

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.

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## 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

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## 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;

1 (iii) consider case management pro-  
2 grams with respect to pediatric complex  
3 and chronic care, including whether pedi-  
4 atric specific programs are necessary;

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

9 (v) consider how the TRICARE pro-  
10 gram can work with the pediatric provider  
11 community to ensure access, promote com-  
12 munication and collaboration, and optimize  
13 experiences of military families seeking and  
14 receiving health care services for children;  
15 and

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

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

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

21 (i) review the methods in which fami-  
22 lies in the TRICARE program who have  
23 children with special-health-care needs ac-  
24 cess community resources and health-care  
25 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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