ROA Advocacy Day

GOVERNMENT AFFAIRS READINESS RESOURCE GUIDE

SCAN ME

June 13, 2024

ROA Headquarters
1 Constitution Ave NE
Washington, D.C.

RSVP: mschwartzman@roa.org

Serving Citizen-Warriors Through Advocacy and Education Since 1922

Reserve Organization of America

ONE CONSTITUTION AVENUE, NE
WASHINGTON, DC 20002
202.479.2200 or 800.809.9448
WWW.ROA.ORG

June 3, 2024

To the members of our Minute Man Movement:

This is Matthew Schwartzman, the legislation and military policy director for the Reserve Organization of America. You may have recently seen my name in one or several emails.

Thank you for your interest in ROA's June 13 Advocacy Day focused on supporting the U.S. Public Health Service Ready Reserve Corps.

We have an exciting day planned and look forward to hosting you at our headquarters located at 1 Constitution Ave NE, Washington D.C., 20002.

This welcome letter is the opening to our Advocacy Day's *Government Affairs Readiness Resource Guide* (referred to as the *Guide*).

The *Guide* contains all the information you need to be an effective supporter of ROA's advocacy at the June 13 Advocacy Day, including:

- Event agenda (subject to change).
- Position papers.
- Talking points.
- Congressional e-mail listing.
- Template e-mail(s).
- Additional supporting materials.
- Step-by-step instructions on how to be the best supporter you can be.

The goal for the day is simple: broaden congressional support for the USPHS RRC and the USPHS' legislative priorities, including access to leave.

Your in-person presence on June 13 is pivotal. However, if you are unable to join us in person, the *Guide* further explains how you can participate from the comforts of your own home.

If there is anything that the *Guide* fails to address of if you have any questions, please contact me via e-mail at mschwartzman@roa.org.

Thank you again for your interest in ROA's June 13 Advocacy Day.

ROA looks forward to hosting you on Thursday, June 13.

Thank you for your support and service! See you on June 13.

Respectfully,

Matthew Schwartzman
Director, Legislation and Military Policy

Reserve Organization of America

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ROA June 13 Advocacy Day Agenda

ROA has an exciting day planned for in-person attendees. We also have a contingency virtual option for those unable to attend in-person.

This is the official June 13 Advocacy Day Agenda, subject to additional changes.

0815 to 0900: Attendee Arrival at ROA Headquarters.

- (1 Constitution Ave NE, Washington D.C., 20002)

0900 to 0925: Opening remarks.

* = invitation sent; attendance not yet confirmed.

- ROA's executive director, Maj. Gen. Jeffrey E. Phillips, USA (Retired)
- Sen. Tammy Duckworth or staff representative*
- Sen. Ron Wyden or staff representative*
- Sen. Mazie Hirono or staff representative*
- ROA's legislation and military policy director, Matthew Schwartzman

0925 to 0955: Government affairs readiness training.

- ROA's air force service section vice president, Lt. Col. Susan E. Lukas, USAF (Retired)
- ROA's legislation and military policy director, Matthew Schwartzman
- MOAA's director of government relations for health affairs, Karen Ruedisueli

0955 to 1000: Group picture.

- ROA Headquarters' steps

1000 to 1645*: Meetings and "drop-ins" on the Hill.

* = lunch subject to your respective schedule and location of choice.

- Cannon House Office Building (27 Independence Ave SE, Washington, D.C., 20003)
- Longworth House Office Building (15 Independence Ave SE, Washington, D.C., 20515)
- Rayburn House Office Building (45 Independence Ave SW, Washington, D.C., 20515)
- Dirksen Senate Office Building (50 Constitution Ave NE, Washington, D.C., 20002)
- Hart Senate Office Building (120 Constitution Ave NE, Washington, D.C., 20002)
- Russell Senate Office Building (2 Constitution Ave NE, Washington, D.C., 20002)

1700 to 1710: Closing remarks.

- (1 Constitution Ave NE, Washington, D.C., 20002)

1710 to 1900: Social gathering at Bullfeathers on the Hill.

- (410 First Street Southeast, Washington, D.C., 20003)

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Template e-mail for scheduling meetings with elected officials and congressional staff

Whether you are joining us in person or virtually, ROA has drafted template e-mails to help with scheduling meetings with your elected officials and their staff.

The **[]** indicate areas where ROA is asking you to customize the e-mail depending on the intended recipient.

ROA has provided a complete e-mail listing for all 535 members of Congress as part of the *Guide*. This includes the congressional member's scheduler (or staff equivalent) and key staff.

Please include ROA's legislation and military policy director, Matthew Schwartzman (mschwartzman@roa.org), on all sent e-mails and contact him with any questions you have.

In-person

Dear Team **[insert elected officials last name]**:

My name is **[insert name]** and I'm a constituent of the **[insert state/district depending on recipient of e-mail]**.

Included in this e-mail is the legislative director for the Reserve Organization of America, Matthew Schwartzman.

I'm contacting you regarding a serious situation that requires urgent congressional action.

The U.S. Public Health Service Ready Reserve Corps was stripped of its funding by the *Fiscal Responsibility Act*.

