



March 8, 2021

The Honorable Lloyd J. Austin III  
Secretary of Defense  
1000 Defense Pentagon  
Washington, DC 20301

Dear Mr. Secretary:

The Military Coalition (TMC) represents more than 5.5 million service members, veterans, their families and survivors. As the Department of Defense (DoD) begins work on the FY 2022 budget request, we urge you to protect the military health system (MHS) from proposals that threaten the military healthcare benefit, medical readiness, and the pipeline of uniformed health care providers. Specifically, we request that you:

**Do not increase TRICARE fees.** Healthcare is one of the most important elements of the military compensation and benefits package and a key to retention. After two decades of unprecedented demands on the all-volunteer force, the cohort that served nearly their entire careers during wartime is approaching retirement or recently retired. At the same time, TRICARE fee increases have diminished the value of the healthcare benefit, particularly for retirees. Since MHS reforms were passed into law with the FY 2017 NDAA, beneficiaries have faced a series of out-of-pocket cost increases. In 2018, copays for outpatient visits more than doubled. In 2018 and 2020, pharmacy copays increased and biennial pharmacy copay hikes are programmed in statute through 2027. As of January 2021, Group A retirees on TRICARE Select have a higher catastrophic cap and a new annual enrollment fee. Please fulfill obligations to service members, retirees, their families, and survivors by refraining from further TRICARE fee increases.

**Reconsider medical billet cuts.** TMC supports congressionally-mandated MHS reforms aimed at improving medical readiness and system efficiencies as long as access to high quality care is maintained for our service members, their families, retirees and other beneficiaries. However, we have great concerns about medical billet cuts driven by the Services and included in the FY 2020 and 2021 administration budget requests. Proposed medical end strength reductions of nearly 18,000 billets represent an 18% cut to uniformed medical personnel. The current pandemic has highlighted the risks of eliminating surge capacity within the medical system. Proposed billet cuts risk compromising not only combat casualty care, but also DoD's ability to effectively provide healthcare and humanitarian support in times of crisis. Medical end strength reductions could also lead to access to care problems for beneficiaries if civilian medical systems lack capacity to absorb patient care moved out of military treatment facilities.

**Sustain funding to the Uniformed Services University (USU) of the Health Sciences.** USU plays an essential role in filling the uniformed health care provider pipeline, including clinical psychologists, nurse practitioners and certified registered nurse anesthetists in addition to physicians. USU is the single largest accession source for physicians into the force. USU medical school graduates are critical to DoD's ability to provide medical and surgical care for its service members during wartime. They are not only essential

for readiness, but they also serve as a valuable source of culturally competent beneficiary care for retirees, family members, and survivors. Adequate funding, including restoration of funding for planned facility modernization and expansion, is essential to maintaining a world-class university that attracts high-caliber faculty and students.

TMC is grateful for the meaningful engagement with the Defense Health Agency throughout the MHS reform process as we all strive to ensure medical readiness and the quality healthcare our service members, their families and retirees have earned. Thank you for considering our concerns about the MHS as DoD develops the FY 2022 administration budget request. We appreciate your continued support of our nation's service members, veterans, their families, and survivors.

Sincerely,

Jack Du Teil  
President  
The Military Coalition

CC: The Honorable Kathleen Hicks, Deputy Secretary of Defense  
Ms. Virginia Penrod, Performing the Duties of Under Secretary of Defense for Personnel and Readiness  
Dr. Terry Adirim, Acting Assistant Secretary of Defense for Health Affairs  
Lieutenant General Ronald Place, Director, Defense Health Agency

See attached list of organizations



Air Force Sergeants Association (AFSA)

AMVETS (American Veterans)

Army Aviation Association of America (AAAA)

AMSUS, the Society of Federal Health Professionals

Association of the United States Army (AUSA)

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

Fleet Reserve Association (FRA)

Gold Star Wives of America (GSW)

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

Marine Corps League (MCL)

Marine Corps Reserve Association (MCRA)

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

Military Officers Association of America (MOAA)

National Military Family Association (NMFA)

Naval Enlisted Reserve Association (NERA)

Non Commissioned Officers Association (NCOA)

Reserve Organization of America (ROA)

Service Women's Action Network (SWAN)

The Enlisted Association (TREA)

Tragedy Assistance Program for Survivors (TAPS)

United States Army Warrant Officers Association (USAWOA)

Veterans of Foreign Wars (VFW)

VetsFirst