USMMA.

• **Close the TRICARE loophole that unfairly limits veterans’ health savings options.** Introduce and pass legislation, similar to the Veterans TRICARE Choice Act (H.R. 5458) during the 114th Congress, to close the TRICARE loophole which currently prevents veterans from concurrently participating in TRICARE and health savings accounts.

• **Introduce and pass legislation to repeal S. 2372, the VA MISSION Act of 2018,** which privatizes veteran healthcare services by expanding the VA Choice program. This law has already shifted federal resources from VHA facilities to private health facilities at enormous cost, without accountability and without providing better services. A 2021 VA Inspector General report found a 500% increase in payments to private-sector providers and notes that in 2020, at least 37,900 out of a community of 218,000 care providers by have engaged in the “improper practice of assigning an inaccurate billing code to a medical procedure to increase reimbursement.” Even before the VA MISSION Act was enacted, the VA Choice program need accountability as two contractors, TriWest and HealthNet, overcharges the government by \$140 million between 2014 and 2017. Poll after poll shows that veterans prefer the coordinated care provided them at VA run hospitals.