

August 14, 2020

The Honorable James Inhofe, Chairman
Senate Armed Services Committee
228 Russell Senate Office Building
Washington, DC 20510

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

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

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

The Honorable Thom Tillis, Chairman
Senate Armed Services Committee
Subcommittee on Personnel
228 Russell Senate Office Building
Washington, DC 20510

The Honorable Kirsten Gillibrand, Ranking Member
Senate Armed Services Committee
Subcommittee on Personnel
228 Russell Senate Office Building
Washington, DC 20510

The Honorable Jackie Speier, Chairwoman
House Armed Services Committee
Subcommittee on Military Personnel
2216 Rayburn House Office Building
Washington, DC 20515

The Honorable Trent Kelly, Ranking Member
House Armed Services Committee
Subcommittee on Military Personnel
2216 Rayburn House Office Building
Washington, DC 20515

Dear Chairman Inhofe, Ranking Member Reed, Chairman Smith, Ranking Member Thornberry, Chairman Tillis, Ranking Member Gillibrand, Chairwoman Speier, and Ranking Member Kelly:

As you finalize the Fiscal Year 2021 National Defense Authorization Act (NDAA), the undersigned organizations representing military families and healthcare providers would like to express our support for provisions included in the draft House and Senate bills that would consider the needs of members and families of the Armed Forces by addressing issues related to preserving the military medical workforce and transformation of the Military Health System (MHS). Specifically, **we strongly urge you to include language in the final conference report from House Sections 704 and 705 and Senate Sections 721 and 745.**

Following the administration's FY20 DoD budget proposal to eliminate approximately 15,000 military health care personnel billets and reports that DoD was planning to cut up to 18,000 medical positions as part of Defense Health Agency (DHA)'s strategy to modernize the MHS, the final FY20 NDAA implemented limits on these proposals. Specifically, Section 719 limited any reductions or realignment of military medical end strength until further analyses and reviews have been conducted regarding potential manpower realignments, the availability of health care services in the local area and plans for transitioning of health care services.

Section 704 in the House FY21 NDAA would amend Section 719 from last year's NDAA to ensure that any reductions or realignment of military medical end strength cannot take place for at least one year following enactment, and after that period is over, not until the previously described analyses and reviews are completed. **House Section 705** would amend Section 703 from the FY17 NDAA, which originally directed the MHS transformation and "right-sizing" for military medical end strength, by preventing the Secretary of Defense from implementing the plan for restructuring MTFs until either a year has passed since its submission to Congress or the enactment of the FY21 NDAA.

We believe the inclusion of these two provisions in the final FY21 NDAA conference report is essential, particularly as America is still grappling with the COVID-19 pandemic. The COVID-19 public health crisis has impacted nearly all aspects of life for individuals across the country, including service members and their families. Members of the Armed Forces and their families are already experiencing disruptions to health care services, childcare, education, permanent change of station orders, finances, and employment, among others. Even once spread of COVID-19 is contained in communities, there will likely be long-term effects that remain, including physical and mental health outcomes.

Many of the undersigned organizations raised concerns about DHA's proposed cuts last year, noting that they would be detrimental to the more than 9.6 million TRICARE beneficiaries, including 2 million children, who receive care through the MHS. Moving forward with proposed reductions, while health care services are already being disrupted for beneficiaries and uniformed and civilian providers are already overburdened, would simply exacerbate the devastating impacts on service members and their families. Further, we are also concerned about proposals to move forward with steep cuts to the Uniformed Services University of the Health Services (USUHS), which is the military's preeminent medical training and research school. Were these cuts to move forward, it would have severe consequences for our military servicemember and family care. DoD and DHA must thoroughly reconsider these proposals and MHS transformation overall given the impacts of COVID-19 on uniformed medical personnel and Armed Service members and beneficiaries.

In addition, a recent report by the Government Accountability Office (GAO) in May found that the Department of Defense's (DoD) methodology to determine MTF's restructuring relies on incomplete and inaccurate information.¹ Specifically, the report demonstrated that DoD's civilian health care assessments did not consistently account for provider quality or account for access to an accurate and adequate number of providers near MTFs. The GAO found that cost-effectiveness assessments were based on a single set of assumptions, where DoD concluded that civilian health care was more cost-effective than care in its MTFs without considering other assumptions that could affect its conclusions. For example, according to the report "DOD applied assumptions about the cost of military personnel salaries, MTF workloads, and reimbursement rates for TRICARE that likely underestimated the cost-effectiveness of MTFs." GAO also found that DOD conducted limited assessments of MTFs' support to the readiness of military primary care and nonphysician medical providers, and noted that, "until DOD resolves methodology gaps by using more complete and accurate information about civilian health care quality, access, and cost-effectiveness, DOD leaders may not fully understand risks to their objectives in restructuring future MTFs." With this report in mind, we fully support House Section 705 delaying implementation of MTF realignment for at least a year.

Furthermore, **Section 721** of the Senate FY21 NDAA amends a provision in the FY20 NDAA to delay the transfer of the Army Medical Research and Development Command (and other medical research organizations of the Armed Forces, as appropriate) and the public health commands or programs of the military services to DHA until September 30, 2024. The Army Medical Research and Development Command manages and executes important research in military infectious diseases, combat casualty care, military operational medicine, chemical biological defense, and clinical and rehabilitative medicine. As with other aspects of DHA's transformation of the MHS, it is important to delay moving the research enterprise and public health commands, particularly since many of these organizations are heavily invested in research and development of a COVID-19 vaccine and therapeutics.

¹ Government Accountability Office, "Defense Health Care: Additional Information and Monitoring Needed to Better Position DOD for Restructuring Medical Treatment Facilities," GAO-20-371, May 2020. <https://www.gao.gov/products/GAO-20-371>

Lastly, **Senate Section 745** would require that a study be conducted on force mix options and service models to optimize readiness of the medical force to deliver combat casualty care. We support this provision, but also encourage that it be modified further to include force mix options and service models that account for civilian casualties cared for in deployed settings. Unfortunately, children and women represent a substantial proportion of battle related trauma and medical emergency care and force mix will need to acknowledge this reality.

We appreciate your attention to this letter and urge you to consider the needs of members and families of the Armed Forces and work to pass a bill that preserves and ensures the continued progress of the military medical workforce. This can be done by including language from House Sections 704 and 705 and Senate Sections 721 and 745 in the final conference report.

Sincerely,

American Academy of Family Physicians
American Academy of Ophthalmology
American Academy of Pediatrics
American Association for Pediatric Ophthalmology and Strabismus
American Association of Neurological Surgeons
American College of Allergy, Asthma and Immunology
American College of Obstetricians and Gynecologists
American College of Physicians
American Medical Association
American Psychiatric Association
Association of American Medical Colleges
Congress of Neurological Surgeons
Council of Pediatric Subspecialties
National Association of Pediatric Nurse Practitioners
Society of Critical Care Medicine