

COA's Legislative Affairs Committee Returns to Action

by Judy Rensberger

After a long hiatus, the Commissioned Officers Association's (COA) Legislative Affairs Committee is preparing for action once Congress returns from its own Summer break. COA's core mission is to work with the U.S. Congress on behalf of the USPHS Commissioned Corps, both active-duty and retired. Essential to fulfilling that mission is COA's Legislative Affairs Committee.

Leadership

Two members of the COA Board of Directors have agreed to lead the Legislative Affairs Committee, CAPT (retired) Lisa Tonrey, and CAPT Renée Joskow. In addition, the Committee expects to benefit from the active participation of CAPT Paul "P.J." Jung, the Committee's immediate past chair.

Issues

COA members are welcome to suggest, either through the committee or directly to staff, legislative matters they would like COA to pursue. On the table right now are four issues proposed by COA members. Three are benefit issues: (1) paternity leave for new USPHS fathers that are comparable to benefits afforded new fathers in the other uniformed services; (2) flexible spending accounts and/or health savings accounts comparable to those

available to civilians, and (3) an exception in the new immigration law that would permit au pairs from abroad to continue to come to the U.S. to live with USPHS families and care for their children. (See Legislative Update in this issue.)

Amending Title 42

The biggest legislative challenge before us, however, is to obtain a change in Title 42 that would put USPHS on an equal footing with the other services in terms of personal leave available to officers following frequent, high-stress deployments to communities affected by COVID-19.

Changing federal law is never easy. Amending Title 42 will require a full-throated response from COA's entire membership. We can do this; longtime COA members will remember the battle to obtain GI Bill Transferability for USPHS officers. It was a big win, but it took two years. Here, I don't think we have two years.

Membership

COA members whose names remain on the committee list from last year may assume that they are still members in good standing. Still, I would appreciate confirmation of your interest in continuing. We will be paying close attention to attendance this year. Absences because

see **RETURN TO ACTION** on page 13

from the
Executive
Director



Jacqueline Rychnovsky,
PhD, RN, CPNP, FAANP
Captain (ret.), Nurse Corps, US Navy

Mask-to-Mask in DC

I was in Washington, DC last week for several meetings and had the chance to visit the Commissioned Officers Association (COA) headquarters building for the first time. As some of you know, I was recruited and onboarded through a completely virtual environment. My first trip back to DC since March was surreal. Not surprising, it was easier than normal driving through what is known as the "DMV" — the District of Columbia, Maryland and Virginia. I noted a complete absence of taxicabs within the District of Columbia but was able to quickly hail an Uber, something typically difficult in congested areas. Hotel rooms were readily available, and very affordable, but came with a dark, lonely lobby, a shuttered restaurant, and no daily housekeeping services. I did welcome the opportunity to have a few "mask-to-mask" (M2M) meetings, formally known as face-to-face (F2F), so it was all worth it. While I hope M2M meetings don't become the norm, I was grateful for the opportunity.

Having the occasion to meet the Assistant Secretary of Health, Admiral Brett Giroir, was a great moment. His pride and excitement over the creation

see **EXECUTIVE DIRECTOR** on page 14

COA Member Benefits

Capitol Hill Representation

Efforts on Capitol Hill continually support all Commissioned Corps officers – active duty and retired

Local Representation

COA Local Branches provide venues for meeting fellow officers and a forum for the discussion of issues within the Commissioned Corps

Newsletter

Newsletter reports on monthly activities and items of interest about the Corps & COA

Insurance Programs

Low-cost insurance programs that may continue as long as your membership in COA remains current

\$7,500 for Online Degrees

\$7,500 scholarships to earn online degrees, which include:

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MBA@UNC
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IRonline (American)
MBA@American

NYMC Online MPH

50 percent discount for the online MPH and certificate programs

Scholarship Program

College scholarships for children and spouses of COA members

Ribbon

Authorized to be worn on the PHS uniform by members in good standing when attending COA functions



Legislative Update Glitch in Federal Rule Troubles PHS Parents

by Judy Rensberger

In the middle of a pandemic with an uncertain trajectory, PHS parents of young children are home-schooling their kids while also performing their own jobs on lockdown. Many PHS parents face a particular difficulty: they need to find high-quality, live-in childcare so they can deploy on short notice to wherever they are needed.

By mid-July, there had been nearly 8,000 PHS deployments to COVID-19 hot spots around the country. That figure comes from Dr. Joel Dulaigh, a USPHS Captain and Chief of Staff to the Surgeon General. Some PHS officers have deployed more than once; others are awaiting their turn.

For PHS parents of young children, especially single parents, the problem of finding reliable, high-quality, round-the-clock childcare in the context of a pandemic is difficult, to say the least. In the past, PHS parents have relied on live-in au pairs from abroad. Parents have been dismayed to learn that a new federal regulation - now under review - rules out that option, at least for now. President Trump has shut it down.

