

The Military - Veterans Coalition of Indiana 2019 Legislative GOALS V4

1. Extend and continue funding the Indiana Veteran Recovery Pilot Program (IVRP)

IC 10-17-14; IC 27-1-43; IC 34-13-3-2. Synopsis: Extend IC 10-17-13-3 set to expire with the expiration of the biannual budget. Provide \$1Million to treat veterans and first responders during the biannual budget period using IC10-17-13-3.

Rationale: *One of the most important missions facing all of us at this time in history is caring for our combat wounded returning home from their deployments, and fighting another battle, the battle to regain their quality of life sacrificed in service to our country. This battle is the support and resources to treat the Iraq and Afghan Signature Wound—Traumatic Brain Injury / Post Traumatic Stress Disorder, also known as the silent wound of the War on Terror. The Oklahoma model for providing Hyperbaric Oxygen Treatment (focusing on TBI), and reimbursing for the costs for treatment is calculated to save ONE BILLION DOLLARS a year! Cost of treatment at MEDICARE rates is about \$17,000 one time. Per studies by Rand Corporation and validated by a study done by Ball State University the cost to state and federal government of not treating (or ineffective treatment) is estimated at between \$36K and \$60K per year. 35% of Vietnam Veterans and 30% of Gulf War Veterans suffer from TBI, PTSD, or both per the Rand Corporation Study of 2008. The Veterans Administration indicates that there are 166K Vietnam vets and 126K Gulf War vets for a total of 292K vets. Using 30% of 292,000 veterans reveals to total veteran population suffering from TBI-PTSD of 87K. Using a cost factor of \$36K; the annual cost is \$3.15BILLION ANNUALLY. The Military Coalition thinks that state resources exist, and know that the patriotic commitment exist to see it through to completion. The most important outcome will be our Guardians of Freedom and First Responders will get their lives back, and their families will get them back.*

2. Indiana Drug Treatment Recovery Pilot Program using Hyperbaric Oxygen Therapy

Synopsis: Provide \$250,000 to treat Hoosiers who have become addicted to prescription drugs with preference to veterans and first responders during the biannual budget period using IC 10-17-13-3 as the model.

Rationale: *Hyperbaric Oxygen Therapy (HBOT) is proven to help treat and heal addictions and substance abuse disorders in other parts of the world – why not the USA? Worldwide research reviled HBOT to be safe and effective in treating brain injuries including those caused to drug addiction. Our position is that HBOT already is demonstrating efficacy in helping brain injured patients with their desire to heal their wounded brains, get off drugs, and alleviate the pain of withdrawal. Indiana has at least 38 facilities where effective detox and lasting repair/recovery can take place. Every one of these facilities is operating today at less than 50% capacity (based on an 8 hour day)! All of these 38 facilities meet the most rigorous safety and medical standards!*

Some background: Concussions, PTSD, alcohol abuse, and drug abuse cause physical damage to the brain. These broken brains are NOT repaired on their own, they need effective treatment. Therein lies the catch—effective treatment! Today’s treatments for drug abuse or brain injuries do not work to heal the brain. Doctors and medical professionals have been trained to treat the symptoms, not the injury or the continuous deterioration when the injury is untreated. However, drug makers and some scientists continue developing drugs as they did when they developed Oxycodine to “help”. The results – here we are in a crisis! On the other hand, HBOT is healing brains worldwide, and it is safe and effectively.ⁱ

Earlier in 2017 the Trump Administration announced \$485 million in grants to help states and territories combat opioid addiction. [<https://www.hhs.gov/about/news/2017/04/19/trump-administration-awards-grants-states-combat-opioid-crisis.html>]. The 21st Century Cures Act is offered through State Targeted Response to the Opioid Crisis Grants administered by the Substance Abuse and Mental Health Services Administration (SAMHSA) as the first of two funding awards. The Health and Human Services (HHS) prioritized five specific

strategies: strengthening public health surveillance, the practice of pain management, improving access to treatment and recovery services, targeting availability and distribution of overdose-reversing drugs, and supporting cutting-edge research.

The Centers for Disease Control and Prevention (CDC) declared the opioid crisis an epidemic. The President's Commission on Combating Drug Addiction and the Opioid Crisis recommended the opioid crisis be a national emergency. They stated: "With approximately 142 Americans dying every day [due to opioid addiction], America is enduring a death toll equal to September 11th every three weeks." The National Institute on Drug Abuse estimates that there were nearly 35,000 deaths from opioid overdose in 2015, up from over 11,000 in 2002.

How effective have the states been? It is long overdue to take a fresh look and consider what is successful outside the United States. Dealing with crisis epidemics is: early detection, early response. The US confronted three potentially catastrophic epidemics: meningitis, Ebola and Zika – and now the opioids. Over one billion dollars went into research, treatments and interventions that might or not work to help a relative small number of infected people. Deaths were minimal during the spread of the infectious diseases.

