DEPARTMENT OF DEFENSE

Vision

The health and wellness of military families play an important role in ensuring the readiness of the U.S. armed forces. While all children have unique needs compared to adults, children in military families—particularly those who have complex or chronic needs—face distinct experiences due to the very nature of their parent’s service to the nation. Up to two million children have been exposed to the wartime deployment of a loved one over the past decade. The practical difficulties that accompany deployments and frequent relocations must be taken into consideration when planning the health, medical, and social support systems to serve these families. Children in military families deserve a health care system that is tailored to their unique needs and that enables them to get care at the right time, in the right setting, and from the right provider. To achieve this goal, the Department of Defense (DoD) must close the “gaps” and “areas for clarification” that were found in the report required by Section 735 of the Fiscal Year 2013 National Defense Authorization Act (FY13 NDAA), often referred to as “TRICARE for Kids,” which studied pediatric coverage under TRICARE.

Recommended Administrative Actions

Safeguard the health of children who get their care through the military. Bright Futures is a national health promotion and disease prevention initiative—developed by the Health Resources and Services Administration in conjunction with the American Academy of Pediatrics—which addresses children’s health needs in the context of family and community. Bright Futures provides evidence-informed content for well-baby and well-child visits, with recommended vaccines and screenings at each age. The Affordable Care Act requires each participating insurer in health insurance exchanges to cover services recommended by Bright Futures. Unfortunately, the study required by Section 735 of the FY13 NDAA found that TRICARE is not aligned with Bright Futures for children age six and older. The next administration should take steps to ensure that TRICARE fully aligns with Bright Futures for children of all ages.

Align TRICARE with Medicaid’s EPSDT benefit. The guiding principle for child health care under Medicaid is the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) benefit, which has been shaped to fit the standards of pediatric care and to meet children’s special physical, emotional, and developmental needs. Federal law requires that Medicaid covers a comprehensive set of benefits and services for children. Unlike insurance benefits targeted at adults, EPSDT provides age-appropriate benefits so that young children receive medically necessary physical health, mental health, and developmental services. DoD should adopt a standard of care equivalent to EPSDT to ensure that dependent children in military families have access to all needed health care services to treat any health care conditions that are found in screenings in the most appropriate settings possible.

Adopt an appropriate definition of “medical necessity” for children. The term “medical necessity” refers to medical services that are generally recognized as being appropriate for the diagnosis, prevention, or treatment of disease and injury. It is used both by public insurers (such as Medicaid and Medicare) and private insurance contracts. Yet, TRICARE’s medical necessity standards differ between the “direct care” and “purchased care” components. This leads to confusion on the part of military families and the risk of inadequate coverage for their children. In addition, the hierarchal evidence for approval of treatments under TRICARE does not always align with pediatric practice standards. The next administration should direct the DoD to adopt the American Academy of Pediatrics’ definition of medical necessity, which will ensure that children in military families have timely access to the full range of services they need to stay healthy.

Ensure military families and children can access needed mental health services. The stressors inherent in military life make basic mental health services as important and time-sensitive as basic health care. Currently, TRICARE access standards consider basic mental health care in the same category as medical specialty referrals. Under this standard, initial mental health appointments can be significantly delayed. In addition, children have particularly constrained access to treatment services, especially adolescents with substance abuse problems, who are often best treated through intensive outpatient or partial hospitalization services. However, outpatient and partial hospitalization treatment for substance abuse is virtually non-existent in many geographic regions; as a result, families must send their children two to four states away for inpatient treatment, which is more expensive and not clinically indicated. There is also an inadequate number of mental health providers in the military health system, something DoD needs to address, particularly its inadequate payment rates that do not attract enough providers.

Develop a TRICARE Physician Advisory Committee. DoD should develop a TRICARE Physician Advisory Committee to advise the department on practice standards, quality and safety issues, formulary and durable medical equipment, access to care, eligibility and enrollment issues, and patient satisfaction. This committee
should include pediatricians and other providers who serve children. The committee structure could parallel the Physicians Professional Advisory Committee of the United States Public Health Service or be modeled after physician advisory committees commonly implemented by major insurance carriers.

