DEFENSE HEALTH BOARD
OPEN MEETING MINUTES

November 30 – December 1, 2022
Defense Health Headquarters
Pavilion, Salon A, B, C
Falls Church, VA
and
Virtual via Zoom

1. **Attendees – Appendix One**

2. **November 30, 2022 – Meeting Called to Order/Opening Remarks/Introductions**

   - CAPT Gorman welcomed attendees, introduced himself, and called the Open meeting to order.
   - Dr. Karen Guice, Defense Health Board (DHB) President, welcomed members to the meeting, introduced herself, and provided an overview of the meeting schedules and briefings.
   - Dr. Guice asked for a moment of silence to honor the men and women who serve in the United States military. Members introduced themselves. CAPT Gorman recognized the distinguished guests attending the meeting.

3. **Administrative Remarks**

   - CAPT Gorman reviewed the rules and logistics for the meeting.
   - CAPT Gorman commended the MicroHealth and BookZurman contract support staff for their work in putting this meeting together and thanked all attendees for their participation.

4. **Written Statements to the Defense Health Board**

   Dr. Guice reviewed three written statements from members of the public; all three were in the members' meeting material.
   - A letter about the Exceptional Family Member group argues for reform of the Department of Defense system for children and spouses with special health care needs and disabilities.
   - A letter from Ms. Liz Powell addresses the status of external trigeminal nerve stimulators as a covered TRICARE therapy for migraine headaches.
   - A letter from Dr. Jennifer Hensley speaks to issues related to guardianship support for military beneficiaries with disabilities, specifically the legal costs faced by military families with children with severe disabilities, and the lack of state reciprocity for these expensive guardianship legal documents.

   Having no comments from the members, Dr. Guice requested the DHB staff to route the letter about trigeminal nerve stimulators to the appropriate DHA and TRICARE offices.

5. DoD Healthcare and State Laws & Regulations

Dr. Yale, Acting Chief Executive, TRICARE Health Plan, briefed on TRICARE Healthcare Delivery and State Laws and Regulations. He covered state laws and regulations impacting private sector care and challenges with state laws and regulations that affect TRICARE beneficiaries. Ms. Valentino-Smith, Director, Defense-State Liaison Office (DSLO), briefed an overview of the DSLO work and mission, and highlighted important key issues including enhanced military spouse licensure portability. Ms. Lahm, Program Director, Patient Advocacy & Experience, Women's, Child, and Family Health Policy for Health Affairs, Health Services Policy & Oversight, Office of the Assistant Secretary of Defense for Health Affairs, briefed on Reproductive Health Care. She provided information on the Women's Reproductive Health Survey including follow-up actions, impacts of the *Dobbs v. Jackson Women's Health Organization* decision and the recent Secretary of Defense (SECDEF) Memorandum. Ms. Lahm report that 6,600-11,900 unintended pregnancies occur annual among active duty service members and that 63% of those who experienced an unintended pregnancies were not using any form of contraception. She also highlighted that approximately 4,400-4,700 of those unintended pregnancies occur in states with abortion restrictions. Discussion points of note:

- Dr. Parkinson commended Ms. Lahm on the Department's effort towards women's health, such as standardization of walk-in contraception services at all military treatment facilities (MTFs) with clinical capabilities by January 2023.
- Gen (Ret.) Chilton asked for clarification regarding the 40% of Active Duty Service women living in states that will have no access or severely restrictive access to abortion. Ms. Lahm clarified those are the states where abortion is illegal.

6. Discussion with Panelists on State Laws & Regulations

The members had a discussion with the panelists, Dr. Ken Yale, Ms. Geraldine Valentino-Smith, and Ms. Kimberly Lahm. Discussion points of note:

- Dr. Jacobs asked if there is a difference between states with compacts compared to states without compacts. Ms. Valentino-Smith responded that compacts economically benefit military spouses as they facilitate spouses' licensure as they move between states frequently. Dr. Alleyne asked her to expand on other factors that may have an impact on compacts. Ms. Valentino-Smith noted that during the height of the coronavirus (COVID-19) pandemic, there was an expansive use of telemedicine and virtual delivery of health care. She noted that prior to the COVID-19 pandemic, the resistance to compacts came from unions and health insurance companies.
- Dr. McCaw asked how the DSLO sees telehealth as an important step in the work they are doing. Ms. Valentino-Smith replied that recent focus groups included many questions on access to mental health care and there was robust discussion on telemedicine. She hopes the DHB will identify best practices to develop uniform guidelines for telemedicine.
- Dr. McCaw stated personal stories are highly motivating and asked if Ms. Valentino-Smith could share actual stories of telemedicine with the DHB Team. Ms. Valentino-Smith replied she would do this.