As a result, **[personalize impact for maximum effect]**.

I will be in Washington D.C. on June 13 for one day only and wish to meet with **[insert elected official]** to discuss my situation and explore potential remedies.

Is **[insert elected official]** or the appropriate member of staff available to meet with me? I promise to be considerate of time.

Thank you for considering this request. As a constituent, I hope that **[insert elected official]** can be a champion for me and the USPHS.

Respectfully,

[Insert here]

Virtual

Dear Team **[insert elected officials last name]**:

My name is **[insert name]** and I'm a constituent of the **[insert state/district depending on recipient of e-mail]**. Included in this e-mail is the legislative director for the Reserve Organization of America, Matthew Schwartzman.

I'm contacting you regarding a serious situation that requires urgent congressional action.

The U.S. Public Health Service Ready Reserve Corps was stripped of its funding by the *Fiscal Responsibility Act*.

As a result, **[personalize impact for maximum effect]**.

While I am unable to travel to Washington D.C., I still wish to meet with **[insert elected official]** to discuss my situation and explore potential remedies.

[Insert date] is an ideal date for me; however, I would be more than happy to accommodate the **[insert elected official]**'s schedule if I can.

Is **[insert elected official]** or the appropriate member of staff available to meet with me? I promise to be considerate of time.

Thank you for considering this request. As a constituent, I hope that **[insert elected official]** can be a champion for me and the USPHS.

Respectfully,

[Insert here]

Follow Up

If you do not receive a response to your meeting request, do not hesitate to follow up. Kindly provide congressional staff with a few days to respond and follow up no later than Tuesday, June 11, reinforcing your original request. A polite follow up message is as follows:

Dear Team **[insert elected officials last name]**:

This is **[insert your name]**. I previously sent you an e-mail on **[insert date]** and unfortunately have not yet received a reply. I understand you are busy and am respectfully following up on the previous request to meet on **[insert date]**. I promise to be considerate of time. Thank you again for your consideration of this request. I look forward to hearing from you soon.

Respectfully,

[Insert here]

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Preparing for the meeting: position papers, resources, and talking points

When meeting with members of Congress and their staff, it is important to be considerate of their time and ensure your "ask" is clear and concise.

Most congressional staff members will ask in advance what the topic(s) of the meeting will be to ensure they are prepared.

To assist with this, ROA has provided position papers and resources in the *Guide* you can bring to meetings, send to staff members upon request, or use to help build your "case of support."

The asks detailed in the position papers are:

1) ROA urges Congress to provide $32 million in FY 2025 funding for the U.S. Public Health Service Ready Reserve Corps.
2) ROA urges Congress to support S.2297, the *Parity for Public Health Service Ready Reserve Act*.

Remember, advocacy is no different than sales. In this case, you *are not* selling a product – you are selling an idea.

While it is essential to ensure your advocacy approach is non-partisan, it is equally important to consider the member of Congress' ideology and adjust your case of support accordingly.

Both position papers provide a holistic accounting of the problem(s) and proposed solution(s).

In addition, ROA has also provided standardized and customized talking points you can integrate into your case of support depending on the member of Congress you are meeting with.

Please contact ROA's legislation and military policy director at mschwartzman@roa.org with any questions you may have.

If you are joining us in person on June 13, there will be a government affairs "readiness training" dedicated to this.

Standardized talking points

- The USPHS is one of the eight uniformed services. It is not an Armed Force, which creates unique legislative challenges.
- Since its creation, the USPHS has been a public health leader providing care, delivering health education and health promotion, conducting environmental health scans, and being at the forefront of research and treatment advance.

- The USPHS is an all-officer force with more than one-fourth of its officers having served in the Armed Forces prior to their transition to the USPHS.
- When not deployed, USPHS officers serve in over 800 locations, across all 50 states and abroad, in positions that span across ten Federal Departments. These assignments are often isolated, hard-to-fill and hazardous positions which require availability 24/7 and involve engagement with local communities and the other uniformed services.
- As required by statute, the USPHS provides critical medical care to the U.S. Coast Guard and NOAA Corps, just as the Department of the Navy provides medical support to the Marines. The USPHS also has an agreement with the Department of Defense where it provides DoD with many of their mental health providers.
- As a uniformed service we are like our non-DoD counterparts (USCG and the NOAA Corps). Our legislative authorities reside under multiple jurisdictions. While Title 42 covers our structure, establishment, and deployment of officers, our entitlements, for example, health care, GI bill, fall under the Committees on Armed Services and Veterans Affairs (which have jurisdiction over Titles 10, 37, and 38).
- The USPHS RRC was established in 2020. However, its officers do not have access to basic benefits such as TRICARE health and dental, the GI Bill, and the right to take military leave and receive military pay while deployed. This has harmed recruiting and retention efforts.
- The USPHS is the only uniformed service without a budget line item dedicated to service operations and maintenance (O&M).
- The USPHS is the only federal entity (both civilian and uniformed services) without access to expanded leave authorities; its male officers are the last federal employees without access to paternity leave. The lack of leave parity is a significant barrier to recruitment and retention, as well as officer well-being, particularly in the younger officers we wish to recruit.

