



**STATEMENT OF  
THE MILITARY COALITION (TMC)**

**for the**

**SENATE ARMED SERVICES  
SUBCOMMITTEE ON PERSONNEL**

**concerning**

**Uniformed Services Personnel, Healthcare, and Compensation Matters**

**March 13, 2020**

MR. CHAIRMAN, MADAME RANKING MEMBER, AND DISTINGUISHED MEMBERS OF THE SUBCOMMITTEE, The Military Coalition (TMC), a consortium of nationally prominent uniformed services and veterans' organizations, is grateful to the committee for this opportunity to express our views concerning personnel and compensation issues affecting the uniformed services community. This statement provides the collective views of the following military and veterans' organizations, which represent approximately 5.5 million current and former members of the seven uniformed services, plus their families and survivors.

Air Force Association  
Air Force Sergeants Association  
Association of Military Surgeons of the United States  
Association of the United States Navy  
Blinded Veterans Association  
Chief Warrant and Warrant Officer Association, U.S. Coast Guard  
Commissioned Officers Association of the U.S. Public Health Service, Inc.  
Enlisted Association of the National Guard of the US  
Fleet Reserve Association  
Gold Star Wives of America, Inc.  
Iraq and Afghanistan Veterans of America  
Jewish War Veterans of the United States of America  
Marine Corps League  
Marine Corps Reserve Association  
Military Chaplains Association of the United States of America  
Military Officers Association of America  
Military Order of the Purple Heart  
National Guard Association of the United States  
National Military Family Association  
Naval Enlisted Reserve Association  
Non Commissioned Officers Association  
Reserve Officers Association  
Service Women's Action Network  
The Retired Enlisted Association  
Tragedy Assistance Program for Survivors, Inc.  
United States Army Warrant Officers Association  
United States Coast Guard Chief Petty Officers Association  
Veterans of Foreign Wars  
Vets First, United Spinal Association  
Wounded Warrior Project

The Military Coalition, Inc. does not receive any grants or contracts from the federal government.

## **Continuing Resolutions**

TMC thanks the Subcommittee for its efforts in recent years to abandon arbitrary caps – culminating in the end of sequestration last year – in favor of a more responsible approach to funding national defense requirements for personnel and other critical programs. DoD is at a pivotal point in implementing its National Defense Strategy (NDS), as in 2021 it seeks to robustly fund readiness across the uniformed services and U.S. Special Operations Command (USSOCOM); modernize and divest legacy platforms to improve force readiness; and implement operational reforms to enhance readiness (directed readiness, dynamic force employment, and immediate and contingency response forces). It is of paramount importance that DoD begin fiscal year (FY) 2021 with a fully funded budget, as it did in FY 2019, versus a return to the use of crippling, ongoing continuing resolutions.

## **Currently Serving Issues**

### **Force Levels**

TMC urges the Subcommittee to sustain needed personnel strengths in both active and reserve components and to ensure associated funding for approved force levels to meet national security strategy requirements and dwell time needs. The Coalition thanks the Subcommittee for their attention in this area, as demonstrated in recent years.

### **Uniformed Services Pay Raise**

TMC appreciates the Subcommittee’s commitment in recent years to keep uniformed services pay commensurate with service and aligned with private sector wage increases as determined by the Bureau of Labor Statistics through their Employment Cost Index (ECI) – currently 3 percent for FY 2020. We request the Subcommittee’s support for this military pay raise as submitted in the POTUS FY 2021 budget request. We also seek full restoration of previously capped pay raises resulting in a cumulative gap of 2.6 percent.

### **Basic Allowance for Housing**

Basic Allowance for Housing (BAH) is an essential component of regular military compensation – TMC applauds Congress’ action to protect BAH in recent years. The Coalition urges the Subcommittee to continue sustaining current applicable BAH calculations for all service members and restore BAH rates to match 100 percent of median housing costs.

### **Sexual Harassment and Assault Prevention**

We want to thank Congress for continuing the focus on eliminating sexual assault and harassment. Of note in FY 2020 NDAA was the establishment of a new Defense Advisory Committee focused on preventing sexual assault. TMC requests continuing Congressional vigilance on prevention and on commensurate accountability for perpetrators. Finally, we would like more emphasis placed on stopping retaliation against those who report sexual assault or harassment.