- Dr. Berwick said he downloaded the Decide+Be Ready app, and asked about the mechanisms for sharing information to increase use of this mobile phone application. Ms. Lahm said the application is available for both Android and iPhone platforms and encouraged feedback and suggestions on content and usage. Dr. Berwick suggested it has applicability beyond the DoD. Dr. Parkinson suggested taking this application to the next level – developing and distributing a sexual health and wellness mobile application for male and female recruits. Ms. Lahm replied the DoD is working to standardize sexual and reproductive health information for all recruits.
- Dr. Lazarus asked Ms. Lahm if there is an ethical obligation for military providers to save the life of a mother in an obstetric emergency or prioritize the health of the mother. He asked if there is any support for military providers practicing under federal law within the MTFs located in states with restrictive abortion laws, or for TRICARE providers in such states. Ms. Lahm responded she did not have the details since the memo was just signed last month, but the specifics will likely only apply to MTFs. Dr. Currier followed up with a scenario in which there is not a provider and asked about alternative options for the mother. Ms. Lahm stated the DoD is committed to ensuring all Service Members and beneficiaries have equal access to reproductive care. If they reside in restrictive states, they have the ability to travel to reach that level of care in another state.
- Dr. Alleyne asked Dr. Yale if there are challenges related to gender affirming care with regards to state laws. Dr. Yale reiterated that the DoD is addressing the two topics mentioned previously in his brief and is not currently aware of others, but if Dr. Alleyne or any of the members knew of other challenges, he would be happy to follow up and provide more information on the topics.
- Dr. Maybank asked Ms. Lahm if it is critical to capture stories from providers and military about the impact of the *Dobbs* decision. She also asked if the Women's Reproductive Health Survey was done before the *Dobbs* decision, and highlighted the potential change in services received before and after the decision. Ms. Lahm stated they did conduct listening sessions following the *Dobbs* decision, but not a survey, to learn about experiences with seeking reproductive health services. Ms. Lahm clarified that the use of the term "counseling" in this context refers to discussion by providers about patients' family planning needs and contraceptive care.
- Dr. Maybank asked about the mental health (MH) supports provided for women of reproductive age. Ms. Lahm said there is a pilot program to build proficiency among MH providers regarding reproductive needs which should begin in 2023.
- Dr. Browne asked for clarification on the availability of reproductive care for Service members and asked if military providers can prescribe abortion. Ms. Lahm explained that medical abortion is covered for limited, authorized reasons in the DoD. She added that the DoD does not pay for non-covered care, so access to these services is limited by the state the Service member or beneficiary is in. She explained that approximately 80% of respondents to the Women's Reproductive Health Survey were able to receive the reproductive health care of their choice.
- Dr. Browne expressed support for the development of a sexual and reproductive health mobile application for Service members regardless of gender.
- Dr. Browne asked if there is a way for providers to have a license to practice in all states, via telehealth, and prescribe medication. Dr. David Smith answered that Congress

provided a statute that prohibits DoD from doing this and the statute would need to change before it could be possible.