Talking points for Democratic members and offices

- 27 officers supported Oregon in the COVID-19 pandemic response.

- Across IHS and with FEMA, USPHS officers provide clinical care, including vaccination administration and logistical support to meet staffing shortages and increased patient volume during a Public Health Emergency.
- Three officers were deployed to support a Maternal Health Crisis Response in Oregon to mitigate an adverse impact from the closure of a Critical Access Hospital serving the rural community of Baker County, Oregon. These officers conducted the first-ever comprehensive onsite assessment to address critical maternal health emergencies and access to care in rural Baker City, Oregon and its surrounding communities. At the mission's conclusion, the officers issued a comprehensive report of 41 evidenced-based recommendations to Baker County to help ensure access despite the birthing center closure, several of which were implemented to help improve the community's access to maternal care services (considering the hospital's discontinuation of obstetric services). This response highlights a need for additional national focus on the adverse impact of the closing of hospital-based maternity services in rural communities.
- The USPHS deployed in all 50 states and a few territories to assist with disease mitigation during the COVID pandemic. These deployments were key in vaccinating those in remote areas, such as residents of American Samoa.
- Approximately 100 officers deployed to Hawaii to support the Maui wildfire recovery and worked with state and local partners to provide behavioral health and force protection to 14,000 wildfire survivors.

Talking points for Republican members and offices

- The USPHS was the only uniformed service to provide care to veterans within the Department of Veteran Affairs. The USPHS was authorized to be permanently assigned to rural and/or remote VA facilities in their medical clinics, which helps with the healthcare worker shortage within the VA system.
- USPHS supports the USCG with Operation Vigilant Sentry off the Florida coast to protect our borders.

- USPHS provides “boots on the ground” coverage for many of the National Special Security Events in the Washington, D.C. area, such as Presidential inaugurations, major holiday celebrations, and international summits.
- USPHS officers train within DoD. USPHS officers now have seats at the U.S. Army Command and General Staff College, U.S. Army War College, and DARPA, the Defense Advanced Research Projects Agency, as broadening assignments, providing advanced training for our officers.
- The USPHS partners with DoD to provide free healthcare during the Innovative Readiness Training (IRT).
- The USPHS is present in the community with Remote Area Medical (RAM) providing free healthcare to American citizens in rural and remote area, saving states millions of dollars each year.

Position: The Reserve Organization of America urges Congress to provide $32 million in FY 2025 funding for the U.S. Public Health Service Ready Reserve Corps.

Background: Despite a rich history dating back to 1798, the United States Public Health Service Commissioned Corps did not have a functional Ready Reserve Corps until the *Coronavirus Aid, Relief, and Economic Security Act* was signed into law in 2020.

While the CARES Act successfully established a preliminary framework for the proper and effective usage of the USPHS RRC, it failed to provide the proper "tools" for recruiting and retaining qualified talent and its sustainment as directed by Congress.

Despite this, the USPHS RRC has proven its effectiveness. Examples include augmenting the National Guard Bureau's medical teams through delivering essential medical and public health expertise during COVID-19 and delivering no-cost healthcare to vulnerable populations through the Department of Defense's innovative readiness training.

Unfortunately, the *Fiscal Responsibility Act* stripped the USPHS RRC of its funding beginning in FY 2025. ROA has since heard that USPHS RRC officers have been informed that all drills, trainings, and deployments have been cancelled until at least October 2024.

Absent funding has already inhibited the USPHS' ability to participate in preparedness exercises and execute certain missions. Examples include Operation Border Health Preparedness (an exercise to enhance community readiness for disasters while providing no-cost care in Texas) and Operation Armadillo (an Army patient movement exercise with Joint Forces).

ROA envisions the USPHS RRC being further integrated with DoD's medical corps to sustain Total Force medical readiness, stabilize the Military Healthcare System, or even cope with a biological or nuclear attack. It will also improve responses to unexpected emergences of infectious diseases with pandemic potential.

One example is the avian influenza virus type A (H5N1). In March, H5N1 was identified in U.S. dairy cattle for the first time in history. 22 states have since issued restrictions on the importation of dairy cattle; Michigan issued an emergency order to control and prevent its continued spread.

Replenishing the response capabilities of the USPHS RRC will better prepare the nation for the next outbreak while ensuring military readiness and national security in the present.

This is why ROA opposes the FRA's revocation of funding and urges Congress to provide at least $32 million in FY 2025 funding for the USPHS RRC.

For contact: *Matthew Schwartzman,* mschwartzman@roa.org

Position: The Reserve Organization of America urges Congress to support S.2297, the *Parity for Public Health Service Ready Reserve Act*.

Background: Despite a rich history dating back to 1798, the United States Public Health Service Commissioned Corps ***did not*** have a functional Ready Reserve Corps until the *Coronavirus Aid, Relief, and Economic Security (CARES) Act* was signed into law in 2020.