Presidential Proclamation

On 22 June, President Trump issued a proclamation titled "Suspending Entry of Aliens Who Present a Risk to the U.S.

Labor Market Following the Coronavirus Outbreak." The stated goal was to flatten the curve of COVID-19 and reduce the spread of SARS-CoV-2, the virus that causes COVID-19. Au pairs were scooped up in the broad definition of "aliens." The President said he was suspending, "for a period of 60 days, the entry of aliens as immigrants, subject to certain exceptions."

The promise of the word "exceptions" underlies the effort of COA and other advocacy groups to liberate au pairs from under what appears to be an unintentionally over-broad regulation.

Case in Point

COA has heard from concerned parents. So has the National Military Families Association (NMFA), one of COA's organizational partners in The Military Coalition. As I write, PHS parents are awaiting the results of a review that seems to be implied, if not actually promised, in the language of the regulation itself. By the time you read this, the issue may have been settled. Or not.

Meanwhile, the situation has complicated the lives of active-duty PHS officers who must remain ready to deploy on short notice. In some PHS families, both parents are affected. A PHS mother I spoke with and her non-uniformed

see **LEGISLATIVE** continued on page 13

Enrollment Fees Begin On 1 January 2021 for Some TRICARE Select Retired Beneficiaries

by Jack Du Teil, President, The Military Coalition

On 1 January 2021, TRICARE will implement enrollment fees for "Group A" retiree beneficiaries. Group A beneficiaries are defined as those who entered the uniformed services prior to 1 January 2018, and the annual enrollment fees will be set at \$150 per year for an individual or \$300 for a family (deducted on a monthly basis, in monthly increments of \$12.50 or \$25, respectively).

Additionally, the catastrophic cap will increase to \$3500, although enrollment fees paid will apply toward the cap. Medically retired Group A beneficiaries and their families and survivors will be exempted from both the new enrollment fees and the increased annual catastrophic cap (which for them will remain at \$3,000).

Recent articles in military publications reminding beneficiaries of this change sparked outrage, and cries of "another promise broken" on social media. Many implored the 34 military and Veteran service organizations in The Military Coalition (TMC) to fight these changes.

In reality, this battle was waged in the summer of 2016, prior to the reconciliation and passage of the National Defense Authorization Act (NDAA) of 2017 (which codified these changes). Had TMC and our allies on Capitol Hill not engaged so forcefully, not only would these fees have likely been enacted three years earlier (in 2018), but they would have been far worse.

The Battle to Preserve TRICARE

The battle really began in September 2015. In a meeting with senior members of the Senate Armed Services Committee staff, it became clear that many in Congress wished to dismantle TRICARE as we know it, and replace it with a more expensive tiered system, similar to the Federal Employees Health Benefits Program (FEHBP). This was an idea originally conceived by the Military Compensation and Retirement Modernization Commission (MCRMC).

In the May 2016 issue of the USAWOA *Newsliner*, I reported the following, referring to the House Armed Services Committee's (HASC's) version of related NDAA 2017 language:

"On 3 December 2016, [20 TMC organizations testified] at a HASC Personnel Subcommittee hearing. In testimony, we collectively argued that the largely popular existing TRICARE programs should be preserved and improved upon, versus being replaced by a largely inequitable, tiered system of care that would financially cripple uniformed service retirees.

"USAWOA is pleased to report that the HASC's NDAA 2017 legislation answers these concerns, not only preserving the existing system (for the most part), but also by implementing a wide variety of requirements intended to enhance beneficiary access to care. On another positive note, it rejects many of the untenable fee increases



proposed by the Pentagon. ***Having said this, it imposes several additional fees that USAWOA cannot support!***

The New TRICARE Select

Pursuant to bicameral bargaining between the HASC and SASC, there was a consensus to combine TRICARE Standard and TRICARE Extra into what is now TRICARE Select. Although TMC objected to **any** enrollment fees (and increases in other associated costs), both the House and Senate versions included these.

Early in the process we successfully parried an attempt to levy annual enrollment fees on TRICARE For Life that would have charged Medicare-eligible retirees the equivalent of 2% of gross retirement pay (capped to \$632). Still, some other fees that wound up in initial versions of NDAA 2017 were pretty onerous.

As reported in the June 2016 edition of the *Newsliner*, the Senate's version would have included the following changes:

- Imposition of an annual enrollment fee for the new TRICARE Select of \$150 per individual or \$300 per family, as of 1 January 2018. Over five years, this would have risen to \$450 per individual or \$900 per family.
- A raise in the annual cap on out-of-pocket expenses to \$1,500 for currently serving families and \$4,000 for retired families (versus the then current \$1,000 and \$3,000 respectively).
- Doubling the then current TRICARE Standard deductible to \$300 per individual and \$600 per family.

