



Disabled American Veterans Department of Florida Newsletter



By Al Linden, Executive Director

December 31, 2016

As of December 31, 2016 our membership was 62,055 needed 1,144 to make goal are life members.

State Commander Jack Johnson Message

Happy new year to all. I hope to see you at the mid-winter conference. There is a lot of business to be conducted and there will be a lot of time to enjoy the area. If you are a Delegate for your chapter, you are expected to attend all meetings. All chapters and delegates who have met their membership quota will be recognized from the convention floor. Stand up and be counted. Any chapters who would like a chapter officer to attend their meeting, should contact the department. See you soon.

Chapter Service Officer Seminar & Mid Winter Conference

The Chapter Service Officer Seminar will begin on January 17, 2017. Graduation is Friday noon, January 20, 2017.

The Midwinter Conference starts at 1:00pm January 20, 2017 and ends with the Commanders Testimonial Dinner on January 21, 2017.

These meeting will be held at the Lake Mary Marriott, in Lake Marry, FL.

IRS 990-N Report Due by November Each Year

The IRS has complicated the filing of the 990N for those chapters who have total income of less than \$50,000. Login on to <https://www.irs.gov/.../new-form-990-n-submission-website>. Then follow instructions for first time users. You must follow the instructions and create a username and a password. If you have any questions, please call me as I did it successfully for my chapter.

Also be reminded that **Chapter Annual Financial Reports are due by September 30 each year.** **Chapter Officers Reports** are due within 10 days after installation each year or when changes are made. ALL chapters make \$50,000 and less and do not file any other IRS form must file a N990 by November 15 each year. Last year 4 chapters failed to do so and their tax exempt was removed and it cost them over \$400 to get it

BALANCE SHEET		
As Of Dec 31, 2016		
TOTAL ASSETS	\$1,339,642	
TOTAL LIABILITIES		\$179,822

TOTAL LIABILITIES&FUND BALANCES	\$1,339,642	

Bay Pines VAVS	\$2304
Gainesville VAVS	\$1000.00
Tampa VAVS	\$1950
Lake City VAVS	\$2225
WPB VAVS	\$1000
Miami VAVS	\$2200
Orlando VAVS	\$7550
Eglin CBOC	\$0



about
Disabled
American
Veterans

on your next
drivers license application,
then they know you care!

New Regulation Decreases Cost of Outpatient Medication

Copay for Most Veterans Washington – The Department of Veterans Affairs (VA) is amending its regulation on copayments for Veterans' outpatient medications for non-service connected conditions. VA currently charges non-exempt Veterans either \$8 or \$9 for each 30-day or less supply of outpatient medication, and under current regulations, a calculation based on the medication of the Medical Consumer Price Index (CPI-P) would be used to determine the copayment amount in future years. "Switching to a tiered system continues to keep outpatient medication costs low for Veterans," said VA Under Secretary for Health Dr. David J. Shulkin. "Reducing their out-of-pocket costs encourages greater adherence to prescribed outpatient medications and reduces the risk of fragmented care that results when multiple pharmacies are used; another way that VA is providing better service to Veterans."

This new regulation eliminates the formula used to calculate future rate increases and establishes three classes of outpatient medications identified as Tier 1, Preferred Generics; Tier 2, Non-Preferred Generics including over-the-counter medications; and Tier 3, Brand Name. Copayment amounts for each tier would be fixed and vary depending upon the class of outpatient medication in the tier.

These copayment amounts will be effective February 27, 2017:

\$5 for a 30-day or less supply - Tier 1 outpatient medication

\$8 for a 30-day or less supply - Tier 2 outpatient medication

\$11 for a 30-day or less supply - Tier 3 outpatient medication

These changes apply to Veterans without a service-connected condition, or Veterans with a disability rated less than 50 percent who are receiving outpatient treatment for a non-service connected condition, and whose annual income exceeds the limit set by law. Medication copayments do not apply to former Prisoners of War, catastrophically disabled Veterans, or those covered by other exceptions as set by law.

Copayments stop each calendar year for Veterans in [Priority Groups 2-8](#) once a \$700 cap is reached.

More information on the new tiered medication copayment can be found [here](#).