Endorsed by twelve former and acting U.S. surgeon generals, the USPHS Ready Reserve Corps is part of a larger modernization effort to ensure total force readiness and public health preparedness. However, authorization gaps in personnel policy and benefits have prevented the USPHS Ready Reserve Corps from meeting desired recruiting, retention, and mobilization goals.

S.2297, the *Parity for Public Health Service Ready Reserve Act*, simply provides the USPHS Ready Reserve Corps with the following to rapidly respond to health and humanitarian needs and integrate further with the other uniformed services:

- A codified reserve component structure.
- Access to training exercises held by the other uniformed services.
- Access to medical and dental care under TRICARE Reserve Select, the TRICARE dental program, and TRICARE Retired Reserve.
- Access to dual compensation and military leave rights while deployed.
- Access to Post-9/11 and Montgomery GI Bill educational benefits.
- Representation on the Reserve Forces Policy Board, a federal advisory committee making recommendations directly to the Secretary of Defense to enhance reserve component readiness.
- $13.6 million in authorized annual funding for programmatic sustainment.

Despite the gaps and a lack of funding, the USPHS Ready Reserve Corps has proven its effectiveness and potential by:

- Augmenting the National Guard Bureau's medical teams through delivering needed medical and public health expertise during times of crisis, including the COVID-19 pandemic.
- Supporting the Operation Allies Welcome safe haven and resettlement missions to ensure evacuees received medical care.
- Providing medical care at the National Park Service Yosemite clinic to avoid complete clinic closure.
- Delivering no-cost healthcare to vulnerable populations through the Department of Defense's innovative readiness training missions.

To maximize the capabilities and readiness of the USPHS and its Ready Reserve Corps, ROA urges Congress to support S.2297, the *Parity for Public Health Service Ready Reserve Act*.

For contact: *Matthew Schwartzman,* mschwartzman@roa.org

Reserve Organization of America

OFFICIAL STATEMENT OF
MAJ. GEN. JEFFREY E. PHILLIPS, U.S. ARMY (RET.)

FOR THE
SENATE COMMITTEE ON FINANCE

ON
THE PRESIDENT'S PROPOSED BUDGET REQUEST FOR FISCAL YEAR 2025 FOR THE DEPARTMENT OF HEALTH AND HUMAN SERVICES

MARCH 14, 2024

Serving Citizen Warriors through Advocacy and Education since 1922

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Washington, DC 20002-5618

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The Reserve Officers Association of the United States, now doing business as the Reserve Organization of America, is a military service organization incorporated under Internal Revenue Service Code section 501(c)(19), and comprising all ranks of servicemembers, veterans, and family members of our nation's eight uniformed services separated under honorable conditions. ROA is the only national military service organization that solely and exclusively supports the reserve components.

ROA was founded in 1922 by General of the Armies John "Black Jack" Pershing, during the drastic reductions of the Army after World War I. It was formed to support a strong national defense and focused on the establishment of a corps of reserve officers who would be the heart of a military expansion in the event of war. Under ROA's 1950 congressional charter, our purpose is unchanged: To promote the development and execution of policies that will provide adequate national defense. We do so by developing and offering expertise on the use and resourcing of America's reserve components.

Executive Director:
Maj. Gen. Jeffrey E. Phillips, U.S. Army (Ret.) 202-646-7701

Director, Legislation and Military Policy:
Matthew L. Schwartzman 202-646-7713

DISCLOSURE OF FEDERAL GRANTS OR CONTRACTS

The Reserve Officers Association of the United States, now doing business as the Reserve Organization of America, has not received any grants, contracts, or subcontracts from the federal government in the past three years.

CURRICULUM VITAE

Jeff Phillips became the executive director of the Reserve Organization of America (ROA) on December 8, 2014.

Now retired from the U.S. Army, Major General Phillips last served as the deputy commanding general (U.S. Army Reserve) of the Army's Training and Doctrine Command, at Fort Eustis, Va. In this position, he was responsible for ensuring that the Army Reserve's requirements and capabilities were reflected in Army training and training doctrine.

His decorations include the Distinguished Service Medal, two Legions of Merit, two Bronze Star medals and the Army Parachutist Badge.

Chairman Wyden, Ranking Member Crapo, and distinguished members of the Senate Committee on Finance, on behalf of the Reserve Organization of America (ROA), the only national military organization that solely and exclusively supports the uniformed services' reserve components, thank you for the opportunity to submit a statement for the record on the Fiscal Year (FY) 2025 budget request for the Department of Health and Human Services (HHS).

HHS' FY 2025 budget request is significant, aiming at $130.7 billion in discretionary and $1.7 trillion in mandatory proposed budget authority.[1]

However, despite HHS advocating for needed benefits, programs, and authorities for the Ready Reserve Corps (RRC) of the U.S. Public Health Service (USPHS) in its *FY 2025 Justification of Estimates for Appropriations Committees*, its FY 2025 budget request **does not** include any resources to sustain the USPHS RRC.

In alignment with Resolution No. 23-02[2], *Enact the Parity for U.S. Public Health Service Ready Reserve Act*, unanimously passed by our members at our annual convention this past year, ROA urges the leaders and members of this Committee to:

1) Ensure $28 million in funding is included in HHS' FY 2025 budget to sustain the USPHS RRC; *and*
2) Support S.2297, the *Parity for Public Health Service Ready Reserve Act*.

