Ann Richards lived a life full of accomplishments. She gave new opportunities to thousands of people across Texas. She inspired a generation of young women. She was a great woman, and she will be deeply missed.

I commend my colleague, the Dean of the Texas Delegation, Congressman ORTIZ for introducing this resolution.

ON THE INTRODUCTION OF THE REVISED ''KEEP OUR PROMISE TO AMERICA'S MILITARY RETIREES ACT'' AND THE NEW ''KEEPING FAITH WITH THE GREATEST GENERATION MILITARY RETIREES ACT''

HON. CHRIS VAN HOLLEN

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

Wednesday, February 28, 2007

Mr. VAN HOLLEN. Madam Speaker, today, with my colleagues CHET EDWARDS, JEFF MILLER and WALTER JONES, I am re-introducing the Keep Our Promise to America's Military Retirees Act, a bill to fulfill promises made to young men and women when they entered the service that quality health care would be available to them when they retired after a career in uniformed service to their country. In addition, we are introducing a new bill, the Keeping Faith with the Greatest Generation Military Retirees Act, legislation addressing a specific obligation Congress has to military retirees who entered the uniformed services prior to 1956 under one set of rules but retired under a different set of rules that stripped them of health care that had been provided routinely to them. It was this class of military retirees for whom a Federal Appeals Court cited the moral obligation of Congress to address a remedy.

America's military retirees and their families have sacrificed much for their nation. The last thing they need is to contend with the government's failure to deliver health care that was promised and earned. For generations, military recruits were told they would receive health care at military facilities when they retired, and for generations this was routinely the case. However, beginning in 1956 laws and administrative policies gradually made this care less available, so that ultimately many military retirees had no access to health care under the military system. Military downsizing made access to military bases more difficult for retirees, military treatment facilities were no longer required to provide—and in some cases stopped providing—retiree health care, and many retirees who could not get care at military bases could not find private doctors willing to participate in the off-base plan known as Tricare Standard.

The original version of the Keep Our Promise to America's Military Retirees Act was introduced in 1999, with two legislative goals:

To ensure that military retirees under age 65 who were ill-served by the Tricare military health care system could have the option to enroll in the Federal Employees Health Benefit (FEHB) plan; and

To ensure that military retirees who qualify for Medicare (generally those over age 65) would retain coverage under the military system, just as federal civilian retirees could retain FEHB coverage as a second payer.

One year later Congress authorized the program known today as Tricare for Life (TFL) in the FY2001 National Defense Authorization Act. TFL was a major victory for Medicare-eligible military retirees, offering Defense Department coverage as a second payer to Medicare.

Unfortunately, Congress did not address the needs of other groups of military retirees for whom the military health care system continues to be broken. While the Tricare system works well for many military retirees, some younger retirees, especially those under age 65 who do not yet qualify for TFL, still do not have access to promised—and earned—health care. Many military facilities will not treat military retirees on a timely basis, if at all, and many continue to have difficulty finding private doctors who participate in Tricare Standard.

And even though TFL addressed the health care needs of Medicare-eligible retirees over age 65, there remained an outstanding broken promise to a class of the most elderly retirees from the World War II and Korean War eras. These military retirees joined the service under one set of rules with a promise and expectation that fully paid health care would be theirs upon retirement, but when they retired they discovered that intervening laws forced them to operate under a different set of rules that took away that promised care. Many of them were forced to expend significant life savings on health care and they believe that the government literally owes them. A breach-of-contract lawsuit filed by some of these pre-1956 retirees went all the way to a Federal Appeals court, which ruled in 2003 against the plaintiffs on a technicality but made it clear that the plaintiffs had a legitimate moral claim:

> Accordingly, we must affirm the district court's judgment and can do no more than hope Congress will make good on the promises recruiters made in good faith to plaintiffs and others of the World War II and Korean War era—from 1941 to 1956, when Congress enacted its first health care insurance act for military members, excluding older retirees. . . .
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> We cannot readily imagine more sympathetic plaintiffs than the retired officers of the World War II and Korean War era involved in this case. They served their country for at least 20 years with the understanding that when they retired they and their dependents would receive full free health care for life. The promise of such health care was made in good faith and relied upon. Again, however, because no authority existed to make such promises in the first place, and because Congress has never ratified or acquiesced to this promise, we have no alternative but to uphold the judgment against the retirees' breach-of-contract claim. . . .
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> Perhaps Congress will consider using its legal power to address the moral claims raised by [the plaintiffs] on their own behalf, and indirectly for other affected retirees.

Recent versions of the Keep Our Promise to America's Military Retirees Act have enjoyed strong support in Congress. Most recently it had 260 bipartisan cosponsors in the 109th Congress. The bill addressed the ongoing broken promises to military retirees with two main legislative provisions:

As with the original version of the bill, the bill in the 109th Congress offered military retirees under age 65 who were ill-served by the Tricare military health care system the option to enroll in the Federal Employees Health Benefit (FEHB). The FEHB provision offered a proven and effective health care option that can take effect very quickly without creating a new bureaucracy; and

Addressed Congress' moral obligation to make good on broken promises to the pre-1956 retirees, who were forced to spend significant sums for health care despite assurances when they joined the service that no-cost retirement health care would be provided, by exempting them from paying the Medicare Part B premiums required to enroll in Tricare for Life.

The exemption from Part B premiums for the pre-1956 retirees was a fair and just matter of principle. But the high costs of that provision prevented the bill from moving forward. Many Members of Congress believed we had addressed the health care needs of elderly military retirees by enacting TFL in the FY2001 defense bill, and even if the Federal Court had rightfully noted that Congress needed to further address broken promises to the most elderly military retirees, the federal budget simply could not accommodate exempting one and one-half million military retirees, spouses and dependents from paying Medicare Part B premiums.

In addition to the cost issue, there remained another significant legislative hurdle for the Keep Our Promise Act. Because of its impact on the delivery of health care generally and its direct impact on three different health care systems—Tricare, FEHB and Medicare—the bill was referred to four separate congressional committees, which makes consideration and passage of any legislation much more difficult.

An old axiom says that ''politics is the art of the possible.'' We hope this year to prove that axiom right, by dividing the Keep Our Promise Act into two distinct pieces of legislation, to improve the chances that at least one of the bills' legislative provisions can soon become law.

So today we are introducing a revised Keep Our Promise to America's Military Retirees Act, which has the sole purpose of offering the FEHB options to military retirees so they have a way to get quality health care underwritten by the U.S. government if the military health care system doesn't work for them. This is a legislative remedy that keeps the government's promise that military retirees will have quality health care without creating a new bureaucracy.

We are also introducing a new companion measure, the Keeping Faith with the Greatest Generation Military Retirees Act, which fulfills the country's moral obligation to the most elderly military retirees for whom the rules were changed in the middle of the game and to whom we continue to owe back debts.

While the financial cost of this bill is high, the moral costs of not enacting it are far higher. It is our hope that this bill will get the hearing it deserves and that Congress will acknowledge its moral obligation that was made so clear by the Federal Courts.

Madam Speaker, today we set a course that we believe is politically viable—the art of the possible. Our new legislation has significant revisions that will rectify injustices and hardships for America's greatest heroes that we have allowed to fester for far too long. This is the year we can and must make health care available to many military retirees for whom the military health care system is broken. This is the year we must Keep Our Promise to America's Military Retirees.