see **TRICARE** on page 10



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August COA Board Chair



We are in it for the Long Haul

by RADM Brandon L. Taylor, PharmD, BCPS

Despite what some would call a societal softening under the advent of the 22-minute sitcom where we experience conflict, resolution, and happy endings, all of us are experiencing a new, never before experienced, and extended challenge: the coronavirus pandemic of 2020. Are we really up for the challenge? This is unprecedented in our lifetime. Memes and jokes fill social media reminding pre-pandemic couch potatoes that they were made for this crisis. Many of us were relegated to fulltime telework, a first in our careers. Perhaps a spouse or child lost employment. Children came home from school and universities for online learning. Healthcare heroes, including deployed officers, work extended hours for weeks and months on end with little to no reprieve; many of whom have contracted the virus. Graduations, reunions, and vacations were canceled. Our elders in assisted living and nursing homes were cut off from families save by phones, windows, and video chat. Regular Sunday worship services were canceled, and churches find a way to connect with their parishioners by video or web broadcast. Large funeral services are discouraged and in many cases postponed or canceled. We experienced shortages in common staples needed for home. Restaurants struggle, scrambling to find a new way to adapt but many fail; contactless home delivery is born. Our grocery stores cut back hours of operation to ensure proper cleaning and restocking. Automakers begin making

ventilators and furniture companies begin making PPE. The namesake beer brand sales were up 5%.

We are now more than six months into our COVID-19 response activities. How are you doing? How's your physical, mental, social, and spiritual health? We just can't tough it out thinking that this too shall pass quickly, because it's not. We must rise up to see it through. We must help those around us to do the same. How? By doing the small things. Self-proclaimed learner, Philomon Sylvester said, "to do a small thing well is the best proof of ability to do what is great."

This pandemic seems like a really big thing, and it is. However, it will be those small things we do collectively that will allow us to overcome it.

The country has been asked to follow a few small things by our Surgeon General, VADM Jerome Adams, to maximize safety and minimize the spread of the virus: the 3 W's. Performed well, they will help us stay physically well.

1. Wear a mask
2. Watch your distance
3. Wash your hands

Additionally, do not forget to get outside and move. Regular exercise is energizing and promotes good physical health as well as better mental health. Though sometimes difficult to do, they are small things.

Former Surgeon General, VADM Vivek H. Murthy, the author of *Together: The Healing*

see **BOARD** continued on page 9

In Case You Missed It

The following Issuances were recently released from Commissioned Corps Headquarters. For more information, visit <https://dcp.psc.gov/ccmis/>

Involuntary Termination of

Commission. On July 20, 2020, CCHQ released CCI 382.03, Involuntary Termination of Commission. This instruction states the policies and procedures under which an officer in the Commissioned Corps of the U.S. Public Health Service (Corps) who is not retirement-eligible, may have his/her commission involuntarily terminated. This instruction applies to all Corps Officers with less than 20 years of creditable service for retirement eligibility purposes as defined in 42 U.S.C. §212(d), except it does not apply to 1) Officers within the probationary period that consists of the first 36 months, or up to 48 months if the probationary period has been extended, of any appointment or call to active duty; and 2) Regular Corps officers originally appointed at the permanent Senior Assistant (LT/O-3) grade or above whose commission is involuntarily terminated pursuant to a 3-year file review (see CCI 341.02, "Regular Corps Records Review"). This is the first issuance of this Instruction within the electronic Commissioned Corps Issuance System (eCCIS) and replaces Commissioned Corps Personnel Manual (CCPM) CC23.7.4, "Involuntary Termination of Regular Corps Officers for Marginal or Substandard Performance," dated 25 September 1998.

Regular Corps Records Review.

On July 20, 2020, CCHQ released CCI 341.02, Regular Corps Records Review. This Instruction sets forth the policy and procedures for reviewing the records of officers originally appointed to the Regular Corps at the Senior Assistant grade or above, after completing the first 36 months of service in the Commissioned Corps of the U.S. Public Health Service (Corps). This Instruction applies to Regular Corps officers originally appointed at the permanent Senior Assistant (LT/O-3) grade or above. This Instruction replaces

Commissioned Corps Instruction (CCI) 341.03, "Regular Corps Records Review," dated 25 April 2008.

Probationary Period. On July 20, 2020, CCHQ released CC 341.01, Probationary Period. This Instruction sets forth the policy regarding the probationary period which all officers called to active duty in the Commissioned Corps of the Public Health Service (Corps) are required to serve, and sets forth the policies and procedures concerning an officer's involuntary separation during the probationary period. This instruction applies to all members of the Regular Corps and the Ready Reserve Corps. This is the first issuance of this Instruction within the eCCIS and creates a standalone Instruction within the eCCIS and replaces CCPM CC23.7.1, dated 5 November 1996.

Accountability for Conduct and

Performance. On July 20, 2020, CCHQ released CCI 211.07, Accountability for Conduct and Performance. This instruction implements Commissioned Corps Directive (CCD) 111.02, "Disciplinary Action." This instruction applies to all officers in the Commissioned Corps of the U.S. Public Health Service (Corps), and is the first issuance of this Instruction within the electronic Commissioned Corps Issuance System (eCCIS).

