

112TH CONGRESS
2D SESSION

H. R. 4341

To direct the Secretary of Defense to establish a working group to review TRICARE policy with respect to providing health care to children and determine how to improve such policy, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MARCH 29, 2012

Mr. STIVERS (for himself, Mr. SCHILLING, and Mrs. DAVIS of California) introduced the following bill; which was referred to the Committee on Armed Services

A BILL

To direct the Secretary of Defense to establish a working group to review TRICARE policy with respect to providing health care to children and determine how to improve such policy, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SENSE OF CONGRESS.**

4 It is the sense of Congress that—

5 (1) children of members of the Armed Forces
6 deserve health-care practices and policies that—

7 (A) are designed to meet their pediatric-
8 specific needs;

1 (B) are developed and determined
2 proactively and comprehensively; and

3 (C) ensure and maintain their access to pe-
4 diatric-specific treatments, providers, and facili-
5 ties;

6 (2) children's health-care needs and standards
7 of care are different and distinct from those of
8 adults, therefore the TRICARE program should un-
9 dertake a proactive, comprehensive approach to re-
10 view and analyze its policies and practices to meet
11 the needs of children to ensure that children and
12 their families receive appropriate care in proper set-
13 tings and avoid unnecessary challenges in seeking or
14 obtaining proper health care;

15 (3) a proactive and comprehensive review is
16 necessary because the reimbursement structure of
17 the TRICARE program is patterned upon Medicare
18 and the resulting policies and practices of the
19 TRICARE program do not always properly reflect
20 appropriate standards for pediatric care;

21 (4) one distinct aspect of children's health care
22 is the need for specialty care and services for chil-
23 dren with special-health-care needs and chronic-
24 health conditions;

1 (5) the requirement for specialized health care
2 and developmental support is an ongoing and serious
3 matter of day-to-day life for families with children
4 with special or chronic-health-care needs;

5 (6) the Department of Defense and the
6 TRICARE program, recognizing the special needs of
7 certain children, have instituted special-needs pro-
8 grams, including the ECHO program, but there are
9 collateral needs that are not being met, generally be-
10 cause the services are provided in the local commu-
11 nity rather than by the Department of Defense, who
12 may not always have the best tools or knowledge to
13 access these State and local resources;

14 (7) despite wholehearted efforts by the Depart-
15 ment of Defense, a gap exists between linking mili-
16 tary families with children with special-health-care
17 needs and chronic conditions with the resources and
18 services available from local or regional highly spe-
19 cialized providers and the communities and States in
20 which they reside;

21 (8) the gap is especially exacerbated by the mo-
22 bility of military families, who often move from
23 State to State, because special-needs health care,
24 educational, and social services are very specific to

1 each local community and State and such services
2 often have lengthy waiting lists; and

3 (9) the Department of Defense will be better
4 able to assist military families with children with
5 special-health-care needs fill the gap by collaborating
6 with special-health-care needs providers and those
7 knowledgeable about the opportunities for such chil-
8 dren that are provided by States and local commu-
9 nities.

10 **SEC. 2. ESTABLISHMENT OF TRICARE WORKING GROUP.**

11 (a) ESTABLISHMENT.—

12 (1) IN GENERAL.—The Secretary of Defense
13 shall establish a working group to carry out a review
14 of the TRICARE program with respect to—

15 (A) pediatric health care needs under para-
16 graph (2); and

17 (B) pediatric special and chronic health
18 care needs under paragraph (3).

19 (2) PEDIATRIC HEALTH CARE NEEDS.—

20 (A) DUTIES.—The working group shall—

21 (i) comprehensively review the policy
22 and practices of the TRICARE program
23 with respect to providing pediatric health
24 care;

1 (ii) recommend changes to such poli-
2 cies and practices to ensure that—

3 (I) children receive appropriate
4 care in an appropriate manner, at the
5 appropriate time, and in an appro-
6 priate setting; and

7 (II) access to care and treatment
8 provided by pediatric providers and
9 children's hospitals remains available
10 for families with children; and

11 (iii) develop a plan to implement such
12 changes.

13 (B) REVIEW.—In carrying out the duties
14 under subparagraph (A), the working group
15 shall—

16 (i) identify improvements in policies,
17 practices, and administration of the
18 TRICARE program with respect to pedi-
19 atric-specific health care and pediatric-spe-
20 cific healthcare settings;

21 (ii) analyze the direct and indirect ef-
22 fects of the reimbursement policies and
23 practices of the TRICARE program with
24 respect to pediatric care and care provided
25 in pediatric settings;

(iii) consider case management programs with respect to pediatric complex and chronic care, including whether pediatric specific programs are necessary;

(iv) develop a plan to ensure that the TRICARE program addresses pediatric-specific health care needs on an on-going basis beyond the life of the working group;

(v) consider how the TRICARE program can work with the pediatric provider community to ensure access, promote communication and collaboration, and optimize experiences of military families seeking and receiving health care services for children; and

(vi) review matters that further the mission of the working group.

