Senate Armed Services Committee
Advance Policy Questions for Dr. Lester Martinez-Lopez
Nominee to be Assistant Secretary of Defense for Health Affairs

Department of Defense Reforms

The National Defense Authorization Acts for Fiscal Years 2017, 2018, and 2019 included some of the most significant personnel reforms of the Department of Defense since the Goldwater-Nichols Department of Defense Reorganization Act of 1986.

1. Do you support these reforms?

Yes, the congressionally directed reforms of the Military Health System provide an opportunity for the Military Health System to modernize, ensure the force is medically ready, and the medical force is ready, and best position the Military Health System and the Department for the challenges it will confront in the years ahead.

2. What other areas for defense personnel reform do you believe might be appropriate for this Committee to address?

While the Military Health System has made significant progress in implementing the reforms required by law, it is not yet complete. If confirmed, I will examine the current implementation status, as well as identify any potential gaps, and work with Congress as needed to identify any future areas for focused action.

Qualifications

3. What background and experience do you have that qualify you for this position?

My experience leading large medical organizations across my 31-year career in the U.S. Army and in the civilian sector has prepared me for this position. I have learned how to lead large organizations and ensure they deliver high quality health care. My final military assignment was serving as the Commanding General of the U.S. Army Medical Research and Materiel Command and Fort Detrick, Maryland. In addition, I had the honor of commanding three hospitals, serving as the medical officer in charge of two international disaster relief efforts in Haiti and Central America, serving as Forces Command Surgeon, and commanding the Center for Health Promotion and Preventive Medicine, an organization like the CDC of DOD. After leaving the Army, I directed an academic teaching hospital in Houston, Texas, and was a Chief Medical Officer of a large hospital in Tampa, Florida. I believe that these military and civilian experiences qualify me for this position.

4. Are there are any actions you should take to enhance your current ability

to perform the duties of the Assistant Secretary of Defense for Health Affairs (ASD(HA))?

If confirmed, I will strive to work with our valued stakeholders to better understand the key challenges facing the Military Health System. In order to obtain this understanding I will seek input and collaboration from many stakeholders, including Secretary Austin, Under Secretary Cisneros, ASD(HA) staff, Congressional leaders, Service leadership, Combatant Command leadership, interagency leaders, and military and patients advocacy groups.

Duties

5. What is your understanding of the duties and functions of the ASD(HA)?

The Assistant Secretary of Defense for Health Affairs (ASD(HA)) is the principal advisor to the Secretary of Defense and the Under Secretary of Defense for Personnel and Readiness for all DoD health and force health protection policies, programs, and activities. The ASD(HA) is also responsible for execution of the Department's medical mission, including providing and maintaining readiness for medical services during military operations and for ensuring the health of the members of the Military Services, their families and other eligible beneficiaries. To do this, the ASD(HA) is responsible for developing policies, and providing oversight of the health care system. Other responsibilities include effectively governing the management of DoD health and medical programs, the sponsorship and oversight of medical research and development, and medical education and training. Good stewardship of the Defense Health Program (DHP) appropriation and effective use of taxpayer dollars is another major responsibility of the ASD(HA). The ASD(HA) also serves as a key leader within the Department for the coronavirus disease 2019 (COVID-19) response, supporting the Secretary of Defense and Deputy Secretary of Defense, developing and implementing Force Health Protection and other policies that ensure the safety of the Department's personnel. I also understand that the ASD(HA) is one of the leads within the Department on ensuring the care of those individuals affected by Anomalous Health Incidents (AHI), working both within the Department and with other government agencies and departments on this issue.

6. If confirmed, what duties and functions do you expect the Secretary of Defense to prescribe for you?

If confirmed, I expect that the Secretary will prescribe duties and functions in accordance with the responsibilities described above.

Major Challenges/Priorities

7. In your view, what are the major challenges confronting the next ASD(HA)?

In my view, there are three major challenges facing the next ASD(HA). The first is the completion of the congressionally directed Military Health System reforms. It is my

understanding that much has been accomplished in recent years: most notably the transfer of most military medical treatment facilities to the authority, direction, and control of DHA, and the establishment of most DHA markets. It is my understanding that the transfer of congressionally directed public health and research and development organizations and program to the DHA is still in progress. In the coming years, even as the "geography of reform" is solidified, we must ensure the proper execution of these reforms, and grow the connective tissue and culture required. For the ASD(HA), that will mean exercising proper oversight, direction, and providing appropriate guidance to ensure these reforms accomplish the aims of enhancing the readiness of our Force and medical force, while providing the benefit and care that our Service members, families, retirees, and other beneficiaries deserve.

The second challenge I see is, amidst continuing reform, ensuring that we achieve and maintain a high level of medical readiness in support of the National Defense Strategy. In my view, the ASD(HA) must both safeguard medical readiness and fulfill our commitment to our various beneficiary populations. In light of a continually evolving threat picture, I believe the next ASD(HA) must place a premium on ensuring we have a deployable health force that can support the rest of our formations.

Finally, I anticipate a challenge in continuing to manage the COVID-19 response by supporting the Department and its U.S. Government partners. It is my understanding that the Office of the ASD(HA) has led or contributed to almost every major initiative the Department has undertaken regarding the COVID-19 response, from the development of Force Health Protection policies to supporting COVID-19 domestic assistance deployments. In my view, the next ASD(HA) will need to continue those efforts, assuring the readiness of our Force, mitigating any impacts to the DHP, and managing any other second and third order effects to the Military Health System from the pandemic.

8. If confirmed, how would you address each of those challenges? Please be specific in your responses.

Regarding Military Health System reform, if confirmed, I will bring myself fully up to speed on the current status. I will engage with my colleagues in the Military Health System, such as the Surgeons General, the Joint Staff Surgeon, and the Director of the DHA, to identify current challenges and obstacles, as well as what specific actions and assistance they need from the ASD(HA). If confirmed, I will also engage other senior leaders in the Department who may have equities in Military Health System reform, such as the Secretaries of the Military Departments, and COCOM Commanders, to identify areas of collaboration and progress and ways to overcome any obstacles. If confirmed, I will ensure that the Office of the ASD(HA) works closely with all parties involved in reform, while exercising effective oversight and support as required.

Regarding health readiness, if confirmed, I will work with colleagues in the Office of the Secretary of Defense, especially Under Secretary Cisneros and Assistant Secretary Skelly, the Joint Staff, and the Military Departments to better understand and assess our current level of readiness, anticipated needs, relevant efforts currently underway in the Department, and how I might better understand, assist, and lead these efforts. If confirmed, I will continuously monitor progress in this area and remain connected with other leaders across the Department whose ability to accomplish their missions depends on the readiness of our formations and medical forces.

Regarding the COVID-19 pandemic, if confirmed, I will first engage with all the major stakeholders in the Department engaged in COVID-19 response, so I can understand the full scope of the Department's COVID-19 activities. If confirmed, I will seek to understand how COVID-19 is impacting other elements of the Military Health System, like the provision of medical care, staffing, and budgeting, and what actions the Military Health System is, or should be, taking to address these impacts. If confirmed, I will ensure the Office of the ASD(HA) supports the Department and the interagency in the COVID-19 response. Finally, I understand that the Department is conducting a Biodefense Posture Review, in part in response to the COVID-19 pandemic, and to better posture the Department for future biological threats. If confirmed, I will work within the Department and with other Federal agencies and departments, as needed, to implement any lessons learned and recommendations that come out of the Biodefense Posture Review.

9. If confirmed, what would be your top priorities for the military health system (MHS)?

If I am confirmed, my top priority will be readiness - both the readiness of the DoD medical force and the medical readiness of the DoD Force. If confirmed, I will ensure the completion and of congressionally directed Military Health System reforms.