- See more at: <http://www.va.gov/opa/pressrel/pressrelease.cfm?id=2843#sthash.yfNYyWMD.dpuf>

DAV State Representative(s) for Florida, Georgia & South Carolina

This E-Mail provides information about the upcoming **Retiree Appreciation Day (RAD)** being conducted by the Ft Stewart, GA Retirement Services Office (RSO). The RAD will be held on the **campus of the University of Central Florida (UCF)** on **Saturday, February 25, 2017**.

The Ft Stewart RSO would like to invite all retired US Army Soldiers and their families to this event. Attendees will be able to hear and meet **SMA (R) Kenneth O. Preston**, who will present the latest information on the current state of the Army, benefits and entitlements. Additional briefings will be provided by representatives from Defense Accounting and Finance Service (**DFAS**), the Military Health Care System (**TRICARE**), and the Military Officers Association of America (**MOAA**).

INCOME / EXPENSES VS BUDGET
Decr 31, 2016

Actual Budget Difference

Ordinary Income/Expense

Income

6001 · Convention Income	1,540.00	5,680.00	-4,140.00
6030 · Midwinter Income	5,695.00	8,700.00	-3,005.00
6050 · Dues from National	241,339.49	140,000.00	101,339.49
6100 · Donation fr Service Fd-Principl	0.00	383,695.00	-383,695.00
6140 · National Fund Raisers	93,607.50	180,000.00	-86,392.50
6200 · Chapter & Unit 10%	41,585.44	0	1,585.44
6310 · Chapter Closeouts	0.00	4,000.00	-4,000.00
6311 · Donations	0.00	5,000.00	-5,000.00
6315 · Orange City Income	9,000.00	0.00	9,000.00
6330 · Lake Panosofkee	2,050.08	4,000.00	-1,949.92
6331 · Lakeland Bldg Mortgage	8,160.00	12,000.00	-3,840.00
6333 · Orange City Mortgage	0.00	13,000.00	-13,000.00
6350 · Drivers License Income	13,703.52	50,000.00	-36,296.48
6410 · 2015 Service Officer's	11,925.00	10,000.00	1,925.00
6411 · Service Program Donations	75.99	100.00	-24.01
6450 · VAVS Donations	10,157.50	20,100.00	-9,942.50
6800 · Miscellaneous	19,107.03	1,000.00	18,107.03

Total Income	457,946.55	877,275.00	-419,328.45
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Gross Profit	457,946.55	0	-419,328.45
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Expense

7000.2 · Convention Expense	1,835.94	16,100.00	-14,264.06
7030.1 · Midwinter Expenses	0.00	19,700.00	-19,700.00
7040.1 · Service Expenses	481,883.30	686,800.00	-204,916.70
7570.1 · Legislative Expenses	0.00	0	-5,100.00
8000.3 · VAVS Expenses	6,540.00	5,100.00	-21,710.00
8260 · Headquarters Expense	25,010.66	28,250.00	-95,589.34
8562.2 · National Convention Expense	13,907.82	120,600.00	13,907.82
9500.1 · Foundation expenses	118.34	0	-606.66

Total Expense	529,296.06	877,275.00	-347,978.94
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Net Ordinary Income	-71,349.51	0.00	-71,349.51
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Other Income/Expense

Other Income

11001.4 · Testimonial Income	0.00	5,000.00	-5,000.00
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Total Other Income	0.00	5,000.00	-5,000.00
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Other Expense

11000.4 · Testimonial Expenses 2015	127.34	5,000.00	-4,872.66
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Total Other Expense	127.34	5,000.00	-4,872.66
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Net Other Income	-127.34	0.00	-127.34
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Net Income	-71,476.85	0.00	-71,476.85
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**MEMBERSHIP
FOR
DEC 31, 2016**