Despite a rich history dating back to 1798, the USPHS did not have a functional RRC until the March 27, 2020, signing of Public Law No: 116-136, the *Coronavirus Aid, Relief, and Economic Security* (CARES) *Act*.

The USPHS RRC program, endorsed by 12 former and acting Surgeons General[3], is part of a substantial modernization effort to enhance the USPHS' capabilities and support the medical readiness of its uniformed services counterparts. In particular, the USPHS RRC meets the current challenges of maintaining the nation's health security by:

- Supporting the USPHS' capacity to respond to regional, national, and global health emergencies.
- Improving access to health services and qualified health professionals for the Total Force.
- Preserving clinical care positions for USPHS Regular Corps officers by maintaining a surge capability of personnel available for deployment without jeopardizing the service of clinicians in hard-to-fill roles.
- Enabling access to highly specialized skill sets that would be impractical in full-time active duty positions.
- Providing an additional avenue of service for mission-driven clinical and public health professionals who cannot commit to a full-time position in the USPHS Regular Corps but can provide a full-time capability.[4]

[1] https://www.hhs.gov/about/budget/fy2025/index.html
[2] www.roa.org/resource/resmgr/legislation/resolution_no._23-02_enact_t.pdf
[3] https://www.coausphs.org/common/Uploaded%20files/Ready%20Reserve%20Legislation/Letter%20from%20SGs.pdf
[4] https://www.usphs.gov/ready-reserve

SEC. 3214 of the *CARES Act* was successful in providing a preliminary framework for the proper and effective usage of the USPHS RRC.

However, it failed to provide the RRC with a codified structure and access to the proper "tools" for recruiting and retaining qualified talent, including:

DUAL COMPENSATION

Under current law, workers cannot receive payment for two separate federal jobs. While an exemption is granted for a reserve component member of an armed force, it is not for a reserve component member of a uniformed service.

As a result, USPHS RRC officers cannot work for the federal government for their civilian job.

LEAVE

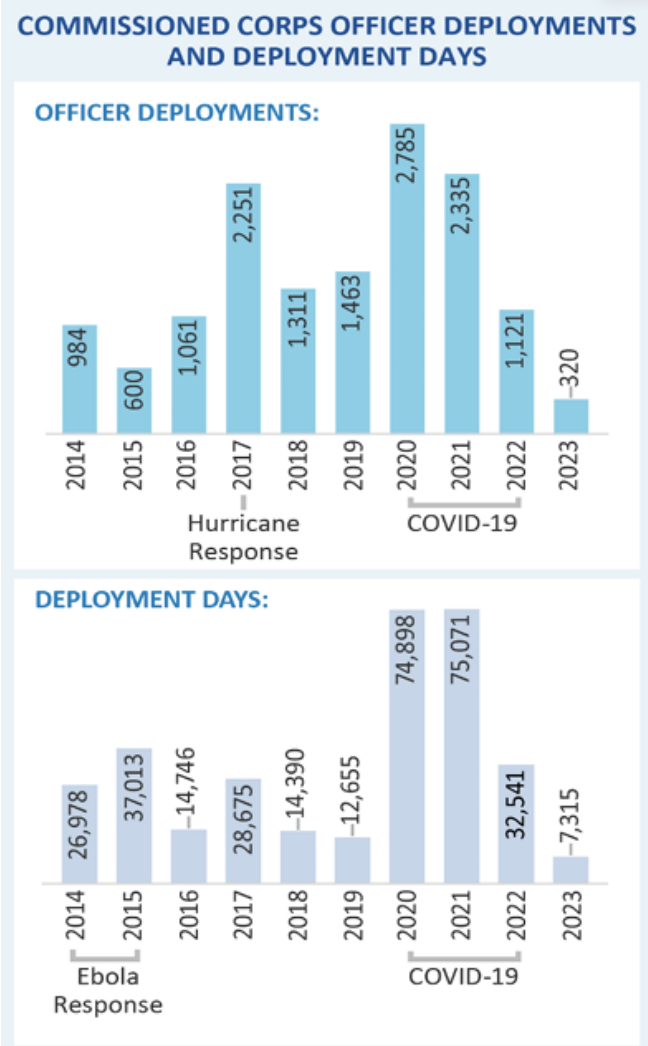
USPHS officers must be available for deployment or for emergencies on extremely short notice. They are available for activation 24 hours a day, seven days a week.

The number of public health and emergency response missions executed by the USPHS has increased by 44 percent over the last decade.

Between 2013 and 2019, the USPHS deployed over 7,800 officers for a cumulative total of over 139,000 deployment days (pictured right).

Between 2020 and 2023, the USPHS deployed its officers over 6,400 times in support of over 1,000 missions, contributing to 187,000 deployment days (pictured right).

As USPHS officers have more frequent and longer deployments (responding to urgent public health demands across the nation) leave becomes even more necessary to allow officers respite time to recover and recuperate physically and psychologically.