Continuing to ensure the Total Force is protected from COVID-19 is another important priority, and is also directly linked to readiness. If I am confirmed, managing the COVID-19 pandemic and preparing for future biological threats, as described above, will be central to many of my activities as the ASD(HA).

A third priority is ensuring DoD continues to address mental health challenges within the military, and preventing suicide among all DoD personnel. If confirmed, I will support the Department in increased emphasis in this area.

If I am confirmed, my other priorities would include overseeing the rollout of the new electronic health record, MHS GENESIS and working with the Department of Veterans Affairs to assist its implementation of its electronic health record, supporting the Department's and U.S. government's work on Anomalous Health Incidents, and other Presidential and Secretary of Defense Initiatives.

Relations with Congress

10. What are your views on the state of the relationship between the Office of the Assistant Secretary of Defense for Health Affairs (OASD(HA)) and the Senate Armed Services Committee in particular, and with Congress in general?

In my view, the relationship between the Office of the ASD(HA) and the Senate Armed Services Committee and Congress is crucial, and one of the most important relationships the ASD(HA) will have. In my view, it is vital that Office of the ASD(HA) have a strong, open, transparent, and trust-based relationship with the Senate Armed Services Committee and Congress. If confirmed, I will do

everything in my power to ensure this relationship is robust and enduring.

11. If confirmed, what actions would you take to sustain a productive and mutually beneficial relationship between Congress and the OASD(HA)?

If confirmed, I will ensure that the relationship between Congress and the Office of the ASD(HA) is founded upon trust and transparency. If confirmed, I pledge that Congress will have open lines of communication to the Office of the ASD(HA), that the Office will provide regular updates to Congress, and respond quickly and ably to any inquiries or requests for information. If confirmed, I will also continue to participate in regular updates to the House and Senate Armed Services Committee, as I understand is the current practice of the Office of the ASD(HA) and the DHA Director.

National Defense Strategy

12. If confirmed, how would you position the MHS to support more fully the Department's National Defense Strategy?

One of the central ways that the Military Health System supports the Department's National Defense Strategy is through ensuring the medical readiness of the Force and a ready medical Force. Reforms the Department is currently implementing seek to sustain and enhance the direct care system's ability to support readiness. This, in turn, supports the warfighter. If confirmed, I will work to ensure that the Military Health System is positioned to support the National Defense Strategy. If confirmed, I will ensure that the Military Health System continues its focus on supporting the warfighter, by ensuring the Military Health System is prepared for conflict, and its military medical providers have the skills needed in the event they are needed to support the national defense.

13. If confirmed, what immediate changes would you make in the MHS to support the National Defense Strategy better?

If confirmed, I will immediately work to better understand how the MHS is supporting the National Defense Strategy and I will undertake any needed adjustments to fully support the National Defense Strategy.

Managing the Cost of Health Care

14. In your view, what is the greatest threat to the long-term viability of the military health system?

The greatest threat to the long term viability of the Military Health System is managing the growth in health care costs while ensuring medical readiness and the care of our service members, retirees and family members are not compromised. Rising health care costs are directly impacting the Department. The Department must continue to strive to find innovative ways to reduce costs in both the direct care system and private sector care, while ensuring a medically ready force and ready medical force to meet our national

security goals, and sustain the health benefit our Service members, retirees, and their families rely on and deserve.

15. What is your assessment of the long-term impact of the Department's health care costs on military readiness and overall national security?

Rising health care costs are a national problem, and the Department is not immune to those pressures. The Department must continue to provide a robust benefit, both as a way to attract and retain military personnel, and as an earned benefit for those who spend their career in the military. However, as those costs rise above the general growth in the Department's budget, there is the real risk that these rising costs will compete with resources needed to invest in readiness and reforms as well as the Department's other priorities in support of our national security needs. The Department must continue to transform the Military Health System to assure readiness and effectiveness while realizing efficiencies and eliminate unnecessary duplication.

16. If confirmed, what actions would you take to mitigate the effect of the Department's medical costs on the Department's budget top-line, while simultaneously implementing programs to improve health outcomes and to enhance the experience of care for all beneficiaries?

If confirmed, I will lead the ongoing transformation of the Military Health System, focusing on organizational, infrastructure, and manpower changes. It is my understanding that the transition to a market-based structure to manage military hospitals and clinics is already underway and should lead to greater standardization, efficiencies, and lowering of operating costs. This, in turn, will free up resources to invest in readiness and continue providing our beneficiaries with access to the high quality care they deserve. I will ensure we maintain focus on performance measures, to ensure the Military Health System is meeting its health-outcome and quality-of-care goals, and on the Department's shift toward value-based care. Under value-based care, as in the civilian sector, the Department would pay for the quality of the health outcome instead of simply the quantity of services provided.

17. If confirmed, what would you do to create a value-based military health system – a system that delivers quality health care and improves health outcomes for beneficiaries at reasonable costs both to beneficiaries and to the Department?

If confirmed, I will pursue or maintain efforts to update the Military Health System's business model to include resource incentives based on patient outcomes for both the direct care system and private sector care. In theory, by incorporating this value-based health care delivery model, the Military Health System should experience better health outcomes, lower costs, and achieve higher patient satisfaction. If confirmed, I will work with key stakeholders within the Department to identify areas where the Military Health System can gain efficiencies to further control or lower costs by prioritizing staffing at military medical treatment facilities and reducing unnecessary variation and duplication of effort, all while assuring these better health outcomes. If confirmed, I will also determine the cost of sustaining medical readiness and develop a way to better express the value of

our system to assist Department of Defense senior leaders in making future resourcing decisions given our constrained fiscal environment.

18. If confirmed, what specific reforms in medical infrastructure, benefits, benefit management, contract acquisition, military provider productivity, military-civilian provider mix, and medical personnel end strengths would you implement to improve medical readiness and to help control the per capita costs of health care provided by the Department? Please address each issue separately.

If confirmed, I will engage in a comprehensive review of our medical infrastructure with a goal to modernize and invest in military medical treatment facilities and the benefit in support of readiness and health care delivery for Service members, retirees, and their families. If confirmed, I will continue efforts to enhance TRICARE to support access to high value care for covered beneficiaries. If confirmed, I will also continue the Department's efforts to establish and ensure compliance with provider productivity standards. If confirmed, I will direct the development of manpower models to standardize provider-to-support staffing ratios by specialty area and determine the optimal military and civilian medical force mix required to support deployments and maintain continuity of operations within our military medical treatment facilities.

19. In your view, has the MHS adopted methods to analyze cost effectiveness relative to clinical and readiness outcomes?

It is my understanding that the MHS has adopted funding models to analyze cost effectiveness for markets and military medical treatment facilities) relative to clinical and readiness outcomes. These funding models apply a mix of capitation and value-based purchasing concepts to better control costs while incentivizing improvements in quality. If confirmed, I will support continued efforts to enhance and refine value-based resourcing decisions.

In a recent audit of the Defense Health Agency's reporting of improper payment estimates for the Military Health Benefits (MHB) Program, the DOD Inspector General determined that the Defense Health Agency (DHA) is unable to identify improper payments effectively and will not produce a reliable improper payment estimate for the MHB Program for fiscal year 2021.

20. If confirmed, what actions would you take to address these findings by the DOD IG?

If confirmed, I would direct the Defense Health Agency (DHA) to ensure any improper payment audits are in alignment with the statutory definition of what constitutes an improper payment. I would have the DHA explore sampling methodologies and scenarios to determine the best way to detect improper payments. Finally, I would explore adding requirements to the TRICARE contracts in order to support the improper payment annual audit, in accordance with applicable law.

