



October 2, 2018

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

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

Dear Chairmen McCain and Thornberry and Ranking Members Reed and Smith:

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 appreciation for the provisions in HR 2810 the National Defense Authorization Act (NDAA) for Fiscal Year 2018 strengthening health care support and services for more than two million children of military families covered under TRICARE.

As you proceed to conference, we urge you to maintain the following critical provisions, Senate Sections 704, 705, 725 and 735, in the final legislation.

Support Senate Sec. 704. Expedited evaluation and treatment for prenatal surgery under the Tricare program.

This provision directs the agency to implement processes and procedures to ensure TRICARE beneficiaries whose pregnancy is complicated with a fetal condition or suspected of being complicated with a fetal condition receives, in an expedited manner and at the discretion of the covered beneficiary, evaluation, non-directive counseling, and treatment from a perinatal or pediatric specialist capable of providing surgical management and intervention in utero. While these services are covered by Tricare, specialty care of this nature and complexity is not found in

every community. Access to this level of specialty often requires travel to maternal-fetal care centers, sometimes at great distances and across regions, resulting in additional challenges and unnecessary delays in treatment, which can greatly impact options and outcomes.

Section 704 will require the Department of Defense (DoD) to educate beneficiaries, providers and contractors with clearly defined procedures to ensure that beneficiaries are accessing specialty care for fetal conditions in a timely manner.

Support Sec. 705. Specification that individuals under the age of 21 are eligible for hospice care services under the Tricare program.

TRICARE's current pediatric hospice policy is out of step with today's standard of pediatric care as well as Medicaid and commercial coverage policies. Currently, outdated laws tie coverage for military children to Medicare requirements for senior adults, mandating termination of curative care and quality of life therapies if service members elect hospice services for their children. These choices have devastating impacts on the quality of life of terminally ill children and the rest of the family members. It also appears implementation goes farther than required by policy. The Coalition is aware of several instances where curative care was denied once a family chooses hospice, but other quality of life and palliative care were withdrawn, as well, resulting in increased suffering of the child, and the family.

TRICARE's policy must be modified to ensure terminally ill military children receive appropriate care.

DoD is well aware of its shortcomings with respect to standard of care for children, yet has failed to pursue a solution. Thus, the legislative directive of Section 705 is necessary to move policy forward.

Support Sec. 725. Pilot program on establishment of integrated health care delivery systems.

This section builds on a provision in the 2017 NDAA to establish high performance military civilian integrated health delivery systems through partnerships. The Coalition believes these relationships would foster innovation in military treatment facilities, enhance operational readiness, improve access to specialized care, and strengthen care coordination through these new health care delivery systems. A longtime recommendation of the TFK Coalition is to allow and encourage local military treatment facilities to partner with children's hospitals and other providers to serve the pediatric needs of military families.

Section 725 has the potential to facilitate innovative partnerships that will be beneficial for military and civilian sectors, and for the families served by both, particularly if the agency promotes pediatric specific collaborations with pediatric specific providers including children's hospitals.

Support Sec. 735. Report on plan to improve pediatric care and related services for children of members of the armed forces.

We thank you for including section 735 of the Senate FY 2018 NDAA, a provision requiring the DoD to issue a report outlining its plan to improve pediatric care including specific direction regarding pediatric preventive care, medical necessity, and alignment with best practices. This is necessary to finalize the intent and direction in the original Tricare for Kids legislation, Section 735 of the 2013 NDAA originating in the House. Many of the identified needs have not yet been addressed, and this provision requires DoD to notify Congress of its concrete plans to implement those improvements.

The need for Section 735 was once again validated, this time by a federal advisory council, the Defense Health Board, tasked with reviewing and making recommendations for improvements in pediatric care. On August 10 the Board released a two hundred page brief, among its many recommendations -- calling for DoD to take action on critical elements such as pediatric medical necessity and aligning with pediatric best practices, as directed in Section 735.

Section 735 will improve pediatric care for children of members of the Armed Forces and all children covered by TRICARE, while requiring accountability for DoD plans and implementation of those improvements, accountability which is currently lacking.

The Coalition also must register its grave concerns with Senate section 707.

Oppose Sec. 707. Consolidation of cost-sharing requirements under Tricare Select and Tricare Prime.

By removing the grandfathering protections for cost shares and catastrophic caps in these plans, Congress fuels uncertainty and fosters distrust in military families, particularly for those most vulnerable. The removal of these protections disproportionately affects those families impacted by special needs, chronic and complex conditions, and disabilities whose annual health care costs are much higher than those for “typical” family members and will always hit caps.

Please protect families with chronic, complex, and special needs and disabilities by maintaining grandfathering protections for cost shares and catastrophic caps.

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

Sincerely,

Kara Tollett Oakley, Chair



cc: Conferees