(3) PEDIATRIC SPECIAL AND CHRONIC HEALTH CARE NEEDS.—

(A) DUTIES.—The working group shall—

(i) review the methods in which families in the TRICARE program who have children with special-health-care needs access community resources and health-care resources;

1 (ii) review how having access to, and
2 a better understanding of, community re-
3 sources may improve access to health care
4 and support services;

5 (iii) recommend methods to accom-
6 plish improved access by such children and
7 families to community resources and
8 health-care resources, including through
9 collaboration with children's hospitals and
10 other providers of pediatric specialty care,
11 local agencies, local communities, and
12 States;

13 (iv) consider approaches and make
14 recommendations for the improved integra-
15 tion of individualized or compartmentalized
16 medical and family support resources for
17 military families;

18 (v) work closely with the Office of
19 Community Support for Military Families
20 with Special Needs of the Department of
21 Defense and other relevant offices to avoid
22 redundancies and target shared areas of
23 concern for children with special or chron-
24 ic-health-care needs; and

1 (vi) review any relevant information
2 learned and findings made by the working
3 group under this paragraph that may be
4 considered or adopted in a consistent man-
5 ner with respect to improving access, re-
6 sources, and services for adults with spe-
7 cial needs.

8 (B) REVIEW.—In carrying out the duties
9 under subparagraph (A), the working group
10 shall—

11 (i) discuss improvements to special
12 needs health care policies and practices;

13 (ii) determine how to support and pro-
14 tect families of members of the National
15 Guard or Reserve Components as the
16 members transition into and out of the rel-
17 evant Exceptional Family Member Pro-
18 gram or the ECHO program;

19 (iii) analyze case management services
20 to improve consistency, communication,
21 knowledge, and understanding of resources
22 and community contacts;

23 (iv) identify areas in which a State
24 may offer services that are not covered by

1 the TRICARE program or the ECHO pro-
2 gram and how to coordinate such services;

3 (v) identify steps that States and
4 communities can take to improve support
5 for military families of children with spe-
6 cial health care needs;

7 (vi) consider how the TRICARE pro-
8 gram and other programs of the Depart-
9 ment of Defense can work with specialty
10 pediatric providers and resource commu-
11 nities to ensure access, promote commu-
12 nication and collaboration, and optimize
13 experiences of military families seeking and
14 receiving health care services for their chil-
15 dren with special or chronic health care
16 needs;

17 (vii) consider special and chronic
18 health care in a comprehensive manner
19 without focus on one or more conditions or
20 diagnoses to the exclusion of others;

21 (viii) focus on ways to create innova-
22 tive partnerships, linkages, and access to
23 information and resources for military
24 families across the spectrum of the special-
25 needs community and between the medical

1 community and the family support commu-
2 nity; and

3 (ix) review matters that further the
4 mission of the working group.

5 (b) MEMBERSHIP.—

6 (1) APPOINTMENTS.—The working group shall
7 be composed of not less than 14 members as follows:

8 (A) The Chief Medical Officer of the
9 TRICARE program, who shall serve as chair-
10 person.

11 (B) The Chief Medical Officers of the
12 North, South, and West regional offices of the
13 TRICARE program.

14 (C) One individual representing the Army
15 appointed by the Surgeon General of the Army.

16 (D) One individual representing the Navy
17 appointed by the Surgeon General of the Navy.

18 (E) One individual representing the Air
19 Force appointed by the Surgeon General of the
20 Air Force.

21 (F) One individual representing the re-
22 gional managed care support contractor of the
23 North region of the TRICARE program ap-
24 pointed by such contractor.

1 (G) One individual representing the re-
2 gional managed care support contractor of the
3 South region of the TRICARE program ap-
4 pointed by such contractor.

5 (H) One individual representing the re-
6 gional managed care support contractor of the
7 West region of the TRICARE program ap-
8 pointed by such contractor.

9 (I) Not more than three individuals rep-
10 resenting the non-profit organization the Mili-
11 tary Coalition appointed by such organization.

12 (J) One individual representing the Amer-
13 ican Academy of Pediatrics appointed by such
14 organization.

15 (K) One individual representing the Na-
16 tional Association of Children's Hospitals ap-
17 pointed by such organization.

18 (L) One individual representing military
19 families who is not an employee of an organiza-
20 tion representing such families.

21 (M) Any other individual as determined by
22 the Chief Medical Officer of the TRICARE pro-
23 gram.

24 (2) TERMS.—Each member shall be appointed
25 for the life of the working group. A vacancy in the

1 working group shall be filled in the manner in which
2 the original appointment was made.

3 (3) TRAVEL EXPENSES.—Each member shall
4 receive travel expenses, including per diem in lieu of
5 subsistence, in accordance with applicable provisions
6 under subchapter I of chapter 57 of title 5, United
7 States Code.

8 (4) STAFF.—The Secretary of Defense shall en-
9 sure that employees of the TRICARE program pro-
10 vide the working group with the necessary support
11 to carry out this section.

