



September 8, 2020

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

The Honorable Adam Smith, Chairman
The Honorable Mac Thornberry, 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 express our views on provisions in the National Defense Authorization Act (NDAA) for Fiscal Year 2021. These provisions will have an impact on the health care support and services for more than two million children of military families covered under TRICARE.

The Coalition is very pleased and appreciative that there are many thoughtful provisions in both bills addressing the concerns and needs of military children and their families.

Tricare for Kids Supports the following provisions of the FY 2021 NDAA to be considered in conference committee and urges inclusion in the final legislation:

- I. House Section 561 - Family Readiness: Definitions; Communication Strategy; Report:*** *Requires the Secretary of Defense to define "military family readiness" and "military family resiliency" as well as implement a communication strategy to communicate with military families.*

TFK: The Coalition believes that establishing consistent and streamlined definitions improves understanding and the ability to craft positions and policies relative to those terms. Furthermore, implementation of a consistent communication strategy is a step forward toward more transparency and robust family engagement.

- II. House Section 570 - Standardization of the Exceptional Family Member Program and Senate Section 572 - Improvements to Exceptional Family***

Member Program: Both provisions would standardize and improve the Exceptional Family Member Program (EMFP).

TFK: Tricare for Kids supports both House and Senate provisions to standardize and improve the Exceptional Family Member Program (EFMP) and urges inclusion of both, with the following particulars:

- **Metrics:** TFK supports the more detailed requirements in the Senate bill, including metrics to measure compassionate reassignments and military family satisfaction with EFMP.
- **Seamless Continuity of Services:** While the House provision directs DoD to establish a process to ensure seamless continuity of services at the new duty station, it does not include changes to TRICARE policy to facilitate transition of medical care. We urge Congress to include language updating TRICARE referral policy to allow specialty care referrals at the gaining location in advance of PCS moves. Allowing families to get specialty care referrals at the gaining location before the actual PCS would minimize medical care disruptions by enabling families to get on provider waitlists before moving to the new location.
- **Special Education:** TFK recognizes the importance of continuity of school-based special education resources and therapies to military students with special needs.
 - TFK supports the House provision requiring the Services to provide special education attorneys to military families experiencing difficulties in maintaining an individualized education plan when they transition to a new school district (funding included in House Defense Appropriations legislation).
 - TFK supports the Senate language which requires DoD to track data on Free and Appropriate Public Education disputes that military families experience and outlines details for a study on rates of FAPE disputes among military families. While both versions call for a GAO study, the Senate version includes important areas of consideration for the study.

III. House Section 706 - Expansion of Benefits Available Under Tricare Extended Care Health Option Program: More closely aligns medical benefits offered under TRICARE's Extended Care Health Option (ECHO) program for family members with special needs with current state offerings available under Medicaid Home and Community-Based Services (HCBS) waivers pursuant to the intent of Congress when creating the program. Requires a GAO study on best practices and recommendations for caregiving available through ECHO.

TFK: The Coalition strongly supports House section 706 and urges inclusion in the final bill. The House provision enhances the ECHO benefit to better emulate coverage of services widely offered by state programs, as intended by Congress in establishing ECHO. It specifically calls for increased respite care to meet demonstrated need for military families and to bring them closer in alignment with the benefits provided to their civilian counterparts. It furthermore codifies provisions that have been pending changes at DHA for far too long but not yet finalized and helps to ensure that homes and vehicles can be modified to meet the living needs of family members with disabilities. Requiring a GAO study of best practices among other caregiving programs such as VA and state Medicaid

programs will also ensure ECHO has the information and ability to provide military families with the same high levels of services and supports afforded to their counterparts.

IV. *House Section 707 - Provision of hearing aids for dependents of certain members of the reserve components.*

TFK: The Coalition supports coverage of hearing aids as medically necessary for military connected children, with the caveat that coverage must include hearing aids prescribed by an appropriate provider tailored to the child's needs. Over the counter options without medical guidance are not an appropriate substitute for children.

V. *House Section 715 - Modification to Limitation on the Realignment or Reduction of Military Medical Manning End Strength;* Amends Section 719 of FY20 NDAA to prohibit the realignment or reduction of authorized military medical end strength for 1 year after the date of the enactment of this Act, and after that, not until the analyses as required in FY20 Section 719 are met. The section would also add to the required review of medical manpower requirements scenarios to include homeland defense missions and pandemic influenza.
***House Section 716 - Modifications to Implementation Plan for Restructure or Realignment of Military Medical Treatment Facilities;* Requires a notice and wait preventing the Secretary from implementing the plan until the plan is submitted to Congress and a 1-year period elapses following the later of the date of such submission or the date of the enactment of this Act.**

TFK: The Coalition is extremely concerned that cuts to medical billets will impact families' access to care, and potentially have negative unintended and long-term consequences, including disruptions to the medical education pipelines that are integral to training pediatricians for military connected children and all children. Immediate access could be imperiled, as many families are already reporting challenges with primary and urgent care access in some duty stations. In some areas it is unlikely that the community will be able to accommodate increased demand for care, especially without prior communication from DoD and requisite planning. Because there are already shortages of pediatric specialties across the country, reductions in pediatric military medical education will negatively impact access to care for all children for years to come. Such disruption in the pipeline is not easily repaired once the damage is done as training occurs over several years.

