November 5, 2025

The Honorable Roger F. Wicker
Chairman
Committee on Armed Servies
United States Senate
425 Russell Senate Office Building
Washington, DC 20150

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

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

The Honorable Adam Smith
Ranking Member
Committee on Armed Services
United States House of Representatives
2264 Rayburn House Office Building
Washington, DC 20150

The Honorable Tommy Tuberville
Chairman
Subcommittee on Personnel
Committee on Armed Services
United States Senate
142 Russell Senate Office Building
Washington, DC 20150

The Honorable Elizabeth Warren
Ranking Member
Subcommittee on Personnel
Committee on Armed Services
United States Senate
309 Hart Senate Office Building
Washington, DC 20150

The Honorable Pat Fallon
Chairman
Subcommittee on Personnel
Committee on Armed Services
United States House of Representatives
2416 Rayburn House Office Building
Washington, DC 20150

The Honorable Chrissy Houlahan
Ranking Member
Subcommittee on Personnel
Committee on Armed Services
United States House of Representatives
1727 Longworth House Office Building
Washington, DC 20150

Dear Chairman Wicker, Ranking Member Reed, Chairman Tuberville, Ranking Member Warren, Chairman Rogers, Ranking Member Smith, Chairman Fallon, and Ranking Member Houlahan,

As you finalize the Fiscal Year 2026 National Defense Authorization Act (NDAA), the undersigned organizations representing healthcare clinicians and educational institutions that compromise 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.

Military medicine continues to experience significant staffing shortages as outlined in the United States Government Accountability Office (GAO) report "Defense Health Care: Information Needed to Improve

Monitoring of Military Personnel Staffing at Medical Facilities."[i] This report found a decline in the number of military medical positions and staffing of approximately 16% from FYs 2015-2023 with senior leaders from the Defense Health Agency (DHA) anticipating continued shortfalls in military medical personnel until at least 2027. We appreciate the proposed extension on medical billet reductions included in the House version of the FY 2026 NDAA, which will help prevent further erosion of staffing levels at MTFs. In addition, to strengthen military medical training, we support the establishment of a Graduate Medical Education Partnership Demonstration Program between the Department of Defense (DOD) and Department of Veterans Affairs (VA) medical facilities.

In order to maintain sufficient military medical end strength, we strongly urge you to include language in the final FY26 NDAA conference report from the following sections to address staffing challenges and improve care for TRICARE recipients.

S.2296, Sec. 705. Fertility Treatment for Certain Members of the Uniformed Services and Dependents/H.R.3838, Sec. 703. Fertility Treatment for Certain Members of the Armed Forces and Dependents.

The House and Senate bills include similar language authorizing coverage of fertility-related care under TRICARE Prime and TRICARE Select. Both provisions establish parity with coverage available to Members of Congress for in vitro fertilization (IVF), expanding access beyond the limited coverage currently available for service members who must prove that their infertility arises from a service-connected injury or illness.

S. 2296, Sec. 712. Establishment of policies for priority assignment of medical personnel of Department of Defense.

This provision requires the Secretary of Defense to establish policies for the priority assignment of Department of Defense medical personnel, which must be followed by each military department. If a military department does not comply with these policies, the Secretary of Defense may authorize the Director of the Defense Health Agency to reassign that department's medical personnel accordingly. The Director must brief Congress within 90 days of any such reassignment.

S. 2296, Sec. 713. Graduate medical education partnership demonstration program.

This provision directs the Secretary of Defense to establish a Graduate Medical Education Partnership Demonstration Program between Department of Defense (DoD) and Department of Veterans Affairs (VA) medical facilities. The goal is to increase patient case volume for military graduate medical education programs. The program must address credentialing, access to DoD installations for care delivery to non-DoD patients and allow for non-cash forms of reimbursement. Annual briefings to Congress are required starting December 1, 2026. The program will expire on September 30, 2032.

S. 2296, Sec. 716. Improvement of provider directory accuracy for specialty care providers under the TRICARE program.

This provision requires DHA to ensure that at least 70% of specialty care provider listings in the TRICARE directory are accurate within five years. It mandates regular accuracy checks, contractor accountability, beneficiary reporting mechanisms, and oversight by the Inspector General and Comptroller General.

S. 2296, Sec. 717. Review of disclosure requirements under processes and forms relating to health care provider credentialing and privileging of Department of Defense.

This provision requires the Secretary of Defense to review and revise credentialing and privileging processes for Department of Defense health care providers to ensure that applicants are not required to disclose mental, behavioral, psychological, or related health conditions unless there is a current impairment. The review must include all relevant forms and policies across the military departments and DHA. Within one year, the Secretary must submit a report to Congress detailing the findings and outlining a plan to eliminate unnecessary disclosure requirements, including engagement with external subject matter experts.

H.R.3838, Sec. 705. Pilot Program on Access to Obstetrical and Gynecological Care under TRICARE Prime Program.

This section would establish a pilot program for covered patients to designate an obstetrical and gynecological care provider under TRICARE and receive care without a referral by the designated provider.

H.R.3838, Sec. 707. Pilot Program to Treat Pregnancy as a Qualifying Event for Enrollment in TRICARE Select.

This section would direct the Secretary of Defense to conduct a five-year pilot program treating pregnancy as a qualifying life event for the purposes of eligibility to enroll in TRICARE Select.

H.R.3838, Sec. 721. Military-Civilian Medical Surge Program

This section would authorize a military civilian Partnership Program to enhance interoperability and medical surge capability and capacity of the National Disaster Medical System.

H.R.3838, Sec. 722. Reimbursement for Travel Expenses Relating to Specialty Care for Certain Members of the Armed Forces and Dependents.

This section would lower the distance required for reimbursement for medical appointment mileage from 100 miles to 50 miles.

H.R.3838, Sec. 727. Modification of Limitation on Reduction of Military Medical Manning End Strength

This section would extend the restriction on cuts to military medical end strength by an additional 5 years (through December 31, 2030).

H.R.3838, Items of Special Interest, Access to Maternal Health Care

The committee recognizes the importance of providing high-quality maternal health care for servicemembers and their dependents. Access to comprehensive maternal health is essential to ensure the well-being of service members and their families as well as maintain overall force readiness. Therefore, the committee directs the Secretary of Defense to provide a briefing to the House Committee on Armed Services, not later than March 1, 2026, on the current status of maternal health care available to servicemembers and their dependents. This briefing should include:

(1) an analysis of the availability and adequacy of maternal health care services for covered beneficiaries under TRICARE over the last two years;
(2) any challenges beneficiaries face in accessing maternal health care;

(3) a description of policies and procedures in place to ensure continuity of care for maternal health, including pre- and post-natal care during a permanent change of station; and
(4) any other issues the Secretary deems appropriate on this subject.

Our organizations are supportive of this briefing for an evaluation of maternal healthcare access and quality for service members and their families. Concerns surrounding maternal healthcare have been outlined in the United States Government Accountability Office (GAO) report "Defense Healthcare: DOD Should Monitor Mental Health Screenings for Prenatal and Postpartum TRICARE Beneficiaries."[ii] This report found that only 52% of service members who delivered in military medical treatment facilities received DHA's three recommended perinatal mental health screenings.

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 FY26 NDAA conference report that establishes priority assignment of medical personnel, establishes a Graduate Medical Education partnership, improves provider directory accuracy, extends the pause in medical billet reductions, and improves access and quality of maternal healthcare services offered to members of the Armed Forces and their families.

Sincerely,

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

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[i] https://www.gao.gov/products/gao-25-106988?utm_campaign=usgao_email
[ii] https://www.gao.gov/products/gao-25-107163