Tricare for Kids calls on Congress to Address the Needs of Military Children
FY2022 National Defense Authorization Act

1. Adopt EPSDT and Establish a Pediatric Medical Necessity Standard

Ensure military children have the same standard of care as their civilian counterparts covered by Medicaid, by adopting the "Early and Periodic Screening, Diagnostic and Treatment" or EPSDT standard. EPSDT covers "necessary health care, diagnostic services, treatment, and other measures...to correct or ameliorate defects along with physical and mental illnesses and conditions discovered by the screening services…" and is designed to "assure that individual children get the health care they need when they need it – the right care to the right child at the right time in the right setting."

Direct Tricare to adopt the pediatric specific definition of medical necessity recommended by the American Academy of Pediatrics (AAP) to cover: "health care interventions that are evidence based, evidence informed, or based on consensus advisory opinion and that are recommended by recognized health care professionals, to promote optimal growth and development in a child and to prevent, detect, diagnose, treat, ameliorate, or palliate the effects of physical, genetic, congenital, developmental, behavioral, or mental conditions, injuries, or disabilities…" so that children are not harmed by the current Tricare definition and hierarchy of evidence as concluded by the Defense Health Board report on Pediatric Health Care.

2. Halt the Reduction of Military Medical End Strength

Medical billet cuts and restructuring could harm 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. Major structural changes such as billet cuts can have far reaching unintended second- and third-order consequences. These cuts should only be undertaken after conducting research, including work force analyses and communication with communities and stakeholders. We strongly support the precautions in previous NDAAs and continued Congressional oversight to fully understand and address the short and long-term implications for families' access to care that would be caused by reductions in billets.

3. Strengthen Coverage and Access to Mental, Emotional and Behavioral (MEB) Healthcare Services and Supports

The Coalition urges continued focus on strengthening commitment to the mental, emotional and behavioral health for children of military families and recommends the following:

- Establish a pilot program on MHS mental/behavioral health appointment schedulers for direct and purchased care incorporating congressional oversight and reporting requirements. (Recommended by IG report)

- Institute T-5 requirement for appointment availability as part of network adequacy, as well as enhanced provider directory accuracy requirements specific to behavioral health care to eliminate duplicates, providers no longer practicing, wrong provider types and contact information. (Recommended by IG report)

- Specify that Tricare require a nationwide list of institutional and highly specialized providers and provide accurate specificity in directories with respect to specialty focus and ages served.

- Expand or build upon the Tricare Select Navigator pilot in implementing the mental/behavioral health services scheduler pilot to further address the documented difficulties with respect to obtaining appointments, approvals, and authorization for behavioral health (as well as complex conditions).

- Make permanent the telehealth flexibilities implemented during the COVID national emergency, including permitting providers to serve Tricare patients across state lines to ensure access to critical MEB services.

- Ensure contractors continually credential mental health providers regardless of overall network adequacy status, and direct DHA work with contractors to improve the authorization process for institutional providers.

- Take appropriate steps to ensure that Tricare alignment with Bright Futures (AAP guidelines for preventive care) is being implemented appropriately to ensure children are receiving the recommended periodic screenings and consider further alignment with behavioral health specific recommendations.

4. Improve ECHO – Habilitation, DME, and Home and Vehicle Adaptations

The ECHO program must be updated to ensure services are comparable to home and community-based services that are offered through the states. The 2021 NDAA made TFK-championed improvements to ECHO, including increased respite hours, but left important elements for future consideration.

The ECHO program must specifically cover habilitative services, durable medical equipment (DME) and residence and vehicle modifications that are medically necessary for children. Habilitation is intended to help "attain, keep or improve" skills or functions (compared to "re-learning or re-gaining" as with rehabilitation) and critical for developing children. This coverage should include equipment and modifications, as children grow and develop more rapidly than is acknowledged by existing policies and practices that are often based on adult needs. Most state waiver programs cover medically necessary home and vehicle modifications, but ECHO does not.

5. Recognize Dependency of Incapacitated Adult Children

Adult incapacitated children of servicemembers and retirees are dependents, which ensures Uniformed Services IDs, Tricare eligibility and any other rights and privileges afforded to military families. The requirement of a financial dependency test to determine whether parent/s are paying at least half of the support for their adult incapacitated children is being inappropriately used to the detriment of military families.

Congress should step in to protect these vulnerable families by directing DoD to recognize and align with existing federal law defining and governing the treatment of adult incapacitation status and dependency.

Also of great concern is the inability or inconsistency of MHS systems for designating a patient as an incapacitated adult. Often, parents are told they cannot be given laboratory results or ask about consults, even with documented dependency and guardianship. We ask Congress to communicate to DHA the importance of addressing this issue and request that DHA examine and implement ways to better document and serve these patients and their families.

6. Provide a Mechanism for Communicating Beneficiary and Provider Problems

Congress should improve accountability by directing DHA to stand up a mechanism for beneficiaries/families and purchased and direct care providers to report complaints and concerns about Tricare coverage, denials, incorrect provider directories, network adequacy, access to specialized care within a reasonable distance from their homes, overdue or consistently inaccurate payments, and other related issues.

We encourage DHA to implement a simple reporting tool for military families/beneficiaries and providers to report issues, that follows a simple flow chart for levying complaints, and require accountability for monitoring and addressing them appropriate to their level of acuity or urgency.