21. The recently-enacted National Defense Authorization Act for Fiscal Year 2022

includes a provision that would authorize the Department of Defense to establish a program to prevent and remedy fraud and abuse in the health care programs of the Department.

22. If confirmed, what actions would you take to address fraud and abuse in the MHS?

If confirmed, at the discretion of the Secretary of Defense, I would work with the DoD Inspector General to expand the DHA's fraud and abuse program to investigate and aggressively pursue civil monetary penalties to recoup any payments made under false pretenses, as defined by law, towards the DoD and the Military Health System. Additionally, I would reach out to my counterparts within the Department of Health and Human Services and the health insurance industry to identify any lessons learned and best practices when establishing a fraud and abuse programs.

Medical Provider Productivity

23. If confirmed, what would you do to improve provider productivity in the MHS?

The Military Health System is unique and different than a civilian health care system because it must meet two missions: supporting the readiness of the Force and taking care of its beneficiaries through the provision of a health care benefit. Therefore, it is difficult to measure provider productivity, especially military provider productivity, using civilian health care benchmarks. If confirmed, I will continue the Military Health System's efforts to improve provider productivity and explore new methodologies to better measure provider productivity that values the unique readiness mission that sets us apart from the civilian sector.

24. How does low provider productivity impact beneficiaries' access to care?

As a physician, I recognize we can only provide care to those patients who are able to schedule an appointment. If a provider does not have an adequate number of appointments to meet demand, access suffers. If confirmed, I will continue the Department's efforts to monitor compliance with productivity standards to support access to care for our beneficiaries.

25. In your view, is provider productivity impacted by the Department's inability or failure to provide adequate administrative or ancillary clinical resources to relieve providers of administrative burdens that may limit their time for patient encounters?

Provider productivity can be impacted by a variety of factors such as lack of human capital, poor workflows/processes, and/or inefficient technology. My understanding is that, to address the two latter factors, the Department is transitioning to a new electronic health record, MHS Genesis, which has already shown improvement in clinical workflows. In terms of human capital, it is my understanding that the Department is working to establish standard processes to reduce administrative burdens. If confirmed, I will continue

these efforts and commit to establishing and resourcing clinical support staff based on validated manpower models to enhance provider efficiency and productivity.

26. In your view, how does medical procedure volume and complexity relate to the readiness of military medical providers to provide casualty care in a deployed environment?

Medical procedure volume and complexity is critical to ensuring the readiness of military medical providers and their health care teams. Indeed, studies have demonstrated that providers who have higher medical procedure volume and complexity achieve better patient outcomes. We want providers to practice the full scope of their privileges. It is my understanding the MHS is developing sets of expeditionary Knowledge, Skills and Abilities for various medical occupational skill sets to be able to assure adequate case volume and complexity to assure clinical readiness. If confirmed, I will ensure the Department continues efforts to increase the volume and complexity of care provided in its military medical treatment facilities to support case mix in critical wartime specialties.

27. In your view, do all current military treatment facilities (MTFs) serve as operational medical readiness training platforms? Please explain.

Yes; in my view as a physician and a former military medical officer, I believe all current military medical treatment facilities serve as operational medical readiness training platforms. Although many people believe only surgical and critical care specialties support operational readiness training platforms, I recognize that almost all specialties support operational medical readiness. If confirmed, I will continue the Department's efforts to optimize primary care at all military medical treatment facilities to meet readiness needs. Without a strong primary care platform, our Service members will not be medically ready to deploy. It is also my understanding that the Department is focusing medicine and surgical specialty capabilities at larger military medical treatment facilities to ensure sufficient volume and case mix are available to support providers and health care teams with critical wartime currency. If confirmed, I will continue these efforts.

Military Health System Reorganization

Section 702 of the National Defense Authorization Act for Fiscal Year 2017 transferred direct oversight and management of military hospitals and clinics from the Services to the Defense Health Agency (DHA).

28. If confirmed, how will you enhance DHA's operations to ensure simultaneously the medical readiness of military forces and the readiness of the military medical force?

If confirmed, I will continue the transformation of the Military Health System with a keen focus on balancing resources and reducing any remaining duplication of responsibilities between the Defense Health Agency (DHA) and the Military Medical Departments. If confirmed, I will ensure that the DHA and Military Medical Departments have assessed organizational structures and required resources. I will use these assessments to optimize

the Military Health System to support a medically ready force and a ready medical force. Additionally, I will ensure the Military Health System and all its components operate in a mutually supporting culture to standardize military medicine, adequately size our system to support readiness and our patients' needs, and design clinical and business processes to increase value. I applaud the progress over the past several years, but there is much work to be done to fully realize the potential of the Military Health System transformation.

29. What outcome measures has the Department developed to help determine the effectiveness of this transition?

The Department previously established measures to assess the effectiveness of the Military Health System transition, and if confirmed, I will review these measures as one of my first priorities. My understanding is that the DHA and Military Medical Departments are on track to complete military medical and dental treatment facility transition activities this fiscal year, and I will hold them accountable to meet that mark. In pursuit of improving the overall performance of the Military Health System, if confirmed, I will support the DHA's performance management framework, which is effectively designed to advance the Quadruple Aim of Improved Readiness, Better Care, Better Health, and Lower Cost. If confirmed, I will pursue both near-term and longer-term opportunities to change the trajectory of cost growth by building value while improving the health of those we serve.

Section 703c Study

Section 703c of the NDAA for Fiscal Year 2017 required the Department to update the previous MHS Modernization Study accomplished in 2015, to address the restructuring or realignment of MTFs. Updates to this study were delayed by COVID-19.

30. How has the Department's experience with COVID-19 affected its analysis for restructuring or realignment of MTFs?

As the question notes, it is my understanding that the Department paused all Section 703-related transition efforts to ensure adequate resources were available to support the COVID-19 pandemic response. It is my understanding that the Department revalidated its assumptions in the initial analysis for restructuring or realignment of military medical treatment facilities and updated its recommendations for each facility to account for changes in both DoD staffing and the impact to local health care systems' capacities and capabilities.

31. If confirmed, what would you do to shift more beneficiary care to the private sector in locations where direct care costs are significantly higher than private sector care?

In my view, shifting beneficiary care to the private sector should be based on a variety of factors, of which cost savings is just one. Such other factors may include both the capability and capacity of care in the military medical treatment facility and the network surrounding it, as well as the quality of providers in the area surrounding the military medical treatment facility. If confirmed, I will ensure the Department is examining all of

these factors to ensure that readiness is sustained and that our beneficiaries will have adequate access to quality care as part of determining if shifting care to the private sector.

32. In your view, how could the MHS better match and/or cross-level military provider assignments to demand signals that may change quickly in a given medical market?

The MHS should ensure it is developing demand-based manpower standards, and apply those standards to staff military medical treatment facilities through a deliberate human capital distribution plan. If confirmed, I will seek to staff military medical treatment facilities with an optimal mix of military, civilian and contract medical personnel which will allow the Department to respond to changing demand signals and access to care in an agile manner.

33. Does this study demonstrate that the MHS must re-think assignment of certain specialty providers to locations where demand is consistently high so that those providers with critical skills required in combat can maintain their proficiency?

Yes. The Military Health System primary goals are to ensure a medically ready force to execute the National Defense Strategy, and to develop and maintain a ready medical force to support the requirements of our Combatant Commanders. With this premise in mind, the study demonstrates the Department's decision to align their key specialty providers at military medical treatment facility platforms that have the volume and complexity of medical cases necessary to maintain their medical skill proficiency is right.

34. In your view, should the Department establish specialty care centers of excellence in specific markets with high demand for those specialty procedures?

