

September 8, 2023

The Honorable Jack Reed
Chairman
Committee on Armed Services
United States Senate
728 Hart Senate Office Building
Washington, DC 20150

The Honorable Roger Wicker
Ranking Member
Committee on Armed Services
United States Senate
425 Russell Senate Office Building
Washington, DC 20510

The Honorable Mike Rogers
Chairman
Committee on Armed Services
United State House of Representatives
2469 Rayburn House Office Building
Washington, DC 20515

The Honorable Adam Smith
Ranking Member
Committee on Armed Services
United State House of Representatives
2264 Rayburn House Office Building
Washington, DC 20515

The Honorable Elizabeth Warren
Chair
Subcommittee on Personnel
Committee on Armed Services
United States Senate
309 Hart Senate Office Building
Washington, DC 20510

The Honorable Rick Scott
Ranking Member
Subcommittee on Personnel
Committee on Armed Services
United States Senate
110 Hart Senate Office Building
Washington, DC 20510

The Honorable Jim Banks
Chairman
Subcommittee on Military Personnel
Committee on Armed Services
United State House of Representatives
2418 Rayburn House Office Building
Washington, DC 20515

The Honorable Andy Kim
Ranking Member
Subcommittee on Military Personnel
Committee on Armed Services
United States House of Representatives
2444 Rayburn House Office Building
Washington, DC 20515

Dear Chairman Reed, Ranking Member Wicker, Chairman Rogers, Ranking Member Smith, Chairwoman Warren, Ranking Member Scott, Chairman Banks, and Ranking Member Kim:

As you finalize the Fiscal Year (FY) 2024 National Defense Authorization Act (NDAA), the undersigned organizations representing healthcare clinicians and educational institutions that comprise the backbone of the Military Health System (MHS) would like to express our continued concern with staffing levels at Military Treatment Facilities (MTFs) and military medical end strength. While we are thankful that a “pause” in reductions in medical billets for five years pending additional analysis was enacted in the FY 2023 NDAA, the undersigned organizations are still concerned that the service branches, particularly the Navy and Air Force, have already proceeded with a substantial reduction in military medical end strength that has affected staffing levels at MTFs and the remaining clinicians’ ability to provide quality health care. As we have stated for several years, plans to dramatically reduce military medical end strength do not align with the current state of our country’s health care system and do not fully consider the second-

and third-order consequences for the military health system and service members and their families who rely on it for care. In fact, military medicine is already feeling the effects of reduced training numbers and years of billet cuts. In addition, previous proposals to eliminate 12,000 to 18,000 uniformed medical billets also do not consider the ways in which the MHS and the country's overall health care system are intertwined and benefit from each other.

Many of these concerns were echoed by the United States Government Accountability Office (GAO) in its recently published report "Defense Health Care: Additional Assessments Needed to Determine Effects of Active Duty Medical Personnel Reductions."¹ This report found that the Department of Defense (DOD) and the Defense Health Agency (DHA) did not adequately assess their mitigation strategies when they proposed to eliminate uniformed medical personnel positions and instead hire civilian or contractor replacements, rely on remaining staff to absorb the workload, and send patients to civilian provider networks under its TRICARE health plan. The report states that "until DOD develops and uses guidance to comprehensively assess the potential effect that reductions may have on MTFs, it risks taking actions that could decrease the ability of the military health system to achieve its mission of ensuring the medical readiness of the force and caring for military service members and their families."

In order to maintain sufficient military medical end strength, we strongly urge you to include language in the final FY24 NDAA conference report from the following sections that would examine staffing levels at MTFs and support uniformed military clinicians.

S. 2226, Senate Item of Special Interest: Comptroller General review of military medical personnel staffing at military medical treatment facilities

As the Senate report to S. 2226 states, "the transition of administration of military medical treatment facilities (MTFs) to the Defense Health Agency (DHA) fundamentally transformed how military medical treatment facilities are staffed. The transition has presented some challenges with respect to balancing the military departments' assignment of military medical personnel for the provision of care at the MTFs with assigning such personnel outside of MTFs to meet their medical and operational readiness missions."