Chanter	Last yr	trial	part life	full life	total	Goal	% goal	needed	hanter name	11/30/16
001		1,906	8	151	1,724	1,883	1,779	96.91%	-55	JACKSONVILLE #1
002	G	11,164	1,612	980	8,488	11,080	8,479	100.11%	9	EVERGLADE STATE #2
004		2,567	3	143	2,415	2,561	2,463	98.05%	-48	JOHN C MCCARTHY II #4
005		583	1	58	525	584	548	95.80%	-23	THE TALLAHASSEE #5
006		291	1	26	262	289	274	95.62%	-12	ST AUGUSTINE #6
007		849	2	242	635	879	741	85.70%	-106	W WASHINGTON #7
011		1,681	1	74	1,546	1,621	1,574	98.22%	-28	CLEARWATER #11
012		1,497	1	97	1,387	1,485	1,420	97.68%	-33	CORAL GABLES #12
013		2,503	1	111	2,362	2,474	2,396	98.58%	-34	BAY PINE HLDY ISL #13
016		2,777	1	171	2,563	2,735	2,629	97.49%	-66	CENTRAL #16
017		761	0	39	733	772	738	99.32%	-5	PANAMA CITY #17
018		1,780	1	152	1,637	1,790	1,682	97.32%	-45	MANATEE COUNTY #18
020		356	1	21	333	355	343	97.08%	-10	LAKE CITY #20
022		309	0	14	289	303	296	97.64%	-7	JACKSON COUNTY #22
023		2,151	3	93	2,024	2,120	2,056	98.44%	-32	AL GRAY #23
029		617	1	50	574	625	590	97.29%	-16	PEMBROKE PINES-MIRAMAR
030		1,303	0	102	1,191	1,293	1,228	96.99%	-37	SEMINOLE #30
032		1,361	2	95	1,217	1,314	1,244	97.83%	-27	J L GOLIGHTLY #32
038		1,502	1	190	1,302	1,493	1,388	93.80%	-86	ORANGE PARK #38
042		1,834	0	88	1,746	1,834	1,772	98.53%	-26	WEST PALM BEACH #42
049		322	0	22	297	319	305	97.38%	-8	RIDGE #49
050		238	1	9	223	233	226	98.67%	-3	CENTRAL BREVARD #50
057		445	5	29	409	443	413	99.03%	-4	CRESTVIEW #57
063		164	0	7	152	159	155	98.06%	-3	TRI-COUNTY #63
065		555	0	31	515	546	524	98.28%	-9	ZEPHYRHILLS #65
067		1,249	0	58	1,165	1,223	1,190	97.90%	-25	HERNANDO COUNTY #67
070		597	0	37	545	582	560	97.32%	-15	GERALD A SHONK #70
073		367	2	26	338	366	343	98.54%	-5	TAMARAC #73
078		1,205	0	56	1,123	1,179	1,141	98.42%	-18	NEW PORT RICHEY #78
082		1,120	0	52	1,073	1,125	1,082	99.17%	-9	R L COCHRAN JR #82
083		1,042	2	133	929	1,064	969	95.87%	-40	C W BYERS SR #83
084		1,282	3	67	1,198	1,268	1,213	98.76%	-15	GREATER DAYTONA #84
085		1,141	0	41	1,070	1,111	1,080	99.07%	-10	SOUTH MARION #85
086		632	0	73	556	629	587	94.72%	-31	JIM BOOE #86
087		759	2	39	712	753	723	98.48%	-11	SGT WM E HILL #87
090		891	1	74	812	887	845	96.09%	-33	GATOR #90
094		1,059	0	35	1,004	1,039	1,021	98.33%	-17	C GUSTAFSON #94
097		564	0	39	503	542	518	97.10%	-15	BEE RIDGE #97
098		243	1	11	230	242	233	98.71%	-3	EUCHEE VALLEY #98
101		809	0	48	759	807	774	98.06%	-15	VENICE GULF #101
108		658	0	66	617	683	633	97.47%	-16	JAMES D RADER #108
109		509	0	27	484	511	488	99.18%	-4	TITUSVILLE #109
110		507	0	31	485	516	490	98.98%	-5	SUN CITY CENTER #110
112		790	6	40	748	794	760	98.42%	-12	BAY AREA #112
113		710	1	41	658	700	673	97.77%	-15	PORT ST LUCIE #113
119		368	0	14	353	367	357	98.88%	-4	ANTHONY P DADDI #119
122		540	0	70	467	537	493	94.73%	-26	MARATHON #122
123		637	0	19	595	614	596	99.83%	-1	SPACE COAST #123
125		548	2	24	531	557	536	99.07%	-5	CPL P D LYON JR #125
126		179	0	8	169	177	173	97.69%	-4	SUWANNEE MEM #126
129		358	0	15	337	352	343	98.25%	-6	SO BREVARD BCHS #129
133		951	0	82	888	970	909	97.69%	-21	THE GOLD COAST #133
144		99	0	8	90	98	91	98.90%	-1	LA BELLE #144
148		834	4	78	770	852	795	96.86%	-25	AGNES M TAYLOR #148
150	G	945	0	37	973	1,010	961	101.25%	12	ORANGE BLOSSOM GDNS #150
152		708	0	42	661	703	674	98.07%	-13	SOUTH PALM BEACH #152
155		367	0	15	346	361	350	98.86%	-4	SEBASTIAN RIVER AREA #155
158		201	0	30	194	224	202	96.04%	-8	CRYSTAL RIVER #158
159		20	0	21	1	22	11	9.09%	-10	MIAMI SPRINGS #159
Dept.		62,405	1,670	4,452	55,933	62,055	57,077	98.00%	-1,144	



