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HOUSE POLICY

Congress of the United States House of Representatives

July 24, 2012

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W. ERIC DELL
CHIEF OF STAFF
AND COUNSEL

The Honorable Leon Panetta
Secretary of Defense
U.S. Department of Defense
1000 Defense Pentagon
Washington, DC 20301-1000

Dear Secretary Panetta,

The Department of Defense (DOD) recently requested that the House Armed Services Committee approve a reprogramming request of \$708 million from the Defense Health Program (DHP) and TRICARE. DOD has only said that the funds would be used for "higher priorities." We have concerns about this reprogramming request because we believe there are serious health issues that our military service members and military retirees are currently facing that are of the highest priority.

We have concerns about this reprogramming request partially due to DOD requesting that Congress approve TRICARE enrollment fee increases for military retirees and their families in the Fiscal Year 2013 National Defense Authorization Act (NDAA) as well as new enrollment fees for TRICARE standard, extra and TRICARE for life. Secondly, thousands of our military service members are suffering from the affects of Post Traumatic Stress (PTS) and Traumatic Brain Injuries (TBI) while our health care providers struggle to find effective treatments for these ailments. Third, suicide rates amongst our service members are extremely troubling and unacceptable. We believe the excess \$708 million should first be used to address issues like the ones that we have listed above.

As you are aware, the House of Representatives, in our version of the FY13 NDAA declined to grant DOD the authority to raise TRICARE fees. We subsequently heard from DOD that our refusal to grant such authority was endangering the sustainability of TRICARE programs. We have heard that "TRICARE is crippling" the DOD. This does not appear to be the case if DOD has a \$708 million surplus in FY 2012. The surplus for FY 2011 was in excess of \$500 million. What we find to be the most troubling aspect of this TRICARE surplus is the reason why there is a surplus to begin with: through the first 6 months of FY 2012 there has been a downward spike in private sector care costs. The private sector care costs are growing at historically low rates of 0.6 percent for active duty and -2.7 percent for all other beneficiaries. Therefore, retirees' care costs are decreasing by 2.7 percent. However, DOD maintains that they need the authority to raise fees on retirees? We do not understand how DOD can justify a request to raise fees on a class of people whose costs to the department are actually decreasing. At a minimum, the reprogramming rationale raises serious questions about the department's ability to accurately forecast future health care costs.

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PTS and TBI present a serious challenge to DOD as thousands of our military men and women suffer from these conditions. The military and civilian medical communities have struggled to find effective treatments for PTS and TBI. It is our understanding that no United States pharmaceutical company is currently developing drugs for TBI because of the cost involved. Additionally, PTS and TBI are often a contributing factor in military suicides. As we are sure you are aware, military suicides are up 18% over the 2011 figures. During the first 155 days of 2012, there were 154 suicides in the military. Our military is now experiencing nearly one suicide per day. We know that the challenges of caring for thousands of our military service members suffering from the affects of PTS and TBI, as well as the efforts to address suicide have generated unanticipated unfunded requirements that a portion of this \$708 million could be used for.

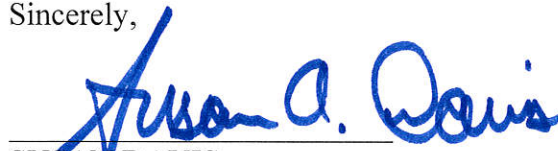
We are requesting a briefing from DOD on the budget estimation process that the DHP uses. This year, as well as last year, the DHP grossly overestimated their funding requirements and subsequently submitted a reprogramming request. We would also like an official explanation of what DOD intends to use these funds for, or some portion thereof, if a reprogramming request is approved. In the FY 2011 reprogramming request, DOD stated its intention to use the reprogrammed funds for biofuels. However, in the current reprogramming request, Congress was not given any such information. It is our intention to prevent this reprogramming request from being approved until we are provided with the requested information.

We urge the DOD to use all or a portion of these funds to address the issues of military retiree healthcare, research and treatment for PTS and TBI, and address the military suicide epidemic that we are currently facing. We hope that the Department of Defense and Congress can work together on this important issue to provide our military men and women with the best care possible and to address the serious challenges that many of our service members currently face.

Sincerely,



JOE WILSON
Member of Congress



SUSAN DAVIS
Member of Congress



JOE HECK
Member of Congress



FRANK A. LOBIONDO
Member of Congress



CHRIS GIBSON
Member of Congress



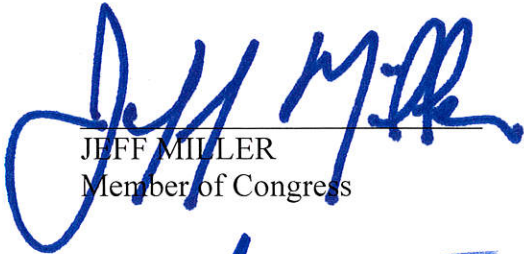
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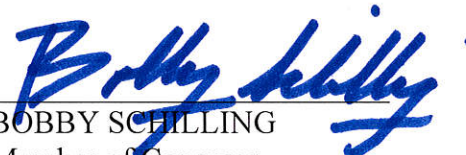
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