The opioid crisis and hundreds of thousands suffering from these brain injuries, coupled with a "suicide rate" by overdosing is staggering! This suicide rate has not caused a sense of urgency and immediate use of alternative therapies that satisfy the criteria set by Doctors Without Borders during the last Ebola epidemic scare: "Even if the sample size is quite small and more research and analysis is needed, the enormity of the public health emergency should lead us to continue using this vaccine right now... Replication of a targeted approach focusing on those most at risk of infection should therefore happen immediately and we urge governments in affected countries to start using this vaccine as soon as they can" ⁱⁱ

The medical community seems unwilling or unable to act in response to this life-threatening emergency—or maybe as described in a recent Washington Post story the lobbyist don't want effective action. Today, we find out the President's nomination for Drug Czar is NOT the man we need.

The President signed The 21st Century Cures Act (the Act) recently. ⁱⁱⁱ The Act directs expediting and approving breakthrough medical technologies for patients with life-threatening illnesses and limited treatment options is to be a priority. It also directs expediting clinical development, review and approval for a product that is using the same or similar approach as that used to support approval of the prior approved application or license. ^{iv}

HBO2 is a prime candidate for immediate adoption and application given the epidemics of opioids, suicides, and concussions. ^v How can I claim this? Look at recent research!

Washington State just completed two studies: Researchers at Washington State (tinyurl.com/mesc5gu) in an animal study have shown that HBOT can cut in half both the pain of withdrawal and the amount of time required to be rid of drug dependency. The potential impact for the opioid epidemic is profound. Tens of thousands of brain-wounded veterans have drug dependencies.

University of Washington School of Medicine researchers (tinyurl.com/k6gy4gx), writing in JAMA Neurology, found that after a concussion, symptoms got worse from one to five years following the injury. Patients likely don't stabilize within one year after injury; psychiatric problems intensify out to five years. The lead authors say that medicine "should not only be working hard to develop therapies that can be administered acutely after injury but also. . . . focus on developing therapies and treatment strategies targeted to the chronic phase of injury."

Russia research demonstrates the effectiveness of HBOT in treatment of alcohol abuse and drug addiction. Their comparative study of over 550 patients proved HBOT enhanced recovery from addictions by helping to prevent development of complications and contributing to normalization of neurochemical processes.

A published September 2017 study in Medical Gas Research (Vol. 7, Issue 3, www.medgasres.com) of 32 patients studying the use of HBOT for TBI captured data indicating that all patients were able to dramatically cut down on drug use; ideation of suicide was reduced to zero; and improvement in sleep patterns were noted in most cases. Outcome measures included repeated self-assessment measures and automated neurocognitive tests. Improvement in neurocognitive functions were also observed. The objective neurocognitive test components showed improvement in 13 of 17 measures. Those measures correlate strongly with sequelae experienced during drug withdrawal.

Castle Craig in Scotland has a decade of experience using HBOT as a foundational treatment for drug addiction, substance abuse, and chemical dependencies. Their experience is that HBOT reduces pain and emphatically shortens the withdrawal symptoms and time to heal.

The time is NOW? What do we have to lose? Remember all the therapies/ processes/ procedures/ devices, countless computer applications, nor 100+ prescribed drugs has been approved by the FDA for brain injury, nor do they "treat" wounds and drug abuse! AND all are controversial at some level. Hyperbaric Oxygen Therapy use is the one therapy proved by multiple clinical trials around the world to treat addiction and abuse - and help heal the brain, safely and effectively.

3. Increase State Income tax exempt status for all military income, current or retired.

IC 6-3-2-4. Synopsis: Increase Military Service deduction; retirement income or survivors benefit deduction from adjusted gross income (AGI) of military income.

Rationale: *Military service members are a major economic force bringing to the State over one billion dollars per year in disposable income. Today, per the Federal Department of Veterans Affairs, Indiana veterans received \$2, 812,510,000.00 in 2016. Details of this can be found at <http://www.va.gov/VETDATA/docs/GDX>.*

*Every effort should be made, and incentives developed to attract military personnel to Indiana upon completion of their active duty commitments or upon their retirement from military service, and to retain those already here. Indiana continues to lose qualified veterans because of the greatly enhanced benefits (such as hunting and fishing license, state bonuses for serving in combat in the Gulf Wars, having military income not taxed as part of income taxes) available in adjacent and other states. Indiana ranks in the bottom 10% in support of military service members. This rating is determined by studies done by WalletHub in 2015 which rates Indiana last in the nation as a place where retirees should live. It is also determined by a WalletHub study of the largest 100 cities in the nation identifying the best and worst places for veterans to live. Indianapolis and Fort Wayne rank 92 and 95 respectfully. The Military Officers Association of America(MOAA) in 2015 also list Indiana in the bottom 10% as a veteran friendly state. The Department of Veterans Affairs of the federal government annually publishes statistics revealing how much money is distributed to veterans by county-by state. This file is called the **Geographic Distribution of the Department of Veterans Affairs Expenditures(GDX)** and is prepared each fiscal year by the Department of Veterans Affairs (VA) Office of Policy, Planning and Preparedness. The GDX Report presents the estimated dollar expenditures for major VA Programs by county and Congressional Districts within each state. Expenditure data is grouped by the following categories: Compensation and Pension (C&P); Education and Vocational Rehabilitation; Insurance and Indemnities; Construction (CNSTR); General Operating Expenses (GOE); and Medical Care. The GDX Report also includes veteran population estimates by county and Congressional District within each state and the number of unique patients who used VA health care services (http://www.va.gov/VETDATA/docs/GDX/GDX_Readme.pdf).*

Analysis of this file places Indiana 42nd out of 50 states in benefits paid as a percentage of the total veteran population in Indiana.