**Legislation
FOR
DEC 31, 2016**

VA Grants Full Practice Authority to Advance Practice Registered Nurses

Decision Follows Federal Register Notice That Netted More Than 200,000 Comments

WASHINGTON - The Department of Veterans Affairs (VA) today announced that it is amending provider regulations to permit full practice authority to three roles of VA advanced practice registered nurses (APRN) to practice to the full extent of their education, training, and certification, regardless of State restrictions that limit such full practice authority, except for applicable State restrictions on the authority to prescribe and administer controlled substances, when such APRNs are acting within the scope of their VA employment.

“Advanced practice registered nurses are valuable members of VA’s health care system,” said VA Under Secretary for Health Dr. David J. Shulkin. “Amending this regulation increases our capacity to provide timely, efficient, effective and safe primary care, aids VA in making the most efficient use of APRN staff capabilities, and provides a degree of much needed experience to alleviate the current access challenges that are affecting VA.”

In May 2016, VA announced its intentions, through a [proposed rule](#), to grant full practice authority to four APRN roles. Though VA does have some localized issues, we do not have immediate and broad access challenges in the area of anesthesia care across the full VA health care system that require full practice authority for all Certified Registered Nurse Anesthetists (CRNAs). Therefore, VA will not finalize the provision including CRNAs in the final rule as one of the APRN roles that may be granted full practice authority at this time. VA will request comment on the question of whether there are current anesthesia care access issues for particular states or VA facilities and whether permitting CRNAs to practice to the full extent of their advanced authority would resolve these issues.

APRNs are clinicians with advanced degrees and training who provide primary, acute and specialty health care services; they complete masters, post-masters or doctoral degrees. There are four APRN roles: Certified Nurse Practitioner, Clinical Nurse Specialist, Certified Registered Nurse Anesthetist, and Certified Nurse Midwife.

“CRNAs provide an invaluable service to our Veterans,” Under Secretary for Health Shulkin continued. “Though CRNAs will not be included in VA’s full practice authority under this final rule, we are requesting comments on whether there are access issues or other unconsidered circumstances that might warrant their inclusion in a future rulemaking. In the meantime, we owe it to Veterans to increase access to care in areas where we know we have immediate and broad access challenges.”

All VA APRNs are required to obtain and maintain current national certification.

The final rulemaking establishes professional qualifications an individual must possess to be appointed as an APRN within VA, establishes the criteria under which VA may grant full practice authority to an APRN and defines the scope of full practice authority for each of the three roles of APRN. Certified Registered Nurse Anesthetists will **not** be included in VA’s full practice authority under this [final rule](#).

VA is the nation’s largest employer of nurses; as of July 2016 its workforce of approximately 93,500 nurses (RNs, LPNs, NAs) includes approximately 5,769 APRNs

For more information about openings for nurses or other health care positions at VA, visit Vacareers@va.gov.