If confirmed, I will explore the feasibility of enhancing specialty care at locations with higher demand for certain types of care. This should be based on the importance of such care to optimize case mix complexity in support of critical wartime skills and great health outcomes. If confirmed, I will continue the Department's current efforts to modernize the direct care system by prioritizing resources at military medical treatment facilities with the greatest potential to support readiness and reduce health care costs. These locations could potentially be considered future centers of excellence. In locations where it is not feasible to do so, or where it makes more sense to outsource care to the private sector, I will work with the Department to ensure our beneficiaries receive the same quality care in our TRICARE network.

TRICARE Contract Acquisition

Section 705 of the National Defense Authorization Act for Fiscal Year 2017 requires the Department of Defense to develop a new medical contract acquisition strategy that: 1) ensures maximum flexibility in provider network design and development; 2) integrates medical management between military medical treatment facilities and network providers; 3) maximizes use of telehealth services; 4) uses value-based reimbursement methods that

transfer financial risk to health care providers and managed care support contractors; 5) uses prevention and wellness incentives to encourage beneficiaries to seek health care services from high-value providers; 6) implements a streamlined enrollment process and timely assignment of primary care managers; 7) eliminates the requirement to seek authorization of referrals for specialty care services; 8) uses incentives to encourage certain beneficiaries to engage in medical and lifestyle intervention programs; and 9) uses financial incentives for contractors and health care providers to receive an equitable share in cost savings resulting from improvement in health outcomes and the experience of care for beneficiaries.

35. In your view, do the DHA's proposed T-5 managed care support contracts fully adhere to each of the requirements of the acquisition strategy required by Section 705?

Yes. Based upon my understanding of the proposed fifth generation of TRICARE managed support contracts (T-5) request for proposal, the Defense Health Agency aligned the contract requirements with the law. In my view, the T-5 contract uses a transformational strategy and is designed with pre-planned product improvements over the contract lifecycle. Per my understanding, some of the section 705 requirements will require pilots and demonstrations to ready the TRICARE program for any potentially necessary regulatory or statutory changes.

36. If confirmed, how would you ensure that implementation of these new requirements in DHA's contracts comply with the law?

If confirmed, consistent with law I will review the T-5 acquisition strategy, review the plan, and monitor the transition to the new contract awardees. I will also monitor the implementation of the T-5 contracts to ensure they comply with section 705 and other applicable law.

<u>Academic Health System</u>

Section 734 of the National Defense Authorization Act for Fiscal Year 2020 authorized the Secretary of Defense to establish an Academic Health System in the National Capital Region (NCR) to integrate the healthcare, health professions education, and medical research activities of the MHS in that region.

37. What is your view of the value to the MHS of an Academic Health System in the NCR?

It is my view that the Academic Health System in the NCR would improve quality care, produce advances in clinical research, and establish excellence in graduate medical education. Research on the Academic Health System model has shown that the model produces these outcomes. One part of the Academic Health System is Graduate Military Education. It is my understanding that the Uniformed Sciences University coordinates all Graduate Military Education in the National Capital Region. If confirmed, I will work with the DHA, USUHS, and the Military Medical Departments to ensure they have established policies and actions to achieve these outcomes.

38. If confirmed, what will you do to develop and implement an Academic Health System in the NCR?

If confirmed, I would direct the Defense Health Agency, in partnership with the Uniformed Sciences University, to evaluate the establishment of an Academic Health System in the NCR but would suggest this concept could be expanded beyond the NCR to other MHS Graduate Medical Education locations.

Performance of Managed Care Support Contracts

In the past, the transition to new managed care support contracts has not gone smoothly. Transition issues have included inability of call centers to handle call volumes; inability to complete requested beneficiary and provider enrollments; inadequate network development; inaccurate network provider directories; issues with referral backlogs, accuracy, and denials; and clear and legible admission and discharge reports.

39. If confirmed, what will you do to prevent similar problems during the T-5 managed care support contract transition?

Transitions of Managed Care Support Contracts are inherently risky due to the millions of beneficiaries involved and the complexity of the TRICARE program. If confirmed, I will exercise proper oversight, and ensure the DHA establishes a T-5 transition manager and develops risk mitigation strategies for any issues identified in previous transitions. In addition, the Government Accountability Office made recommendations on improvements to future transitions (GAO-20-39 - Opportunities to Improve Future TRICARE Managed Care Support Contract Transitions). If confirmed, I will ensure these recommendations are incorporated into DHA internal operations. In addition, I understand the DHA published performance guarantees in the T-5 RFP to address critical areas of the transition that will help ensure contractor compliance with transition goals. As with any complex transition, one key will be ensuring sound decision making processes for issues raised. If confirmed, I will make sure decision-making is streamlined to reduce any issues during the transition.

Value-based Health Care Demonstration Programs

The DHA has implemented a value-based health care demonstration program in the Atlanta, Georgia metro area with Kaiser Permanente (KP) through its managed care support contractor, Humana Military. Under the demonstration, however, DHA and Humana Military have prevented KP from utilizing the full extent of its successful health care delivery model. In the Committee's view, this may result in a less than optimal analysis of the potential for such health plans to deliver value-based health care to TRICARE beneficiaries at potentially lower cost to the Department. Additionally, the Department has told the Committee that it will develop and implement additional value-based health care demonstrations soon after the transition to the T-5 managed care support contracts.

40. If confirmed, would you support the expansion of value-based health care demonstrations under the TRICARE program with the inclusion of high-value network providers such as Accountable Care Organizations already established throughout the

country?

The T-5 Request for Proposals specifies that the Defense Health Agency may conduct Competitive Plan Demonstrations in up to 23 geographic areas. Unlike the Accountable Care Demonstration, these demonstrations may award direct contracts to competitive high-value network providers and health plans for beneficiary enrollment in these areas. If confirmed, I will support these demonstrations. By analyzing the outcomes of cost, quality, experience, and efficiency, I will support either expansion of the demonstrations or seek regulatory and, if necessary, statutory changes needed to implement competition across the TRICARE program.

TRICARE Dental Program (TDP)

The Committee has strongly encouraged the Department to develop a next-generation TDP that would give eligible beneficiaries more choices of dental health plans administered by a third party provider, similar to the Office of Personnel Management's FEDVIP program. The most current iteration of the Department's draft plan, however, falls woefully short of the Committee's expectations. In fact, the current draft fails to deliver a plan to provide high quality dental care provider networks, more beneficiary dental choices, and central administration of various dental health plans like the FEDVIP Program on a reasonable, timely schedule.

41. If confirmed, what will you do to ensure that the DHA delivers, without delay, a modern, innovative plan to address the Committee's expectations?

If confirmed, I will work with the TRICARE Dental Program (TDP) team and DHA leadership to ensure we develop a next-generation TDP that addresses our beneficiaries' needs and contributes to family readiness while improving the quality, access, and affordability. Ensuring access to quality dental provider networks should be a cornerstone of a new TDP contract. If confirmed, I will ensure that DHA is identifying beneficiary needs for choice into the TDP. If confirmed, I also pledge to work with Congress to ensure we have the best dental plan for our eligible beneficiaries.

MHS Genesis

The Department of Defense has engaged in a deliberate phased deployment of MHS Genesis, its new electronic health record system (EHR). This careful deployment involved operational testing that identified and facilitated correction of implementation challenges, facilitating subsequent successful deployments to different health care settings, where other challenges are identified and addressed.

42. What is your assessment of MHS Genesis, and of the Department's strategy for a phased deployment of this new electronic health system?

In my assessment of MHS GENESIS, the deployment is positive. It is my understanding that the Department is on track for the system to be fully deployed by the end of 2023. Since MHS GENESIS is being deployed throughout the entire Military Health System, a

phased approach to the deployment should enable experts to identify and address unforeseen challenges, and make corrections on an as needed basis while minimizing disruptions to the entire enterprise.

