



November 30, 2021

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

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

Dear Chairmen and Ranking Members:

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, would like to thank the committees for their responsiveness and thoughtful inclusion of many provisions in the National Defense Authorization Act (NDAA) for Fiscal Year 2022 that will positively impact health and well-being for more than two million children of military families covered by TRICARE.

Tricare for Kids Supports the following provisions of the NDAA and urges inclusion in conference committee:

House
HR 4350

Sec 561. Establishment of Exceptional Family Member Program Advisory Council

The Coalition appreciates the February 2020 HASC Military Personnel subcommittee hearing on EFMP which highlighted military family frustrations with the program and underscored areas of needed improvement. A formal advisory council that includes EFMP families, as requested in Tricare for Kids testimony to the Committee, will ensure continued focus on program shortfalls, increase transparency on how these areas are addressed, and will also allow DoD and the Services to identify emerging gaps as the needs of military families evolve.

Sec. 601. Basic needs allowance for low-income regular members

Tricare for Kids supports this provision which was included to address concerns of food insecurity in military families. The Coalition has learned over the last few years that military family food insecurity is a major obstacle to the health and wellbeing of military families, with the pandemic having only exacerbated the problem. A recent study showed that children experiencing at least one adverse childhood experience, which can include food insecurity, are at higher risk of poorer mental health and even physical health conditions well into adulthood. A recent survey of military teens revealed a large number have concerns about their families' ability to have food on the table each day.

While we are always appreciative of charitable support and assistance to military families, we believe that a systemic problem must be addressed with policy change. Therefore, we are pleased to see this provision and urge passage in the final bill. This provision has a similar counterpart in the Senate bill, which is also appreciated, but conferees are urged to recede in the Senate provision, in favor of House section 601.

Sec. 621. Expansion of Parental Leave for Members of the Armed Forces

TFK appreciates the inclusion of this section to expand primary and secondary paid parental leave for service members to 12 weeks, aligning with the current paid parental leave benefit for federal employees. This expansion ensures our nation's service members are afforded the countless health benefits of meaningful paid parental leave. Paid leave allows parents to bond with their baby during the critical first weeks of life and helps to establish healthy relationships. TFK strongly encourages this provision be included in the final FY2022 NDAA conference report.

Sec. 701. Improvement of postpartum care for certain members of the Armed Forces and dependents

This provision makes important improvements to postpartum care within the military health system including access to mental health screening and pelvic floor assessments and physical therapy. High quality post-natal care is critical for the health and well-being of mothers and can also have an impact on the health outcomes for newborns. Additionally, 1 in 5 new mothers will experience a maternal mental health condition, which can lead to suicide and overdose. The maternal mental health screening provisions are vital for our female servicewomen's health and readiness.

Sec. 702. Eating disorders treatment for certain members of the armed forces and dependents

The TFK Coalition thanks the House for including provisions to improve the health and readiness of members of the armed forces by creating a plan for further identification, treatment and recovery from eating disorders, as well as expanding access to residential eating disorders care for active-duty military family members over the age of 20.

The Coalition supports these provisions and expanding mental health care to military families, furthermore, we strongly urge the conferees to identify the \$200,000 per year in direct spending needed to further expand access to eating disorders care to retiree military families. Retiree families deserve the same standards of care as active-duty families, and should always be included in expanded coverage.

Sec 721. Modifications and Report Related to Reduction or Realignment of Military Medical Manning and Medical Billets

Section 721 modifies previous limitations imposed in the FY2020 and FY2021 NDAs on the realignment or reduction of military medical manning end strength. Specifically, it extends the halt on reduction or realignment to a year after the date of the enactment of the FY2022 NDAA. It adds billet validation requirements and requires a report by the Comptroller General's office within one year of enactment on the analyses used to support any reduction or realignment of military medical manning, including any reduction or realignment of medical billets of the military departments. TFK strongly supports this provision and urges its inclusion in the final conference report.