The WalletHub studies also indicate the average age of officers retiring is 47.1 years old; enlisted retirement age is even lower at 43.2 years old. The National Active Retirement Association reports “a retiree couple is the equivalent to 3.7 manufacturing jobs... They generally have higher disposable incomes, better educations and put much less a burden on the streets, infrastructure or schools. They are active volunteers in schools and in civic, cultural and religious organizations. Because they have higher wealth, on average, they pay higher taxes on purchases and property.” Therefore, we should do everything to keep and even grow this cohort.

According to American Community Survey 2014, “the median household income among veterans in the US is \$56, 890.” “ Male veterans working full time earn about \$6,000 more than similar non-Veterans” and Female veterans who worked year-round and full-time earned about \$7,000 more than similar non-veterans” according to the Department of Veterans Affairs, Office of Policy and Planning, National Center for Veterans Analysis and Statistics in their June 2016 report. Getting and keeping veterans is a very positive economic advantage for a state.

States are generally free from federal control in deciding how to tax pensions, but some limits apply. State tax policy cannot discriminate against federal civil service pensions, according to the U.S. Supreme Court decision in Davis v. Michigan (1989), which ended the once common practice of more favorable state tax treatment for state pensions than for federal civil service pensions. In 1992 the U.S. Supreme Court further ruled, in Barker v. Kansas, that states cannot tax U.S. military pensions if they exempt state pensions from taxation. Over time these rulings have produced substantial conformity in the way each state taxes the three kinds of pensions, although differential treatment persists in Indiana and New Jersey.

Of the 50 states, seven – Alaska, Florida, Nevada, South Dakota, Texas, Washington and Wyoming – do not levy a personal income tax. New Hampshire and Tennessee collect income tax only on interest and dividend income. The District of Columbia and 41 states levy a broad-based personal income tax. Among the 41 states with a broad-based income tax, 37 offer exclusions for some amount of specifically identified type of state or federal pension income or both, a broad income exclusion or a tax credit targeted at the elderly. The District of Columbia provide a public pension exclusion. The four states that do not do so are California, Indiana, Rhode Island and Vermont. Some of those four states partially or fully exclude Social Security income from state taxation, and no state collects income taxes on Railroad Retirement income. (Source: NCSL Ronald Snell and Bert Waisanen article Jul 07)

Looking at the economics surrounding this proposed amendment also support this change. When you consider the military retirees who will potentially stay in Indiana as a result of such a change, plus those additional military retirees attracted to the state by no or significantly reduced military retirement income, the forecast loss in income tax revenue on the military retirement pay is less than the gain from other taxes like income tax on civilian employment earnings, sales, gasoline, car plates, property, and other taxes and fees the state would collect.. Overall it is estimated that tax revenue grows substantially in this scenario. We think that between 500 and 1000 people would be added to the tax rolls annually. Over 50,000 individuals retire from the US military every year, it is reasonable to think that at least 500-1000 might choose to retire in Indiana if the benefits to doing so were attractive enough. With the right incentives it might be higher. Based upon an average military retired income of \$40,000 per year, even 500 new military retirees coming to Indiana would bring \$20,000,000 of additional disposable income per year to our state.”

Additionally, this will help the brain drain in Indiana. How so? The Military Services (i.e. West Point, Annapolis, etc.) graduate 40 officers annually. These are ALL Hoosiers and ALL recommended by Indiana's federal congressional delegation. Additionally, Indiana, Purdue, IUPUI, Ball State, Notre Dame, Indiana State, and other universities graduate nearly 100 officers annually from their ROTC programs. Federal Recruiters from all services recruit an average of 5200 Service members from Indiana annually all of which are high school graduates and meet the military standards set by the services. These enlisted men and women continue their education while serving in the armed forces as commanders encourage such actions and DOD funds much of this education. The Department of Veterans Affairs, Office of Policy and Planning, National Center for Veterans Analysis and Statistics in their June 2016 report indicated 69% of current veterans have some college and 35.5% who are at least 25 years old have a bachelor's degree or higher. Additionally, all these officers and enlisted service members bring years of career experience, management and leadership to the civilian workforce. However, the military in Indiana is not growing—it is shrinking as explained above—this is real brain and community citizenship drain!

Recruiting or retaining veterans in Indiana will stimulate growth in business, services, and industry as these new residents and current residents will spend the Indiana income tax savings in Indiana. This is a win – win opportunity!