- Dr. Lazarus referenced the DHB's Child Abuse and Neglect (CAN) report that found CAN was reported less because of impacts on the military careers of those involved. He asked about state reporting requirements. Ms. Valentino-Smith answered that reports of CAN are sent to military installations under federal law. She added that DSLO advocates to protect victims by promoting state requirements to share reports of CAN among military-affiliated perpetrators or victims with military authorities.
- Gen (Ret.) Chilton asked if it would be possible for a licensing compact to allow anyone from a military family to practice in the state. Ms. Valentino-Smith answered that they consider the feasibility and likelihood of success to change legislation and that the DSLO would like to introduce this type of compact.
- Dr. Jacobs stated unintended pregnancy affects military retention and availability of reproductive health services may affect recruitment. He asked if there are lessons to be learned from other militaries with a high proportion of female Service members such as Israel. Ms. Lahm stated there are opportunities to learn from other militaries if they have experience in that area.
- Dr. Armstrong suggested that executive actions from state government could support many of the DSLO's 2023 goals and recommended the DSLO work with governors' offices to support these goals.
- Dr. Alleyne recalled the DHB's experience touring Navy Recruit Training Center, Great Lakes, and asked if there might be a review of health supplies that are standard issue to recruits, such as feminine hygiene products (which are currently available for purchase but not standard issue). Ms. Lahm answered that the Women in the Services Working Group is considering this issue.
- Dr. Alleyne and Dr. McCaw emphasized the importance of understanding factors that contribute to unintended pregnancies in the military and considering the resources Service members have available to make contraceptive decisions. Dr. McCaw explained the importance of contraceptive education for male and female Service members, including the discussion of consent, and safety concerns in situations of reproductive coercion.
- Dr. Alleyne asked about data interoperability related to state reporting of CAN. Ms. Valentino-Smith answered that data interoperability is a challenge as states are unique in their approaches to data and reporting.
- Ms. Rebecca Emerson asked how military providers are involved in providing care for transgender individuals. Dr. Yale answered that there is some concern related to providing care for transgender individuals in TRICARE, as TRICARE only covers some services. He explained that if a contractor has to provide care beyond what the contract covers it will increase costs and make administering the benefit more difficult. He added that TRICARE provides care through a network, so services must be available within the network in order for TRICARE to provide the benefit to beneficiaries. Ms. Lahm explained that transgender care is provided at MTFs regardless of state laws. Dr. Smith explained that if the specific type of care is not available at the beneficiary's closest MTF, then the military is obligated to locate that care for the person.
- Dr. Zebrowski asked what mechanism the MHS uses to monitor network adequacy. Dr. Yale answered that they regularly monitor network adequacy as written in the TRICARE

contracts and maintain awareness of any areas of network inadequacy. They look at providers' past performance to ensure they are adequate to remain in the network. He added that provider availability is an important metric.

- Dr. Maybank requested a briefing on gender affirming care in the MHS.

7. DHB Report Update: Warfighter Brain Health

Ms. Katherine Lee presented an update on the DHB report, DoD Warfighter Brain Health Initiative (WBHI). She noted the DoDIG concluded an evaluation of DoD's response to Anomalous Health Incidents (AHI) and this topic is now within her portfolio. The Army responded to three of the 10 recommendations from the DHB report. Dr. Guice opened the floor for questions and led the discussion. Discussion points of note:

- Dr. Parkinson stated that many of the major contributors to threats to brain health in the presentation are acute rather than chronic issues. He explained that lifestyle factors such as sleep lead to reduced inflammation and asked if lifestyle medicine such as plant-based eating or self-monitoring stress is included in the WBHI. Ms. Lee answered they are planning to involve these concepts in their threats to brain health framework. They have a short-term target to better understand the relationship of these topics to brain health.
- Dr. Berwick asked if there is a plan to refer the people identified by the screening tool as having cognitive deficit to care. Ms. Lee explained that there are Service-specific protocols for referring people to care when their measurements go beyond set parameters. She added their goal is to unify these protocols across the Services. They also plan to shift from responding mainly to instances of Traumatic Brain Injury (TBI) to constant brain health monitoring.
- Dr. Berwick and Ms. Lee stated there may be opportunities for collaboration between the WBHI and the National Academy of Medicine TBI subcommittee.
- Dr. Jacobs explained that the level of disability caused by TBI varies from person to person. He asked how to determine if a person should be disqualified from a particular occupation after TBI due to this variance in presentation of symptoms. Ms. Lee answered there is a dilemma between cognitive testing and performance and that it is up to leaders to make decisions about a person's qualifications for a particular occupation. She added that understanding how to prevent long-term issues from developing is a key area of focus.
- Dr. Alleyne asked how neurodivergence among the study population affects the study data. Ms. Lee said their team does not have direct access to the study database, but examining these nuances is important.
- Dr. Valadka, citing his experience as a TBI consultant for Major League Baseball, stated that there are many tests available to put the severity of TBI and performance into context. Ms. Lee added that WBHI has a partnership with the Department of Energy and the National Collegiate Athletic Association to understand the continuum between TBI exposure and performance.
- Dr. Browne asked who monitors TBI at the unit level and who decides when to do TBI screening after potential TBI incidents. Ms. Lee stated the WBHI would like to make brain health data available to Service members and commanders to be able to respond to brain threats. For example, making decisions based on data from wearable blast monitors