Congress Approves Continued Funding for FY 2017

With time running out, Congress finally passed a second continuing resolution (CR) to fund the federal government past December 9. The House approved the CR, **H.R. 2028**, on December 8 by a vote of 326-96, followed the next day by the Senate's approval by a recorded vote of 63-36. The measure was signed by the President on December 10, becoming **Public Law (P.L.) 114-254**. The new law funds all federal government operations – save those for the VA and military construction accounts – until April 28, 2017.

P.L. 114-254 contains:

- \$1.07 trillion in funding for operations of most federal agencies, programs, and services;
- \$5.8 billion for DOD and \$4.3 billion for the State Department/USAID in support of military and diplomatic efforts to fight ISIS and terror around the globe. The DOD level in this bill is \$8 billion above the rate in the now-expired CR;
- \$4.1 billion in disaster relief funding;
- \$1.8 billion for Community Development Block Grants to states to support recovery and rebuilding efforts for individuals with homes damaged by severe weather events;
- \$1.025 billion for the Army Corps of Engineers for repairs to flood and coastal storm protection projects and dredging;
- \$1 billion for the Federal Highway Emergency Relief program to repair damaged highways;
- \$872 million in funding for legislation, **H.R. 34**, entitled the *21st Century Cures Act of 2016*, which boosts critical medical research, drug approval, and drug abuse efforts; and,
- \$170 million to address the infrastructure and health needs of communities affected by contaminated drinking water.

The law also contained a number of provisions that address DOD and Department of Homeland Security (DHS), which would:

- Allow funding to be used for the *Ohio*-class submarine replacement program to avoid delays that would increase costs;
- Allow funding to be used for Apache Attack and Black Hawk helicopters multi-year procurements to avoid delays that would increase costs;
- Allow funding to be used for the KC-46A Tanker program to avoid delays that would increase costs; and,
- Allow funding to be used to continue DHS operations, including border security, immigration enforcement, aviation security, and the protection of the President-elect.

Veterans Legislation

The House and Senate Veterans' Affairs committees compiled an omnibus bill consisting of VA-related provisions. **HR 6416**, entitled the *Jeff Miller and Richard Blumenthal Veterans Health Care and Benefits Improvement Act of 2016*, passed the Senate without amendment by voice vote on December 10, after it passed the House on December 6 by a 419-0 vote. This bill is named after Jeff Miller, Chairman of the House Veterans' Affairs Committee, and Richard Blumenthal, Ranking Member of the Senate Veterans' Affairs Committee. This omnibus bill drew together a number of pending non-controversial veterans' bills that were bipartisan and voted out of committee months ago.

VA National Cemeteries Now Offering Pre-Need Eligibility Determinations for Veterans

On December 8, the Department of Veterans Affairs announced it now provides eligibility determinations for interment in a VA national cemetery prior to need. Through the pre-need determination eligibility program, upon request, individuals can learn if they are eligible for burial or memorialization in a VA national cemetery.

Veterans Crisis Line Improves Service with New Call Center

Opening in Atlanta

WASHINGTON- The Department of Veteran Affairs cut the ribbon today for its new Veteran Crisis Line (VCL) satellite office in Atlanta allowing the life-saving hotline to expand capacity by nearly 600 Veterans each day essentially doubling VA's ability to help Veterans in need.

As a part of the MyVA initiative, the largest restructuring in the Department's history, improvements of the VCL are a key priority, with the goal of providing 24/7, world-class suicide prevention and crisis intervention services to Veterans, servicemembers and their family members across the globe.

"The addition of the second Veterans Crisis Line facility enhances VA's ability to provide 24/7 suicide prevention and crisis intervention services by trained, dedicated VA employees to Veterans, Service members and their families," said VA Deputy Secretary Sloan Gibson who joined Veterans Crisis Line responders and partners in today's ribbon cutting. "The work at the Veterans Crisis Line is some of the most important work we do in VA. Today we follow through on our commitment to give those who save lives every day at the Crisis Line the training, additional staff and modern call center technology they need to make the Veterans Crisis Line a Gold Standard operation. The Veterans of this nation, especially those in most need of our help, deserve no less."

The VCL is critical to connecting Veterans with facility-based Suicide Prevention Coordinators (SPCs). SPC teams within each Veterans Affairs Medical Center (VAMC) work to engage Veterans and communities to raise awareness about VA's suicide prevention and behavioral health resources.