Source: https://www.hhs.gov/sites/default/files/fy-2025-budget-in-brief.pdf

However, leave time is important not just for rest and recuperation, but also for emergencies and special needs.

Providing USPHS officers with the same leave opportunities as those in the other uniformed services goes beyond parity. It will also improve morale and officer performance, formally recognize the pressures faced by USPHS officers in the line of duty and provide USPHS officers with the means to meet the needs of their personal life.

Several examples of leave not currently offered to officers of the USPHS Commissioned Corps and its RRC include:

- Parental leave (including primary and secondary caregiver leave)
- Convalescent maternity leave
- Court appearance leave
- Emergency leave
- Child support leave
- Marriage leave
- Graduation leave

TRICARE RESERVE SELECT, TRICARE DENTAL, AND TRICARE RETIRED RESERVE

Despite currently serving and retired members of the USPHS' Regular Corps having access to TRICARE, members of the USPHS RRC do not.

Extending TRICARE medical and dental coverage to currently and formerly serving members of the USPHS RRC would show that the government values all contributions of all the uniformed services' and is willing to invest in the health of their public health officers.

This will also ensure that all RRC officers receive healthcare coverage, regardless of their civilian employment status.

TRICARE LINE OF DUTY CARE

The USPHS RRC is the only component of a uniformed service that does not receive healthcare coverage for injuries sustained when staying overnight before or during inactive-duty training or while on funeral duty.

For example, a USPHS RRC officer would not receive healthcare coverage in the following situation:

> A USPHS RRC officer does their weekend inactive duty training (IDT) at a site several hours away from their home. The officer travels on a Friday (before training starts on Saturday morning) and spends the weekend in a hotel. If the officer sustains an injury (due to no fault of their own) sometime Friday, the officer still would not be covered for any healthcare associated with the injury.

This would also apply if the injury were to occur sometime Saturday night after IDT.

If an identical fact pattern occurred with a reserve component member of an armed force, they would be provided with TRICARE Line of Duty coverage.

TRICARE Line of Duty coverage pays for healthcare that is needed due to an injury or illness that occurred during required (and voluntary) military training days, such as IDT.

This disparity is especially egregious when considering that the injury would likely have not been suffered if not for the service requirement.

Further, additional danger may be posed to the officer if they are forced to drive to and from their home to receive the care they need.

GI BILL

USPHS RRC officers currently do not have access to vital educational benefits, including the Post 9/11 GI Bill and Montgomery GI Bill Selected Reserve (MGIB-SR). This is not the case for their armed forces reserve component counterparts.

The good news is there is legislation that would resolve these disparities and enable the USPHS Commission Corps to recruit, retain, and mobilize RRC members: S.2297, the *Parity for Public Health Service Ready Reserve Act*.

ROA thanks Sen. Tammy Duckworth (IL) and you, Chairman Wyden, for your sponsorship of S.2297, which provides:

- A codified reserve component structure.
- Access to training exercises held by the other uniformed services.
- Access to medical and dental care under TRICARE Reserve Select, the TRICARE dental program, and TRICARE Retired Reserve.
- Access to dual compensation and military leave rights while deployed.
- Access to the Post-9/11 GI Bill and MGIB-SR.
- Representation on the Reserve Forces Policy Board, a federal advisory committee making recommendations directly to the Secretary of Defense to enhance reserve component readiness.
- $13.6 million in authorized annual funding for programmatic sustainment.

The bad news is this legislation has not been signed into law.

As a result, the USPHS RRC has yet to achieve its desired end-strength or realize its full capability.

This is presumably why funding for the USPHS RRC was eliminated by Public Law No: 118-5, the *Fiscal Responsibility Act* (FRA).[5] More precisely, the *FRA* eliminated $84 million in funding

[5] https://www.congress.gov/118/plaws/publ5/PLAW-118publ5.pdf

over three FYs ($28 million per year) previously supplied by Congress via Public Law No:117-2, the *American Rescue Plan Act of 2021*.[6]

To be clear:

- ROA **opposes** the *FRA's* revocation of $84 million in funding, which may eliminate the USPHS RRC.
- ROA **opposes** HHS' exclusion of funding to sustain the USPHS RRC in its FY 2025 budget request.
- ROA **supports** restoring the USPHS RRC program with $28 million in funding for FY 2025 (a .021% increase in HHS' FY 2025 discretionary budget authority request).
- ROA **supports** S.2297, the *Parity for Public Health Service Ready Reserve Act*, which provides the USPHS RRC with the tools it needs to further demonstrate its value and potential to the Commissioned Corps, the Total Force, and the nation.

That said, even without recruiting and retention tools, envisioned end-strength, and a codified structure, the USPHS RRC has proven its effectiveness and potential already by:

- Augmenting the National Guard Bureau's medical teams through delivering needed medical and public health expertise during times of crisis, including the COVID-19 pandemic.
- Supporting the Operation Allies Welcome safe haven and resettlement missions to ensure evacuees received medical care.
- Providing medical care at the National Park Service Yosemite clinic to avoid complete clinic closure.
- Delivering no-cost healthcare to vulnerable populations through the Department of Defense's innovative readiness training missions.