Disciplinary Action. On July 16, 2020, CCHQ released CCD 111.02. This directive establishes the types of disciplinary action that may be taken against an officer in the Commissioned Corps of the Public Health Service Commissioned Corps (Corps) and the requirements and procedures applicable to the separation of such officers for misconduct. The provisions of this directive shall apply to members, whether on active duty, retired, or inactive duty of the Ready Reserve Corps and Regular a Corps. Officers detailed for duty with other uniformed services shall also be subject to the laws and regulations of the service to which detailed. During the effective period of any Executive Order declaring the Corps to be a military



service and prescribing that the Corps is subject to the Uniform Code of Military Justice (UCMJ), disciplinary action may be prosecuted in accordance with the Executive Order or in accordance with this directive. In addition to officers detailed to the armed forces pursuant to 42 U.S.C. § 215(a), officers assigned to and serving with the armed forces, may also be subject to the UCMJ under 10 U.S.C. §802(a) (8). This directive replaces Commissioned Corps Directive (CCD) 111.02, "Disciplinary Action," dated 18 June 2018.

Involuntary Separation. On July 6, 2020, CCHQ released CCD 123.01. This Directive contains regulations governing the termination of the commission of an officer in the Commissioned Corps of the Public Health Service (Corps) without consent of the officer concerned. This directive pertains to all commissioned officers with less than 20 years of creditable service for retirement eligibility purposes as defined in 42 U.S.C. § 212(d). This is the third issuance of this directive in the electronic Commissioned Corps Issuance System (eCCIS) and replaces Commissioned Corps Directive (CCD) 123.01, "Involuntary Separation," dated 7 September 2018.

Awards Processing. On June 25, 2020, CCHQ released POM 821.14. This memorandum establishes the operational procedures and guidelines to implement the Public Health Service (PHS) Commissioned Corps Officers' Awards Program (COAP) found in CCI 511.01, "Awards Program." The purpose of this POM is to streamline the Corps' awards process by ensuring the timely recognition of officers while maintaining the integrity of the awards review process.

Central Louisiana Food Drive Supports Weekend Backpack Program

by CAPT Julie A. Niven, LCSW, DCSW, MAC, CCTP

During the COVID pandemic, many families have been in greater need of food, as businesses remain closed and incomes are reduced or eliminated. Acquiring basic necessities can become overwhelming. After considering how fortunate I am to be in a position of financial stability, I decided to organize a food drive for my community. After gathering specifics as to which items the local food bank is most in need of, I invited officers within my duty station and nearby to contribute. A volunteer at each facility helped with gathering canned and non-perishable foods. For those who were unable to buy themselves, we accepted cash donations which I used to purchase the most needed items.

The response I received from my fellow officers was good and the Central Louisiana COA Branch food drive became the first of its kind to help the LaSalle Baptist Ministries food bank. Though many of the food items were not very nutritious, they were items the food bank manager requested. LaSalle Baptist Ministries wanted one-serving, ready-to-eat items for the children and teens they serve through their "Weekend Backpack Program." The Program operates four days a week to help decrease hunger for children of disadvantaged families in the Jena and Olla Louisiana area. The manager receiving the food items on 29 July expressed her appreciation of the COA Branch's help.



Food to support Weekend Backpack Program

Volunteering with San Francisco Neighborhood Emergency Response Team (NERT)

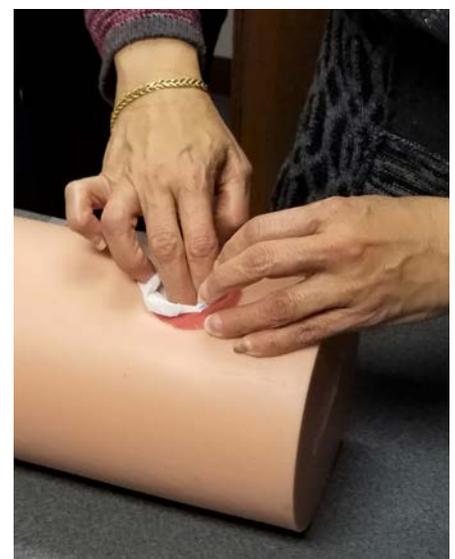
by CDR Tamy Leung, PharmD, MPH, BCPS

Since 2018, CDR Leung, a Golden Gate COA member, has been a volunteer for the San Francisco (SF) Neighborhood Emergency Response Team (NERT). The NERT operates under the direction of SF Fire Department. SF NERT stemmed from the aftermath of the 2009 Loma Prieta earthquake, which registered 6.9 on the Richter scale and took a heavy toll on the city. Residents wanted to learn skills for emergency disaster so the city can become more resilient if another disaster strikes again. On the third Saturday of each month, SF NERT offers disaster management skills to certified NERT members. Some of the lessons attended by CDR Leung

see **NERT** continued on page 7



CDR Leung at the Food Bank



Stop the Bleeding training

Growth of the COF Golf Tournament

by CDR David Schwab, MSIS

In 2007, I was in the process of obtaining my commission in the Public Health Service. I soon learned about an inaugural golf tournament for officers in the Washington, DC, region. Recruited to coordinate menu items for the awards luncheon, I found myself comfortable working with the golf course staff. Golfing since I was a teenager, I also had the experience of planning similar events.