Similarly, restructuring of MTFs can have potentially negative consequences for pediatric care options and access. Because major structural changes such as billet cuts and realignment of MTFs can have far reaching unintended consequences, they should only be undertaken after conducting research, including work force analyses and communication with the communities and stakeholders.

We understand COVID-19 has forced a delay to MHS reform efforts, but we believe legislation is needed to ensure both MTF restructuring and proposed medical billet cuts include rigorous DoD analysis and mitigation planning, transparency, and increased Congressional oversight. Therefore, we strongly support the precautions in sections 715 and 716 and emphasize the need to fully understand the short and long-term implications

for families' access to care before making reductions in billets and structural changes affecting access to pediatric care.

- VI. *House Section 738 - Pilot program on parents serving as certified nursing assistants for children under TRICARE program.*** *Allows the Director of the Defense Health Agency to carry out a pilot program under which a parent or family member may become a certified nursing assistant to provide approved, medically-necessary services for a covered child.*

TFK: Military families in need of home care for their medically fragile children often face a myriad of hurdles when accessing care. The Coalition is familiar with this approach being used successfully in other health care environments and believes it could be beneficial to both families and TRICARE. The proposed pilot, to be implemented as soon as appropriate and feasible given the national pandemic, would provide an opportunity for us to learn more about how the concept can be an effective option.

- VII. *Senate Section 704 – Mental Health Resources for Members of the Armed Forces and Their Dependents During the COVID-19 Pandemic:*** *Requires the Secretary to develop a plan within 180 days to protect and promote the mental health and well-being of servicemembers and their dependents during the current pandemic. It requires the Secretary to conduct outreach to the military community to identify resources and healthcare services, including mental healthcare services, available under the TRICARE program to support servicemembers and their dependents.*

TFK: The Coalition is aware and concerned that there are many unaddressed mental and behavioral health needs in the current environment; approaches that help promote mental health and well-being, as well as access to relevant care are welcomed. We encourage the plan to include recommendations that continue to allow and build on telehealth options for mental health services.

- VIII. *Senate Item of Special Interest: Ensure Eating Disorder Treatment for Servicemembers and Dependents:*** *Encourages DoD and DHA to identify eating disorders as a health condition to be treated and to: (1) Ensure that facilities are available to treat these disorders for all servicemembers; (2) Provide eating disorder treatment under TRICARE to a dependent without regard to the age of the dependent; and (3) Require commanders and supervisory personnel to undertake mental health early identification training, including on the warning signs and symptoms of eating disorders.*

TFK: Eating disorders have the second highest mortality rate of any psychiatric illness, only second to opioid use disorder, losing one person every 52 minutes. Recent studies show that 21% of military children are at risk for an eating disorder (ie, they meet screening criteria of the Eating Attitudes Test-26), three times the rate of their civilian peers, and that the combination of greater frequency of parental deployments and higher

parental distress is associated with higher disordered eating among military children. Additionally, a recent report from Deloitte and Harvard University showed that late and untreated eating disorders require parents to take an average of 6 weeks unpaid leave to help their children. We must ensure our military families can have coverage for and access to eating disorders treatment at all levels of care, similar to their civilian counterparts, as there are currently limited options available for military families, causing significant financial and emotional burdens.

The Coalition Supports the following provision with one suggested change:

- IX. *Senate Section 573 – Procedures of the Office of Special Needs for the Development of Individualized Services Plans for Military Families with Special Needs:*** *Requires that the policy of the DoD Office of Special Needs (OSN) must include requirements for the development and continuous updating by an appropriate office of an individualized services plan for each military family with special needs and procedures for the development of an individualized services plan for military family members with special needs who have requested family support services and have completed family needs assessments.*

TFK: This provision, in conjunction with the EFMP reforms in previous sections, will help to ensure meaningful ISPs for families, with the following caveat. We recognize not every EFMP family wants or needs an ISP. However, requiring DoD to complete ISPs only when requested is not an appropriate solution given the low awareness of ISPs among EFMP families – a family cannot request something they know nothing about. We instead suggest the OSN ensure that families are notified about the availability of ISPs at key points along the spectrum of interaction with the OSP such as such as when newly diagnosed, when making a permanent change of station (PCS), and when transitioning out of the military.

Coalition members would be happy to discuss these requests further at your convenience. Thank you so much for your careful consideration and commitment to military families.

Sincerely,

Kara T Oakley

Kara Tollett Oakley, Chair

cc: SASC and HASC