The VCL interfaces with various stakeholders, including the Veterans Health Administration (VHA) Suicide Prevention Program Office and the Substance Abuse and Mental Health Services Administration (SAMHSA), to provide critical services that ultimately provide a safe haven for Veterans and servicemembers.

Since VCL was launched in 2007, the crisis line counselors have:

Answered nearly 2.6 million calls

Dispatched emergency services to callers in imminent crisis more than 67,000 times

Engaged nearly 314,000 Veterans or concerned family members through the chat option launched in 2009

Responded to nearly 62,000 requests since the launch of text services in November 2011

Forwarded more than 416,000 referrals to local VA suicide prevention coordinators on behalf of Veterans to ensure continuity of care with Veterans' local VA providers. The VCL staff has grown over the years. Initially housed at Canandaigua VAMC in N.Y., it began with 14 responders and two health care technicians answering four phone lines. Today, the combined facilities employ more than 500 professionals, and VA is hiring more to handle the growing volume of calls. Atlanta offers 200 call responders and 25 social service assistants and support staff, while Canandaigua houses 310 and 43, respectively.

Callers dial the National Suicide Prevention Hotline number 1-800-273-TALK (8255) and Veterans choose option 1 to reach a VHA VCL Responder. The text number is 838255 or Veterans may chat with our trained professionals online at Vets.gov. Calls, texts, and chats are immediately directed to a VA professional who is specially trained to handle emotional and mental health crises for Veterans and servicemembers. VA is also streamlining and standardizing how crisis calls from other locations, such as VAMCs, reach the VCL, including full implementation of the automatic transfer function that directly connects Veterans who call their local VAMC to the VCL by pressing a single digit during the initial automated phone greeting.

For more information about the Veteran Crisis Line service expansion, see the VCL expansion [fact sheet](#) on VA's website.

- See more at: <http://www.va.gov/opa/pressrel/pressrelease.cfm?id=2848#sthash.KmyvAWMj.dpuf>

Omnibus Veterans Bill Passed by House and Senate

On December 10, 2016, the Senate passed H.R. 6416, the Jeff Miller and Richard Blumenthal Veterans Health Care and Benefits Improvement Act of 2016.

H.R. 6416 now heads to the President's desk to be signed into law. The bill contains legislation consistent with several of DAV's national resolutions. Highlights of the measure include provisions to:

Benefits

- Establish automatic entitlement to survivor benefit payments in certain cases;
- Streamline the Board of Veterans Appeals video hearing process;
- Enhance the Veterans Benefit Administration's contract medical examination process;
- Temporarily increase the number of judges presiding at Court of Appeals for Veterans Claims;
- Require continuous review of the Transition Goals Plans and Success (GPS) program, its workshops, training methodology, delivery of services, collection and analysis of course critiques and VSO involvement;
- Establish a three-year transition period for Service Disabled Veteran Owned Businesses following the non-service-connected death of the service-disabled veteran owner, rated less than 100 percent;
- Express a sense of Congress that October 5 be recognized annually as American Veteran Disabled for Life Day;

Health Care

- Authorize advanced appropriations for VA's Medical Community Care account;
- Improve access to standard immunizations for veterans;
- Provide priority services to Medal of Honor recipients within VA's health care system;
- Establish procedures for mental health treatment for veterans who performed classified missions while on active duty;
- Provide examination and treatment by VA for emergency medical conditions and women in labor;
- Authorize several major VHA medical facility projects;
- Authorize research for descendant health conditions potentially related to veterans exposed to toxic substances during their service in the Armed Forces;

Homeless

- Expand the definition of "homeless veteran" to authorize access to VA services and benefits to this group of veterans;
 - Increase per diem payment rates for transitional housing assistance that later become permanent housing for homeless veterans;
 - Establish a program to improve retention of housing by formerly homeless veterans and veterans at risk of becoming homeless;
 - Establish a National Center on Homelessness Among Veterans and
 - Require VA to assess comprehensive service programs for homeless veterans.
- For detailed information about H.R. 6416, please [click here](#).