



THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

March 14, 2023

The Honorable Elizabeth Warren
United States Senate
Washington, DC 20510-2105

Dear Senator Warren:

I received your letter, dated January 23, 2023, and appreciate your concerns regarding access to care for Department of Defense (DoD) civilian employees and contractor personnel serving overseas, particularly in Japan.

In January, Mr. Gil Cisneros, the Under Secretary of Defense for Personnel and Readiness and Ms. Seileen Mullen, the Principal Deputy Assistant Secretary of Defense for Health Affairs both traveled to Japan and met with families, medical personnel, and leaders about patient experiences and access challenges faced when obtaining care from our Military Medical Treatment Facilities (MTFs) and the host-nation's medical system. We are working with the Office of Personnel Management to examine options using Federal Employee Health Benefits Program (FEHBP) to facilitate host-nation care as well as exploring other management actions that can improve access to care within the MTFs. These actions include expanded telehealth services and new processes that would better coordinate pharmacy services for medications prescribed by providers in the United States.

Your letter outlined the framework that establishes priorities for access to health care in MTFs. As noted, both federal law and DoD regulations determine both the benefit and access to care priorities for the 9.6 million beneficiaries we are privileged to serve. Encompassed in these prioritizations of access is the rest of the Total Force including certain DoD civilian employees, contractor personnel, and their families stationed overseas, who are offered care on a "space-available" basis.

The Defense Health Agency (DHA) remains laser-focused on our mission to deliver comprehensive health care that is uncompromising in quality and safety for our military Service members, retirees, and their families, as well as our DoD civilian employees and contractor personnel along with their families. Below, we have outlined the processes used to meet the health care demands overseas, along with responses to the specific questions you raised.

The Military Health System (MHS) delivers three principal health care services in support of the DoD mission: (1) health services support to operational forces; (2) installation support for occupational health services to our DoD personnel; (3) public health services; and (4) provision of a comprehensive health benefit through TRICARE – that covers direct care provided in MTFs, as well as care delivered in the private sector for eligible beneficiaries.

Overseas, our medical staffing models are designed and resourced to meet operational force and installation support health care demands, with reliance on the private sector to deliver some care for eligible beneficiaries. This staffing model has historically provided some “excess” capacity to deliver space-available, reimbursable care to DoD civilian employees and contractor personnel along with their family members.

We have delivered consistent levels of space-available care to DoD civilian employees and contractor personnel overseas for the last five years. Overall, the demand for space-available care increased in 2021-2022 relative to 2018-2020. Compounding this increase are fluctuations in space-available care where demand ebbs and flows from month-to-month, or when temporary medical provider shortages occur as a result of operational needs. Recent DHA guidance to MTFs in Japan reiterated long-standing policy that prioritizes Service members and military families ahead of DoD civilian employees and contractor personnel, but reaffirmed the need to take care of the total force within the capabilities of our MTFs and the host-nation.

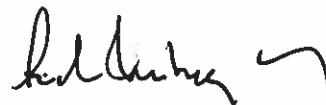
Although our available care has remained relatively consistent, we recognize that many individuals stationed overseas, both military and civilian, must rely on host-nation providers for some of their health care needs. For our Service members and military families overseas, TRICARE provides comprehensive coverage with zero out-of-pocket cost for care delivered by host-nation providers.

DoD civilian employees and contractor personnel are subject to the coverage and care referral processes established by their health insurer – whether that is health insurance provided through the FEHBP, or their employer-sponsored health insurance. Deductibles, copayments, and other health plan details vary from plan to plan. My office held a summit in December with US military leaders in Japan and the U.S. Indo-Pacific Command to discuss steps we could take to provide more support to these individuals. We are in the process of reviewing options to support non-TRICARE eligible individuals. We look forward to sharing the details and outcome of this effort with you in the future.

Specific answers to other questions you raised in your letter are attached. We are grateful for your long-standing support of our men and women in uniform, retirees, and our essential DoD civilian employees and contractor personnel who serve alongside them, and for your support of the MHS.

Thank you for sharing your concerns and for the trust and confidence you place in us to address them.

Sincerely,

A handwritten signature in black ink, appearing to read "Lester Martínez López", with a stylized flourish at the end.

Lester Martínez López, M.D., M.P.H.

1. What support services or coordination of care are available for civilians who are no longer able to receive MTF care? What is DoD's expectation for how these individuals will receive care without access to the Yokosuka facility?