Veterans in Indiana cost the state less than non-veterans! The Department of Veterans Affairs, Office of Policy and Planning, National Center for Veterans Analysis and Statistics in their June 2016 report indicated “a lower percentage of both male and female Veterans lived below 100 percent of poverty compared to their non-Veteran counterparts.”

Lastly, and certainly most importantly, Indiana residents enjoy the many blessings being part of this great republic thanks to Hoosiers who will serve, are serving, and have served in the military. For this, state representatives of your districts in Indiana should support the wishes of your citizens as amended by this proposal.

All our armed forces lose about 250,000 annually. Estimates from surveys indicate about 30% leaving the military return to their home state. 30% will stay near the base that there are being discharged from, and 40% are looking for an opportunity to start their next career. Indiana could garner many of these veterans being released from active duty if Indiana had favorable income tax laws.

4. Expand Veterans Treatment Courts. \$500,000 additional finding.

Rationale: *Veterans Treatment Courts continue to grow in numbers and more are planned in Indiana. Additional funding is needed to insure adequate staffing and coordination is provided. A mentor coordinator is needed for the court to be successful.*

5. IC 4-30-3-20.5. Synopsis: Directed use of Lottery gaming proceeds to counties to benefit veterans.

Require the state to adopt rules and direct lottery tax proceeds from funds currently allocated to counties be used for funding county veterans service officers salary. Currently every county is required to have an accredited CVSO. This requirement means a CVSO must work at least 1000 hours a year. All counties shall be funded for this. Additionally, require counties with veteran population exceeding 5,000 to add an additional half staff (20 hours a week work) CVSO for each 2,500 additional veterans in that county. Funding for these positions would also come from the existing gaming proceeds given to the county. The funding actions should be via block grants to the counties.

Rationale: *Revenues from the sale of lottery tickets could be used to fund veteran service officers required by Indiana state law. Additionally, several counties are inadequately staffed to handle the number of veterans in the county. This change in law would insure adequate funding and staffing of county veteran service officers. Counties shall have one accredited CVSO (working at least 1000 hours). Additionally, any county having over*

2,500 veterans in their county shall have an additional half person (If a CVSO is currently working half time they can be changed to full time to meet the requirement of serving 5,000 members.

6. Keeping and growing veteran population in Indiana.

SECTION 1. IC 6-3.1-34. Synopsis: Develop a **Government and private business recruiting partnership to hire servicemembers leaving active duty** within the next six months. Private sector would provide between \$1,000 and \$3,000 annually based upon the number of employees in the businesses. State would form a regional recruiting strategy and team from existing state and county government resources. Purpose of this partnership is to develop a unique recruiting package to be used by team partners to go to military basis and recruit to fill job vacancies of private business partners.

Team with economic development commission and private enterprises to develop marketing packages and financial incentives to lure skills desired for employment in Indiana. Provide loans for home purchase, salary while training for job, relocation expenses, property tax abatement for the veteran hired for up to 10 years, and Indiana Income Tax credits. Program should be modeled after “Regional Cities” projects where private industry joins with local government and state government to build a “regional” marketing package to be used as a major tool in winning new veterans coming to Indiana. The idea is building a template for communities to use to get and keep veterans and execute on a community level with coordination by STATE level. One possible example would be to assist with use of GI bill education benefits for training in area where families will be moving to Indiana. (i.e. A welder moves to Ft Wayne and needs some specialized training; coordinate to have available in Ft Wayne area. Insure private business have sponsors and mentors to insure assimilation into the community and business.) Our proposal asks business to partner and contribute between \$1,000 and \$3,000 up front to the partnership. These business would be rewarded by getting new hires for their business and after the former service member works at this business one year, the business can get the \$1,000 to \$3,000 back in the form of a tax credit identified in section one of this initiative.

SECTION 2. IC 6-3.1-34. Synopsis: **INDIANA tax abatement for hiring veterans.** Provide the INDIANA Work Abatement Tax Credit (IWATC) for hiring qualified veterans coming off active duty. Through IWATC, for-profit employers may receive tax credits of up to \$3,000 per qualified eligible service member currently serving in the United States Armed Forces or for up to \$2,000 for qualified non-profit organizations. The IWATC program enables the targeted employees to gradually move from economic dependency into self-sufficiency as they earn a steady income, while participating employers are able to reduce their federal AND STATE income tax liability. The tax credit can be claimed after the eligible service member currently serving in the United States Armed Forces works for one year at the business. The abatement is only good for one year for each new veteran employee.

Rationale: *To encourage Indiana businesses to hire skilled service members leaving active duty via this program. These individuals have great soft skills, many technical skills, and bring their families with them. They bring veterans benefit, retirement benefits, low likelihood of financial dependence on government, low likelihood of public safety issues, and are likely to volunteer in their community.*

Per the Army Vice Chief of Staff (Daniel Allyn) to the Senate Armed Services Committee (SASC) testimony March 15, 2016; National Defense Budget Estimates for FY17, Table 7-5 the Army estimated end strength will be 460,000 in 2017, 420,000 in 2019. This in spite of an increase in combatant command demands for Army forces since 2012 being up 23%.