## Retirement Issues

### **Concurrent Receipt**

TMC Supports legislation authorizing the immediate payment of *full* military retired pay and veterans' disability compensation for *all* disabled former service members. Concurrent receipt refers to the simultaneous receipt of two types of monetary benefits: military retired pay and Department of Veterans Affairs (VA) disability compensation. There are two types of disability payments: **1) Combat-Related Special Compensation (CRSC)** is paid to military retirees who have a combat-related disability and ***do not have their military retired pay reduced in order to receive VA disability compensation.*** **2) Concurrent Retirement and Disability Pay (CRDP)** military retirees with 20 or more years of service and a 50 percent or higher service-connected disability rating have concurrent receipt. All CRDP ***medically retired with less than 20 years of service (Chapter 61) are not eligible for concurrent receipt.***

The Coalition strongly supports legislation in both the House and Senate that expand concurrent receipt to include:

- H.R. 333, Disabled Veterans Tax Termination Act;
- H.R. 303, Retired Pay Restoration Act; and
- S. 208, Retired Pay Restoration Act.
- H.R. 5995, Major Richard Star Act; and
- S. 3393 (similar bill).

TMC urges this Subcommittee to expand concurrent receipt to CRDP retirees with less than 50 percent disability rating and all those medically retired CRDP beneficiaries with less than 20 years of service (Chapter 61s) who are not currently eligible for concurrent receipt. The Coalition is specifically concerned about the CRDP Chapter 61 members with ratings of 50 percent or greater that do not qualify for concurrent receipt. Other disabled service members with a 50 percent or greater disability rating already have concurrent receipt.

### **DFAS Backlog on Reserve Component Retirement Pay**

TMC is deeply concerned over the delays in processing guardsmen and reserve retired pay. These backlogs in the services' retirement administration offices are leading to Guard and Reserve retirees to wait as long as a year after reaching their qualifying year to receive retirement pay.

Additional oversight by the Armed Services Committees is needed to ensure the services and the Defense Finance and Accounting Service (DFAS) do whatever is necessary to review and improve the process for a timelier completion of retirement pay for reserve component retirees.

### **Allow Survivors of Retirees to Draw Full Month's Retired Pay for Month in Which Retirees Die**

TMC supports legislation to allow survivors a full month's pay for the month the retiree dies. Currently DFAS recovers the paid retirement annuity in the month the retiree died and later pays a final settlement for the number of days in the same month the retiree was alive. This often creates hardships for survivors who must wait several months for the Survivor Benefit Plan (SBP) benefits to be started by DFAS. This is why TMC supports the "Military Retiree Survivor Comfort Act" (H.R. 463) which would authorize the retention of the full final month's retired pay by the surviving spouse (or other designated survivor) for the month in which the member was alive for at least 24 hours.

## Reform the Military Retirement System

TMC believes that the Blended Retirement System (BRS) needs to be improved with the following provisions:

- **Increase the government matching contribution from 4 percent to 5 percent (as originally recommended by the Military Compensation and Retirement Modernization Commission);**
- **Extend the period of government matching contribution from 26 years to include all years of service for all eligible service members; and**
- **Oppose any delay in the start of matching contributions (currently, matching will begin after two years of service).**

TMC urges the Subcommittee to engage in oversight of the administration of the BRS.

- **Ensure the Defense Department (DoD) provides a high-quality education program that assists members under the new system in developing prudent investment strategies:** Military spouses should be included as fully as possible in the BRS education program. Statistics show over 90 percent of household finances in a military family are managed by the spouse.
- **Ensure the financial impact on service members and their families under BRS is understood:** Understanding of the BRS remains low. Per a recent survey taken by Blue Star Families, the majority (51 percent) of those service members and spouses who indicated they were eligible for the new BRS say they do not understand it and 42 percent indicated they did not know how the new system works compared to the old.
- **Ensure the calculations used to determine lump-sum payment options for newly eligible retirees under the blended system reflect reasonable discount rates that do not disproportionately erode their retired pay value:** In this regard, the Coalition notes a significant number of actuaries have expressed concern the planned discount rate will result in substantially devalued lump sum payments to future retiring service members.

## Retired Pay Cost of Living Adjustments (COLA)

TMC urges the Subcommittee to oppose the adoption of a chained Consumer Price Index (C-CPI) computation or any other COLA reductions which would devalue retired pay, survivor benefits, disability compensation, and other programs over time.

## Reduced Retirement Age for Guard and Reserve Personnel

TMC supports legislation that recognizes the service and sacrifice of reserve component members, by authorizing early retirement credit for all active duty service by all Guard and Reserve members since September 11, 2001.