43. If confirmed, how would you ensure the cybersecurity of the MHS Genesis system?

If confirmed, I will work with leadership within the Program Executive Office for Defense Health Care Management Systems and the Defense Health Agency to ensure the privacy of our patients and beneficiaries is safeguarded to the highest standards possible.

44. In your view, should the Department offer it's testing and evaluation capabilities to the VA as it implements its version of the EHR that is based on the same platform as DOD's EHR?

If confirmed, I will work with the Federal Electronic Health Record Modernization program office to evaluate the best options to assist the Department of Veterans Affairs in its implementation of its Electronic Health Record.

Medical Research and Development

45. What steps will you take to assess the quality and effectiveness of near-term and long-term medical research activities throughout the Department of Defense?

If I am confirmed, one of my key responsibilities will be managing and overseeing the Defense Health Program (DHP) Research, Development, Test and Evaluation (RDT&E) appropriation. If confirmed, I will take steps to ensure a rigorous programmatic and scientific review of all aspects of the DHP portfolio and verify the alignment of our investments to the highest operational medical priorities. In addition, to address requirements and to avoid duplicative efforts, if I am confirmed we will coordinate DHP RDT&E funded activities with the Combatant Commands, Military Departments, Defense Agencies, and other DoD Components.

46. How will you ensure that the research portfolio and activities include an appropriate mix of research topics representing a variety of research areas and technical disciplines, an appropriate amount of exploratory, high risk research efforts, as well as near term research efforts driven by current military requirements?

As a former commander of the U.S. Army Medical Research and Materiel Command**,** I am keenly aware of the need to ensure a diverse and well balanced research portfolio to support military readiness and mission requirements. The DHP invests in a diverse research portfolio in a number of areas, including combat casualty care, traumatic brain injury, mental health treatment, and other relevant areas that will support current and future military requirements. The Department has research investments that range from basic research to clinical trials that will influence practice. If confirmed, I will ensure the Department continues to conduct annual reviews and analyses and hold regular

governance forums that include the Military Departments, Defense Agencies, and other DoD Components. These efforts leverage formal processes to develop joint requirements and helps the Department align its medical research portfolio with military and mission requirements.

47. How will you ensure that these activities are coordinated with other DOD research activities, such as those at the DOD laboratories, as well as activities in other federal agencies?

I know that the Department takes steps to ensure that DHP-funded research efforts are coordinated with other DoD research activities and also are linked with efforts of other federal agencies. The Department has several formal partnerships with other agencies, such as those it maintains with the Department of Veterans Affairs, the National Institutes of Health, and the Food and Drug Administration. If confirmed, I will ensure we work within the Department and through our external partnerships to ensure our research activities continue to be closely coordinated with the activities of other DoD components, as well as the research activities of other federal agencies.

48. Existing law requires all medical research activities of the military services to transition to the DHA by the end of fiscal year 2022. If confirmed, how will you ensure a smooth transition of such activities by the required date?

If confirmed, I will have the responsibility for overseeing the transition of DoD medical research activities to the DHA. I will ensure that there is coordination with all relevant stakeholders so that the transition is smooth and does not disrupt ongoing research and development activities, functions, or the operational laboratories. If confirmed, I will ensure DHA works collaboratively with the respective DoD Components to make sure the transition incorporates any lessons learned from previous transitions within the Military Health System. If confirmed, I will regularly meet with transition leaders from the DHA and exercise proper oversight to track execution progress and ensure that risks are continuously managed and mitigated, which will enable the successful transition of medical research activities to the DHA by the date required by Congress.

Medical Devices and Technology Acquisition

The Department of Defense uses a number of commercial industry partners to meet its medical technology requirements.

49. What, if any, reforms need to be made to DOD acquisition and procurement procedures and policies to ensure that DOD can continue to work with leading commercial innovators in medical devices and technologies?

If confirmed, I will evaluate whether existing authorities are sufficient to meet our long-term needs and sufficiently facilitate collaboration with leading commercial innovators in medical devices and technologies. If confirmed, I intend to engage the DHA's Chief Information Officer and the DHA Component Acquisition Executive on any needed

reforms that can speed acquisition and implementation of secure commercial solutions that meet existing or emerging requirements throughout the Military Health System.

Collaboration with industry is facilitated by DoD acquisition and procurement procedures and policies. As the Military Health System continues to standardize capabilities across the enterprise, it must increasingly leverage commercially available solutions rather than developing DoD-unique capabilities. This will allow rapid delivery of affordable solutions.

If confirmed, I will seek opportunities to leverage the Defense Pilot Program Authority to acquire innovative commercial items, technologies, and services using general solicitation competitive procedures, while still meeting the heightened cyber security standards that the Department requires.

50. What steps has the Department taken with commercial partners to ensure the cybersecurity of medical records and critical medical devices currently used in military hospitals and clinics?
If not, please describe how you would approach cybersecurity threats against medical records and critical medical devices.

It is my understanding that the DHA has recently replaced the separately networked medical information technology (IT) infrastructure in place across the Military Departments with a single modern consolidated network known as the DHA Medical Community of Interest (Med-COI). It is my understanding that this new network has been specifically designed to enhance cyber security protections and fulfill the network technical requirements of MHS GENESIS. It is my understanding that, in support of Military Health System reform efforts directed in law and DoD policy, this consolidated infrastructure and enhanced enterprise-wide shared services promotes more effective and efficient health care operations and greater Military Health System integration.

The DHA has a responsibility to rapidly adopt medical devices and equipment for use within our military medical treatment facilities in order to keep pace with advances in health care. However, these devices and equipment must be deployed to our medical networks in a manner that maintains the privacy of our patient data and the security of the network. It is my understanding that the DHA applies the Risk Management Framework to produce the DHA Assess and Incorporate Process for these devices and equipment. This process balances cybersecurity mandates with operational requirements. The Risk Management Framework provides a process that integrates security, privacy, and cyber supply chain risk management activities into the system development life cycle.

Together, this standardized infrastructure and the Risk Management Framework help ensure cybersecurity of medical records and critical medical devices.

The Department of Defense has entered into an enterprise contract to provide a suite of common, interoperable, cloud-based office productivity capabilities. The winner of this contract offers a suite of additional cybersecurity capabilities as options to the base contract. The Department of the Navy chose to procure most of those cybersecurity capabilities.

However, the other military departments and the Office of the Secretary of Defense declined to do so, which means that the Defense agencies will receive only a baseline set of cybersecurity support. The Committee understands that the Defense Health Agency raised significant concerns that, without the additional cybersecurity options offered by the vendor, the health records of military personnel would be at risk.

51. Are you aware of this issue? If so, do you think that the cybersecurity protections approved for all the Defense agencies are adequate for DHA?

No, I am not aware of this issue.

52. If not, will you examine this matter if you are confirmed?

If confirmed, I will examine this matter.

Quality and Safety of Medical Care

An April 19, 2018, a US News and World Report article described a military health system unable "to assure that patients needing challenging and risky operations are referred to centers with practiced surgical teams that perform the procedures regularly." The report quoted an anonymous high-ranking military surgeon who stated: "They've known this and ignored it for decades. What's the solution? Form a task force? It's the same thing over and over. There's a civilian system in place that will help us prepare for war. The real question is whether there should be a Military Health System at all."

53. If confirmed, what would you do to ensure that patients get complex surgical treatment from military surgical teams providing treatment in high-volume surgical practices?

