



July 14, 2015

The Honorable John McCain, Chairman  
Senate Armed Services Committee

The Honorable Mac Thornberry, Chairman  
House Armed Services Committee

The Honorable Jack Reed, Ranking Member  
Senate Armed Services Committee

The Honorable Adam Smith, Ranking Member  
House Armed Services Committee

Members of the Conference Committee of the Senate and House of Representatives for the  
National Defense Authorization Act of 2016

Dear Chairman McCain, Ranking Member Reed, Chairman Thornberry, Ranking Member Smith, and  
Conferees:

The TRICARE for Kids (TFK) Coalition is a stakeholder group of children's health care advocacy and professional organizations, disability advocacy groups, military and veterans' service organizations and military families committed to ensuring that TRICARE meets the unique health needs of the more than two million children of military families covered by TRICARE. As stated in our letter of July 13, 2015 we thank you for the inclusion of Section 735 in S. 1376, the National Defense Authorization Act (NDAA) for Fiscal Year 2016, and request inclusion in the final NDAA legislation

Along with Section 735, there are several other provisions in S. 1376 that members of the Coalition would like to bring to your attention, and request that you include the following provisions with specific impact to children and military families in the final product:

**Section 701. Urgent care authorization under the TRICARE program**

Barriers to acute care are widespread within the Military Health System (MHS). Families who call their local Military Treatment Facility seeking an appointment to treat an illness or injury are too often told that no appointments are available. Those who attempt to get a referral to a network urgent care facility, as TRICARE policy requires, often have those requests denied. Too often, families are left with the Emergency Room as their only option for treatment of acute medical problems, such as ear infections and

strep throat – conditions that aren't emergencies but must be treated promptly. Section 701's urgent care authorization waiver would allow military families to access the right care, at the right time, in the most appropriate setting.

### **Section 711. Access to health care under the TRICARE program**

Section 711 outlines standards for access to care. This section directs the Secretary to ensure that all TRICARE beneficiaries are able to obtain medical appointments within reasonable wait times goals, as dictated by health care access standards. If a beneficiary is not able to obtain an appointment in a timely manner, he or she may make an appointment with a health care provider that has contracted to provide services to TRICARE beneficiaries. The ability to make timely appointments for important services like primary pediatric care and maternity care is essential to ensuring that preventive health care is received regularly and on schedule.

### **Section 712. Portability of health plans under the TRICARE program**

We appreciate that Section 712 addresses barriers military families face in accessing health care due to PCS moves. Currently, families are limited to Emergency Room care when they are en route from one duty station to another. We are grateful that Section 712 would allow beneficiaries to receive urgent care without preauthorization during a relocation. We also appreciate the additional provisions that would make it easier for TRICARE beneficiaries to access medical care once they arrive at their new duty station. As you reconcile this section in conference, we encourage you to consider adding a provision that would allow specialty care referrals/authorizations to be transferred across regions during a PCS. Removing the need for a new referral/authorization would streamline access to specialty providers, thus minimizing disruptions in care.

### **Section 713. Improvement of mental health care**

Section 713 requires the Department of Defense to assess and report on its mental health workforce and the long-term mental health care needs of members of the armed forces and their dependents. We appreciate the instructions to disaggregate the mental health providers by specialty, and to specify the types and locations of anticipated service needs, which are critical to meeting pediatric needs. This section also requires the Department of Defense to develop a plan to measure mental health data, including outcomes for care, and to identify barriers to implementing clinical practice guidelines and other evidence-based treatments and approaches. The combined effect of projecting, gathering and analyzing key data will allow the Department of Defense to not just improve mental health care for service members, children and families but to incorporate a process that allows it to evolve in response to changing needs and best practices.

### **Section 715. Waiver of recoupment of erroneous payments due to administrative error under the TRICARE program**

It is inconsistent and inappropriate that beneficiaries who were authorized to use network providers are protected from recoupment, but the same protection is denied to beneficiaries who were authorized to use non-network providers. In each case, the managed care contractor that pre-authorized the care should be liable for the payment of services. Sec. 715 authorizes the Secretary of Defense to waive recoupment from a covered beneficiary who has benefitted from an erroneous TRICARE payment when the payment was due to an administrative error. Determination by the Secretary under to waive or decline to waive recoupment is a final determination and shall not be subject to appeal or judicial review.

### **Section 716. Designation of certain non-Department mental health care providers with knowledge relating to treatment of members of the Armed Forces**

Cultural competence is a key factor affecting patient and family engagement in mental health treatment, as well as the quality and outcomes of services. Section 716 directs the Department of Defense to develop eligibility criteria for civilian mental health providers to receive a "readiness designation" for serving members of the armed forces and their dependents. Eligibility would relate to knowledge and understanding of military culture and the evidence-based mental health treatments approved by the

Department of Defense. We commend the attention to increasing the ability of civilian providers to recognize the unique risk and protective factors for military families, and the values inherent in their significant commitment to service.

**Section 720. Pilot program on incentive programs to improve health care provided under the TRICARE program**

Section 720 requires the Department of Defense to carry out a pilot project to determine if value based incentive programs can provide cost efficiencies and enhance operations of TRICARE. The provision specifically allows the Department of Defense to adapt existing projects from the Centers for Medicare and Medicaid Innovation (CMMI). This is an important element because it precludes the need for the Department to “reinvent the wheel” and allows it to build on promising projects already vetted by fellow federal agencies. In particular, this provision provides an opportunity to adapt pediatric specific models such as the CARE Award, which is focused on children with complex medical conditions. Because of the importance of tailoring innovative quality and value based programs to children’s unique needs, the Coalition respectfully requests that the Conference Committee provide specific direction to include a pediatric project for children with special health care needs using the CMMI CARE Award as the model.

The TFK Coalition reiterates its appreciation for your leadership and appreciates your consideration and inclusion of these items of great importance to military connected children and their families during conference committee reconciliation.

Thank you for working with the TFK Coalition, military families and the Department of Defense to ensure that the current and future military health care system truly meets the unique health needs of children of military families.

Sincerely,

**TRICARE for Kids Coalition**

Autism Speaks  
Children’s Hospital Association  
Commissioned Officers Association of the United States Public Health Services  
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  
National Association for Children’s Behavioral Health  
National Military Family Association