## Guard and Reserve

The National Guard and Reserve are regularly being used for operational missions making them more than just a strategic asset. As of February 2020, more than 1,000,000 men and women of the Reserve and National Guard have been activated in support of the nation's war on terror since the 9/11 attacks on the

World Trade Center and the Pentagon. Since 2015, a RAND report showed the reserve component (RC) provided 25 percent of military support to Iraq and Afghanistan. As impressive as this milestone is for a part-time force, it does not include all the operational support they have provided beyond deployments. For example, in 2019, “In addition to around 20,000 Guardsmen and women mobilized around the world, on average, about 8,000 Guard Soldiers and Airmen conduct domestic and homeland security/defense operations in the United States on any given day.”

Not only does the reserve component provide the nation with a ready, surge force, but they do so at a reduced cost. The Reserve Forces Policy Board is keenly aware of the value of the National Guard and Reserve and work to preserve their value. They recently observed the RC has been able to maintain that, “... when not activated, remains less than one third that of their AC counterpart. According to RFPB analysis of the FY2018 budget request [...] the RC per capita cost ranges from 28 percent to 32 percent of their AC counterparts’ per capita costs, depending on which cost elements are included.” If the cost of activations were included, overall the RC would still be less than the active component because they are only put on orders when needed. For legislative decisions and audit purposes, Congress should require the use of fully burdened and life cycle personnel costs for all components.

Besides costing 28 percent to 32 percent of their active counterparts’ per capita costs they provide 100 percent of mission responsibility in many areas, such as the Air Force Reserve hurricane and weather reconnaissance, aerial firefighting and aerial spray missions and the Navy Reserve organic intra-theater air logistics support. The Air National Guard provides 100 percent of air defense interceptor force for the Continental United States and the Army Reserve provides 100 percent of chemical and internment brigade missions along with many others.

TMC believes the following legislative goals would support recruiting and retention:

### **Special Incentive Pay Parity**

Provide parity for the reserve component to align with the active component in special incentive pay, including career enlisted/officer special aviation incentive pays, diving special duty pay, and pro-pay for medical professionals regardless of reserve component duty status.

### **National Guard Reserve Equipment Accounts (NGREA) Funding**

Continue funding National Guard Reserve Equipment Accounts (NGREA) in the base budget to ensure that the reserve component can maintain strategic and operational roles. TMC appreciates the continued support of Congress when they fund the NGREA, but this year we are asking to include language that prevents reprogramming of the fund for any requirement outside of reserve component equipment.

### **USPHS Commissioned Corps**

Fund and implement a Ready Reserve component within the USPHS Commissioned Corps. The recent flu season and worldwide spread of the coronavirus show more than ever how important it is to support a USPHS Ready Reserve. TMC also believes there will be a Title 10 role for this force as DoD continues to make changes under the Defense Health Agency (DHA).

## **Survivor Issues**

### **Survivor Benefit Plan Open Enrollment**

After almost two decades of advocacy, we are gratified Congress finally eliminated the Dependency and Indemnity Compensation (DIC) offset to the Survivor Benefit Plan (SBP).

When the Social Security offset to the SBP was eliminated in the FY 2005 NDAA, Congress provided for a one-year open enrollment for those who opted out of the SBP. Since 1980, there have been six open enrollment opportunities. Now that the SBP/DIC offset has been eliminated, we ask Congress to authorize an open enrollment period once again.

### **Access to Electronic Medical Appointing, Referrals and Prescription Refills**

In addition to losing financial benefits, ID cards and TRICARE for themselves, remarried surviving military spouses lose access to the TRICARE Beneficiary Self-Service Account that allows them to access referrals and check the status of referrals for their TRICARE-eligible children. Instead, referrals must be physically mailed and, in many cases, delaying treatment. In addition, they no longer have access to Relay Health which facilitates communication, prescription refills and appointments online. Minor children do not have their own accounts, it's under their parents' account. If the parent is no longer in the system under TRICARE the remaining parent cannot access the electronic means for referrals, prescription refills and online appointments.