If confirmed, I will continue the Department's focus on ensuring patients receive care in hospitals and clinics with demonstrably safe, high quality outcomes. I understand there is a relationship between the volume of surgeries performed and patient outcomes, particularly for procedures that are highly complex. All 43 of DoD's military inpatient hospitals participate in the American College of Surgeons (ACS) National Surgical Quality Improvement Program (NSQIP). Of note, there are about 5,000 hospitals in the U.S. that could participate in NSQIP, about 700 that do, and 90 that were recognized for meritorious performance by the ACS in 2021. Six (6) of the 90 were military hospitals. This demonstrates the dedication of the Military Health System to providing safe, high quality surgical care. If confirmed, I will ensure that surgical care for DoD beneficiaries in the private sector is equally focused on safety and high quality, and I will continue to explore opportunities to provide care for complex procedures in centers with great outcomes. If confirmed, I will continue to support Military Health System participation in nationally validated quality improvement programs like NSQIP and learn from our high-performing military medical treatment facilities about leading practices that can be scaled enterprise-wide. Also, I will work to continue implementing recommendations from the Defense Health Board on Low-Volume High-Risk Surgical Procedures with a focus on

establishing hospital infrastructure to support complex surgical cases.

Congress has enacted legislation to facilitate the provision of medical care to civilians in MTFs where providing such care would enhance the skills and experience of the medical care providers who furnish the care. The law authorizes the Department to waive fees for care if patients have no insurance and no other ability to reimburse the government for care. However, it appears that the Department is reluctant to waive fees for providing this care, thereby limiting the availability of civilian patients who cannot pay the fees assessed.

54. If confirmed, what actions would you take to encourage the Department's use of its authority to provide medical care to civilians to enhance the medical skills of MHS medical providers?

If confirmed, I will support the Department's current efforts to direct more complex care into military medical treatment facilities. I recognize the Department's efforts include capturing more care from the TRICARE network, from interagency partners, and from other sources using available authorities to see civilian patients on a reimbursable basis in support of a ready medical force. Medical procedure volume and complexity is critical to ensuring the readiness of military medical providers and data show that the Active Duty population does not generate the necessary volume and case complexity. If confirmed, I will work closely with DHA on its efforts to capture caseload that will grow the clinical currency of our military providers, while addressing concerns about billing and the need to waive the fees for DoD care.

55. Based on your analysis of the Department's data, which MTFs have sufficient workload and case-mix complexity to be considered as readiness training platforms?

If confirmed, I will ensure that the Department's continues its work to evaluate the workload and case-mix complexity at military medical treatment facilities to identify those which have the ability to support Knowledge, Skills, and Abilities (KSAs) of our medical personnel, and enhance their expertise in critical wartime skills. I understand the Department is actively identifying those military medical treatment facilities with the greatest potential to support KSAs now and in the future and is developing plans to resource those facilities and their wartime-critical specialties appropriately. If confirmed, I will also support the Department's work to bring additional workload into those military medical treatment facilities to further enhance case-mix complexity through TRICARE recapture efforts as well as civilian and interagency partnerships.

The Department of Defense requires all warfighters to complete Tactical Combat Casualty Care (TCCC) training as part of basic mobilization readiness. TCCC is designed to ensure that military personnel injured in combat receive the best pre-hospital medical care available until a higher-level of care is available. However, TCCC training is not consistent and varies in quality.

56. What is your view of the importance of TCCC training?

In my view, Tactical Combat Casualty Care (TCCC) concepts have played an unprecedented role in saving the lives of wounded Service members and are one of the leading reasons for unprecedented injury survival rates during recent contingency operations. It is my understanding that the Department is committed to ensuring all Service members receive training in basic TCCC concepts. However, I recognize there may be significant variance in the curriculum and delivery of combat casualty care training by the Military Services. If confirmed, I will continue the Department's efforts to standardize pre-hospital combat casualty care training. To address the variation in combat casualty care training, I will ensure the Department continues its efforts to develop and implement a comprehensive strategy to standardize TCCC curriculum and instruction for all Service members.

57. If confirmed, what actions will you take to assess the quality of TCCC training for all deploying service members?

If confirmed, I will continue the Department's on-going efforts to establish jointly developed, standardized pre-hospital TCCC courses that provide all Service members, both medical and non-medical, with the requisite skills to save lives in the pre-hospital environment. As a physician and former military officer, I strongly support the Department's efforts to track individual and unit metrics for training completion and quality and other high priority expeditionary medical readiness related metrics.

Graduate Medical Education (GME)

Section 749 of the National Defense Authorization Act for Fiscal Year 2017 requires the Department to establish and implement a process to provide oversight of the graduate medical education programs of the military services to ensure that those programs fully support the operational medical force readiness requirements for health care providers of the Armed Forces and the medical readiness of the Armed Forces. In July 2019, the Committee received the Department's report on its oversight process, which described how it would form a GME Oversight Council and a Tri-Service GME Integration Board.

58. In your view, has this change resulted in objective evaluations and recommendations for training physicians and dentists in the correct specialties to support the operational medical force requirements of the combatant commanders?

From what I have been told, the MHS has made significant progress in implementing a process to provide oversight of the graduate medical education programs to ensure those programs fully support the Military Departments requirements. As the Joint Staff and the Military Departments continue to refine their operational medical force requirements in line with the National Defense Strategy, I wholly expect GME pipeline to adjust to those requirements and the Graduate Medical Education (GME) Oversight Council and Tri-Service GME Integration Board to play a central role in that oversight process.

59. Did the GME Oversight Counsel and Tri-Service GME Integration Board make objective recommendations to revise or eliminate GME training programs, or make other recommendations for improvements to the GME training programs?

I am not privy to the GME Oversight Council and Tri-Service GME Integration Board's recommendations to revise or eliminate GME training programs. If confirmed, I will examine their recommendations and ensure I am exercising appropriate oversight over GME to fully support the operational medical force readiness requirements for health care providers of the Armed Forces and the medical readiness of the Armed Forces.

60. In your view, should dermatology, neurology, pediatrics, ophthalmology, plastic surgery, or vascular surgery be considered readiness tier 1 medical specialties? Please provide an answer for each specialty.

It is my understanding that the Department is conducting a comprehensive review for the type and mix of medical specialties, and at this time, it is incomplete. If confirmed, I will ask for a briefing upon completion of this review, and come back to the Committee with my views for each specialty. Regardless of specialty, if confirmed I will expect every uniformed medical provider to maintain appropriate skills to deploy and support the National Defense Strategy.

61. If confirmed, how would you ensure elimination of graduate medical education programs that do not directly support the operational medical force readiness requirements for health care providers within the Armed Forces?

I support the restructure, realignment, and elimination of unwarranted duplication of programs. New ways, such as partnerships with non-federal training centers, should be explored to meet the program interdependence and clinical service required to maintain Accreditation Council for Graduate Medical Education accreditation. If confirmed, I will ensure that programs that are no longer required are realigned or eliminated.

<u>Anomalous Health Conditions</u>

The Committee is concerned about the length of time it has taken to obtain Secretarial designation to authorize military health care for U.S. Government employees and their family members who experience anomalous health conditions. Some government agencies have contracted for private health care coverage because of the lack of responsiveness of the Department. The recently passed National Defense Authorization Act for Fiscal Year 2022 requires the Secretary of Defense to provide timely access for medical assessment, subject to space availability, to the National Intrepid Center, or an appropriate military medical treatment facility, and to furnish appropriate care to U.S. Government employees and their family members who experience anomalous health conditions.

62. If confirmed, what would you do to provide, in a timely manner, military health

care to U.S. Government employees and their family members who experience anomalous health conditions?

