



**HOUSE ARMED SERVICES SUBCOMMITTEE ON MILITARY PERSONNEL
JOHN McHUGH, NEW YORK
CHAIRMAN**

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Statement of Chairman John M. McHugh
Hearing on Defense Health Programs

WASHINGTON, D.C. – Today the Subcommittee meets to hear testimony on a wide range of health care topics including the Fiscal Year 2006 Defense Health Program, medical and dental readiness of the reserves, and collaboration and sharing efforts between the Department of Defense and the Department of Veterans Affairs. We will also explore access to care for our military beneficiaries and how it is affected by the satisfaction of TRICARE providers.

The Department of Defense continues to face significant challenges as it carries out its multiple health care missions of maintaining medical readiness capabilities, providing peacetime health care to eligible beneficiaries, providing battlefield medicine to our brave men and women in Iraq and Afghanistan and caring for those brave men and women through the long recovery process when they become injured and wounded.

What makes the challenge more complex is that it is rightly expected that the Department of Defense provide the highest quality of care in an environment where health care costs are rising dramatically. We have further complicated their task by substantially increasing health care benefits and expanding the population that is eligible for those benefits.

During today's hearing, we will focus on:

- The cost control initiatives implemented by the Department of Defense – in particular the new TRICARE contracts and the Federal ceiling pricing for network retail pharmacies. We will want to hear whether these programs have been successful in slowing the growth of the cost of the Defense Health Program.
- The efforts that have been made to improve medical and dental readiness for the reserves. We are especially interested to learn if the new health care benefits enacted by Congress over the last few years have had the desired effect on reserve medical and dental readiness.
- A new program to reassess the physical and mental health of service members three to six months after returning from a deployment. We learned of this program during our recent hearing on mental health and want to know how the Department of Defense is implementing it – particularly for members of the reserves and National Guard.

- The level of access to health care for military beneficiaries – especially for those who use the TRICARE Standard benefit. We are concerned that the administrative requirements of TRICARE may be reducing the availability of TRICARE providers or inhibiting providers from participating.
- The status of work being done to create a seamless transition between the Department of Defense and Veteran Affairs and what remains to be done to ensure success.

I hope that our witnesses will address these issues as directly as possible in their oral statements and in response to Subcommittee Member questions.

Before I turn to the subcommittee's ranking Democrat, Dr. Snyder, I would like to express my deep appreciation to all the witnesses for their steadfast dedication, hard work and spirited leadership in delivering the highest quality health care to millions of the most deserving military beneficiaries. No other health care system contends with the extraordinary complexities of the Defense Health Program, with the added challenge of supporting a war. You have my sincere gratitude.

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