CDR David Schwab

After a successful tournament in 2007, CAPT Hilda Scharen handed over the tournament Chair role to me, before I had commissioned.

Over the past 12 years, and many golfers later, this event has raised over \$60,000 for the PHS Commissioned Officers Foundation for the Advancement of Public Health (COF). I learned the secret ingredient to running a successful golf tournament is having fun. "Invite them and they will come" has been my mantra. Through active community engagement and with a little bit of salesmanship, the tournament continues to be an event that officers, families, and friends look forward to attending.

The 2020 tournament will proceed, but certainly under some dramatic circumstances. With the USPHS Symposium postponed, I was not able to travel to Arizona to meet up with COA Local Branches or potential sponsors. Luckily, I have been able to rely on relationships with previous sponsors who help us produce on



Maryland National Golf Club, home of the 2020 Commissioned Officers Foundation Golf Tournament.

a top-notch event. The PHS Commissioned Officers Foundation has overseen the past couple of events, and the support of their leadership has been fantastic. I have realized over the years that it doesn't take a lot of money to host a successful golf tournament. Rather, it takes time and getting the right people to be part of the event year after year.

If you are interested in fundraising for the COF or would like to learn more about the golf tournament, please check out the COF website <https://www.phscof.org/golf-tournament.html> or send me an email at dsterp93@yahoo.com. I hope to see you on the golf course!

NERT from page 6

include: Stop the Bleed, Psychological First-Aid, Triage, Light Search & Rescue, and Emergency Power Supply. Twice a year, there's a mass disaster drill where members can hone in on their needed skills. Each year, NERT members are also invited to participate in the SFO Airport disaster exercise.

During COVID-19, SF NERT was called upon to assist with food bank distribution, community testing sites, checking in with elderlies via video conference and educating the community on preventive actions. At the local food bank, CDR Leung packed healthy foods in bags, checked in residents, assisted in pedestrian crossing at traffic stop, and ensured the residents are wearing masks and physically separated by six feet while waiting in line. For one Saturday, CDR Leung checked in 700 people within 3 hours. CDR Leung is grateful for the opportunity to assist during this time of need.



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Elevating their Game

by John McElligott

Active duty Public Health Service officers lead busy lives. Like Clark Kent, they often swap uniforms from their day jobs to become America's Health Responders, helping fellow Americans battle and recover from infectious diseases like a novel coronavirus or natural disasters like hurricanes and floods. There are always a few who elevate their game and find a little extra in the tank. They apply that extra energy to volunteering in the community or guiding junior officers through difficult career choices. Some choose to represent their professional categories at the national level and run for the COA Board of Directors. As a former COA staff member, I had the honor and privilege of working alongside some of the most dedicated officers who worked upstream, and often behind the scenes, to craft policies that would improve conditions for the entire uniformed service or large swaths of its service members. I am proud to present some of the officers who will represent you and your interests.

For more information about the COA Board of Directors, visit www.coausphs.org/page/Board. For more information about the COF Board of Trustees, visit www.phscof.org/trustees.

Newly Elected

CDR Kathryn Jacques – Therapist Category

CDR Alpa Patel-Larson – Health Service Officer Category

LCDR Melissa Reyes – Medical Category

CAPT Lisa Tonrey – Retired Officer, also serving as a COF Trustee

Filling Remaining Terms

CDR Brad Cunningham – Engineer Category

CAPT Renee Joskow – Dental Category

CAPT Julie Niven – Field Representative

Re-Elected

CDR Christina Merenda – Nurse Category

LCDR Kristie Purdy – Dietitian Category

CDR Kelly Valente – Field Representative

COA Officers for 2020-2021

RADM Brandon Taylor – Chair

CDR Kelly Valente – Chair-Elect

LCDR Kristie Purdy – Treasurer

CAPT Karen Munoz – Past-Chair

COF Officers for 2020-2021

RADM Steve Solomon, Ret. – President

RADM Randall Gardner, Ret. – Vice President

Mr. John DiMaggio – Treasurer

BOARD from page 4

Power of Human Connection in a Sometimes Lonely World, brings to light that regardless of how extroverted or introverted we may feel we are, all of us are built for social connection. Of course the extent and frequency of that social connection will vary extensively from person to person, but I learned that despite my initial thought that I could be very happy at home, physically distanced from others indefinitely, I too needed that social connection with others beyond my family. I love that we have changed the narrative from social distancing to physical distancing. Each of us need social connection. This is a small thing; reach out. FaceTime, Google Teams, and Zoom are all examples of digital platforms that help us connect socially and remain connected.