Col Dan Merry, USAF (Ret.) Vice President, Government Relations for MOAA provides a different view of the same issue. “This problem (need for eligible recruits) stems from a bigger picture:

- *There are approximately 20 million 17-21 year olds in America.*
- *Of those, 11.3 million meet academic requirements.*

- Only about 4.4 million of those are even eligible to join.
- Assessing propensity to join, we are left with about 465,000 truly potential recruits.
- From that pool, **DOD needs 250,000 a year.**

THIS MEANS AT LEAST 250,000 ARE LEAVING MILITARY SERVICE ANNUALLY! Indiana could garnet many of these veterans if Indiana had favorable income tax laws. Similar cuts are scheduled for the other services. See our initiative #3 for details.

Per Michael Hicks, the director of the Center for Business and Economics Research and the George and Francis Ball distinguished professor for economics in the Miller College of Business at Ball State University on Sunday, April 3, 2016 in the IndyStar stated: “In the last month’s population report, the number of shrinking counties rose to 54, and those growing faster than the nation as a whole rose to 14. That left 24 counties in relative decline..... This population redistribution matters deeply for Indianan’s health through the 21st Century..... Thick labor markets offer job security that reduces employee risk. Increasing returns combined with abundant labor make businesses far more profitable, so they invest and grow..” Our current schools will not produce the labor pool needed to satisfy the labor demand that is becoming larger and larger with the addition of new businesses.

Today 72% of Indiana high school graduates are NOT eligible to serve in the Armed Forces per the Department of Defense. The reasons: “they are too poorly educated, physically unfit, or possess a serious record of crime or drug abuse.” They go on to say “Without significant action, this dangerous trend will undermine our national security, weaken our competitiveness, and jeopardize our ability to mobilize in response to threats at home and abroad.” The same can be said about Indiana’s economy which is built on manufacturing.

SECTION 3. IC x-x-x. Synopsis: **Fund each “regional city” that applies for this program with a marketing grant of \$20,000.** Funds are to be used to develop marketing materials and strategy for executing the recruiting program of hiring service members who are still on active duty prior to their departure from the military. “Regional Cities” would have to match this fund as was the case in the original “Regional Cities Program”.

SECTION 4. IC x-x-x. Synopsis: **Add or assign one staff person to lead and create a group within State Personnel Department or Department of Workforce Development to recruit service members coming off active duty** at their active duty discharge locations 6 months prior to their expiration of service.

Rationale: To encourage Indiana businesses to hire Veterans, this person would be responsible to coordinate between each “region” and all government agencies to insure quality, timeliness, and synchronization of effort occurred.

7. 21st Century Veterans Support.

SECTION 1. IC10-17-12. Synopsis: **Fund Service Officer training, renewal, and training expenses.** Direct annual appropriation from General Fund in amount per biannual budget.

Rationale: Calculation: 4 Days * 92 CVSOs * \$170 per hotel, food, and travel=\$62,560

SECTION 2. IC XX-XXX-XX. Require County Veteran Service Officers, City Veteran Service Officers, District Veteran Service Officers to be initially accredited by the National Association of County Veteran Service Officers (NACVSO).

Rationale: *Several County / City service officers do not become accredited, retain their accreditation, or retire and must be replaced. Initial training and getting replacements up to speed is crucial to the success and support of veterans who need assistance.*

Current initial Veteran Service Officer training does NOT insure that these critical individuals have received and demonstrated via an objective national test that they are fully trained and capable of developing a "fully developed disability claim" on behalf of the veteran they are serving. This results in CSVOs having their work reviewed, corrected, and submitted by other Veteran Service Officers who were trained to this national standard.

SECTION 3. IC10-17-12. Synopsis: Fix the eligibility criteria to the Military Family Relief Fund. All Reserve and National Guard who have served at least 180 days of cumulative service (active, Reserve or Guard or any combination of same). All Active Duty service members who have Indiana as their state of residence when entering the service AND retaining Indiana as a state are eligible; and have served for 180 days of cumulative service. All Hoosier Veterans who are residence of Indiana (residency being determined as living in Indiana for at least 180 days and having served a cumulative of at least 180 days and have discharge documents identifying their character of service at anything other than dishonorable). A person from another state who has served in the armed forces of the United States of America becomes a Hoosier Veteran when they reside of Indiana for at least 180 days and having served in the armed forces of the United States Of America a cumulative of at least 180 days (not only active duty but active, Guard, and Reserve) and have discharge documents identifying their character of service at anything other than dishonorable). Additionally, eliminate the requirement of serving in time of conflict or war.

Rationale: *This clarifies any interpretation issues that have occurred and insures clear understanding of the law.*

8. IC21-14-4 Synopsis: Veteran Higher Education Assistance Matters.

SECTION 1. Limit duration of tuition remission to undergraduate degree or associates degree programs separately from any other tuition remission programs.