allows individuals to assess their risk and for commanders to take actions like changing formations or reducing the number of rounds fired to reduce exposure to brain threats.

8. Health Systems Subcommittee Tasker Update: Eliminating Racial and Ethnic Health Disparities in the Military Health System

Dr. Michael-Anne Browne provided an update on the Health Systems (HS) Subcommittee (SC) tasker, Eliminating Racial and Ethnic Health Disparities in the Military Health System. She noted the subcommittee has found that DoD and MHS data systems do not fully capture race/ethnicity data which makes it difficult to accurately assess health disparities in the MHS. She also noted that most of the literature on MHS health disparities are from individual-championed research and initiatives that are not widespread or ongoing. To determine how to address this, the subcommittee will look to other health systems that have successfully reduced or eliminated health disparities. Discussion points of note:

- Dr. Lazarus asked if the HS SC is looking at implicit bias. Dr. Browne replied it is difficult to find information on implicit bias so the SC probably cannot determine the degree of implicit bias in the MHS. She added the SC will emphasize that the clinical workforce needs to reflect the military in racial and ethnic make-up. Dr. Browne further added that she anticipated a recommendation for health care worker implicit bias training would part of the final report.
- Dr. Alleyne asked about data collection issues and if there are recommendations to more accurately collect and work with data. He added that U.S. Census data collection has changed over time. Dr. Browne said a potential recommendation would be to use one of the other existing federal government data collection methods that include a greater range of racial and ethnic categories.
- Dr. Maybank stated that doing a survey could be an initial way of addressing the issue of data collection and implicit bias. A survey could ensure the MHS is not exacerbating inequities. She recommended the SC review a system-wide Institute for Healthcare Improvement (IHI) quality improvement brief for potential use for health outcomes. Dr. Maybank recommended looking to see what other health systems and federal agencies have done, citing the CDC's reorganization to have equity in its infrastructure.
    - Dr. Browne stated the HS SC cannot do a survey themselves because the federal government places limits on surveys of Service members to prevent them from being "over surveyed."
    - CAPT Gorman said the SC can recommend a survey, but there is an approvals process from the Office of Management and Budget.
    - Dr. Alleyne stated due to the Paperwork Reduction Act, there are several hurdles/roadblocks to go through to do a survey. He added there are other ways to get information.
    - Dr. Guice said it is not impossible and that the SC could consider recommending adding questions to existing surveys.
    - Dr. Browne shared that the HS SC planned to hold listening sessions during a site visit.
    - Dr. Maybank recommended pushing for a survey if there is an opportunity rather than just adding on a few questions to another survey. Dr. Browne responded that the SC has a sense that there is a whole infrastructure needed to understand and address the

issue including systematic, ongoing, comprehensive, quality dashboards that display accurate race and ethnicity data. Dr. Browne added that the MHS found the greatest inequities in health outcomes are based on location rather than race and ethnicity, but with sufficient data it may be possible to observe disparities by race and ethnicity within individual sites.

