



July 14, 2016

The Honorable John McCain, Chairman
Senate Armed Services Committee
228 Russell Senate Office Building
Washington, DC 20510

The Honorable Jack Reed, Ranking Member
Senate Armed Services Committee
228 Russell Senate Office Building
Washington, DC 20510

The Honorable Mac Thornberry, Chairman
House Armed Services Committee
2216 Rayburn House Office Building
Washington, DC 20515

The Honorable Adam Smith, Ranking Member
House Armed Services Committee
2216 Rayburn House Office Building
Washington, DC 20515

Dear Chairman McCain, Ranking Member Reed, Chairman Thornberry and Ranking Member Smith:

The Tricare for Kids (TFK) Coalition, a stakeholder group of children's health care advocacy and professional organizations, disability advocacy groups, military and veterans' service organizations and military families. We thank you for your work in addressing the needs of more than two million children of military families covered under TRICARE in S. 2943 and H.R. 4909, the National Defense Authorization Act (NDAA) for Fiscal Year 2017.

As you proceed to conference, the TFK Coalition would like to take this opportunity to share thoughts on several important issues in the FY17 NDAA:

- Improving pediatric care
- The ECHO program
- The Exceptional Family Member Program
- Military-Civilian integrated health delivery systems
- Medically necessary nutritional foods and vitamins
- Reporting on abuse and neglect
- Reimbursements rates for Applied Behavioral Analysis therapy

Improving Pediatric Care – Senate Sec. 762, House Report provision

We thank you for including section 762 of the Senate FY 2017 NDAA, a provision requiring the Department of Defense (DoD) to issue a report outlining its plan to improve pediatric care including

specific direction regarding pediatric preventive care, medical necessity, and alignment with best practices.

Addressing key behavioral and mental health concerns, DoD must report on its plans to revise certification requirements, and to improve quality and access. It is important to retain these requirements in conference, notwithstanding DoD's February 2016 proposed rule on TRICARE Mental Health and Substance Use Disorder Treatment. The rule does not address all concerns, and even for those it does, until it is finalized and implemented, many questions remain about whether access will actually improve.

Section 762 will improve pediatric care and related services for children of members of the Armed Forces and all children covered by TRICARE, while requiring accountability for DoD plans for and implementation of those improvements, both of which are greatly needed.

H.R. 4909 includes report language similar to Senate section 762, stating the House Armed Services Committee (HASC) concern that DoD has not completed addressing the deficiencies noted in previous reports and directing the Secretary of Defense to provide a briefing on action to correct remaining deficiencies. ***The TFK Coalition supports this requirement, in tandem with Senate section 762.***

Extended Care Health Option (ECHO)

In 2013, Section 735 of the NDAA asked DoD to report on the adequacy and participation of the ECHO program; the response was inadequate. Then, in 2015, the Military Compensation and Retirement Modernization Commission (MCRMC) also noted deficiencies in DoD's administration of this program. Since the committees' consideration of their respective NDAA legislation, it has come to our attention that, contrary to the MCRMC recommendation, DoD intends to survey current ECHO beneficiaries sometime in 2017. We are concerned that this process will significantly delay implementation of the MCRMC's ECHO improvement recommendations. To avoid delay and ensure implementation, ***we would encourage conferees to include the MCRMC's proposed legislative language in the final version of the NDAA.***

Senate section 762, the related House committee report provision, and the MCRMC's recommended ECHO legislative language, are critical to improving pediatric care and related services for children covered by TRICARE.

Exceptional Family Member Program (EFMP) – Senate Sec. 580

Section 580 of S. 2943 requires a report on the effectiveness of EFMP. While all children have unique needs, children in military families face distinct experiences due to the very nature of their parents' service to our nation. Deployments and frequent relocations must be taken into consideration when fashioning the health, medical, and social support systems necessary to serve these families. These considerations take on even greater significance when the family is impacted by chronic, complex or special needs.

Accordingly, the requirement in Section 580 for a GAO study of the EFMP, including specific elements of access, coverage, coordination, is an important step in the right direction to improve health and education services for our most vulnerable children.

Military-Civilian Integrated Health Delivery Systems – Senate Sec. 736

Section 736 of S. 2943 would require the Secretary of Defense to establish high performance military-civilian integrated health delivery systems through partnerships with private sector health systems and the Veterans Health Administration. The Coalition believes these relationships would foster innovation in military treatment facilities, enhance operational readiness, improve access to specialized care, and strengthen care coordination through these new health care delivery systems. A longtime recommendation

of the TFK Coalition is to allow local military treatment facilities to partner with children's hospitals and other providers to serve the pediatric needs of military families.

