

## **Soldiers, Families and Army Civilians**

### 10-05 Army Healthcare

People are the heart and soul of the Army. Sustaining the Army requires providing them benefits commensurate with the sacrifices they make. High quality healthcare is a critical aspect of caring for Soldiers and their Families and is imperative for sustaining the Army. Significant strides have been made in healthcare support for Soldiers, retirees and Family members by the Administration and Congress, and their continuing support is vital to adequately resource high quality healthcare.

Authorization and funding of health and dental care is also necessary for the readiness of all Reserve Component (RC) Soldiers. The increased use of the RC in support of 21st Century Conflict and other worldwide requirements highlight this need.

TRICARE costs and accessibility are important issues for Soldiers, retirees and Family members. Reimbursement rates to civilian medical providers must be sufficient to ensure their participation. The pursuit of best practices and performance efficiencies in the military healthcare system must remain a high priority. High quality direct healthcare at home and on the battlefield continues to be one of the Army's top priorities.

Wounded Warriors and their Families must receive the finest medical care and rehabilitative support, and in particular, the administrative process and procedure link between the Departments of Defense and Veterans Affairs must become seamless. The Army has developed a U.S. Army Wounded Warrior Program (AW2) to aid in this transition; however, continued funding is essential to meet the special needs of our Soldiers.

The operational tempo of 21st Century Conflict is increasing the mental health needs of our Soldiers, as well as surviving spouses and their children. Post Traumatic Stress Disorder (PTSD) may not surface for years, and the VA must be authorized and funded to provide services beyond the current 5 year limitation to those members no longer in the Army regardless of when the PTSD is diagnosed.

Providing high quality accessible and affordable healthcare to our Soldiers, retirees and their Family members is critical for sustaining the readiness of our Army and a much deserved benefit for the sacrifices they have made to protect and defend our nation. Any erosion of healthcare benefits is unacceptable. Our men and women in uniform and the Families who support them deserve nothing less.

### **WE THEREFORE RESOLVE to urge the Administration and Congress to:**

- Continue to fund high quality healthcare to ensure access for all beneficiaries and to preclude the burden of user fees
- Continue to enhance and fund pharmacy programs for all beneficiaries
- Provide a subsidy for the Retiree Dental Plan similar to the plan for active duty Family members
- Increase funding for the behavioral healthcare needs (both hospital and community based) of all Soldiers, their Families, and surviving spouses and children

- Continue to fund the Army Wounded Warrior Program (AW2)
- Provide funding for increases in reimbursable rates to TRICARE and MEDICARE providers to encourage increased provider participation
- Enact legislation to provide continuous VA care beyond the current five year limitation for Soldiers with Post Traumatic Stress Disorder regardless of the date of diagnosis
- Reduce TRICARE threshold for mileage reimbursement to 60 miles (one way)
- Fund VA healthcare
- Bar any TRICARE fee increases
- Fund the military healthcare system to provide post-deployment transitional care for Soldiers until the Veterans Administration system can assume responsibility
- Permanently approve the 24 healthcare provider occupations covered by the DoD annual direct hire and expand the OPM/DoD direct hire authority to 60 healthcare provider specialties
- Enact legislation and fund chiropractic care for Soldiers, their Families, and retirees
- Enact legislation to authorize and fund TRICARE benefits for Reserve Select “Gray Area” retirees from the Reserve Component
- Continue to support and fund programs to assist returning injured Soldiers and Families in reintegrating into civilian life and employment
- Continue to fund medical research to benefit Soldiers
- Continue to fund the Air Ambulance (HH-60H) Program
- Provide funding for standardization and availability of respite care for all Wounded Warrior caregivers
- Fund the military healthcare system to provide for medical and dental treatment for RC Soldiers upon notification of deployment to ensure they are deployable

- Authorize and provide funding to expand TRICARE Prime coverage for RC Soldiers from 90 to 180 days prior to deployment
- Authorize and fund the payment of non-medical attendants of Warriors in Transition to cover meals and lodging in lieu of per diem
- Provide additional funding for suicide prevention programs for Soldiers and Family members
- Fund the effort to fully automate medical records for Soldiers and the records interface between DoD and VA
- Provide funding for the RC Medical Benefits Pilot Program (MBPP)
- Authorize and fund a single disability adjudication process that emphasizes rehabilitation and transition back into service or civilian life
- Authorize and fund increases in the annual \$1,200 TRICARE dental cap and the \$1,500 lifetime cap for orthodontic care
- Authorize and fund allowing the Army to authorize additional special pays for providers in communities where TRICARE providers are limited
- Provide funding for additional drug and alcohol counselors
- Provide funding for initial furnishing, fixtures, and equipment requirements when new medical facilities are approved