



JAMES L. MADARA, MD
EXECUTIVE VICE PRESIDENT, CEO

ama-assn.org
t (312) 464-5000

March 31, 2016

The Honorable Peter Levine
Deputy Chief Management Officer
U.S. Department of Defense
9010 Defense Pentagon
Washington, DC 20301-9010

Re: RIN 0720-AB65, TRICARE; Mental Health and Substance Use Disorder Treatment; Proposed Rule

Dear Mr. Levine:

On behalf of the physician and student members of the American Medical Association (AMA), thank you for the opportunity to provide comments on the Department of Defense's (DOD) proposed revisions to the TRICARE regulation to reduce administrative barriers to access to mental health benefit coverage and to improve access to substance use disorder (SUD) treatment for TRICARE beneficiaries (DOD-2015-HA-0109, RIN 0720-AB65).

As the 2012 report by the Institute of Medicine (IOM) indicated, the U.S. military has a long history of alcohol and other drug misuse and abuse (See "Substance Use Disorders in the U.S. Armed Forces," IOM, September 2012). Substance use disorders extend to all of the military branches, and in recent years, as in the private sector, prescription opioid use has skyrocketed. The IOM report review revealed substantial unmet need for SUD treatment services as well as outdated policies and practices that serve as barriers to such care. For example, TRICARE does not cover intensive outpatient services and office-based outpatient services, and imposes limits on SUD and mental health benefit coverage. We are pleased that the DOD has recognized the need for substantial change, and we strongly support the DOD's efforts to comprehensively update the TRICARE mental health and SUD coverage and treatment rules to reflect current evidence-based practices in mental health and addiction medicine and to require parity for coverage and treatment of SUD and mental health disorders with medical and surgical benefits. We also commend the DOD's proposal to no longer separately identify treatment of SUD as a limited special benefit and instead, incorporate SUD care into the general mental health provisions governing institutional benefits and professional services.

The AMA especially appreciates that DOD is proposing to eliminate current quantitative and qualitative treatment limitations on mental health and SUD benefit coverage, as well as proposing to align cost-sharing requirements for these services with medical/surgical services. While there are existing waiver provisions for all of the quantitative treatment benefit limitations to ensure that beneficiaries have access to medically or psychologically necessary and appropriate treatment, we agree with the DOD that these presumptive limitations create barriers to care. Thus, we strongly support the provisions to remove all inpatient mental health day limits, the 60-day partial hospitalization and SUD residential facility resident

treatment limits, annual and lifetime limitations on SUD treatment, including limits on smoking cessation quit attempts, and presumptive limitations on outpatient services.

We also support the proposal to expand mental health and SUD benefits to include coverage of intensive outpatient programs, authorized opioid treatment programs, and office-based opioid treatment by TRICARE-authorized physicians, including the use of medication assisted treatment (MAT). These significant changes would allow the full range of the continuum of care. We strongly agree with the DOD that office-based individual outpatient treatment is effective, and that expanding TRICARE coverage of such benefits will help to close the current gaps in access to treatment for TRICARE beneficiaries. MAT is an evidence-based treatment that should be made available to all patients with an opioid use disorder. Likewise, the AMA supports the proposed revisions to streamline the certification requirements for mental health and SUD institutional providers to become TRICARE authorized providers. Streamlining such procedures will also increase access to care.

Finally, the AMA strongly supports the DOD's proposal to eliminate the regulatory prohibition that categorically excludes all treatment of gender dysphoria. AMA policy promotes removing financial barriers to care for transgender patients, to include providing both public and private health insurance coverage for treatment of gender identity disorder as recommended by the patient's physician. Specifically, our policies affirm that transgender service members and beneficiaries should be provided care as determined by the patient and physician according to the same medical standards that apply to non-transgender personnel.

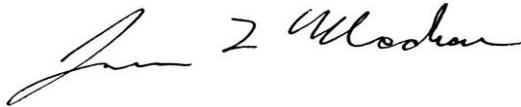
We greatly appreciate the DOD's efforts to permit coverage of medically necessary and appropriate care in the treatment of gender dysphoria, and agree wholeheartedly with your determination that "it is no longer justifiable to categorically exclude and not cover currently accepted medically and psychologically necessary treatments for gender dysphoria that are not otherwise excluded by statute." The AMA is cognizant of and sensitive to the statutory prohibition in 10 U.S.C. 1079(a)(11) of surgery improves physical appearance but is not expected to significantly restore functions, including sex gender changes. While we understand that the DOD's regulatory discretion is correspondingly constrained, we urge the DOD to seek a statutory change enabling such clinical decisions to be made on an individualized basis on the grounds of medical necessity rather than a categorical exclusion. Certain surgical procedures are widely accepted as medically indicated when an appropriate diagnosis is made by a qualified professional, and should be added to other treatment options such as psychotherapy, pharmacotherapy, and hormone replacement therapy where medically necessary.

Thank you again for the opportunity to provide comments. The AMA commends the DOD for its commitment to ensuring the mental health of service members and their families and to its continuing work to further de-stigmatize mental health and SUD treatment and expand the ways by which TRICARE beneficiaries can access authorized mental health and SUD services. Through the AMA's advocacy work at the federal and state levels and our work with physicians across the country through the AMA Task Force to Reduce Opioid Abuse, we believe that, working together with private and public stakeholders, we can stem the tide of the opioid epidemic and end it by expanding access to treatment and services for mental health disorders, including SUD. We believe that the DOD's proposed rule is a critical step in the right direction to fill the current gap in access to services and treatment for our nation's service members and their families, and we look forward to working with you as these rules are implemented. If you have

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any questions, please do not hesitate to contact Margaret Garikes, Vice President of Federal Affairs, at 202-789-7409 or margaret.garikes@ama-assn.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Jim L Madara". The signature is written in a cursive, flowing style.

James L. Madara, MD