Recommended Congressional Actions

Address the needs of children with special, chronic, and complex medical conditions. The DoD offers the Extended Care Health Option (ECHO) for military families who need assistance in caring for a family member with significant disabilities. ECHO, which acts as a supplemental program to the TRICARE Basic Program, is designed to “provide an additional financial resource for an integrated set of services and supplies designed to assist in the reduction of the disabling effects of the ECHO-eligible dependendent’s qualifying condition.” Section 735 of the FY13 NDAA required DoD to report on the participation rate of eligible families and whether the ECHO program was appropriately providing for the needs of children with significant disabilities. The DoD response noted deficiencies in the ECHO program. In addition, in 2015, the Military Compensation and Retirement Modernization Commission (MCRMC) also determined that the ECHO program was not working as efficiently as possible and included a recommendation to improve the program. Congress should ensure that the ECHO program works for eligible military families to ensure that children with special health care needs receive much-needed health care and support services.

Expand access to vaccines for children of military families. Universal vaccine purchasing programs (UVPs) purchase recommended vaccines and distribute them to entities that administer vaccines to privately insured patients, such as private practices, clinics, hospitals, and other providers. Because the vaccines are purchased in bulk, the programs provide significant cost savings. The costs of the vaccines are offset through assessments to participating health plans and insurance carriers, which reimburse the UVPs based on a per-vaccine assessment for each payer. In practice, each participating health plan or insurance carrier pays an assessment for the number of vaccines used by their beneficiaries. Unfortunately, TRICARE is not fully participating in state-run UVPs and is not reimbursing UVPs for its beneficiaries who have UVF-purchased vaccines administered by providers who do participate in UVPs. Children who are eligible for TRICARE coverage are already receiving UVF vaccines because pediatric providers do not want to see any child go unprotected. TRICARE should be required to participate in UVPs and pay the proper assessment.

Funding Priorities

Raise payment rates for applied behavioral analysis therapy. DoD’s Autism Demonstration Project is providing essential care and support services for children in military families who have an autism spectrum disorder. Applied behavioral analysis (ABA) therapy provides important behavioral care for many of the children enrolled in the demonstration. However, DoD recently decided to lower payment rates for ABA providers, thus driving many providers to drop out of the program. DoD’s decision to lower rates midway through the Autism Demonstration Project has had an adverse impact on the ability of families to access covered care. Instead, DoD should reinstate the ABA payment rates for the duration of the demonstration project to ensure that families can get much-needed ABA therapy for their children.

Fund peer-reviewed research on child abuse and children’s exposure to violence. Evidence suggests that children in military families may face particular risks for child abuse, such as the higher risk of abusive head trauma for children who have an enlisted parent. Child maltreatment harms children’s long-term health and development. Adverse childhood experiences, including abuse and neglect, contribute to physiological changes with lifelong negative health implications. As part of efforts to address this problem, Congress should appropriate funds to the Congressionally-Directed Medical Research Programs (CDMRP) for peer-reviewed research on child abuse and exposure to violence. This research would support the development of effective interventions to address these challenges, support the needs of both military and non-military families, and reduce the negative effect of child maltreatment on military readiness.

About this Document

This document is an excerpt from Blueprint for Children: How the Next President Can Build a Foundation for a Healthy Future (http://aap.org/blueprint), which was produced by the American Academy of Pediatrics in September 2016 and has also been endorsed by the following organizations: the Academic Pediatric Association, the American Pediatric Society, America’s Promise Alliance, the Association of Medical School Pediatric Department Chairs, Family Voices, the National Association of Pediatric Nurse Practitioners, the Pediatric Policy Council, the Society for Adolescent Health and Medicine, the Society for Pediatric Research and ZERO TO THREE.