



Military Medical Care: Mitigating Impacts From Medical Unit Deployments

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Contingency and peacetime missions consistently require temporary reassignment of military medical personnel from military treatment facilities (MTF) to a deployable medical unit. In certain instances, MTF services may be limited in times of war, operations other than war, natural disasters, or other contingencies. This restriction is not uncommon. Notwithstanding these circumstances, the Department of Defense (DOD) is required to provide statutory health benefits to its eligible beneficiaries by mitigating fluctuations in MTF services. [Chapter 55](#) of Title 10, U.S. Code, specifies health care entitlements for military personnel, retirees, and their families. The delivery of those benefits can vary based on current or projected military operations and the availability of medical personnel in military hospitals and clinics. (MTFs).

There are two current examples of MTF services being, or soon to be, limited as a result of military medical deployments.

- On August 23, 2018, DOD [announced](#) the establishment of *Operation Enduring Promise* (OEP), a humanitarian mission to Central America and South America. OEP primarily involves the deployment of the U.S. Navy's hospital ship, [USNS COMFORT](#), which is staffed by over 900 personnel from [Naval Medical Center Portsmouth](#) or its subordinate clinics. USNS Comfort departed Norfolk, Virginia on October 11, 2018 and is scheduled to return in January 2019.
- On November 1, 2018, DOD [approved](#) a request for military assets (e.g., planning, engineering, transportation, logistics, and medical) in support of the Department of Homeland Security and U.S. Customs and Border Protection (CBP). Military medical personnel assigned to numerous U.S. Army MTFs will be [reassigned](#) to support deployable medical units tasked to support CBP.

To understand the impact of these deployments on MTF services, it may be helpful to first consider how the [Military Health System](#) (MHS) delivers care and staffs its MTFs.

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How is health care delivered in the Military Health System?

The MHS delivers health care to [9.4 million beneficiaries](#) (i.e., active duty servicemembers, eligible members of the National Guard and Reserve, retirees, and their family members) through two components. The first component is the direct care system, which is comprised of 681 MTFs across the United States and in overseas locations. MTFs range in size and capability, from small primary care clinics to acute care hospitals to large academic medical centers. Services offered at each MTF vary; however, they are generally tailored to ensure military personnel are medically ready.

The second component is the purchased care system, which is a health insurance-like program known as [TRICARE](#). TRICARE pays for care delivered by civilian providers. There are three main benefit plans: a health maintenance organization option ([TRICARE Prime](#)), a preferred provider option ([TRICARE Select](#)), and a Medicare wrap-around option ([TRICARE for Life](#)) for Medicare-eligible retirees.

How are military medical personnel selected for deployment?

MTFs are staffed by military, civil service, and contract personnel. Military personnel are subject to mobilization, deployment, temporary duty, or reassignment based on requirements established by a combatant commander and tasking by the Joint Chiefs of Staff or their respective Service. Requirements and tasking may occur during peacetime or contingencies, with short or long-term notice.

At some MTFs, preidentified military personnel are concurrently assigned to deployable medical units (e.g., hospital ship, combat support hospital, or medical logistics company). In general, these assignments allow military personnel to work at an MTF during nondeployment periods, and be reassigned to their deployable medical unit if activated.

Military personnel not concurrently assigned a deployable medical unit may also deploy with another medical unit or as an [individual augmentee](#). These individuals are typically ordered to deploy because of a unique skill set or clinical expertise required for a specific mission.

The length of reassignment is dependent on the deployment mission, but can typically range from a few days to nine months.

How are MTF services impacted when military medical personnel deploy?

When military staff deploy, they leave a staffing gap at the MTF. This gap can result in reduced MTF capabilities, reduced capacity to provide health care services, and longer wait times. Loss of, or degraded MTF capabilities and capacity are dependent on the number and type of personnel deployed. For OEP, [Naval Medical Center Portsmouth reported](#) impacts that include “longer wait times for appointments for primary and some specialty care services, as well as increases in out-patient pharmacy wait times.”

How do MTFs mitigate the staffing gap?

To mitigate the staffing gap, MTF commanders can use a range of options.

Table I. Options to Mitigate MTF Loss of Personnel

Mitigation Options	Description
Use the reserve component	<ul style="list-style-type: none"> Call up reserve medical personnel to fill gapped positions
Use contract personnel	<ul style="list-style-type: none"> Initiate a new, or modify an existing, health care staffing contract to fill gapped positions

Use civil service personnel	<ul style="list-style-type: none"> • Hire additional civil service personnel or expand employee overtime opportunities
Reduce MTF health care services offered and refer patients to TRICARE	<ul style="list-style-type: none"> • Decrease clinical capabilities that would typically be available (e.g., reduce number of staffed hospital beds and operating rooms or discontinue clinical services) • Prioritize MTF care available according to Health Affairs Policy 11-005 • Refer patients to TRICARE for health care services no longer available in the MTF

MTF commanders may use a mitigation strategy that incorporates multiple options listed above; however, they may also be constrained by their budgets. Additional funding may be available from an MTF's parent organization.

In addition to MTF mitigation strategies, what is TRICARE's role during military medical deployments?

There are three managed care or health services support contractors that administer the TRICARE program on behalf of the DHA. [Each contractor is required](#) to “ensure that health care services are continuously available for TRICARE-eligible beneficiaries” when MTFs are impacted by military medical deployments. This is accomplished through an [individual agreement](#) between a TRICARE contractor and an MTF that outlines how health care services will be made available during an event that impacts MTF staffing. Individual agreements may also include details about how the TRICARE contractor will expand its provider networks to accommodate an increase in patient workload due to MTF staffing gaps caused by a military medical deployment. The TRICARE contractors must also continue to meet access to care standards as required by [32 C.F.R. §199.17\(p\)\(5\)](#) and [Health Affairs Policy 11-005](#).

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