In our recent Commissioned Corps Town Hall, ADM Brett Giroir, Assistant Secretary for Health, spoke plainly and openly about the reality of what we are facing. We are in it for the long haul. I know we are up to the task. The country needs us; it needs a strong Corps. Do the small things well. Protect yourself with the 3 W's, physical activity, and connection with someone or several.

It has been said that "a very large ship is benefited very much by a very small helm in the time of a storm." We are in a storm. Stay the course. Do the small things and do them well. As we do, we will accomplish many great things, including defeating this pandemic.

Fair winds.

TRICARE from page 3

- Annual enrollment fees would have increased by a “healthcare inflation level” (then calculated at 5.2%).
- An additional adjustment in co-pays, doctor visit cost shares, the catastrophic cap, and other flat fees by the same percentage as the retired pay cost of living adjustment (COLA).
- A raise in the TRICARE Prime annual enrollment fee of 24% to \$350 per individual or \$700 per family.
- A doubling of pharmacy copays over a nine-year period, including raising the mail-order copay for generic drugs from the then current zero to \$11, effective in 2020.

Due to the hard work of TMC and key partners on Capitol Hill, most of this was substantially blunted. The handwriting was on the wall – the price for saving the TRICARE system and mitigating spiraling costs was acceptance of relatively modest TRICARE Select enrollment fees. In so doing, we achieved the following:

- No enrollment fee for Tricare For Life.
- Implementation delayed until 2021, saving current retirees thousands of dollars.
- A lower catastrophic cap increase and enrollment fees applied to the catastrophic cap.
- Future increases to expenses such as enrollment fees chained to retiree COLAs (versus the “healthcare inflation level” that has been significantly higher than COLA).

Absent the hard work of TMC, beneficiaries of TRICARE programs would be entering 2021 facing the prospect of paying double or triple as much for coverage than they actually will, having already spent thousands in previous years that they have avoided.

Unfortunately, Group B retirees (those who entered service on or after 1 January 2018) have a TRICARE Select enrollment fee of \$471 for an individual or \$942 for a family. This is a shame, and some of us believe it is not only unfair, but yet another potential obstacle to future recruiting and retention. But at least the substantial decrease in this benefit was not inflicted on those who signed up for a career in service to their country before it was even enacted.

The Way Ahead

This change to TRICARE Select will require beneficiaries to proactively enroll in the program (versus simply relying on being automatically rolled over for coverage, as in the past). TRICARE will reach out to beneficiaries in the coming months to effect this, but our greatest fear is for those inevitable few who fall through the cracks.

The Defense Health Agency (DHA) has authorized a three-month reinstatement period for TRICARE Select beneficiaries who do not pay the new enrollment fee by 1 January 2021. The TMC Healthcare Committee is engaging with them in an effort to get this period extended. In the meantime, we urge all Tricare Select beneficiaries to visit <https://www.tricare.mil/Plans/Enroll/Select/EnrollmentFees>, to keep abreast of current news. You may also sign up to receive email alerts at <https://public.govdelivery.com/accounts/USMHSTMA/subscriber/new>.



Shannon James, Esq

Law Offices of David P. Sheldon, PLLC

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ADDRESSING THE UNIQUE NEEDS OF COMMISSIONED CORPS OFFICERS

Reflections from the Field:

Face Mask Road Trip, Summer 2020

by CAPT James R. Minor, Pharm.D., FASHP, USPHS (Ret.)

Starting on July 15, my family and I embarked on a road trip from North Carolina to Wyoming. Over the next month, we travelled throughout 17 states and added over 5,000 miles to the odometer.

Discussing the status of the COVID-19 pandemic in a nationally televised media interview on August 9, Surgeon General Jerome Adams reinforced the critical importance of the “Three W’s.” They include wear a mask, wash your hands, and watch your distance.