According to a report submitted to the Congressional Armed Services Committees in August, DoD and DHA are proposing to reduce military medical billets by 12,801 positions.¹ This includes 73 general pediatricians and 29 pediatric subspecialists. While less than the Department's initial FY2020 request of 17,005, TFK remains greatly concerned about the potential wide-ranging impacts of these reductions on access and quality of health care services for military dependents. This report raises concerns about continued lack of thorough analysis and mitigation planning that could negatively impact beneficiary access to care. Only the

Army appears to have adjusted billet reductions in light of lessons learned from the COVID-19 pandemic while the Navy and Air Force proposals remain relatively unchanged. The Coalition is concerned that DoD and DHA have not provided sufficient analyses that local areas surrounding medical treatment facilities (MTFs) will be able to appropriately serve affected beneficiaries.

Furthermore, the Coalition remains highly concerned about the impact of second and third order effects of billet cuts. The Military Health System (MHS) plays a significant role in the national medical provider pipeline and we are concerned billet cuts could negatively impact the number of pediatricians, obstetrician-gynecologists, family medicine physicians, and other providers, yielding devastating results for military families and all Americans who rely on providers trained by MHS programs for essential health care services.

Sec. 734. Pilot program on assistance for mental health appointment scheduling at military medical treatment facilities

TFK strongly supports this provision which aligns with a recommendation in the DoD Inspector General report, *Evaluation of Access to Mental Health Care in the DoD*. A pilot would not only provide direct assistance to military families seeking mental health care, it should also provide greater insights on the type of barriers families face when they try to make mental health appointments. We also encourage the pilot program to conduct follow-up evaluation to confirm that the military families were able to attend the mental health appointment and access any indicated follow-up care.

Section 738. Independent Analysis of Department of Defense Comprehensive Autism Care Demonstration Program

This section requires an independent review of the Department of Defense Comprehensive Autism Care Demonstration program to be completed by the National Academies of Sciences, Engineering, and Medicine (NASEM).

In March 2021, DHA announced policy changes to the TRICARE Autism Care Demonstration (ACD). DHA has labeled these changes as “significantly expanding TRICARE services to beneficiaries diagnosed with ASD and their families, with a major emphasis on support to the family.” While appreciative of DHA’s intentional focus on family-centered care in its efforts, TFK is very concerned about disruption of services for TRICARE beneficiaries which have led to military family complaints about reduced access to care and unreasonable program requirements. TFK believes an independent review of the ACD by medical experts is an appropriate next step to assess the appropriateness of DHA changes to the ACD.

It therefore follows, and the Coalition recommends, that implementation of policy changes under review should be placed on hold pending the outcome of the independent review, and an assessment of that review by the committees of jurisdiction. Otherwise, families, providers, and access to services for military children are disrupted by on-again off-again policies and requirements that may not survive the scrutiny of the review by NASEM and assessment by the committees. Reports from families to date raise concerns that the changes implemented are not yet up to speed at the levels needed to support families, such as caseloads for navigators, and until they are fully ready to be stood up are more of a barrier to access than an assistance. Furthermore, halting the changes pending review would provide families more time to fill the void that has been left in their children’s treatment by cuts in ACD services in schools and communities, if those cuts survive review.

Senate
S 2792

The Coalition recognizes that the Senate has not yet finalized S 2792, however, we are moving forward with this letter in order to share our thoughts and support for critical issues in a timely manner. The section numbers refer to the bill as passed by committee, potential amendments are identified as such.

Sec. 701. Addition of preconception and prenatal carrier screening coverage as benefits under TRICARE program

TFK supports TRICARE coverage for preconception and prenatal carrier screening to bring TRICARE in line with increased and expanded civilian health plan coverage and professional society recommendations. This is another incremental fix to TRICARE's coverage gap for diagnostic genetic tests and many other lab developed tests that were removed from TRICARE coverage in 2013.

