



2021 Advocacy in Action

Building on our successes for Virtual Connecting

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Building on MOAA's Virtual Successes

- Two events drive the need to be safe and flexible.
- The continuing pandemic prohibits in person meetings in DC. Travel and meeting in groups remain big issues.
- Last year, with similar constraints, we were very successful with Virtual Advocacy efforts . 100% of legislators were contacted. 19K letters sent. 253 virtual meetings.
- Due to the 6 January 2021 tragedy at our Nation's Capital, it seemed most appropriate to change the name usually used for our spring event. The MOAA Commo Team designated to develop new name & thus the birth of **Advocacy in Action**.



Advocacy in Action – Determining Key Issues

- Government Relations Committee makes original suggestions.
- MOAA Board votes on topics.
- Key issues address currently serving, veterans, and recent retirees and members of the National Guard and Reserve forces.
- MOAA continues to work toward limiting the number of key issues to usually 2-3.
- Much research goes into the selection process followed by intense preparation of written materials as well as the development of the procedures and communications with state teams.



Topic #1 – Comprehensive Toxic Exposure Reform

- In addition to Agent Orange and Vietnam, there are numerous other Toxic exposures that must be addressed. These include:
 - Burn pits and other fires during the Gulf War in Iraq and Afghanistan.
 - Exposure to firefighting chemical and contaminated drinking water.
- MOAA recommends:
 - Expanded health care.
 - Develop Advisory Council
 - Re-authorize Agent Orange authorities previously expired. Impacts on families and caregivers.



Topic 2 – TRICARE Young Adult Parity

- Addresses disparity between commercial health care plans that cover Adult children to age 26 and TRICARE, which requires a separate premium for young adult coverage.
- Examples of financial burdens: In 2013, TYA monthly premiums were \$152 for Standard and \$176 for Prime. Today monthly fees are \$257 and \$459 respectively.
- The Health Care Fairness for Military Families Act of 2021 (H.R. 475) sponsored by Reps. Elaine Luria (D-Va.) and Michael Waltz (R-Fl) expand TRICARE eligibility to young adult dependents up to age 26.
- Military kids face unique challenges such as moving numerous times & while transitioning to adulthood without same healthcare access & affordability afforded to families with commercial plans.



Topic #2 - continued

- We consider COVID-19 impacts on higher education pathways and difficulties in finding jobs as well as the numerous sacrifices that military families endure and strongly believe that we must advocate for the same healthcare protections that civilian counterparts have for their children in commercial healthcare plans.



Topic #3 Basic Needs Allowance

- Addresses issues of military families who are most vulnerable to food security and have difficulty making ends meet.
- Subsistence allowance would be provided automatically to servicemembers whose gross household income (not including Basic Allowance for Housing is below 130 & of the federal poverty line. This recurring struggle was exacerbated by COVID-29 Layoffs.
- Some SM's qualify for SNAP (Supplemental Nutrition Assistance Program. A problem as BAH is considered income. Thus many go to food pantries which now have a 400% increase in grocery demand.
- We consider this as a "leave behind" issue. Feel free to develop this issue if you have examples or live in a military district with many SM's.



What happens next?

- MOAA staff continue to complete all documents we will use.
- Each state develops an Advocacy in Action Team.
- MUSNAVC will ask for volunteers to join their State Teams.
- Graham forwards team names and contact information and letter of recommendation to each State Team Leader.
- While MOAA will provide webinar practice sessions for all team members, we will organize an additional practice session.
- The success we earned last year was based on our familiarity of the topics as well as our credibility gained from years of healthcare related service and our ability to articulate the HC consequences.



Questions and Comments