SECTION 2. Provide children of all service connected disabled veterans full remission of fees at any State supported post secondary school or university in the State of Indiana.

Rationale:

- *Return to pre-2011 criteria when dependents of all service connected disabled veterans received full remission of fees at any State supported post secondary school or university in the State of Indiana. Present remission is based upon the percentage of disability, thus creating two "classes" of Hoosier Veterans. This treatment of those who served since July 2011 is discriminatory and devalues those who serve today and in the future. Currently the VA medical claims processing system does not provide timely decisions for veteran's disability claims. Dependents of these disabled veterans continue to accrue thousands of dollars in higher education debt.*

State College professors' kids get free tuition—they deserve it more than veterans?!!

9. IC21-14-4 Synopsis: Reserve Higher Education Assistance Matters.

Create a Reserve Tuition Supplement Program to include Indiana Reservists like the National Guard has. Tuition Supplement Program should focus on STEM and education degrees.

Rationale:

- *The Reserve Forces in Indiana continue to re-station units to other states. Indiana had approximately 11,000 positions in the Reserves; today this number has declined to about 6,500. This is lost jobs in Indiana and it is lost state revenue that these units and reservists contribute to the state. The only reason for this decline is Indiana's inability to fill the positions available in these units. This makes these units NON-deployable or at a low readiness status. The National Guard has enjoyed being over 100% strength for over 20 years while the reserves have averages at about 70%.*
- *Loosing Reserve Units impacts local businesses that do things like janitorial, maintenance, construction, equipment repair and replacement. It also puts Indiana at a disadvantage when DOD-Reserves let contracts as the perception is Indiana doesn't support the Reserves.*
- *More scholarships will focused on STEM and education will help fill jobs in career fields with shortages. This should be of interest to grow Indiana's economy.*
- *The Chief of Staff of the Army published a letter of direction indicating the Army, National Guard and Army Reserve will be growing in the near future. Indiana has lost thousands of Army Reserve positions and units since 1990. The main reason for this loss is lack of unit strength. The Indiana National Guard has grown in units and number of spaces over the same period. The ONLY reason for the difference is the state supported college scholarship support. Indiana has lost over \$50 MILLION annually in this Army Reserve downsizing. Reserve Centers have closed throughout the state; contracts for services were lost, additional income to Hoosiers was lost, and facilities have closed.*
- *No other state offers Reserve Units a recruiting scholarship program like the National Guard gets.*
- *The federal government does not have a unique equal program to the National Guard Education Program.*
- *The Indiana National Guard continues to operate between 104% and 114% authorized strength since 1990. The Army Reserve has varied between 70% and 85% during the same period.*
- *State College professors' kids get free tuition—they deserve it more than veterans?!!*

10. Hoosier Veteran Homelessness

SECTION 1. IC 10-17-13.5-4. Help End Hoosier Veteran Homelessness. Include Hoosier Veterans as defined in IC and include all individuals who have served in the armed forces regardless of the character of their discharge should they have a discharge except for Dishonorably Discharged Individuals.

SECTION 2. Fund \$.75 MILLION to support the homeless Hoosier Veterans.

SECTION 3. Provide property tax credits for Landlord/Property Owners/Managers who house Veterans that are connected to the VA or Veteran Organization. These providers shall be granted this credit only if they are associated with a not-for-profit organization helping homeless veterans in Indiana. Credits will be limited to two (2) years for the same property if the occupant is the same homeless veteran for the duration.

Rationale: *Indiana not-for-profits assisting military veterans get significant funding for veteran who have honorable discharges. However, veterans with "bad paper" and those who served in the Guard and Reserve are NOT included—there is no funding from the federal government for these individuals. HB1001 needs adjusted to address this.*

Many organizations operate in the state and within various agencies of state government, county government yet there is no coherent plan to reach the goal. Other states have been successful and Indiana is among the worse in the nation by WalletHub analysis rating of the 100 largest cities in America.

Additionally, one of the difficulties in reaching this goal is the lack of safe and affordable housing for Veterans experiencing barriers such as history of eviction, felonies, low-income, etc... Some of these barriers are the results of the Veteran's difficulty in transitioning to civilian life.

Housing is a basic human need. One cannot hold a job; provide for their family; be healthy both physically and mentally; recover from trauma; and to simply survive.

This proposal is to incentivize landlords/property Owners/managers to collaborate with the VA to end Veteran homelessness. The VA already fund programs to house homeless veterans and support them while working toward being a stable member of society such as the Supportive Services for Veteran Families (SSVF), the Gran Per Diem (GPD), and HUD-Veterans Affairs Supportive Housing (HUD-VASH). Unfortunately, the funds from these programs do no good if landlords/property managers won't take a chance on our Veterans.

If this legislature passes, it can lead to ending homelessness; reduce the unemployment rate; boost the local economy; lower crime rates; lower the use of emergency services; and set the precedence for the country to follow suit.