In addition, our organizations are aware of the increased pressure on remaining uniformed medical personnel at MTFs to properly staff and provide quality care to active-duty members and their dependents. Despite the previous pauses to military medical billet reductions, there have already been reductions to overall medical end strength through open billets not being filled and smaller billet divestitures over the years. At many of the MTFs, patients have been pushed into the contracted care networks through a cycle of direct active-duty manpower cuts and extended vacancies of civilian staff and contract positions. This study is needed for understanding both manning and future force generation requirements. Bringing those patients back to MTFs in a way that both provides timely and high-quality care while enabling the complexity and volume of care needed to train the medical force is vital.

Because of these concerns, the Senate bill directs the Comptroller General of the United States to assess military medical staffing at MTFs. The assessment will evaluate: a) the military departments' policies and procedures for assigning active duty medical personnel to MTFs and ensuring their availability to meet

¹ United States Government Accountability Office. "Defense Health Care: Additional Assessments Needed to Determine Effects of Active Duty Medical Personnel Reductions." July 2023. [GAO-23-106094](#).

staffing requirements; b) the historical and projected active duty medical workforce staffing trends at the MTFs in terms of assigned staff relative to the number of authorized positions; c) the extent to which the Office of the Assistant Secretary of Defense for Health Affairs and military health system governance councils have provided effective oversight of military medical staffing at MTFs; and d) the extent to which DOD has identified and assessed factors that affect the availability of military medical workforces (i.e., physicians, nurses, and enlisted techs) to deliver care at MTFs.

Our organizations support the inclusion of this study in the final FY24 NDAA conference report, as well as directing the Comptroller General to provide a briefing to the Committees on Armed Services of the Senate and the House of Representatives on the preliminary observations of this assessment not later than February 29, 2024.

S. 2226, Sec. 711. Increase in stipend for participants in health professions scholarship and financial assistance programs.

This provision would increase the maximum annual stipend from \$30,000 to \$50,000 for participants in the military departments' health professions scholarship and financial assistance programs. Our organizations fully support this provision as a mechanism to enhance the recruitment of military medical professionals. As we have mentioned before, the news of previously proposed reductions in medical billets is having a dampening effect in recruiting medical students for military residencies. The number of medical students interested in these residencies has been declining across the services because the proposed cuts to military training billets gives the perception that there is no longer a viable long term career path in military medicine. Previous proposals to reduce medical billets and training programs are hampering the future supply of uniformed clinicians. As such, we support this provision to enhance the stipend for health professions scholarship and financial assistance programs to help reverse the decline in interest in these programs.

In addition to these provisions that address MTF staffing and health professions scholarships, there are other sections regarding mental health services and reproductive health care that our organizations support for inclusion in the FY24 NDAA Conference Report.

H.R. 2670, Sec. 752. GAO Report on TRICARE Payments to Behavioral Health Professionals.

This section would require the Comptroller General of the United States to submit a report on TRICARE payments to behavioral health professionals. This report would include the timeliness of such payments, the accuracy of such payments, the extent to which contractors comply with the TRICARE Operations Manual, and areas of improvement that would enhance and improve the administrative process of such payments.

S. 2226, Sec. 705. Waiver of cost-sharing for three mental health outpatient visits for certain beneficiaries under the TRICARE program.

This provision authorizes the Secretary of Defense to waive cost-sharing requirements for the first three outpatient mental health visits each year for beneficiaries in the active-duty family member category

and in the TRICARE Young Adult program. As numerous studies have demonstrated that even a minimal amount of cost-sharing can reduce the uptake of a medical service, our organizations support this provision to encourage the provision of needed mental health services.

S. 2226, Sec. 723. Comptroller General study on the impact of perinatal mental health conditions of members of the Armed Forces and their dependents on military readiness and retention.

This section would require the Comptroller General of the United States to conduct a study on perinatal mental health conditions among members of the Armed Forces and their dependents. This study will provide an assessment of beneficiaries under the TRICARE program, including members of the Armed Forces and dependents of such members, who attempted suicide or died by suicide or overdose during the perinatal period; an assessment of members of the Armed Forces discharged from active duty due to a mental health condition within two years after the perinatal period; an assessment of beneficiaries under the TRICARE program, including members of the Armed Forces and dependents of such members, diagnosed with a perinatal mental health condition who were relocated during the perinatal period; and an assessment of the effects of retention and promotion policies of the Department of Defense relating to perinatal mental health conditions on members of the Armed Forces seeking and accessing screening, referral, and treatment. In addition, the study will examine the number of members of the Armed Forces who were separated from the Armed Forces or did not receive a promotion due to a diagnosed perinatal mental health condition, and whether policies of the Department can be modified to provide clear standards for retention and pathways for promotion of members of the Armed Forces diagnosed with a perinatal mental health condition, as well as what resources are needed to integrate behavioral health specialists into all obstetric care practices, pediatric practices, and women's health clinics. The study will provide disaggregated demographic information of the population included in the study with respect to race, ethnicity, sex, age, family status (including dual service and single parent families), military occupation, military service, and rank, as applicable.