Section 736 would facilitate innovative partnerships that will be beneficial for military and civilian sectors, and for the families served by both. The Coalition requests the adoption of Senate Sec. 736

Medically Necessary Nutritional Foods and Vitamins – Senate Sec. 704, House Report provision

Section 704 in S. 2943 directs TRICARE to cover medically necessary food and vitamins for digestive and inherited metabolic disorders. Coverage has been routinely denied by TRICARE, and the appeals process is often complex and lengthy, yielding varied outcomes. By covering these foods from the outset, patients will be able to access them as medically needed.

The House report provision signals similar intent, and directs the Secretary of Defense to review the adequacy of current TRICARE coverage policy for nutritional therapy and provide a briefing of its findings to the Armed Services Committee of the House of Representatives by July 1, 2017.

We appreciate the strong intent by both committees, and request the specific statutory direction of the Senate bill be retained in conference.

Reporting on Abuse and Neglect – Senate Sec. 577, House Sec. 541

These provisions ensure DoD continues to work on reducing the instances of child abuse while reporting and working with the proper civilian jurisdictions.

The Coalition appreciates and supports both Section 577 of S. 2943 and Section 541 of H.R. 4909.

Reimbursements Rates for Applied Behavioral Analysis Therapy – Senate Sec. 758, House Sec. 734

DoD's decision to lower rates midway through the project has proven to have an adverse impact on families' ability to access covered care. Reinstating rates for the duration of the demonstration also allows for the most valid evaluation at its conclusion.

This change will promote comprehensive access to care as intended by the demonstration project.

In addition, the TFK Coalition notes the following items of concern in S. 2943:

- Elimination of certain graduate medical education programs, and certain related provisions in sections regarding health care services delivered in military treatment facilities, and changes to end strength levels for medical professionals;
- “Low-Value” approach in reform of health care plans available under the TRICARE.

Section 752 is concerning because of the implications for the pediatric workforce and children's access to care. While understanding the linkage between training and military medical readiness, we urge you to move carefully and slowly when considering changes to medical education training programs in areas where shortages exist. ***We believe implementation of this provision could cause unintended consequences that would impede access.***

Sections 730 and 735 contain similar provisions regarding staffing levels that may lead to dramatic reductions in the number of pediatricians and OB/GYNs, harming access to care. Unless the demographics of the force change dramatically, there will continue to be a strong and steady need for pediatricians and OB/GYNs to deliver beneficiary care.

One of the main goals cited in the Senate version of the FY17 NDAA is to ensure that the medical professionals in the Armed Forces are better trained and better prepared to treat soldiers in combat and operational situations. While the Coalition supports this goal, we are encouraged there are several NDAA provisions that could enhance and facilitate military and civilian partnerships that we believe will be instrumental in addressing some of the underlying concerns.

Meanwhile, the TFK Coalition urges the Conference Committee to carefully consider the second- and third-order effects of limiting pediatric and OB/GYN staffing and medical education programs. Rather, we ask you to focus on military and civilian partnerships to tailor solutions to specific staff and training programs to address the unique needs of special populations, including children.

Section 701 contains a provision authorizing DoD to adopt methods encouraging high-value services over low-value alternatives. The civilian sector is encouraging high-value services, eliminating cost shares for preventive care, for example, and we support this concept. However, at this time, we believe changing models to define and discourage use of low-value services, particularly for special populations such as children, is still only conceptual.

We oppose Section 701 as it gives DoD too much latitude in making coverage determinations and projects disproportionately high fees onto military families.

The TFK Coalition reiterates its appreciation for your leadership and work to improve children's health care coverage, access, and accountability in the 2017 NDAA. We look forward to continue working with you on improving children's care in the military health system.

Sincerely,

TRICARE for Kids Coalition

American Academy of Pediatrics
Children's Hospital Association
Easterseals
Family Voices
Military Child Education Coalition
Military Family Advisory Network
Military Kids Matter
Military Officers Association of America
Military Special Needs Network
Military Spouses Behavioral Needs Clinicians
National Association for Children's Behavioral Health
National Military Family Association

cc: FY2017 NDAA Conferees