11. Renter Credit for Disabled Veteran.

IC 6-3-2-6 Deduction; rent payments. Provide a renter credit for a disabled veteran who would qualify for the property tax credit for disabled veterans except for the fact that the disabled veteran rents living quarters.

Rationale: *IC 6-3-2-6 Deduction; rent payments Sec. 6. (a) Each taxable year, an individual who rents a dwelling for use as the individual's principal place of residence may deduct from the individual's adjusted gross income (as defined in IC 6-3-1-3.5(a)), the lesser of:*

- (1) the amount of rent paid by the individual with respect to the dwelling during the taxable year; or*
- (2) three thousand dollars (\$3,000).*

(b) Notwithstanding subsection (a), a husband and wife filing a joint adjusted gross income tax return for a particular taxable year may not claim a deduction under this section of more than three thousand dollars (\$3,000).

(c) The deduction provided by this section does not apply to an individual who rents a dwelling that is exempt from Indiana property tax.

(d) For purposes of this section, a "dwelling" includes a single family dwelling and unit of a multi-family dwelling. As added by Acts 1979, P.L.70, SEC.1. Amended by P.L.14-1999, SEC.1; P.L.192-2002(ss), SEC.77; P.L.146-2008, SEC.318.

(new code to be added)

(e) Disabled veterans would be eligible for an additional deduction. This additional deduction would be the disabled veterans disability times the deduction identified in 6A above. Example: Rent paid per year was \$2,500 and veteran was 20% disabled. Additional deduction would be \$500. The total renter's deduction would be \$3,000. Example 2: Rent paid per year was \$8000 and veteran was 70% disabled. Calculation would be \$3,000 time 70% which is equal to \$2,100; thus the total deduction would be \$5,100 in this case.

(f) The disability deduction cannot exceed \$3,000; and total deduction cannot exceed \$6,000.

12. IC 6-1.1-12-14. Synopsis: Veteran Property Tax Matters

SECTION 1. Exemption for Surviving Spouse of Service Member killed in Action, Dies While On Active Duty, or receives Dependency Income Compensation (DIC).

Rationale: *Surviving spouses could have financial hardships and should be granted this exemption as a measure of gratitude from the State Of Indiana for their loss. Individual and spouse must be Indiana residents.*

SECTION 2. Property Tax Exemption at 100% rate for veterans who are classified as individually unemployable by the federal Department of Veterans Affairs regardless of their service connected disability rating.

Rationale: *Some counties provide property tax credits at 100% for veterans who are classified as "INDIVIDUAL UNEMPLOYABILITY" even though their disability rating is not 100%. Other counties are only recognizing the disability rating which must be at least 70% to be classified as individually unemployable.*

SECTION 3. Remove the property value limitation for a disabled vet to receive a property tax reduction.

Rationale: *IN 6-1.1-12-14(c). Provide disabled veterans relief from property tax based having 90 days of service and being totally disabled or being 62 yrs of age and being at least 10% disabled. The current amount continues to diminish in value with time as inflation and other economic pressures increase the value of real property. This change would eliminate revisiting this law and insure deserving disabled veterans would remain whole.*

13. IC 6-3.1. Guard and Reserve Employer tax abatement credits.

Synopsis: Provide **Employer tax abatement credits** as a means to help offset costs associated with employees' **Guard or Reserve activities** and reinforce employer support.

Rationale: *The intent is the same but instead of hiring unemployed veterans substitute "employed National Guard and Reservist who are state residents". Employers have NG and Reservists called to duty and they must be gone from work for days or even up to years. The law requires them to re-employ the service members when they return from duty. The employer needs a temporary replacement or must have other employees work overtime to "cover the lost hours"-- this can be an additional cost. The goal is to encourage employers to hire and retain Guardsmen and Reservists as the nation and Indiana needs them; yet "compensate" in a small way, the business for the additional costs associated with having these Hoosiers employed. The tax credit calculation could be based upon documented additional expenses of a business or a formula such as: 50% of hourly rate of absent NG / Reservists for the hours the NG / Reservists is away from work under normal work hours. An example: SGT Jones (a Guardsman) works at Business Furniture as an installer. He is ordered to duty at Camp Atterbury for 2 weeks. His hourly rate is \$20 per hour. Business Furniture could get a tax credit of $\$20 \times 80 \text{ hours} \times 50\% = \800 dollars. The logic is that they will have to pay time and a half to other employees to "cover the hours" while SGT Jones is gone. Note: If SGT Jones uses PTO or vacation then Business Furniture would NOT be entitled as they did NOT experience a loss of labor that they would have had Jones been sick or on vacation. One might ask-- why would SGT Jones take PTO or vacation-- the answer is because he wants to be paid by Business Furniture while off. If he goes to duty per the orders he receives he is NOT entitled to his hourly wages. It is also noteworthy, that some businesses make up the difference in pay when NG or Reservists go on duty. This is voluntary and should not be considered in determining a tax credit*

Changes to be worked on direct with agency or Governor's Office to do without legislation

1. Veteran Identification.

SECTION 1. IC 9-24, 9-29 new section. Synopsis: Require Bureau of Motor Vehicles to ask questions to **gather military service participation of applicants/renewals for driver's license or ID Card.**

Also optionally, gather email/facebook information and phone number on a voluntary basis and store for use. Information will be posted to BMV database and can be used by IDVA to develop outreach of those who have served.