12 (c) MEETINGS.—

13 (1) SCHEDULE.—The working group shall—

14 (A) convene its first meeting not later than
15 60 days after the date of the enactment of this
16 Act; and

17 (B) convene not less than four other times.

18 (2) FORM.—Any meeting of the working group
19 may be conducted in-person or through the use of
20 video conferencing.

21 (3) QUORUM.—Seven members of the working
22 group shall constitute a quorum but a lesser number
23 may hold hearings.

24 (d) POWERS.—

1 (1) HEARINGS AND TESTIMONY.—The working
2 group may, for the purpose of carrying out this Act,
3 hold public or private hearings, sit and act at times
4 and places, take written or oral comments or testi-
5 mony, and receive evidence as the working group
6 considers appropriate.

7 (2) OFFICIAL INFORMATION.—The working
8 group may secure directly from any department or
9 agency of the United States information necessary
10 to enable it to carry out this Act.

11 (3) MAILS.—The working group may use the
12 United States mails in the same manner and under
13 the same conditions as other departments and agen-
14 cies of the United States.

15 (e) CONSULTATION.—

16 (1) ADVICE.—With respect to carrying out the
17 review of the TRICARE program and pediatric spe-
18 cial and chronic health care needs under subsection
19 (a)(3), the working group shall seek counsel from
20 the following individuals acting as an expert advisory
21 group:

22 (A) One individual representing the Excep-
23 tional Family Member Program of the Army.

24 (B) One individual representing the Excep-
25 tional Family Member Program of the Navy.

1 (C) One individual representing the Excep-
2 tional Family Member Program of the Air
3 Force.

4 (D) One individual representing the Excep-
5 tional Family Member Program of the Marine
6 Corps.

7 (E) One individual representing the Office
8 of Community Support for Military Families
9 with Special Needs.

10 (F) One individual who is not an employee
11 of an organization representing military families
12 shall represent a military family with a child
13 with special health care needs.

14 (G) Not more than three individuals rep-
15 resenting organizations that—

16 (i) are not otherwise represented in
17 this paragraph or in the working group;
18 and

19 (ii) possess expertise needed to carry
20 out the goals of the working group.

21 (2) COMMENTS.—With respect to carrying out
22 the review of the TRICARE program and pediatric
23 special and chronic health care needs under sub-
24 section (a)(3), the working group shall invite and ac-
25 cept comments and testimony from States, local

1 communities, national special needs advocacy
2 groups, educators, pediatric-health-care providers,
3 and military family advocates.

4 (f) REPORTS REQUIRED.—

5 (1) REPORT.—Not later than 12 months after
6 the date on which the working group convenes its
7 first meeting, the working group shall submit to the
8 congressional defense committees a report includ-
9 ing—

10 (A) any changes described in subsection
11 (a)(2)(A)(ii) identified by the working group
12 that—

13 (i) require legislation to carry out, in-
14 cluding proposed legislative language for
15 such changes;

16 (ii) require regulations to carry out,
17 including proposed regulatory language for
18 such changes; and

19 (iii) may be carried out without legis-
20 lation or regulations, including a time line
21 for such changes; and

22 (B) steps that States and local commu-
23 nities may take to improve the experiences of
24 military families with special-needs children in

1 interacting with and accessing State and local
2 community resources.

3 (2) FINAL REPORT.—Not later than 18 months
4 after the date on which the report is submitted
5 under paragraph (1), the working group shall sub-
6 mit to the congressional defense committees a final
7 report including—

8 (A) any additional information and up-
9 dates to the report submitted under paragraph
10 (1);

11 (B) information with respect to how the
12 Secretary of Defense is implementing the
13 changes identified in the report submitted
14 under paragraph (1); and

15 (C) information with respect to any steps
16 described in subparagraph (B) of such para-
17 graph that were taken by States and local com-
18 munities after the date on which such report
19 was submitted.

20 (g) TERMINATION.—The working group shall termi-
21 nate on the date that is 30 days after the date on which
22 the working group submits the final report pursuant to
23 subsection (f)(2).

24 (h) DEFINITIONS.—In this Act:

1 (1) The term “children” means dependents of a
2 member of the Armed Forces who are—

3 (A) individuals who have not yet attained
4 the age of 21; or

5 (B) individuals who have not yet attained
6 the age of 27 if the inclusion of such depend-
7 ents is applicable and relevant to a program or
8 policy being reviewed under this Act.

9 (2) The term “congressional defense commit-
10 tees” has the meaning given that term in section
11 101(a)(16) of title 10, United States Code.

12 (3) The term “ECHO program” means the pro-
13 gram established pursuant to subsections (d)
14 through (e) of section 1079 of title 10, United
15 States Code (commonly referred to as the “Extended
16 Care Health Option program”).

17 (4) The term “TRICARE program” means the
18 managed health care program that is established by
19 the Department of Defense under chapter 55 of title
20 10, United States Code.

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