MOAA
Military Officers Association of America

Lt. Gen. Dana Atkins
USAF (Ret)
President and CEO

# Congress: Support Critical House NDAA Language Protecting Access to Medical Care for Military Beneficiaries

## Background

DoD plans for military treatment facility (MTF) restructuring and medical billet reductions will move hundreds of thousands of beneficiaries out of military hospitals and clinics and into civilian hospitals and medical practices in surrounding communities. DoD recently announced a pause to these efforts, but a delay is not enough to address MOAA's concerns about beneficiary access to care.

Recent Government Accountability Office (GAO) report findings, combined with volatility in the civilian health care market caused by COVID-19, necessitate a halt to planned cuts and highlight the need for additional DoD reporting requirements and congressional oversight. We urge you to support Sections 715 and 716 of the House version of the FY 2021 National Defense Authorization Act (NDAA) to ensure DoD conducts a more accurate and complete evaluation of civilian care availability. Military beneficiaries must not be moved out of MTFs if there is insufficient high-quality health care in surrounding communities.

## GAO Reports Military Family Access to Health Care at Risk with MTF Restructuring Plan

The May 2020 GAO report, *Defense Health Care: Additional Information and Monitoring Needed to Better Position DoD for Restructuring Medical Treatment Facilities*, highlights shortfalls in DoD's plan to restructure the direct care system of military hospitals and clinics – shortfalls that put access to care for military families at risk:

- DoD's analysis failed to adequately evaluate availability of high-quality civilian medical care in communities surrounding restructured MTFs. The analysis did not verify the accuracy of the TRICARE provider directory, examine quality of providers, or determine whether providers were accepting new patients.

- DoD's plan for restructuring MTFs does not evaluate the impact on primary care graduate medical education (GME) programs and non-GME training. Training programs conducted within MTFs are critical to the uniformed provider pipeline. GME cuts could negatively impact not only readiness but also beneficiary access to care.

- DoD says it will reverse or slow an MTF transition, if needed, to address any challenges that arise with patients' ability to access health care. However, DoD's plan does not discuss what conditions would warrant these moves, or how the need for such adjustments would be determined.

## Impact of COVID-19 on the Civilian Health Care System

DoD's plans for MTF restructuring and medical billet cuts rely on high-quality civilian health care in surrounding communities to absorb the caseload transitioned out of military hospitals and clinics. COVID-19 has caused extreme volatility in both supply and demand for the civilian medical system: While demand for COVID-19 related care surges, patients have deferred many other elective appointments and procedures. From major hospital systems to small provider offices, the civilian medical system faces financial strain and uncertainty. All of these factors, and others not yet realized, make it impossible to accurately assess civilian health care capacity for the foreseeable future.

SUMMER STORM
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**ACTION NEEDED**

## Congress, we need your help:

- Support Sections 715 and 716 in the House version of the FY 2021 National Defense Authorization Act (NDAA) requiring DoD to conduct additional analysis and mitigation planning on MTF restructuring and billet cuts.
- Ensure military families maintain access to high quality health care and are not sent into civilian health care markets that lack capacity to meet their needs.

## MOAA Contact

**Karen Ruedisueli**
Director, Health Affairs
(703) 838-8164
karenr@moaa.org

### Staying Strong to Combat a Crisis

Proposed cuts to military medicine also must be re-evaluated in light of lessons learned from the whole-of-nation response to COVID-19, which may take months or years to fully assess. We must ensure our military medical system can work in support of national surge capacity to fulfill the crisis response mission without compromising beneficiary access to essential medical care. This pandemic demands an updated analysis of medical readiness requirements and optimal direct care system capacity. House Section 715 ensures medical manpower requirements account for all national defense strategy scenarios, including "both the homeland defense mission and pandemic influenza."

### A Delay Is Not Enough

While DoD has announced a delay to MTF restructuring and medical billet reductions, simply pausing these efforts is not enough. Cuts to military medicine cannot be reversed easily – they should be undertaken only after rigorous analysis of civilian care availability and medical manpower requirements.

Sections 715 and 716 of the House NDAA are essential to ensure DoD conducts a thorough analysis of civilian health care quality and capacity, as well as an updated evaluation of medical manpower requirements. These provisions also provide much needed transparency and increased congressional oversight in the MTF restructuring and medical billet cut process.

