



Protecting Military Children During the COVID-19 National Emergency Key Waivers and Accommodations

As we face this new environment shaped by the COVID-19 public health emergency, the Tricare for Kids Coalition encourages the Defense Health Agency (DHA) to consider the unique needs of kids and allow flexibility to ensure safe and uninterrupted access to care for children.

Pause Major DHA Initiatives

There should be a pause on all major initiatives -- such as the Military Health System reorganization, uniformed medical provider billet reductions, Outpatient Prospective Payment System payment restructuring for children's hospitals, and the T5 Request for Proposals -- as providers and families are focused on the national emergency and do not have the ability to address these proposals. Furthermore, as these initiatives were conceived for a pre-COVID 19 environment, they should be reconsidered and potentially re-tooled in order to ensure they are appropriate for a post-COVID-19 national emergency landscape.

Defense Procurement Act: Consideration of Pediatric Needs

With the activation of the Defense Procurement Act, we encourage the Department of Defense to consider the equipment and pharmaceutical needs of kids. We need to ensure the needs of pediatric patients and pediatric providers are met. Many children's hospitals are taking in patients from community hospitals to help free up space for COVID-19 care delivery in hospitals prepared to treat adults. This shift leads to an increase need for supplies in different sizes and pharmaceutical products in sizes and forms applicable for kids. Many kids will also need to rely more heavily on home health care, which also requires appropriate equipment to ensure continued care. Furthermore, we must be prepared if this—or another pandemic in the future—more significantly targets children.

Telehealth Flexibility & Usage

Due to the medical complexity of many children who receive care on and off the base, we encourage DHA to allow for an increase use of telehealth and additional flexibilities. Highlighted below are suggestions:

- Allow telehealth for all providers who are approved for in-person visits.
 - To date, Tricare has made accommodations for ST, OT, PT and ABA parent training—all are appreciated
- Allow phone calls without video if the patient doesn't have access to video.

- Waive submission of rosters for providers already Tricare certified, so they can begin telehealth services right away.
- Provide flexibility regarding the platforms accepted when video chatting.
- Ensure and incentivize all telehealth options—not just a preferred vendor—as often these vendors do not have experience with pediatrics

Reduce Administrative Burdens

We encourage DHA to mimic any CMS/HHS/Medicaid and Medicare waivers or loosening of administrative requirements, restrictions on enrollment, eligibility, administrative burdens and cost shares. As always, Medicaid models are most relevant for policies involving children.

- Allow waivers to enrollment and plan changes regardless of triggering life events—the national emergency is a triggering event.
- Waive re-determinations, diagnosis re-evaluations, re-authorizations for ongoing care, prescription refill timing limits, and certain cost shares.

Pharmaceuticals

To keep families safe by respecting social distancing and safer-at-home guidelines, DHA must incentivize pharmaceutical home delivery by eliminating any cost sharing or other burdens for home delivery.

The main reason families go on base to fill their prescriptions is not convenience, it's cost—there are no copays for active duty families on base. On the other hand, those families can rack up significant cost shares if they choose home delivery. It is becoming critical to waive delivery cost shares, as many installations are now enacting access restrictions. Many families would spend hundreds of dollars more each month if they switch to home delivery without cost share waivers.

Projections and Contingency Planning for Children

Develop a contingency plan and operation for all health care needs of children—particularly pharmaceuticals—to ensure care for them in the event of potential supply chain interruptions or inaccessibility to care. This is essential for all children, but especially those with complex or chronic medical conditions. Children in the Tricare beneficiary community rely on regular regimens of lifesaving medication—medication that must be continued once begun, and medications such as orphan drugs with supply chain constraints even in the best of times. The needs of these children must be considered.