

Military Medical Care: Mitigating Impacts From Medical Unit Deployments

Updated September 22, 2020

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 MTFs.

Listed below are two examples of MTF services having been, or soon to be, limited as a result of military medical deployments.

- 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 were [reassigned](#) to deployable medical units tasked to support CBP.
- On March 18, 2020, DOD [announced](#) preparations for the deployment of the U.S. Navy's hospital ships, [USNS COMFORT](#) and [USNS MERCY](#), to support the domestic response to the Coronavirus (COVID-19). Approximately 900 medical personnel primarily from [Naval Medical Center Portsmouth](#) and [Naval Medical Center San Diego](#), respectively, staffed each ship. In May 2020, both ships returned to their respective homeports, but remain available for future tasking.

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.

How is health care delivered in the MHS?

The MHS offers health care to [9.6 million beneficiaries](#) (i.e., active duty servicemembers, eligible members of the National Guard and Reserve, retirees, and their family members) in MTFs or through

Congressional Research Service

<https://crsreports.congress.gov>

IN10999

civilian providers participating in DOD’s health care program—[TRICARE](#). MTFs range in size and capability, from small primary care clinics to large academic medical centers. However, they are generally tailored to ensure military personnel are medically ready.

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 to 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. In a previous USNS COMFORT deployment, [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 1. Options to Mitigate MTF Loss of Personnel

Mitigation Options	Description
Use the reserve component	• Call up reserve medical personnel to fill gapped positions
Use contract personnel	• Initiate a new, or modify an existing, health care staffing contract to fill gapped positions
Use civil service personnel	• Hire additional civil service personnel or expand employee overtime opportunities

Reduce MTF health care services offered and refer patients to TRICARE	• 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 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?

The Defense Health Agency contracts three managed care entities to administer DOD's health benefits through the TRICARE program. [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](#).

Author Information

Bryce H. P. Mendez
Analyst in Defense Health Care Policy

Disclaimer

This document was prepared by the Congressional Research Service (CRS). CRS serves as nonpartisan shared staff to congressional committees and Members of Congress. It operates solely at the behest of and under the direction of Congress. Information in a CRS Report should not be relied upon for purposes other than public understanding of information that has been provided by CRS to Members of Congress in connection with CRS's institutional role. CRS Reports, as a work of the United States Government, are not subject to copyright protection in the United States. Any CRS Report may be reproduced and distributed in its entirety without permission from CRS. However, as a CRS Report may include copyrighted images or material from a third party, you may need to obtain the permission of the copyright holder if you wish to copy or otherwise use copyrighted material.