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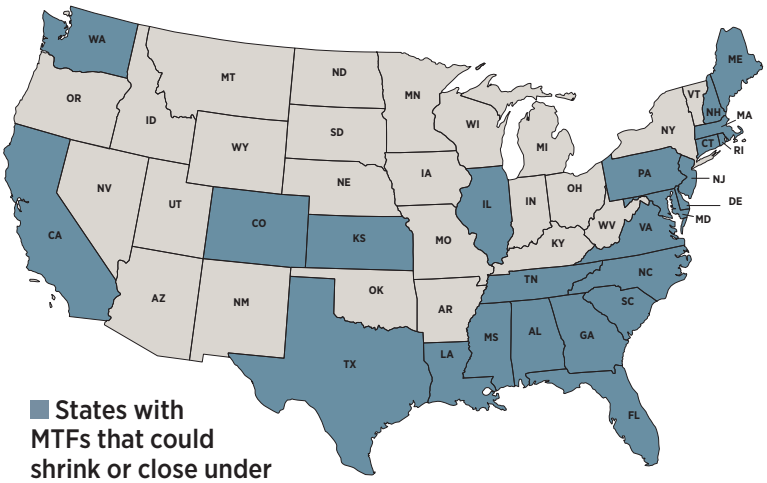
### 48 FACILITIES TO FACE CUTS

Military treatment facilities serving **highlighted states** will close or downsize under DoD plans, or already have closed/downsized and won't be restored.




**States with MTFs that could shrink or close under current DoD plans.** *

* As of August 2020

**Alabama**
- Maxwell Air Force Base outpatient facility
- Redstone Arsenal outpatient facility

**California**
- Fort Irwin outpatient clinic
- Marine Corps Air Station Miramar, Rancho Bernardo clinic
- Presidio of Monterey outpatient facility
- San Onofre Marine Corps Base health clinic

**Colorado**
- Fort Carson, Robinson-Carson outpatient clinic

**Connecticut**
- Naval Submarine Base New London, Naval Branch Health Clinic Groton

**Delaware**
- Dover Air Force Base outpatient facility

**Florida**
- MacDill Air Force Base outpatient facility
- MacDill Air Force Base, Sabal Park Community Clinic
- Patrick Air Force Base outpatient facility
- U.S. Southern Command (Miami), Gordon outpatient facility

**Georgia**
- Fort Benning, North Columbus-Benning clinic
- Marine Corps Logistics Base Albany, Naval Branch Health Clinic Albany
- Robins Air Force Base outpatient facility

**Illinois**
- Rock Island Arsenal outpatient facility

**Kansas**
- Fort Leavenworth ambulatory surgery center
- Fort Riley, Farrelly Health Clinic

**Louisiana**
- Barksdale Air Force Base outpatient facility
- Naval Air Station Belle Chasse outpatient facility

**Massachusetts**
- Hanscom Air Force Base outpatient facility

**Maryland**
- Aberdeen Proving Ground, Kirk outpatient facility
- Fort Detrick, Barquist outpatient facility
- Fort Meade, Kimbrough Ambulatory Care Clinic
- Naval Air Station Patuxent River outpatient facility
- Naval Support Facility Indian Head outpatient facility

**Mississippi**
- Naval Technical Training Center Meridian outpatient facility

**North Carolina**
- Fort Bragg, Joel outpatient facility
- Fort Bragg, Robinson outpatient facility

**New Hampshire**
- Portsmouth Naval Shipyard outpatient facility (clinic in Kittery, Maine)

**New Jersey**
- Joint Base McGuire-Dix-Lakehurst outpatient facility
- Naval Support Activity Lakehurst outpatient clinic
- Naval Weapons Station Earle, Colts Neck Earle outpatient facility

**Pennsylvania**
- New Cumberland Defense Distribution Center outpatient facility

**Rhode Island**
- Naval Station Newport, Naval Health Clinic New England

**South Carolina**
- Marine Corps Air Station Beaufort, Naval Hospital Beaufort

**Tennessee**
- Naval Support Activity Mid-South outpatient facility

**Texas**
- Dyess Air Force Base outpatient facility
- Fort Hood Medical Home
- Fort Hood, Charles Moore Health Clinic
- Goodfellow Air Force Base outpatient facility
- Naval Air Station Corpus Christi outpatient facility

**Virginia**
- Naval Support Facility Dahlgren outpatient facility
- Fort Lee, Kenner Outpatient Clinic
- Joint Base Langley-Eustis, 633rd Medical Group
- Joint Base Langley-Eustis, McDonald Army Health Clinic

**Washington**
- Joint Base Lewis-McChord, Okubo Medical Home