



August 11, 2023

The Honorable Don Bacon, Chairman  
Quality of Life Panel  
Armed Services Committee  
United States House of Representatives  
Washington, DC 20515

The Honorable Chrissy Houlahan, Ranking Member  
Quality of Life Panel  
Armed Services Committee  
United States House of Representatives  
Washington, DC 20515

Dear Chairman Bacon and Ranking Member Houlahan:

The Military Coalition (TMC) is a consortium of 35 Veteran and Military Service Organizations, representing more than 5.5 million service members, veterans, retirees, their families, and survivors. We thank Congress for establishing a panel to study service member and families' quality of life. Preserving and enhancing the well-being of our nation's service members and military families is critical to maintaining the all-volunteer force we rely upon for our national security.

We are especially pleased that the panel plans to include health care as part of its review of military family quality of life. Mental and physical health and well-being are essential to maintaining quality of life. The Military Health System (MHS), which is tasked with caring for 9.6 million beneficiaries including service members, retirees, their families, and survivors, must have adequate resources and appropriate policies to provide high quality health care. Unfortunately, funding constraints and antiquated policies have led to growing gaps between the MHS and coverage offered by commercial health plans, negatively impacting military families' quality of life.

TMC understands and appreciates the need to control spending on health care. However, longstanding pressure to keep MHS funding flat in the face of rising national health care costs, combined with Congressional rules related to mandatory spending, have made it effectively impossible to ensure TRICARE keeps up with evolving technologies, treatment protocols, and benchmarks set by commercial plans. Indeed, the value of the military health benefit has gradually been reduced in subtle yet significant ways, while families' out-of-pocket costs have increased. We ask the panel to review the following issues to restore the value of the military health system and enhance military families' quality of life.

### **TRICARE Coverage Gaps**

TRICARE policy can be slow to adapt to evolving standards and emerging technologies. As a result, coverage lags far behind what is routine under commercial plans. For example, despite repeated progress reports by the Defense Health Agency, neither chiropractic care nor acupuncture are covered under the TRICARE benefit, depriving beneficiaries of commonly used treatments for pain management.

Perhaps the most egregious coverage gap relates to young adult dependents. Since 2010, commercial insurance providers have been required to cover young adult dependents up to age 26 on their parents' plan at no additional cost. However, TRICARE is exempt from that requirement. Young adults in military families are only eligible for TRICARE up to age 21, or 23 if they are enrolled in college. Families wishing to extend their young adult children's TRICARE coverage must purchase a separate, premium-based plan, TRICARE Young Adult. TRICARE Young Adult premiums have skyrocketed in recent

years, putting this coverage out of reach of many young people and their families and forcing many to forego health coverage altogether. TMC supports H.R. 1045, the Health Care Fairness for Military Families Act, which would require TRICARE to cover young adult dependents up to age 26. This simple fix would bring TRICARE in line with commercial health plans and address a coverage gap affecting the health and well-being of young adult children and their families.

### **TRICARE Copays**

Unlike high quality commercial plans, TRICARE categorizes relatively low-cost therapies as specialty care. As a result, beneficiary copays for low-cost treatments such as physical, speech and occupational therapy, as well as mental health care, are disproportionately high. This copay structure represents a barrier to access and prevents some beneficiaries from seeking needed therapy or mental health care.

We thank Rep. Houlihan for her leadership in addressing this issue through introduction of H.R. 4824, the Stop Copay Overpay Act, in the 117<sup>th</sup> Congress. This legislation would have required DHA to treat mental health care as primary care, limiting beneficiaries' out of pocket costs. While the bill was not included in the FY 2023 NDAA, we appreciate that Congress recognizes that high copays are preventing some TRICARE beneficiaries from accessing needed care. We urge the panel to review the TRICARE copay structure to ensure that beneficiaries' out of pocket costs do not present a barrier to receiving care.

### **TRICARE Pharmacy Network Cuts**

In October 2022, several thousand retail pharmacies were cut from the TRICARE Pharmacy network, many of them independent pharmacies serving rural areas or providing specialty services. Although some pharmacies have been restored to the network, we remain concerned about the capabilities of the TRICARE pharmacy network. The narrowed pharmacy network has reduced access for families in rural areas, residents of long-term care facilities, and those who need specialty or compound medications. We ask the panel to review the capabilities of the TRICARE pharmacy network and the impact of pharmacy network cuts on beneficiary access to care.

### **MTF Access to Care**

TMC remains concerned about access to care in the direct care system of military hospitals and clinics where most active duty service members and their families receive their care. TMC appreciates Congressional action in the FY2023 NDAA to halt military treatment facility (MTF) restructuring given the uncertainty surrounding the healthcare workforce and civilian medical system capacity. We support report language in the HASC mark of the FY2024 NDAA directing a report on wait times in MTFs and the TRICARE network and the impact of MHS Genesis on delays in accessing care. We urge the panel to address MTF access challenges and look forward to discussing options to improve access to care within MTFs.

The military health benefit is an essential part of the military's compensation package. It is also critical to maintaining military family health and well-being and – importantly -- essential to military recruitment and retention. As the value of the health benefit diminishes, families have less incentive to remain in the military or recommend service to their children. Maintaining and enhancing the military health system is vital to preserving military readiness and protecting our national security.

The TMC is grateful for the panel's work to improve quality of life for service members and their families. Thank you for considering our recommendations on how best to improve the military health benefit to support military families' health and well-being.

Sincerely,

A handwritten signature in black ink that reads "Jack DuTill". The signature is written in a cursive, flowing style.

President,  
The Military Coalition

The Military Coalition:

Air Force Sergeants Association  
AMSUS, the Society of Federal Health Professionals  
Association of the United States Army  
Blinded Veterans Association  
Blue Star Families  
Commissioned Officers Association of the U.S. Public Health Service  
Fleet Reserve Association  
Jewish War Veterans of the United States of America  
K9s for Warriors  
Marine Corps League  
Marine Corps Reserve Association  
Military Chaplains Association of the United States of America  
Military Officers Association of America  
Military Order of the Purple Heart  
National Military Family Association  
Service Women's Action Network  
The Independence Fund  
The Retired Enlisted Association  
Tragedy Assistance Program for Survivors  
United States Army Warrant Officers Association  
USCG Chief Petty Officers Association  
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