A: Historically, support services and coordination of care for civilians who require care from the host-nation are determined by their specific health insurance plan. However, DoD is actively reviewing various FEHBP offerings and potential solutions with OPM. It is important to note that DoD civilian employees stationed overseas continue to have space-available access to care at US Naval Hospital Yokosuka (and other MTFs in Japan).

2. How many requests for leave for medical care has DoD received since making this decision?

A: The DoD Components do not track the number of requests for paid/unpaid leave; however, we can report on the number of employees who were approved to use paid sick leave.

2a. How many requests have been approved?

A: The table below reflects the number of employees in Japan using approved sick leave from August 2022 through the pay period ending February 11, 2023:

Year	Month	Day	Number of Employees in Japan Using any SL	Total Number of Employees in Japan	Percent of employees in Japan using LS each PP
2022	Aug	13	968	6,140	15.8%
		27	1,141	6,705	17.0%
	Sep	10	1,278	6,829	18.7%
24		1,400	6,847	20.4%	
Oct	8	1,459	6,849	21.3%	
	22	1,484	6,844	21.7%	
Nov	5	1,761	6,858	25.7%	
	19	1,489	6,846	21.7%	
Dec	3	1,592	6,852	23.2%	
	17	1,715	6,869	25.0%	
	31	779	6,434	12.1%	
2023	Jan	14	1,548	6,831	22.7%
		28	1,619	6,888	23.5%
Feb	11	1,870	6,922	27.0%	

3. What information has DHA communicated to the Office of Personnel Management and/or Federal Employees Health Benefit Plans to help policyholders cover upfront costs for care or expedite reimbursement for care received?

A: DoD is actively working with OPM to examine services available through FEHBP plans to support to their covered policy holders. We are also working internally on other solutions.

4. Will DHA-employed or contracted translators be available to civilians to help coordinate care?

A: Many of the current FEHB overseas plans do provide translation services. We are working with OPM to ensure DoD beneficiaries are aware of their plan benefits. Again, DoD is examining additional options.

5. How did DHA assess that all or some civilians could no longer be seen at MTFs at Yokosuka and Yokota Air Base, respectively? In responding, please include whether the assessment included a review of the following information:

- a. A cost-benefit analysis and what this analysis found;**
- b. The impact of how access to healthcare concerns may affect civilian recruiting and retention for roles in Japan;**
- c. The roles of the impacted civilians—including the families of the children whose healthcare access was cut off at Yokota Air Base—in serving the military bases;**
- d. The impact of potential increases in civilian position vacancies if civilians leave after losing healthcare access, including its impact on military readiness and impact on military family support services such as child care and educators;**
- e. The impact of increased costs associated with mismanagement or delay of care for chronic health conditions civilians may have;**
- f. Any additional considerations from the assessment and how the assessment was conducted.**

A: DHA continues to provide access to care for DoD civilian employees stationed overseas at all MTFs in Japan, including Naval Hospital Yokosuka and the 374th Medical Group Hospital, Yokota Air Base, on a space-available basis. In 2022, Yokota delivered more space-available care, on average, than in any of the previous four years. The DHA closely monitors MTF compliance with access-to-care standards worldwide for TRICARE Prime enrollees. In Japan, as short-term personnel reductions showed declining access to care performance, DHA issued guidance to MTFs that reiterated long-standing policy on beneficiary prioritization of care while still delivering substantial amounts of space available care, admittedly temporarily curtailing some appointing practices across Japan. DHA has further clarified that this should only be done as needed in limited circumstances due to unexpected losses.

6. What will be the anticipated impact to third-party collections based on this DHA policy change and reduced MTF access for civilians?

A: DoD policy remains the same and overall volumes of care delivered to individuals eligible for space-available care remains consistent over many years. Consequently, we do not anticipate any substantial changes in the size of third-party collection potential.

7. Hospital executive officer Captain Jenny Burkett said she expected the hospital would be able to make more space for civilians in the future. When does DHA estimate this will be the case?

A: We carefully monitor care delivery in our MTFs and have observed that space-available care appointments remain at consistent levels. Following the recent visit by the Under Secretary of Defense for Personnel & Readiness, the Honorable Gilbert Cisneros, and the Principal Deputy Assistant Secretary of Defense for Health Affairs, Ms. Seileen Mullen, U.S. Indo-Pacific Command medical leaders and MTF Directors in Japan met to discuss additional approaches to further improve access for civilian employees.