With the increasing numbers of women serving in the Armed Forces, this issue is of paramount concern for the health and well-being of the uniformed services. Studying the impact on perinatal mental health can also improve the health of beneficiaries and dependents in military families.

S. 2226, Sec. 725. Report on activities of the Department of Defense to prevent, intervene, and treat perinatal mental health conditions of members of the Armed Forces and their dependents.

This section would require the Secretary of Defense to submit a report to the Committees on Armed Services of the Senate and the House of Representatives on the activities of the Department of Defense to address the mental health of pregnant and postpartum members of the Armed Forces and their dependents.

The report will include an identification of the MTFs at which the Secretary offers members of the Armed Forces and their dependents evidence-based programs during the perinatal period that are proven to prevent perinatal mental health conditions, as well as an assessment of the types of programs offered, the number and location of programs, the number of members of the Armed Forces and their dependents who have participated in such programs, disaggregated by Armed Force, military

occupation, sex, age, race, and ethnicity, when applicable, and whether such programs are delivered in-person or virtually and the frequency of the availability of such programs. The study would also examine the number of behavioral health specialists for pregnant and postpartum members of the Armed Forces and dependents integrated into obstetric care practices, pediatrics, and women's health clinics at military medical treatment facilities. The report will also include any recommendations for legislative or administrative action to improve prevention, intervention, and treatment of perinatal mental health conditions for members of the Armed Forces and their dependents.

S. 2226, Sec. 724. Report on mental and behavioral health services provided by the Department of Defense.

This provision would require the Director of the Defense Health Agency to submit a report on wait times for mental and behavioral health services for members of the Armed Services that contains the current wait times for members of the Armed Forces, including members of the Selected Reserve of the Ready Reserve, a reserve component of the Armed Forces who are enrolled in TRICARE Reserve Select under section 1076d of title 10, United States Code, to receive mental and behavioral health services, disaggregated by State. The report will also include an assessment of the number of additional mental and behavioral health care providers needed for the Department of Defense to meet established metrics associated with access to mental and behavioral health services, and an explanation of the credentialing standards for mental and behavioral health care providers of the Department, including a comparison of those standards to the standards for other Federal and private sector health care providers.

S. 2226, Sec. 726. Study of family planning and cryopreservation of gametes to improve retention of members of the Armed Forces.

This provision would require the Secretary of Defense to conduct a study on the potential cost and recruiting and retention benefits of providing a cryopreservation benefit to active-duty military personnel. The study will examine the number of members of the Armed Forces who elect to leave the Armed Forces for family planning reasons, disaggregated by gender, age, and military occupational specialty, whether the option of cryopreservation of gametes would lead to greater retention of members of the Armed Forces, methods for the Department of Defense to offer cryopreservation of gametes for the purposes of retention of members of the Armed Forces, the cost to the Department of offering cryopreservation of gametes to active-duty members of the Armed Forces, and such other matters relating to family planning and cryopreservation of gametes for members of the Armed Forces as the Secretary considers relevant.

H.R. 2670, Sec. 707. Temporary requirement for contraception coverage parity under the TRICARE program.

This section provides a temporary one-year prohibition of cost-sharing for certain contraception services under the Pharmacy Benefits program, TRICARE Select, and TRICARE Prime coverage.

We appreciate your attention to this letter and urge you to consider the medical needs of members of the Armed Forces and their families 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 in the final FY24

NDAAC conference report that continues to examine staffing levels at MTFs, enhances stipends for health professions scholarship and financial assistance recipients, examines and bolsters mental health services, including perinatal mental health care needs, and improves the number of reproductive health care services offered to members of the Armed Forces and their family members.

Sincerely,

American Academy of Family Physicians
American Academy of Pediatrics
American College of Obstetricians and Gynecologists
American College of Physicians
American Psychiatric Association
Association of American Medical Colleges
National Association of Pediatric Nurse Practitioners