*"I truly just want electronic access to her referrals so I can set up appointments for specialty doctors and equipment like her insulin pump and continuous glucose monitor (both of which took over a month to get a paper copy to send and get these lifesaving things ordered even though the referral was approved in days). That should not be too much to ask as I am their ONLY living parent. It shouldn't matter if I'm remarried or not, I am still the ONLY living parent that these children have left."*

*Kaanan, remarried surviving spouse*

### **Increase Dependency and Indemnity Compensation (DIC)**

We recognize that the DIC is not in the purview of the Armed Services Committee, but we would be remiss if we didn't go on the record for an increase in DIC. Since 1993, surviving spouses are falling further and further behind in meeting their financial obligations from month-to-month. Many surviving spouses of WWII, Korea and Vietnam are receiving only DIC. These DIC recipients struggle monthly with their budget of \$1,340.14 juggling bills to meet the rising costs in health and dental insurance, housing, utilities, food, clothing and other living expenses. Some receive DIC and minimum Social Security benefits. The struggle to meet financial obligations leads too often to homelessness. Congress must take action to rectify this inequity by increasing the current amount of DIC to a level comparable to other federal employees. Widows from WWII, Korea, and the Vietnam are now in their 60's through 90's. These surviving spouses are in dire need for an increase in DIC. We support S. 1047 and H.R. 3221 to increase DIC from 43 percent (\$1,340.14), to 55 percent.

## **Military Families**

### **Child Care**

DoD has long recognized the importance of high-quality and affordable child care for service members and their families. While we understand child care challenges are a national issue, ensuring access to affordable and quality child care for military families is a key element in ensuring readiness of the force.



Despite previous action taken by Congress and DoD to address child care challenges that military families face, we continue to hear reports of long waitlists in some locations as well as trouble finding eligible providers within DoD's fee assistance program due to strict standards for these providers to participate in the program. We encourage DoD to explore ways to increase participation in the program, expanding options for military families to secure child care within their communities. We also encourage Congress and the DoD to pursue flexible spending accounts (FSA) for service members to use pre-tax dollars to pay for dependent care and health care expenses. In addition, Family Child Care (FCC) program participation on installations has declined over the years. FCC home providers receive the same level of training and screening as CDC employees, but many times offer flexibility that CDCs may not be able to offer military families. We encourage DoD to reevaluate the FCC program and determine ways to improve and incentivize participation.

### **Military Privatized Housing**

Last year we heard numerous stories from military families who have endured deplorable conditions within military privatized housing, including rampant mold and vegetation growth in walls, bathrooms fixtures, carpets, and heating, ventilation and air conditioning systems, infestations of vermin among other inexcusable situations.

We are thankful Congress has taken the first steps to address the situation within the FY 2020 NDAA, including the formation of a Tenant Bill of Rights, prohibition of Non-Disclosure Agreements, and the establishment of a uniform code of basic housing standards for safety, comfort, and habitability. We urge Congress to ensure the Services move forward with improved oversight and management of the contractors and housing officials responsible for conditions which continue to affect the health, safety and wellbeing of service members and their families. We also call on Congress to address the short- and long-term health effects of military families who have lived in privatized housing by creating a registry to track illnesses sustained.

We also urge similar attention and focus be placed on remaining installation buildings and barracks, to ensure the safety of personnel living and working in them.

### **Food Insecurity**

It's no secret that many junior military families tend to struggle to make ends meet and put healthy food on the table. While some military families may qualify for the Supplemental Nutrition Assistance Program (SNAP), many more families don't qualify for assistance due to the inclusion of BAH as part of income calculations.<sup>1</sup> Military families, especially those living in high cost of living areas, often struggle to cover housing costs as BAH is now set to cover only 95 percent of those costs. Additionally, Congress has restructured the retirement system, which necessitates service members contribute a percentage of their basic pay to receive a matching contribution from DoD. Other contributing factors that cause service members to struggle include costs related to frequent moves and a stagnant 24 percent unemployment rate among military spouses.

For these reasons, we ask Congress to institute the military family basic needs allowance (BNA) which would provide targeted assistance for those in need. To qualify for BNA, a service member's basic pay, in addition to his/her household size, would have to meet a minimum level of 130 percent of the federal poverty threshold. Providing the service member reports no additional income, the amount of BNA would be the difference between income and the established poverty threshold. Instituting a BNA for military families who meet this threshold would ensure mission readiness and encourage retention of first-term service members who often struggle to put food on the table.

---

<sup>1</sup> "Military Personnel: DOD Needs More Complete Data on Active-Duty Servicemembers' Use of Food Assistance Programs". GAO. July 15, 2016. <https://www.gao.gov/products/gao-16-561>



## **Military Health Care**

TMC understands the goal of the Military Health System (MHS) is to ensure a medically ready force to execute the NDS, and a ready medical force to support our armed forces throughout the world. Additionally, we appreciate the goals of MHS Reform include improved readiness, increased efficiencies, and enhanced access, quality of care and an improved patient experience for beneficiaries. However, we remain concerned that some MHS Reform initiatives have the potential to undermine these goals.