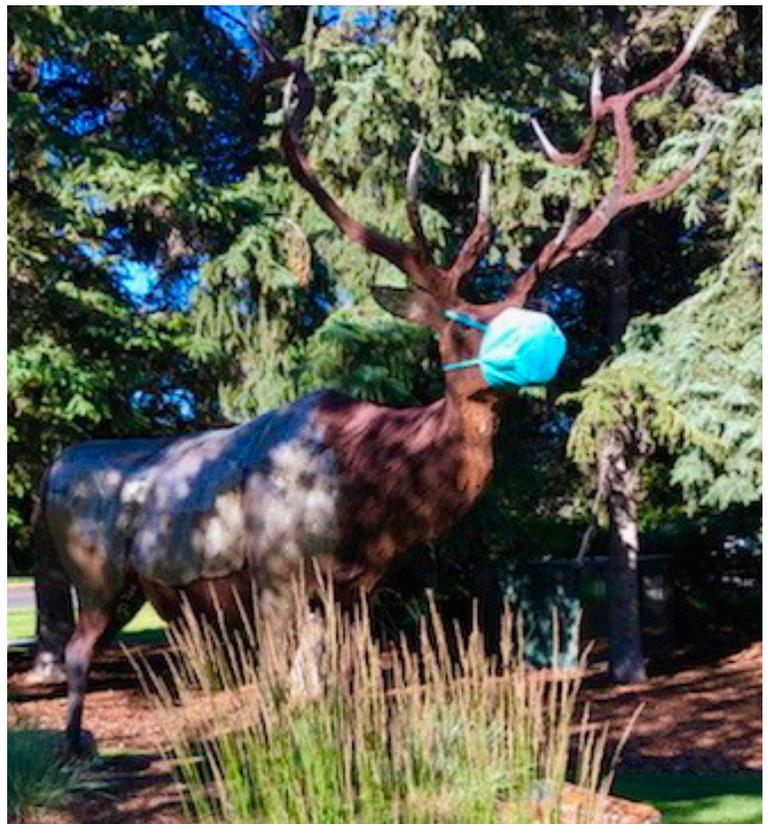
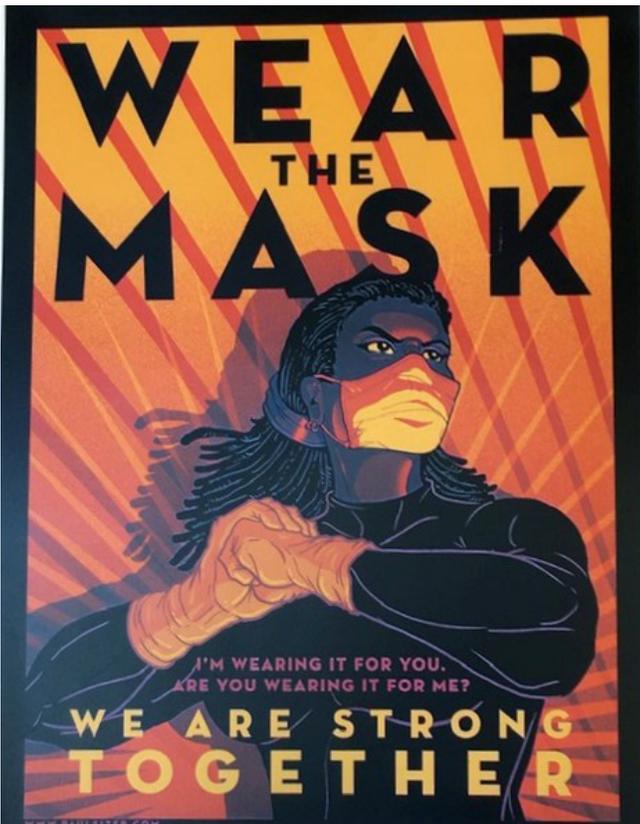
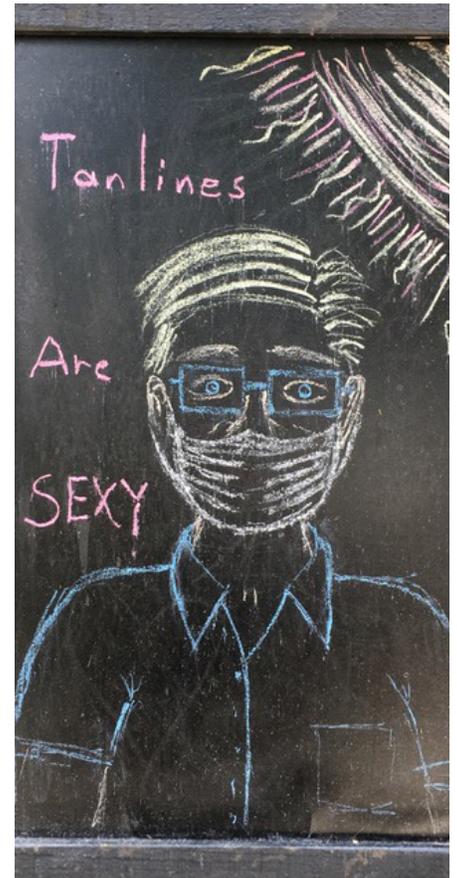
I observed how locals in each of these states were observing mandates on the wearing of facial coverings and social distancing. In general, the compliance with face mask mandates was incredibly good. Hotels, restaurants, and merchants in all states publicly displayed signage requiring facial coverings for entry. In general, western states like Wyoming, Utah, and New Mexico had the highest percentage of local citizens wearing face masks in public.*

Some merchants limited the number of customers entering their establishments at a time, and some required temperature checks before admitting customers.

It was interesting to observe that many communities incorporated “humor” into their approaches to protecting their local populations, as can be seen in the accompanying photos from Jackson, Wyoming and Taos, New Mexico.

Overall, a general attitude of “Working Together We Can Beat This,” and “This Too Shall Pass” was observed, with special, hopeful optimism on the latter of these two sentiments.