Anomalous Health Incidents (AHIs) are an emerging medical threat and a priority for the Department of Defense (DoD) because they affect the safety, health, and welfare of DoD personnel and their families. I am aware of the recently passed legislation which requires DoD to provide timely access to care, based on space availability, within the Military Health System. If confirmed, I will ensure those affected by an AHI have access to timely health care within DoD by working with the relevant DoD stakeholders, as well as our interagency partners. Additionally, if confirmed, I will support the clinical work with medical research and development to help further our understanding of AHI.

Mental Health Care

In August, 2020, the DOD IG issued a report entitled "Evaluation of Access to Mental Health Care in the Department of Defense" in which the IG found significant barriers to accessing mental health care and that thousands of active-duty service members and their families may have experienced delays in obtaining mental health care.

63. If confirmed, what actions would you take to improve access to mental health care by service members and their families?

I am aware of the DoD Inspector General report, and its conclusion that Active Duty Service members and their families may experience delays in obtaining mental health care, and that these delays may involve not being able to see the right provider at the right time. The Department must aim to schedule appointments with an appropriate provider in an appropriate timeframe. Securing and facilitating appointments may include actively managing and reviewing appointment schedules, ensuring the beneficiary is in the correct type of appointment with the appropriate provider. DoD can improve access to care by increasing accessibility for scheduling mental health services, such as by enabling a patient to book appointments online through the TRICARE Online Portal or the MHS Genesis Patient Portal, which will promote flexibility for the patient and improve the patient experience. If confirmed, I commit to working with DHA to improve access to mental health care for DoD beneficiaries.

The recently passed National Defense Authorization Act for Fiscal Year 2022 requires the Secretary of Defense to implement a self-initiated referral process for mental health evaluations of service members, and it also requires the Secretary to conduct a pilot program to provide direct assistance for mental health appointment scheduling at military medical treatment facilities and clinics.

64. If confirmed, what actions will you take to implement these provisions?

If confirmed, I will review policies and procedures and develop a strategy to implement self-initiated referral processes from a supervisor or commanding officer consistent with applicable law.

65. In your view, are the Department of Defense's current mental health resources adequate to serve all active-duty members and eligible reserve component members and their families, as well as retirees and their dependents?

It is my understanding that additional resources may be required to achieve desired results. Compounding this issue is the national shortage of mental health providers, which is creating challenges to address future mental health needs, not just in the DoD, but nationwide as well. If confirmed, I will work within the Department to ensure DoD is actively working to meet today's and tomorrow's mental health needs for all beneficiaries.

66. If confirmed, what actions would you take to ensure that sufficient mental health resources are available to service members in theater and to service members and families at home station locations with insufficient community-based mental health resources

If confirmed, I will work with the Military Departments and the Defense Health Agency on mental health resourcing efforts that match supply to demand and optimize provider availability with the goal of maximizing treatment to Service members, family members, and all eligible beneficiaries, at home and abroad. I will work to expand tele-health and other tools to improve access where needed. It is my understanding the tele-behavioral health has been particularly useful supporting forward deployed personnel.

67. If confirmed, how would you expand tele-behavioral health services throughout the MHS to improve access to mental health care?

The MHS can leverage tele-behavioral health (TBH) services for mental health assessments, ongoing behavioral health treatment, and surge support for pre- and post-deployment evaluations. If confirmed, I pledge to work to expand tele-behavioral health care, by working within the Military Health System, with private sector partners, and in close partnership with Congress.

Mandatory COVID-19 Vaccinations

The Secretary of Defense has determined that mandatory vaccination against COVID-19 is necessary to protect the Force and defend the American people. Section 720 of the National Defense Authorization Act for Fiscal Year 2022 requires the Secretary to establish uniform procedures under which service members may be exempted from the requirement to receive the COVID-19 vaccine for administrative, medical, and religious reasons.

68. Do you agree with the Secretary's requirement that all service members must be vaccinated for COVID-19 unless they meet the requirements for an administrative, medical, or religious exemption? Why or why not?

Yes. The Secretary's requirement is central to ensuring the readiness of our Force, and if confirmed, my number one priority will be helping to maintain medical readiness. Timely immunization against COVID-19 infection is critical for both force health protection and to contain the global COVID-19 pandemic. DoD personnel, including Service members, work in environments where duties may limit the ability to strictly comply with appropriate

public health measures, such as mask wearing, avoiding crowded areas, physical distancing, and hand hygiene. Therefore, rapid disease transmission of COVID-19 can occur if individuals are exposed and not vaccinated. Vaccines continue to be the safest way to be protected against severe disease, hospitalization, and death.

69. In your view, should these exemptions be uniform across all Services, or should they vary based on the needs of each Service?

In my view, exemptions should be implemented consistent with existing Military Department policy, as directed by the Secretary of Defense.

70. In your view, does an antibody test demonstrating a previous COVID infection ensure that an individual has adequate protection against re-infection?

No. The presence of antibodies does not demonstrate an individual has adequate protection against re-infection with the virus that causes COVID-19. At present, data are insufficient to determine an antibody level that indicates when an individual is protected from COVID-19 disease. The CDC continues to recommend that those with a history of asymptomatic or symptomatic COVID-19 get vaccinated once they are well.

Suicide Prevention

71. In your view, is there a correlation between the mental health of service members and suicides and suicide attempts?

In my view, while mental health is one aspect of suicide, we must recognize that suicide can be a result of many different factors, to include individual, community, and societal factors.

72. What would you recommend to the Secretary of Defense to reduce suicides among members of the Armed Forces?

Every suicide is devastating to the impacted families, to the unit, and to our Force. Many biological, social, and psychological factors contribute to suicide. In recognition of this complexity of suicide, the Department of Defense (DoD) should aim to implement a comprehensive public health approach for suicide prevention and intervention. Suicide prevention efforts should recognize that suicide can be the result of individual and community/societal factors and focus on reducing suicide risk of all individuals by addressing the risk factors and enhancing protective factors.

73. From a medical perspective, how would you address the higher incidences of suicide in remote and isolated locations like Ft. Wainwright, Alaska?

Every death by suicide is a tragedy and weighs heavily on the military community. The recent events in Alaska highlight the serious public health issue in the military, and that efforts must address the many aspects of life that impact suicide. If confirmed, I will work to ensure that leading clinical practices are standardized and used consistently, leveraging

clinical practice guidelines to reduce unwanted variance in prevention and treatment of those contemplating suicide.

Operational Medical Force Readiness

74. In your view, what is DHA's role as a Combat Support Agency? What can DHA do to provide more medical support to the Joint Staff and to combatant commands?

As I understand, DHA's role as a Combat Support Agency (CSA) is to enable the Army, Navy, and Air Force medical services to provide a medically ready force and ready medical force to Combatant Commands in both peacetime and wartime. The DHA uses the principles of Ready Reliable Care to advance high reliability practices across the Military Health System by improving system operations, optimize the delivery of care, and cultivate a culture of safety. It is my understanding that this is done across the Military Health System in support of the Military Departments' personnel clinical readiness and in support of DHA's Role 4 Casualty Care mission supporting the Combatant Commands. If confirmed, I will ensure DoD's activities are relevant and visible to Combatant Commanders and enhance DHA's integration in Combatant Command plans, exercises, and operational requirements.

75. In your view, have the Services and the DHA adequately defined military medical force readiness and developed an appropriate model to determine and project the Department of Defense's costs for medical force readiness?

In my view, the Military Departments and the DHA are making progress in defining military medical force readiness. It is my understanding that the term medical readiness encapsulates both a medically ready force and a ready medical force. The Military Departments and DHA must work together to ensure the medical readiness of the force is maintained. It is my understanding that, to that end, the Department is defining and measuring critical Knowledge, Skills and Abilities (KSAs) that military medical personnel must have to maintain their clinical currency and medical readiness. It is also my understanding that efforts are currently underway not only to determine the costs of readiness, defined as the cost of sustaining a medically ready force and ready medical force, but also to express the value of a military medical treatment facility as a readiness platform.