### **MHS Reform – Direct Care System Realignment/Rightsizing**

The recently released Section 703 of the NDAA for FY 2017 Report to Congress outlines DoD's plans to restructure or realign Military Treatment Facilities (MTFs). While we appreciate assurances that DoD is committed to a deliberate process with no immediate changes, we fear some beneficiaries may encounter access challenges when seeking civilian care despite DoD's best efforts to ensure adequate medical capacity in communities surrounding downsized MTFs. There are many variables impacting access to care and the report acknowledges numerous limitations to their assessments including the point-in-time nature of their analysis, the inability to determine actual capacity for new patients, provider willingness to access TRICARE patients, and shifting micro- and macroeconomic factors.

The Section 703 report left many questions unanswered and deferred numerous legislative report requirements to a follow-on implementation plan. We urge Congress to ensure the following questions are answered by DoD's detailed implementation plans:

- What is the process for ensuring a by name provider *with appointment availability* for every disempowered beneficiary?
- How will medically complex beneficiaries, or those with on-going treatment plans, be transitioned to civilian providers? What are the staffing requirements for these additional case management needs?
- What are the plans for maintenance and update of health records during transition from MTFs to the civilian network and possible subsequent return to the direct care system upon geographic move or PCS?
- How will impacted graduate medical education (GME) programs and residency programs be relocated?
- How will health care for female service members be impacted by MTF service reductions?
- What are the costs of restructuring/realignment?
- What are the planned changes to military and civilian personnel assigned to each facility?
- What are the timelines for restructuring/realignment?
- What are plans to assist service members and covered beneficiaries with travel and lodging, if necessary, in connect with the receipt of specialty care services at regional centers of excellence?

MTF pharmacies play a critical role for many beneficiaries, including those not enrolled at MTFs. From the Section 703 report, it is unclear how pharmacies will be impacted. TMC has the following concerns about pharmacy services at impacted MTFs:

- Will pharmacies at downsized facilities be staffed to handle all eligible beneficiaries, not just those enrolled at the MTF?
- Will formularies be reduced to meet the needs of only the smaller enrolled population?
- The Section 703 report says pharmacies will be accessible to "MTF eligibles." How is that term defined?

- For beneficiaries dispaneled from MTFs, will their civilian providers have the option of prescribing to the MTF pharmacy?

Before any MTFs are converted to active duty only, we urge Congress to require a study on the impact to female service member health care. Almost 85 percent of patients at active-duty-only MTFs will be male and the volume of female-specific healthcare provided will tumble as dependents leave the system. Will MTFs retain enough volume of female-specific services to maintain a cadre of credentialed providers to meet the needs of active-duty women for OB/GYN care, mammogram services, treatment of female specific cancers, newborn care, etc.? If not, the study should determine: 1) Projected lost time for active-duty women if they must obtain these services from the civilian community; 2) Newborn care for infants of active-duty women; 3) Impact on medical readiness of active-duty women.

TMC also remains concerned regarding DoD plans to decrease the military medical force by nearly 18,000 position, a reduction of almost 18 percent. If not carefully and methodically implemented, this reduction could place combat readiness, medical readiness and beneficiary care at risk.

While we have been told the smaller uniformed medical force can meet operational requirements, TMC fears second and third order effects of billet reductions have not been addressed. A diminished medical force would mean more frequent and unpredictable deployments for medical personnel resulting in reduced overseas dwell ratios, which would negatively impact retention in critical medical skills areas. Surge capacity, the ability to surge medical care in the event of a major crisis or conflict, could be compromised with a reduced medical force. Additionally, the priority to resource combat care is understandable, but most of the medical cases, even in combat zones, are from disease and non-battle injuries.

### **MHS Reform – Transition of MTFs to DHA Administration & Management**

With DHA now handling administration and management of U.S. MTFs, there has been a move to greater policy standardization and compliance across the system. While TMC supports the goal of standardization, we are already hearing from beneficiaries regarding poor communication and insufficient lead time for providers and patients to adapt to policy changes. We urge Congress to conduct oversight on this transition and take steps to proactively identify systemic transition-related problems, specifically:

- Require DHA reporting on access to care metrics at the MTF level together with referral data for time periods when MTF access standards were not met (to ensure beneficiaries are being referred out vs. denied care) and plans for addressing persistent failure to meet TRICARE Prime access standards.
- Establish and widely promote an online problem reporting system. Evaluate DoD's Interactive Customer Evaluation (ICE) system as a possible platform for collecting patient feedback. Require problems to be reported to DHA for analysis and identification of systemic issues.