Sec. 702. Coverage of overseas subacute and hospice care for eligible overseas dependents of members of the uniformed services

The Coalition encourages provisions to close gaps in coverage and flexibilities to meet the needs of all children of military families wherever they are stationed.

Tricare Coverage of Young Adults to Age 26 – *Potential amendment*

The Coalition strongly supports this provision which would align Tricare with a benefit that has been available to civilian families under the Affordable Care Act for eleven years now. This alignment allows every military child under the age of 26 to continue receiving steady coverage under their parents' plan, just as their civilian counterparts do, for a more comprehensive and seamless transition to a healthy adulthood.

Addressing Recent Changes in the Autism Care Demonstration – *Potential amendment*

TFK supports a potential amendment similar to Section 738 in the House which would require an independent review of the Department of Defense Comprehensive Autism Care Demonstration program and address disruptions in the program by pausing the changes pending review.

The Tricare for Kids Coalition also would like to call attention to the following reports and items of special interest. While not specifically under consideration by the Conference Committee, the Coalition would like to emphasize the critical need for each of the following to be completed in a thorough and timely manner and to urge the Committees' oversight.

HR 4350

Determination of Eligibility for Adult Incapacitated Children of Service Members

Directs the Secretary of Defense to submit a report to the Committees on Armed Services of the Senate and the House of Representatives, not later than February 1, 2022, that includes the following:

- revised guidance for financial determinations and consistent medical standards for all of the military services to use in determining the dependency status of incapacitated adult children.
- consistent application of the Family Unit Rule which assigns all adults in the household, including incapacitated adult children, two shares of household expenses, and minor children one share
- clarification of the definition of a nondependent family member in DOD Instruction 1315.19 and the circumstances under which nondependent family members should be considered for services provided by the Exceptional Family Member Program

- clearly defined oversight responsibilities of the Department of Defense Human Resources Activity and the military services for the incapacitated adult child dependency process, including the consistent tracking, monitoring, and reporting of reliable data on incapacitated adult child dependency applications and determinations across the military services for use in data-driven decision-making
- the status of other recommendations as reported in GAO Report 20-335.

The June 2020 GAO report made clear what the Coalition has been concerned about for the last several years, that Adult Incapacitated Child dependency determinations have been negatively impacting military families with overly burdensome, inconsistent, and punitive policies and requirements. Continued congressional commitment and oversight to reforms of this process are sorely needed and much appreciated.

Impact of Mental Health Copays Report

Directs the Secretary of Defense to submit a report to the Committees on Armed Services of the Senate and the House of Representatives not later than March 1, 2022, that includes an analysis comparing the utilization rates of outpatient mental health visits and physical, speech, and occupational therapy visits by Group A beneficiaries in 2016 and 2017 (before copays increased) to utilization rates of these services in 2018 and 2019 (after copays increased.)

There is consensus among policymakers and stakeholders that mental health care should be easily accessed and incentivized, yet there remain obstacles. Therefore, it is incumbent upon the department to identify and correct any unintended consequences that may be comprising barriers to care.

Mental Health Services

Directs the Secretary of Defense to submit a report to the Committees on Armed Services of the Senate and the House of Representatives, not later than February 1, 2022, that includes among other provisions:

- review of how the Health Professions Scholarship Program can be expanded to increase the number of mental health-related scholarships granted, with the goal of increasing the pipeline of mental health providers.
- a review of how the Department of Defense can prioritize an increase in Special and Incentive Pays to maximize the retention of Active Duty mental health providers.
- a review of how the Department of Defense can increase General Schedule paygrades for mental health providers working in military treatment facilities.

Again, there is consensus among policymakers and stakeholders that mental health care should be easily accessed and incentivized, yet there remain obstacles. It is therefore incumbent on the department to actively identify and seek to implement policies that will lead to improved access within the MHS.