76. If confirmed, how would you ensure that staffing models and associated costs to maintain operational medical readiness skills reflect actual combatant command requirements?

If confirmed, I would initiate a review of the military medical personnel needed in the theaters of operation in support Combatant Command operational plans, as well as the appropriate personnel simultaneously needed within the military medical treatment facilities to provide sustained care to the sick and wounded from those operations. Once the remaining KSA specialties are established, the primary focus of the military medical treatment facilities will be on maintaining those readiness KSAs for military medical personnel and ensuring the medical readiness of Service members. An additional layer for

this staffing analysis will need to include the force generation requirements of the DoD's Graduate Medical Education (GME) Programs to sustain appropriate personnel numbers over time, to include appropriate number instructors. If there is insufficient volume and complexity of caseload at a particular military medical treatment facility to meet and sustain the KSAs, the Director, DHA should establish agreements with civilian or other federal facilities to provide alternate venues for skills sustainment. Furthermore, the DHA, in its role as a Combat Support Agency, is a part of the Joint Staff medical planning process, and should inform and support the updates to medical skill requirements to reflect current operational planning by the Combatant Commands. If confirmed, I will work with the Joint Staff Surgeon, the Military Departments, and the DHA to overlay Combatant Command requirements for military medical personnel with the military medical treatment facility staffing requirements to maintain a medically ready force and a ready medical force. As stated above, if confirmed, I will also determine the cost of readiness and the value of military medical treatment facilities as readiness platforms.

77. If confirmed, what would you do to right-size the active medical force requirements of the Department to optimize operational medical force readiness capabilities?

If confirmed, I will continue ongoing efforts to establish a DoD process to define the medical and dental personnel requirements necessary to meet operational medical force requirements, in accordance with applicable law. The military medical force must be appropriately sized in order to quickly respond to global operational medical requirements. If confirmed, I will work with DoD stakeholders to ensure DoD has a robust medical force that can provide the medical capabilities across the full range of military operations when and where needed.

78. If confirmed, would you advocate for outsourcing more beneficiaries' health care services to the private sector when and where it makes sense? How and where would you do that?

If confirmed, I will continue the Department's efforts to establish an integrated health care delivery system, which includes identifying when and where it makes sense to defer or outsource beneficiaries' healthcare needs to the private sector. If confirmed, I will ensure the Department uses established, patient-friendly and standard processes to send beneficiaries' care to the private sector in locations where military medical treatment facilities do not have available specialties or cannot provide care within access standards.

79. If confirmed, how would you collaborate with private sector health care providers to establish government-owned/contractor-operated or contractor-owned/contractor-operated hospitals and clinics where feasible and appropriate?

If confirmed, I will explore the feasibility of establishing government-owned/contractor-operated or contractor-owned/contractor-operated medical facilities.

Pain Management and Opioid Medications

80. If confirmed, what policies and programs would you implement to improve pain management in the military health system to reduce and eliminate the misuse and/or abuse of opioid medications?

During my military service, I trained and practiced as a family medicine physician, and I completed a Master's degree in Public Health. This experience, and the emerging medical evidence, has convinced me that any meaningful response to the national epidemic of opioid misuse and abuse should include policies and programs that address the root causes of opioid use, overuse, and abuse. This means that, if confirmed, I will begin with a thorough review of MHS pain management capabilities, practices, and policies to determine if they are resulting in appropriate but measured opioid prescribing. More importantly, if confirmed, I will determine if there are sufficient non-opioid pain management treatments that are available and being utilized in the pain care of our DoD beneficiaries.

81. In your view, should alternative and complimentary therapies for pain management be considered as benefits under the TRICARE program?

This is an extremely important question that is directly related to the national epidemic of opioid overuse, abuse and overdoses. While civilian providers, and most likely military medicine providers have been appropriately decreasing their use of opioids for several years now, I know there has been a lag in replacing opioids in their respective pain medicine tool kits. This is not an acceptable situation for providers or patients.

Fortunately, there has been a rapid evolution of thought and medical evidence to support the utilization of many pain management treatments that were previously termed "alternative" medical therapies. Now referred to as "complementary and integrative health", selected therapies such as acupuncture, mindfulness exercises, massage therapy, and movement therapies like Yoga have been recognized as safe and effective therapies for pain management by the National Institutes of Health, Department of Veterans Affairs, and, from what I understand, the DoD. If confirmed, I would support a deliberate and evidence-based plan to increase the availability of many of these pain management therapies for DoD beneficiaries.

Women's Health

82. In view of the expanded roles of women serving in the Armed Forces, what are the health challenges that the Department of Defense and the military services must address to ensure appropriate health care for female service members in deployed and non- deployed environments?

To increase readiness, retention, and the overall well-being of our female Service members, timely access to reproductive health care and prevention of musculoskeletal injuries are two critical areas of focus. In non-deployed locations, this includes ensuring access to the full range of reproductive health care, including contraceptive counseling, family planning, and fertility testing. In deployed locations, of additional importance is the

ability to self-test and self-treat for common urogenital conditions. Lastly, ensuring female Service members have access to gender-specific clothing and gear to prevent musculoskeletal injuries and regular assessment for such injuries at health care appointments is equally important.

83. If confirmed, how would you assess the adequacy of current health services for female service members and what steps, if any, would you take to improve them?

It is my understanding that the Department recently completed the first ever Women's Reproductive Health Survey, fielded to active duty Service women in 2020 to determine preferences, experiences and needs regarding their reproductive health. Leveraging the findings of the survey is a step in identifying opportunities for improvement. Additionally, expansion of walk-in contraception clinics across the Military Health System will ensure all female Service members have timely access to contraceptive counseling without an appointment or referral. By utilizing the existing structures within the Department, continuous review of key health care needs of female Service members will ensure DoD's women Service members have the care necessary for readiness, retention and overall well-being.

Congressional Oversight

In order to exercise legislative and oversight responsibilities, it is important that this committee, its subcommittees, and other appropriate committees of Congress receive timely testimony, briefings, reports, records—including documents and electronic communications, and other information from the executive branch.

84. Do you agree, without qualification, if confirmed, and on request, to appear and testify before this committee, its subcommittees, and other appropriate committees of Congress?

Yes.

85. Do you agree, without qualification, if confirmed, to provide this committee, its subcommittees, other appropriate committees of Congress, and their respective staffs such witnesses and briefers, briefings, reports, records—including documents and electronic communications, and other information, as may be requested of you, and to do so in a timely manner?

Yes.

86. Do you agree, without qualification, if confirmed, to consult with this committee, its subcommittees, other appropriate committees of Congress, and their respective staffs, regarding your basis for any delay or denial in providing testimony, briefings, reports, records—including documents and electronic communications, and other information requested of you?

Yes.

87. Do you agree, without qualification, if confirmed, to keep this committee, its subcommittees, other appropriate committees of Congress, and their respective staffs apprised of new information that materially impacts the accuracy of testimony, briefings, reports, records—including documents and electronic communications, and other information you or your organization previously provided?

Yes.

88. Do you agree, without qualification, if confirmed, and on request, to provide this committee and its subcommittees with records and other information within their oversight jurisdiction, even absent a formal Committee request?

Yes.

89. Do you agree, without qualification, if confirmed, to respond timely to letters to, and/or inquiries and other requests of you or your organization from individual Senators who are members of this committee?

Yes.

90. Do you agree, without qualification, if confirmed, to ensure that you and other members of your organization protect from retaliation any military member, federal employee, or contractor employee who testifies before, or communicates with this committee, its subcommittees, and any other appropriate committee of Congress?

Yes.