### **MHS Reform – TRICARE**

#### Out-of-Pocket Costs

TMC remains committed to protecting the value of the TRICARE health benefit. We are disappointed TRICARE reforms to date have focused on shifting costs to beneficiaries via increased copays and enrollment fees and seek to have disproportionate fee increases rolled back.

We are particularly concerned with copays for mental health outpatient visits, as well as physical, speech and occupational therapy that are categorized as specialty care. This results in copays that are excessively

high for relatively low-cost visits. Additionally, a course of treatment involved multiple visits and can result in substantial out-of-pocket costs over a relatively short timeframe. We urge Congress to reduce copays for mental health visits and physical, speech and occupational therapy. We also ask Congress and DoD to limit any future TRICARE out-of-pocket costs increases to modest and predictable indexing that does not outpace the growth of retiree COLA and does not include new enrollment fees or other new out-of-pocket costs.

#### TRICARE T-5 Contract

TMC appreciates MHS Reform goals of greater beneficiary choice and an enhanced focus on high quality care within the TRICARE networks. However, we fear simultaneously increasing demand for care in the TRICARE network (by transitioning patients out of realigned MTFs) while also changing the supply of TRICARE providers via major changes to the TRICARE regions and contracts could lead to provider and appointment shortages.

We also believe it is important to analyze value-based care pilots, such as the Atlanta Kaiser Permanente test, in order to incorporate lessons learned into the next generation of TRICARE contracts.

We urge Congress to ensure the T-5 timeline allows for an adequate assessment of potential changes to TRICARE network care demand due to MTF restructuring as well as incorporating lessons learned from value-based care pilots before expanding that concept across the purchased care system.

#### TRICARE Annual Open Enrollment Policy

We remain concerned about the potential of TRICARE's new annual open enrollment policy to prevent TRICARE Prime families from leaving MTFs that don't meet their needs. We realize the annual open enrollment period is a feature of civilian plans, and generally have no issues with this new requirement. However, TRICARE Prime's reliance on military hospitals and clinics creates a situation unique to the military and demands a policy tailored to the MHS. While an annual enrollment period is not unreasonable, preventing military families from leaving their MTF if they experience problems with appointment access or quality of care is unreasonable. We request that "dissatisfaction with MTF access or quality of care" be added to the list of Qualifying Life Events (QLEs) to allow TRICARE Prime beneficiaries to leave MTFs that do not meet their needs.

#### TRICARE Coverage Updates

As MHS Reform results in more beneficiaries transitioned to civilian care, it is critical that TRICARE's coverage gaps are addressed. We appreciate updated TRICARE policy for continuous glucose monitoring that is now consistent with VA and Medicare coverage. We urge DHA and Congress to update TRICARE reimbursement policies to cover additional technology innovations and evolving treatment protocols including non-pharmaceutical pain management (chiropractic care and acupuncture), FeNO testing for airway issues and asthma, and lab developed tests including diagnostic genetic testing.

#### Reserve Component/TRICARE Reserve Select

TRICARE Reserve Select (TRS) has been around for over a decade. However, federal employees have been specifically restricted from participating. There are over 113,000 eligible reservists who are federal employees. Included in this number are Army and Air Guard and Reserve military technicians. In the FY 2020 NDAA this cohort will see the restriction lifted but not until 2030. We ask that the necessary cost offset be identified to move the implementation date from 2030 to 2021 or 2022.

## **Defense Resale**

We want to thank Congress for its continued vigilance over commissary and broader defense resale reforms, and specifically for language in FY 2020 NDAA mandating further review of DoD's resale consolidation business case analysis prior to implementation of planned changes.

TMC supports reforms that protect the commissary benefit, the longevity of the defense resale system, its dividends for MWR, savings for patrons, customer satisfaction, and product quality. However, these represent an intricate "ecosystem" of important earned benefits, and reforms must be carefully implemented.

We ask Congress for continued vigilance and appropriated funding to support reforms in defense resale while increasing performance and patronage, and to ensure any efficiencies gained are used to improve vital military resale benefits, and all other important programs, dependent on their success, ensuring any modernization efforts of the Commissary and Exchange systems in no way degrades the earned benefit.

### **Summary**

The Military Coalition again thanks the Subcommittee for your unfailing support of the entire uniformed service community and for taking our concerns and priorities into consideration as you deliberate on the future of the one weapon system that has never let our Nation down – the men and women who wear and have worn the uniform and their families.