As such, ROA urges your support for rapidly replenishing the response capabilities of the UPSHS Commissioned Corps and Total Force medical corps by restoring the USPHS RRC program with $28 million in funding for FY 2025 and codifying S.2297, the *Parity for Public Health Service Ready Reserve Act*, in public law.

CONCLUSION

Thank you again for accepting ROA's statement for the record on HHS' FY 2025 budget request.

All too often military and veterans' law and policy are developed without an understanding of or appreciation for the distinctions between reserve and active duty service. The members of the Reserve and National Guard invariably lose out. And so, too, their families. That means America's military readiness loses out. We cannot afford that loss.

ROA stands ready to provide added support to the issues covered in this statement and looks forward to working with you further on other areas of mutual interest.

[6] https://www.congress.gov/117/plaws/publ2/PLAW-117publ2.pdf

ROA urges support for U.S. Public Health Service Ready Reserve Corps

The Fiscal Responsibility Act eliminated funding for the USPHS RRC last June. The Reserve Organization of America is fighting to restore it.

WASHINGTON, D.C., UNITED STATES OF AMERICA, May 20, 2024 /EINPresswire.com/ -- On May 15, ROA's executive director, retired Army major general Jeffrey E. Phillips, wrote the secretary and deputy secretary of the Department of Health and Human Services urging support for the U.S. Public Health Service Ready Reserve Corps.

ROA June 13 Advocacy Day flyer. RSVP at mschwartzman@roa.org while space is available.

The USPHS RRC was created with ROA's support by the Coronavirus Aid, Relief, and Economic Security Act in 2020. It is part of a larger modernization effort to ensure Total Force medical readiness and public health preparedness.

The CARES Act successfully established a preliminary framework for the proper and effective usage of the USPHS RRC. It did not, however, provide a codified structure and access to the proper "tools" for recruiting and retaining qualified talent.

As a result, the USPHS RRC has yet to realize its desired end-strength or full capability. This is presumably why funding for the USPHS RRC was eliminated last June by the Fiscal Responsibility Act.

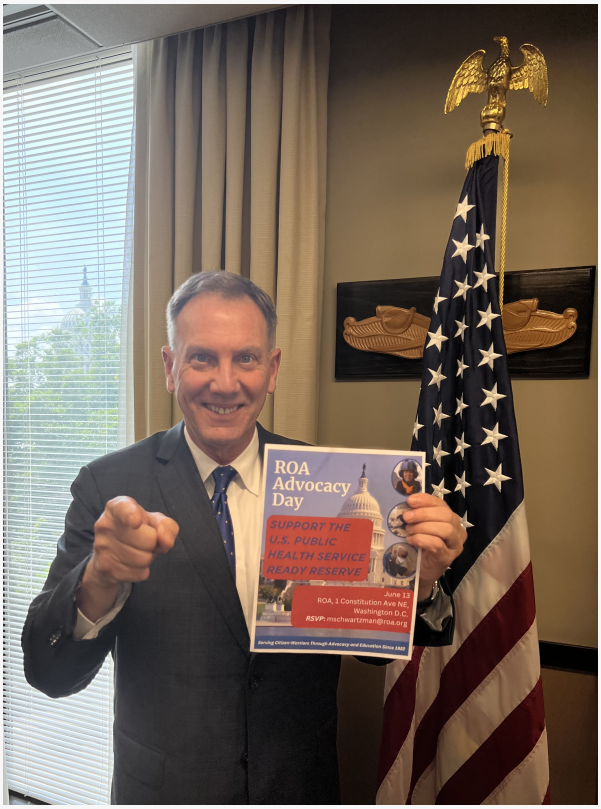
ROA has since heard that USPHS RRC officers have been informed that all drills, trainings, and deployments have been cancelled until at least this upcoming October. ROA has also heard that HHS is currently considering dissolving the USPHS RRC despite advocating for it in its FY 2025 Justification of Estimates for Appropriations Committees.

When ROA first learned that USPHS RRC funding was eliminated, it spearheaded a campaign to secure the introduction of legislation that authorized operational funds and provided benefits parity with the other uniformed services.

Introduced by Sen. Tammy Duckworth (IL) last July, S.2297, the Parity for Public Health Service Ready Reserve Act, is the most significant benefits parity package for the USPHS RRC in history.

Even though the 118th Congress has not yet answered ROA's call to provide the USPHS RRC with what is needed to maximize its support of national security, it has proven its effectiveness.

The USPHS has, for example, augmented U.S. Army commands short health care professionals because of demands during the recent war. The USPHS RRC augmented the National Guard Bureau's medical teams by delivering essential medical and public health expertise during crises, and it delivered no-cost healthcare to vulnerable populations through the Department of Defense's innovative readiness training.



ROA's executive director retired Army major general Jeff Phillips spotlights the Association's June 13 Advocacy Day focused on the U.S. Public Health Service Ready Reserve Corps.

