Make TRICARE Work for Kids

Military families need Congress' help:
Reform TRICARE to meet the needs of military children.

Every day military families face challenges in receiving care for their kids at the right time, in the right setting and from the right provider. Families are often forced to navigate a complex health care system that is based on the needs of adults. While all children have unique needs as compared to adults, military children—particularly those with complex or chronic needs—face additional challenges due to the nature of their parents' service.

The health and wellness of military families play an important role in ensuring military readiness. Military kids deserve a health care system that is tailored for their unique health needs, which entails appropriate coverage, access to services, and a system that is accountable to its stakeholders. As Congress looks to reform TRICARE, it is essential military kids are part of that discussion.

The health of military children is essential to the future of the military. Service is a family legacy.

Coverage

- Include coverage of age-appropriate preventive care screenings and well-child checkups as outlined in the AAP Bright Futures guidelines, as well as Medicaid's EPSDT standard. This will ensure that TRICARE benefits meet children's unique health needs and align TRICARE with Medicaid and CHIP standards.

- Align the Extended Care Health Option (ECHO) with the needs of children with special, chronic and complex medical conditions, using Medicaid Home and Community-Based Services (HCBS) waivers as the standard per MCRMC final proposal.

- Ensure a pediatric specific mental and behavioral health system of care aligns with mental health parity requirements, is child and family centered, and provides wrap around and community based care tailored to the child's needs from least restrictive to most intense options.

Access

- Ensure that pediatric provider networks include the full range of pediatric primary, ancillary, specialty and subspecialty providers who typically care for children – so that children receive the right care at the right time in the right setting.

- Facilitate patient, child, and family centered care and medical home models tailored to the child's health needs.

- Provide military families access to care coordination and management networks anchored by children's hospitals specifically to meet the needs of children with medical complexity and their families.

Accountability

- Align with best practices, existing programs and pediatric specific standards for children to ensure meaningful coverage, access, data analysis and transitions for families.

- Require a DoD Stakeholder Engagement Team that includes families, providers and advocates. Families, providers and advocates must be integrated into the DoD processes for reviewing and ensuring children's health benefits, coverage, access and quality, and for vetting and assisting with messaging of changes, reforms, and opportunities.

- Include timelines, benchmarks and meaningful oversight in reform legislation, to ensure timely implementation and compliance with intent.

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Tricare for Kids Coalition is comprised of: American Academy of Pediatrics • Children's Hospital Association • Commissioned Officers Association • Easter Seals • Family Voices • March of Dimes • Military Child Education Coalition • Military Family Advisory Network • Military Kids Matter • Military Officers Association of America • Military Special Needs Network • Military Spouse Behavioral Needs Clinicians • National Association for Children's Behavioral Health • National Military Family Association

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Three recommended items to include in 2017 National Defense Authorization Act (NDAA)

1. Align the Extended Care Health Option (ECHO) with the needs of children with special, chronic and complex medical conditions, as proposed by the Military Compensation Retirement & Modernization Commission (MCRMC). Include requirement for evaluation by the Government Accountability Office or independent auditor after implementation to ensure compliance with intent:

> ***SEC._____. EXTENDED CARE HEALTH OPTION (ECHO).***
> *Section 1079 of title 10, United States Code, is amended by adding at the end the following:*
> *"(q) In carrying out the Extended Care Health Option (ECHO) the Secretary of Defense, after consultation with the other administering Secretaries, shall ensure that the services provided under such option are an alternative to, and are comparable to, the services provided under the applicable (as determined by the Secretary of Defense) State plans for medical assistance under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.)."* See final MCRMC proposal December 2015 for additional details.

2. Establish the American Academy of Pediatrics model definition of medical necessity specific to pediatrics in statute, and the commensurate hierarchy of evidence standards to ensure coverage and to facilitate access to right care, right time, right setting for military children:

> *"health care interventions that are evidence based, evidence informed, or based on consensus advisory opinion and that are recommended by recognized health care professionals, such as the AAP, 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…"* The complete model language and additional detail can be referenced at http://pediatrics.aappublications.org/content/132/2/398.

3. Require DoD to submit a report to the Armed Services Committees setting forth DoD action to "correct deficiencies noted in the [original Tricare for kids report]" and plan to "continue improvement" in healthcare services for children. The NDAA FY16 Conference Committee Report and SASC expressed grave concerns because "data gaps and deficiencies in this area fail to substantiate the conclusion that the military health system meets the health care needs of children, especially those children with special needs." Recommended provision:

> *"No later than 30 days from enactment, the Secretary shall submit to the Committees a report of action taken and planned to continuously improve pediatric healthcare and to correct gaps and deficiencies identified in the pediatric healthcare report (initial draft submitted in July 2014, no final draft to date) required by s. 735 FY13 NDAA. The report shall include action items, action plans, and a specific timeline to address each area of concern raised by the 'Tricare for Kids' report and stakeholder recommendations."* For additional guidance, see S.1376, s. 735, the Senate NDAA FY16 provision that would have specifically restated follow up requirements in statute.