2. Veterans inclusion in boards. IC xx-xx-xx

Require all workforce boards, Commission on Higher Education, Civil Rights Commission Board of Directors, Advisory Commission on Intergovernmental Relations, all state university board of directors, Department of Financial Institutes Board of Directors, Governor's Commission on Minority & Women Business Enterprise, Indiana Economic Development Corporation Board of Directors, Indiana Board of Tax Review, Indiana Career Council, Job creation committee, Midwestern Higher Education Compact, State Board of Education, State family Support Council, to have veteran representation and the boards shall prioritize actions to support veterans. Person(s) can satisfy multiple requirements of board membership as a veteran.

3. IC 14-22-12-1.4. Synopsis: **SECTION 1.** Provide that **Non-Profit Organizations/Associations can get resident rates for disabled veterans** who may not be Indiana residents for fishing and hunting licenses **for a group event.**

SECTION 2. Additionally, provide a unique "catastrophically disabled" hunting season for individuals who meet the definition.

OSD INITIATIVES:

TBD

ⁱ For example, here is a Summary of positive findings in Army Studies: Army medicine has run trials investigating the use of Hyperbaric Oxygen to treat and help heal Traumatic Brain Injury. They have shown that HBOT is both safe and effective: "***Randomization to the chamber . . . offered statistical and in some measures clinically significant improvement over local routine TBI care.***" Also: "***.... total scores for [both] groups revealed significant improvement over the course of the study for both the sham-control group and the HBO2 group.....***" Expert outside consultants to DOD declared that "***[HBOT] is a healing environment.***"

Further: Xavier A. Figueroa, PhD and James K. Wright, MD (Col Ret), **USAF *Hyperbaric Oxygen: B-Level Evidence in Mild Traumatic Brain Injury Clinical Trials.*** Neurology® 2016;87:1–7 "**There is sufficient evidence for the safety and preliminary efficacy data from clinical studies to support the use of HBOT in mild traumatic brain injury/ persistent post concussive syndrome (mTBI/PPCS). The reported positive outcomes and the durability of those outcomes has been demonstrated at 6 months post HBOT treatment. Given the current policy by Tricare and the VA to allow physicians to prescribe drugs or therapies in an off-label manner for mTBI/PPCS management and reimburse for the treatment, it is past time that HBOT be given the same opportunity. This is now an issue of policy modification and reimbursement, not an issue of scientific proof or preliminary clinical efficacy.**"

ⁱⁱ World Health Organization, et al. Efficacy and effectiveness of an rVSV-vectored vaccine expressing Ebola surface glycoprotein: interim results from the Guinea ring vaccination cluster-randomised trial www.thelancet.com Published online July 31, 2015. [http://dx.doi.org/10.1016/S0140-6736\(15\)61117-5](http://dx.doi.org/10.1016/S0140-6736(15)61117-5)

ⁱⁱⁱ H. R. 6, 114TH CONGRESS, 1ST SESSION. To accelerate the discovery, development, and delivery of 21st century cures, and for other purposes. The 21st Century Cures Act. Signed into law December 13, 2016.

^{iv} The NBIRR data further comport with the 21st Century Cures Act desire for an expedited-approval process. NBIRR used a similar approach as those used for on-label approval of HBOT for FDA-approved indications. Already, HBOT is approved for at least four uses that are physiologically similar to wounds incurred in BLAST injury: Air or gas embolism; Arterial Insufficiency: (Non-Healing Wounds); Radiation tissue damage (soft tissue and bony necrosis) (Non-Healing Wound); and Skin grafts and flaps (compromised) (Non-Healing Wound). Practitioners also recognize that wounds generically heal more rapidly when oxygen is made available through hyper-oxygenated fluids enabled by HBOT.

^v Among other provision, the Cures Act calls for PRIORITY REVIEW FOR BREAKTHROUGH DEVICES. In order to provide for more effective treatment or diagnosis of life-threatening or irreversibly debilitating human diseases or conditions, the Secretary shall establish a program to provide priority review for devices—

- (1) representing breakthrough technologies;
- (2) for which no approved alternatives exist;
- (3) offering significant advantages over existing approved or cleared alternatives, including the potential to, compared to existing approved or cleared alternatives, reduce or eliminate the need for hospitalization, improve patient quality of life, facilitate patients' ability to manage their own care . . . or establish long-term clinical efficiencies; or
- (4) the availability of which is in the best interest of patients.

Overall, take steps to ensure that the design of clinical trials is as efficient as practicable, such as through adoption of shorter or smaller clinical trials, application of surrogate endpoints, and use of adaptive trial designs and Bayesian statistics, to the extent scientifically appropriate.