The USPHS RRC, despite the significant role it has in supporting DoD, is funded by HHS' budget, which is overseen by the House and Senate Committees on Finance. The HHS Fiscal Year 2025 budget request is significant, aiming at $130.7 billion in discretionary and $1.7 trillion in mandatory proposed budget authority.

On March 14, almost one week after the one-year anniversary of an education forum hosted by ROA on the USPHS RRC, the Senate Committee on Finance held a hearing on the HHS FY 2025 budget request.

ROA submitted a statement for the record to the committee urging its chairman and ranking member, Sens. Ron Wyden (OR) and Mike Crapo (ID), to appropriate close to $30 million in FY 2025 appropriations for the RRC.

On May 14, Sens. Wyden, Duckworth, and Mazie Hirono (HI) reinforced ROA's request in a letter to the Senate Appropriations Committee urging support for at least $32 million in funding for the USPHR RRC to "ensure these highly trained frontline works are always ready and fully deployable to protect the health, safety, and welfare of all Americans."

ROA endorsed that letter and echoed it with its May 15 letter sent by Phillips.

> Congress must restore funding for the U.S. Public Health Service Ready Reserve Corps. It has proven its effectiveness and is vital to ensuring Total Force readiness and public health preparedness."
>
> *ROA executive director, Maj. Gen. (Ret.) Jeffrey Phillips, U.S. Army*

To build on the momentum gained, ROA is hosting an Advocacy Day on June 13 at its Minute Man Memorial Building located at 1 Constitution Ave NE. The goal of the Advocacy Day is simple: to broaden congressional support for the UPSHS RRC.

Without the support of HHS leadership, such a goal could prove unattainable.

Regardless, ROA will fight for the USPHS RRC and national security readiness.

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DoD Report Details ‘Pervasive’ Staffing Problems at Walter Reed

By: Karen Ruedisueli

MAY 29, 2024

An aerial view of Walter Reed National Military Medical Center (WRNMMC) in Bethesda, Md. (Army photo)

Walter Reed National Military Medical Center (WRNMMC) is staffed at only 79% of authorizations, according to a recent DoD report to Congress.

“The report identifies a pervasive Military Department manning shortfall that undermines the mission of WRNMMC to be a

combat casualty receiving center and sustain a viable graduate medical education program," according to a letter from DoD leadership accompanying the report about the premier military hospital.

Nurses have the lowest fill rate at 68% with personnel shortages across military, civil service, and service contract positions. The report cites national medical staffing shortages in the post-pandemic period, along with increased salaries and improved benefits offered by civilian health care organizations that make it difficult for federal pay scales to compete with the private sector.

Past MOAA advocacy campaigns raised alarms regarding potential civilian health care workforce instability and capacity constraints related to the COVID-19 pandemic. We achieved a five-year halt to proposed medical billet cuts with a provision in the FY 2023 National Defense Authorization Act (NDAA) that also required DoD to conduct a report on medical workforce requirements including a risk analysis, an evaluation of plans to backfill with civilians, and mitigation plans for any identified risks.

MOAA supports the Retain Educated Workers and Registered Nurses Developing (REWARD) Experience Act, which would let hiring managers at military treatment facilities waive regulations that drive many nurses into the private sector as they achieve higher levels of licensure.

Staffing shortfalls at WRNMMC could reverberate across the military health system (MHS) – Walter Reed is not only a premier military medical center for health care and research, but it also serves as a force-generating platform for the next

generation of MHS clinicians, with 53 graduate medical education programs for the Army, Navy, and Air Force.

WRNMMC administrative and logistics areas are also understaffed, with a 73% overall fill rate and only 44% of the military personnel positions occupied. Admin shortfalls may undermine medical provider productivity when clinicians must take on tasks unrelated to providing care.

The Defense Health Agency, in coordination with the military departments' medical services, is developing a Human Capital Distribution Plan (HCDP) to understand, account for, and analyze the duty requirements at the medical and dental treatment facility level to ensure availability of military medical personnel to support readiness and the delivery of care.

The HCDP will optimize military and civilian personnel assignments and contract requirements. It is intended to provide MHS leaders and DoD with a holistic approach to assessing, validating, and distributing the right person, at the right location, at the right time, with the right cost in support of readiness and beneficiaries.

MOAA supports DoD's revised strategy to stabilize the military health system and improve MTF staffing so MHS can fulfill both readiness and beneficiary care missions. We appreciate the strategy seeks to reattract versus recapture beneficiaries to the direct care system of military hospitals and clinics, but we remain concerned access-to-care issues will persist despite efforts to address MTF staffing issues.

MOAA continues to advocate for resources that help beneficiaries navigate the MHS, options for self-directed care

outside MTFs, and transparency regarding access-to-care problems with the goal of improvements through accountability, including:

- Expanded TRICARE Qualifying Life Events (QLEs), including a QLE for pregnancy, that would allow beneficiaries to switch TRICARE plans to access care where it is available.
- A beneficiary access assistance system that would allow patients to submit and track the status of a barrier to access, with requirements to aggregate data at the MTF level for reporting to DHA so systemic access problems can be identified and addressed.

Please watch MOAA's Advocacy News page for updates on these efforts as the FY 2025 NDAA process moves forward.