



December 23, 2022

Lieutenant General Ronald Place, USA
Director, Defense Health Agency
Defense Health Headquarters
7700 Arlington Boulevard, Room 3M751
Falls Church, VA 22042

Dear General Place:

The Military Coalition (TMC) represents more than 5.5 million service members, retirees, veterans, their families, and survivors. TMC is concerned about recent reductions to the TRICARE retail pharmacy network and urges the Defense Health Agency (DHA) to address potential barriers to accessing essential medications.

We understand DHA must balance beneficiary access and cost in the TRICARE Pharmacy Program and TMC has not opposed previous cost-control efforts such as mandatory home delivery for certain medications. However, TPharm5 network cuts go too far and create barriers to access, particularly for vulnerable populations:

- **Rural Families:** Many rural beneficiaries report they will have to drive 20-30 miles, past a Walmart and/or an independent pharmacy, to get to a TRICARE network retail pharmacy. This barrier to access is not due to a lack of providers, as is sometimes the case in rural areas, but lack of providers in the TRICARE network.
- **Pediatric Needs:** Infants and children have unique needs and often require customized medications due to low body weight, inability to take medication in pill form, and allergies or sensitivities to certain inactive ingredients. Even before the recent network reduction, children's hospitals have expressed grave concerns about their ability to discharge patients timely and safely because families do not have access to medications. These challenges have been exacerbated by the departure of independent pharmacies offering compounding services.
- **Long Term Care Residents:** Most long-term care facilities contract with a pharmacy to provide prescription drugs in special packaging to reduce medication administration errors. Long-term care residents do not have the option of switching to mail order or retail. If they continue to use their facility's pharmacy as out of network, they must pay the full cost of medications up front and file for partial reimbursement with significantly higher out-of-pocket costs. Between the high cost of medications and the administrative burden, this will not be an option for many.

- Home Infusion Therapy: Many beneficiaries with chronic illnesses or disabilities, including wounded warriors, receive in-home infusion medications. Cutting home infusion pharmacies from the TRICARE network means these beneficiaries will have to coordinate medications, equipment, supplies and nursing care to continue receiving their medications at home. Others risk being transferred to a medical setting for their infusion therapies. This will reduce TRICARE pharmacy spending by shifting costs to the medical benefit, but it will also create challenges for those with limited mobility and transportation options and negatively impact quality of life.
- Users of Niche Locations/Services: Many beneficiaries rely on independent pharmacies in hospitals, medical buildings, and oncology provider offices for ready access to prescriptions particularly when managing a chronic illness or post-inpatient recovery. Losing pharmacies co-located in medical settings, and the unique services (e.g., free delivery) provided by some community pharmacies, will create a barrier to accessing medications, particularly for the elderly and disabled.

Eliminating nearly 15,000 independent pharmacies cuts off many beneficiaries from essential medications and services that cannot be replaced by the remaining TRICARE network participants or the TRICARE Pharmacy Home Delivery Program. We fear barriers to access may result in medication non-adherence leading to poor outcomes, increased health care utilization, and higher overall health care costs.

Service members, retirees, their families, and survivors have earned a high-quality health care benefit they can count on. The narrowed TRICARE pharmacy network is a cut to the benefit. It disproportionately impacts rural families, the elderly, disabled and those with chronic medical conditions. These network reductions must be reversed to ensure TRICARE beneficiaries receive the care they expect and deserve. We appreciate the discussion on this topic at the recent DHA MSO/VSO Executive Session and look forward to a continued dialogue regarding how access challenges related to the narrowed pharmacy network can be addressed.

Sincerely,



Jack Du Teil
President
The Military Coalition

cc: The Honorable Lloyd J. Austin III, Secretary of Defense
Ms. Seileen Mullen – Acting Assistant Secretary of Defense for Health Affairs

See attached list of TMC organizations

TMC Organizations:

Air & Space Forces Association (AFA)
Air Force Sergeants Association (AFSA)
Association of Military Surgeons of the United States (AMSUS)
Blinded Veterans Association (BVA)
Chief Warrant Officers Association of the US Coast Guard (CWOA)
Fleet Reserve Association (FRA)
Jewish War Veterans of the United States of America (JWV)
Marine Corps Reserve Association (MCRA)
Military Chaplains Association of the United States of America (MCA)
Military Officers Association of America (MOAA)
Military Order of the Purple Heart (MOPH)
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)
Tragedy Assistance Program for Survivors (TAPS)
The Retired Enlisted Association (TREA)
United States Army Warrant Officers Association (USAWOA)
USCG Chief Petty Officers Association (CPOA)
Vietnam Veterans Association (VVA)
Wounded Warrior Project (WWP)