

July 15, 2016

The Honorable John McCain, Chairman
Senate Armed Services Committee
228 Russell Senate Office Building
Washington, DC 20510

The Honorable Jack Reed, Ranking Member
Senate Armed Services Committee
228 Russell Senate Office Building
Washington, DC 20510

The Honorable Mac Thornberry, Chairman
House Armed Services Committee
2216 Rayburn House Office Building
Washington, DC 20515

The Honorable Adam Smith, Ranking Member
House Armed Services Committee
2216 Rayburn House Office Building
Washington, DC 20515

Dear Chairman McCain, Ranking Member Reed, Chairman Thornberry and Ranking Member Smith:

The undersigned organizations representing healthcare providers oppose Sections 730, 735 and 752 of the *2017 National Defense Authorization Act (NDAA)* (S. 2943). These sections threaten service members and their families' access to basic health care services throughout the entire Military Health System (MHS), as well as certain graduate medical education (GME) programs within the Department of Defense (DoD). We urge you to ensure that this language, which was included only in the Senate bill, is not incorporated in the final conference report.

Sections 730 and 735, while perhaps well intentioned, have the potential to eliminate pediatricians, ob-gyns, and other providers from the MHS, yielding devastating consequences for the members of the Armed Forces and their families, including their infants and children, who rely on these providers for essential healthcare services.

The most common medical codes utilized in the military are childbirth, followed by other pediatric care, and since 1973 the percentage of enlisted women has increased from 2% to 14%. Unless Congress decides to institute an all single, no dependent, male Armed Forces, there will continue to be a strong and steady need for pediatricians and ob-gyns, as well as family physicians and other providers that care for these populations. **These providers are crucial to maintaining military readiness.**

If the health of the families of our Armed Forces is indeed considered a national security priority, then we believe that the reduction and/or elimination of certain medical specialties would do little to improve military wartime readiness, whilst simultaneously depriving Armed Forces families and their children of accessible, effective, and affordable medical treatment.

Section 752 directs the Secretary to eliminate certain DoD GME programs. This provision generates great concern and uncertainty of the future of military GME programs, which have a proven history of providing the millions of Armed Forces families with a highly trained, staffed, and accessible health care provider workforce.

There is already an insufficient workforce capacity to handle the basic health needs of our country's Armed Forces and their families. Reports and studies continue to point to long waiting times for many civilian care providers, as well as significant geographic disparities in care. The DoD's 2015 report to the Congressional Defense Committees on the status of military GME programs points to, "projected shortfalls for staffing in specialties such as Psychiatry, Family Medicine, Pathology, Neurology, and Internal Medicine."¹

If these Sections are implemented, the DoD and MHS will be further burdened with the backlog of provider visits, subspecialty shortages, and an overall decreased quality of care throughout the military. We must continue to provide the highest quality health care and services for the children, families, and members of our Armed Forces. These Sections of the Senate-passed NDAA report would inhibit the ability of the MHS to sustain the workforce essential for present and future medical success, efficacy, and innovation. We thus urge you to **remove Sections 730, 735 and 752 of S. 2943 from the final conference report**, and work to pass a bill that ensures the continued progress of the military medical workforce in their efforts to serve the members and families of the Armed Forces serving our country.

Sincerely,

Academic Pediatric Association
Advocacy Council of the American College of Allergy, Asthma and Immunology
American Academy of Allergy, Asthma & Immunology
American Academy of Dermatology Association
American Academy of Pediatrics
American Association for Pediatric Ophthalmology and Strabismus
American Association of Hip and Knee Surgeons
American Association of Orthopaedic Surgeons
American College of Allergy, Asthma and Immunology
American College of Cardiology
American Congress of Obstetricians and Gynecologists
American Orthopaedic Foot and Ankle Society
American Orthopaedic Society for Sports Medicine
American Pediatric Society
American Shoulder and Elbow Surgeons
American Society for Reproductive Medicine
American Society of Pediatric Hematology/Oncology
American Society of Pediatric Nephrology
American Society of Pediatric Otolaryngology
American Society of Plastic Surgeons
American Society for Surgery of the Hand

¹ U.S. Department of Defense, *Department of Defense Improvements to Oversight of Medical Training for Medical Corps Officers*. (Washington, DC, 2015). <http://health.mil/Reference-Center/Reports/2015/04/30/Improvements-in-Oversight-of-Medical-Training-for-Medical-Corps-Officers>

American Spinal Injury Association
Arthroscopy Association of North America
Association of Medical School Pediatric Department Chairs
Endocrine Society
J. Robert Gladden Orthopaedic Society
The National Alliance to Advance Adolescent Health
North American Society for Pediatric Gastroenterology, Hepatology and Nutrition
Orthopaedic Rehabilitation Association
Pediatric Endocrine Society
Pediatric Orthopaedic Society of North America
Pediatric Policy Council
American Academy of Ophthalmology
Scoliosis Research Society
Society for Adolescent Health and Medicine
Society for Maternal-Fetal Medicine
Society for Pediatric Dermatology
Society for Pediatric Radiology
Society for Pediatric Research

cc: FY 2017 NDAA Conferees