S 2370

Access to mental health care

Directs the Secretary to brief the Congressional Armed Services Committees by February 1, 2022, on actions taken to address significant barriers to accessing mental health care in DoD. The committee expects the DoD to develop a plan to ensure that when beneficiaries are referred for mental health care they receive direct assistance in identifying appropriate mental health providers within the direct care system or

TRICARE network, confirming the availability of the service with a particular provider within access to care standards, and securing the initial appointment for the beneficiary.

Again, there is consensus among policymakers and stakeholders that mental health care should be easily accessed and incentivized, yet there remain obstacles. In conjunction with other provisions in the House and Senate bills such as the pilot in House section 734, this briefing will help ensure that the department actively identifies and seeks to implement policies that will lead to improved access within the MHS. TFK urges the committees to consider holding this briefing in the form of a hearing that includes representation by military families, rather than just a written report.

Briefing on impact of TRICARE copays on utilization of certain healthcare services

Directs the Secretary to conduct an analysis of the impact of TRICARE copay increases on utilization of outpatient mental health and on physical, speech, and occupational therapy visits by TRICARE Group A beneficiaries. The analysis shall compare utilization rates of these services in 2016 and 2017 to utilization rates of these services in 2018 and 2019.

Similar to report language in the House, this is an important effort to identify and correct any unintended impediments to care.

Continuity of care in TRICARE's Extended Care Health Program

Directs the Director of the DHA to provide a briefing to the Congressional Armed Services Committees by March 1, 2022 that:

- Assesses the feasibility of continuing certain ECHO services initiated at the previous duty station for up to 6 months without authorization and referral after servicemembers execute a PCS;
- Assesses the degree to which the Department prioritizes or fast-tracks specialty care referrals after a PCS to ensure continuity of care;
- Assesses the feasibility of using virtual health services as a method by which ECHO case managers can better provide continuity of care services to military families;
- Describes the average wait-time for an ECHO family to receive a medical specialty care referral after a PCS move; and
- Describes any barriers that may exist that delay an EFMP enrollee from receiving timely medical specialty care.

The Coalition continues to advocate for more flexible, meaningful improvements to the ECHO program, including the elements to be addressed in the briefing required by this provision. TFK also encourages the Committees to hold this briefing in a hearing that includes representation of EFMP and ECHO families, and not just a written report.

Medical necessity and prior authorization process for non-covered drugs in the TRICARE program

Directs the Director of the DHA to establish a medical necessity and prior authorization process whereby a beneficiary may request coverage of a Tier 4 drug at the same co-pay or cost-share as a Tier 3 non-formulary drug and to brief the Congressional Armed Services Committees on this appeal process by February 1, 2022.

A Tier 4 appeals process is needed to bring TRICARE in line with commercial health plans, including Federal Employees Health Benefits Program plans, that include an option to appeal based on medical necessity. This is particularly timely and important because in the first year of implementation, there is already one drug designated Tier 4 that does not align with guidelines for non-coverage outlined in the FY2018 NDAA.

Virtual health expansion

Directs the Director of the DHA to provide a briefing by December 1, 2021 on its efforts to increase and improve virtual health and telemedicine services available to servicemembers and their families and the resources needed to make those services more readily available. The briefing shall include lessons learned and virtual health and telemedicine best practices captured by the DoD and private sector health care systems during the global pandemic, as well as any recommendations on resources required to ensure that servicemembers and their families stationed at installations can fully utilize those services.

The use of telehealth during the pandemic has cemented its place as an integral healthcare option for military families, and the Coalition strongly supports the efforts to increase and improve its utilization for a number of purposes from primary care to therapies, to access to specialty care and consults.

Thank you for your commitment to addressing the needs of military connected children and their families.

Sincerely,

Kara Tollett Oakley
Chair

ⁱ Department of Defense, Report to the Congressional Armed Services Committees: Section 719 of the National Defense Authorization Act for Fiscal Year 2020 (Public Law 116-92), July 2021.