

July 22, 2025

RADM (Dr.) David Smith USN (Ret) Acting Director, Defense Health Agency 7700 Arlington Boulevard Falls Church, VA 22042

Dear Dr. Smith:

The Military Coalition (TMC) is a group of military and veteran service organizations representing more than 5.5 million service members, veterans, their families and survivors. One of our highest priorities is ensuring that TRICARE coverage keeps pace with emerging technologies and is equivalent to coverage available through Medicare and top commercial plans. We are concerned that TRICARE is falling short of that benchmark in some key areas, leaving service members and their families without access to commonly covered treatments.

For several years, TMC has advocated to address numerous TRICARE coverage gaps including chiropractic and acupuncture for non-pharmaceutical pain management, assisted reproductive technology/in vitro fertilization, residential treatment facility treatment for eating disorders for beneficiaries over age 21, and coverage for young adult dependents up to age 26.

More recently, two new examples of TRICARE's unequal coverage have emerged:

- Dozens of health plans, including Medicare and the VA, cover JAK inhibitors for patients with alopecia areata, an autoimmune disorder that leads to hair loss. Unlike other plans, however, TRICARE does not cover treatment for hair growth, despite the documented disfigurement and emotional and psychological trauma of patients with alopecia.
- Laser Interstitial Thermal Therapy (LITT) is the standard of care for a variety of conditions, including gliomas, brain metastases and drug-resistant epilepsy. However, unlike Medicare and many commercial payers, TRICARE considers LITT to be "unproven" and refuses to cover it, requiring TRICARE beneficiaries to undergo much more invasive surgeries.

We understand the need to contain health care spending by the Department of Defense. However, America's military families have the right to expect a health care plan that keeps pace with commonly accepted treatments and best practices. In addition, in some cases, such as LITT, the TRICARE approved treatment option is actually more expensive.

We urge you to ensure that TRICARE coverage is consistent with best practices and allows beneficiaries to access the highest standards of care. Our service members and military families deserve no less.

Sincerely,

Jack Duttil

President,

The Military Coalition

cc: CAPT (Dr.) Stephen Ferrara USN (Ret), Acting Assistant Secretary of Defense for Health Affairs

See attached list of organizations

The Military Coalition:

Blinded Veterans Association (BVA)

Chief Warrant and Warrant Officers Association, United States Coast Guard (CWOA)

Commissioned Officers Association of the US Public Health Service (COA)

Fleet Reserve Association (FRA)

Gold Star Wives of America

Jewish War Veterans of the United States of America (JWV)

Marine Corps League (MCL)

Military Chaplains Association of the United States of America (MCA)

Military Officers Association of America (MOAA)

Military Order of the Purple Heart (MOPH)

Non Commissioned Officers Association of the United States of America (NCOA)

National Military Family Association (NMFA)

Naval Enlisted Reserve Association (NERA)

Service Women's Action Network (SWAN)

The Enlisted Association (TREA)

Tragedy Assistance Program for Survivors (TAPS)

United States Army Warrant Officers Association (USAWOA)

U.S. Coast Guard Chief Petty Officers Association & Enlisted Association (CPOA)

Vietnam Veterans of America (VVA)