*This “observational study” was performed by counting the number of individuals wearing face masks in randomly selected groups of 10 passers-by in each state.





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CDR Holshoe Named MEDDAC-AK Nurse Practitioner of the Year

CDR Joseph Holshoe was named the “APRN of the Year” for the U.S. Army’s Medical and Dental Activity Command – Alaska (MEDDAC-AK). CDR Holshoe was recognized for his contributions to the Department of Behavioral Health within Bassett Army Community Hospital, where he served as both Deputy and Acting Chief, was the sole psychiatric provider for children and adolescents, served as the Substance Use Disorder Clinical Care psychiatric provider, spearheaded the development of an Intensive Outpatient Program, and managed multiple complex patients in an austere and resource-limited environment. Nominated by his peers, his clinical skills were recognized as well as his many contributions to the management of the Department of Behavioral Health. CDR Holshoe’s contributions during an unfortunate suicide cluster and leadership of the department during a period of stressful transition were further recognized with the U.S. Army Meritorious Service Award. CDR Holshoe leaves MEDDAC-AK this August to assume the role of Behavioral Health Program Manager with the VA in Grand Junction, Colorado.



CDR Joseph Holshoe

RETURN TO ACTION from page 1

of deployments are always excused, but absences for other reasons make it difficult for the committee to meet milestones and have a positive impact for our members.

As before, committee meetings will be held at noon on Thursdays, usually (but not always) on the third Thursday of every month. We are tentatively scheduling a meeting for Thursday, 24 September, at noon ET. As always, we welcome questions and suggestions. Please e-mail me at jrensberger@coausphs.org

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husband are both engaged in disaster response work. They must remain ready to deploy, often for weeks at a time. They are the parents of energetic six-year-old twins, who happily supplied background commentary while I interviewed their mother over the phone. The twins have been home from their Spanish-English elementary school since March. Their parents had hoped and expected to hire an au pair from Argentina, but the presidential proclamation put those plans on hold. As of this writing, no solution to their need for childcare has emerged.

We would like to hear from other COA members similarly affected. Please email me at jrensberger@coausphs.org and share your story.

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EXECUTIVE DIRECTOR from page 1

and formation of the Ready Reserve Corps is apparent. The monumental announcement of the creation of the Ready Reserve Corps, signed into law on March 27, 2020 as part of the CARES Act, provided the authority and funding for the establishment of the Ready Reserve Corps. For all of us familiar with the normal bureaucracy of any government, this has moved at lightning speed! In less than four months following the announcement, an informational website was created with plans to start accepting applications in the Fall of 2020. It is projected that in the Spring of 2021, 500 newly commissioned Ready Reserve Corps Officers will join the ranks! Exactly how the corps will look is still in the works, but we've been told there will be openings in all 11 categories, and the age and physical readiness standards required of the active duty corps will apply. By 2024 it is projected that 2,500 officers will be onboarded which means we have a wonderful opportunity to grow membership in COA. There is strength in numbers, so any opportunity to grow our membership with a diverse group of officers representing not just active duty and retired officers but reserve officers as well is a great thing.

The Commissioned Officers Association is extremely grateful to the original cosponsors of the House and Senate Ready Reserve bills, because without their support, interest and vision this initiative could likely still be just a concept. For background, on October 17, 2019, Senator Mike Rounds (R-SD) and Senator Doug Jones (D-AL) introduced S. 2629 "The United States Public Health Service Modernization Act of 2019," followed several weeks later by companion bill H.R. 4870, co-sponsored by Rep. Michael Burgess (R-TX-26) and Rep. Anna Eshoo (D-CA-18). The bill introduced in the Senate, S. 2629, was approved as written by the full Senate. Then, it was incorporated into the developing CARES Act. That massive piece of legislation was approved by both chambers of Congress and became federal law. The Commissioned Officers Association is proud to announce the 2019 Congressional Award, usually bestowed upon one key elected official, will be presented to Senators Rounds and Jones and Representatives Burgess and Eshoo. A sharp COA salute to these four policymakers!

Over the next month I look forward to a meeting with the Surgeon General and have virtual meet-and-greets scheduled with your eleven category Chief Professional Officers (CPOs). We've welcomed a new Board of



ADM Brett Giroir and CAPT Jacqueline Rychnovsky

Directors and Board of Trustees and have begun using OnBoard, a virtual online board portal, to improve communication, posting of information, and tracking and organization of committee actions and minutes. We've also had our first planning meeting for the 2021 Symposium which is scheduled for June 21-24, 2021 in Phoenix, Arizona.

Before we know it, the Dog Days of Summer will be over, Congress will be back to wrap up the 116th Congress, schools will be back in session (albeit virtually for many), and we'll be nearing the end of the federal fiscal year. Take care of yourselves and drop me a line at jrychnovsky@coausphs.org to share anything that's on your mind.

There is strength in numbers.



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