- Dr. Parkinson asked for an example of a military policy that led to the elimination of a disparity. Dr. Browne answered that in the evidence the SC has reviewed thus far, any areas in which there were no observed disparities seemed to occur naturally and were not described as the result of a policy to address or reduce disparities.
- Dr. Alleyne suggested the DoD Office of Diversity, Equity, and Inclusion could play a role in implementing reform in collection of race and ethnicity data. CAPT Gorman suggested the SC partner with the Defense Advisory Committee on Diversity and Inclusion on this issue.
- CAPT Gorman repeated a question from the Zoom chat related to equity for persons with disabilities. Dr. Browne responded the tasking is narrow and does not address that.
- Dr. Berwick stated the proposed recommendation on data availability is very clear and asked whether the DHB can put the proposed recommendation forward now. CAPT Gorman explained that the DoD Inspector General recently released a report recommending that that the DoD update its antiquated race codes but did not advise specifically how to change the coding system. He added that the DHB recommendation can be a follow-on to this report.
- Dr. Medows stated there is a deficit in data availability, with some of the data the SC has received being almost anecdotal due to its lack of analysis and rigor. This makes it difficult for the SC to propose specific recommendations on disparities in different clinical areas. She emphasized that if the SC recommends survey questions, they need to be the right questions that adequately address the problem.
- Dr. Armstrong asked if the report will include the degree of social services available in the military, specifically assessing social determinants of health like housing and food access. He added there is a lot of data on these topics. Dr. Browne answered that each of these things fall under the same category as access to care in the MHS which is often cited as a benefit that leads to lower disparities. The SC is considering potential explanations for disparities, given they persist despite military-provided despite universal health coverage, food allowances, and housing assistance.

9. Neurological/Behavioral Health Subcommittee Tasker Update: Beneficiary Mental Access

Dr. Alex Valadka briefed the Neurological/Behavioral Health Subcommittee Tasker Update: Beneficiary Mental Health Access. Discussion points of note:

- Dr. Alleyne asked about the use of non-traditional mental health (MH) providers or places of social support and if there is a place to expand non-traditional resources. Dr. Valadka replied they will and the SC has heard from military families about their needs and about non-traditional therapies.
- Dr. Parkinson recommended the SC focus on reducing demand for MH care in order to "de-medicalize" MH treatment for common issues. He suggested focusing on methods that support patients well before they come into clinical care to alleviate symptoms of

minor anxiety or depression. He referenced the work of a company that has created a mobile application that helps people be aware of their symptoms and tailors interventions to the individual, which has led to a reduction in the number of people seeking clinical care.

- BG Thompson emphasized the portability of telehealth for MH and relayed his positive experience with telehealth in Europe. He emphasized the particular benefit for adolescent beneficiaries.
- Dr. McCaw stated that many MH issues are linked to substance misuse which is a self-treatment approach. She recommended that the SC include substance misuse in the report and discuss how it fits into the spectrum of MH and treatment.
- Dr. Maybank recommended the SC consider public health strategies to address the problem. She explained that MH is a multi-faceted issue with individual, community, and systems issues that contribute to the problem and recommended the SC consider a comprehensive strategy for addressing MH.
- Dr. Maybank stated that the MH workforce should represent the country and that there are not only not enough providers overall, but also not enough providers that reflect the nation's diversity. She recommended the SC look at the Thrive NYC program which comprehensively addressed MH and MH workforce.

10. Health Care Delivery Subcommittee Tasker Update: Optimizing Virtual Health in the Military Health System

Dr. Brigid McCaw provided an update on the Optimizing Virtual Health (VH) in the Military Health System tasking. Discussion points of note:

- Dr. Koehlmoos shared that she has a colleague looking at VH in the MHS and its utilization in private and direct care with regard to social determinants of health. She added that the MHS Data Repository is available for the SC to use.
- Dr. Alleyne recommended the SC look at the Health Resources and Services Administration's optimization of virtual care for federally qualified health centers and to consider work on VH from the civilian side.
- Dr. McCaw said she would like the information from Dr. Koehlmoos and Dr. Alleyne sent to the DHB Team. She added that it could be helpful when looking at strategic governance.

11. Administrative Updates

Upcoming Meetings:

- March 22, 2023: Falls Church, VA
- June 28, 2023: Falls Church, VA
- September 11, 2023: Location TBD
- November 29, 2023: Location TBD

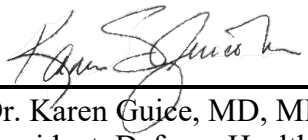
12. Due Outs

DHB Staff will:

- Collect supplementary information from briefers and attendees and distribute to DHB Members
- Connect DHB Members with contacts from the organizations mentioned during the meeting: DACODAI; HRSA; CDC; IHI; Thrive NYC; FQHCs.

13. Certification of Minutes

I hereby certify that, to the best of my knowledge, the foregoing meeting minutes are accurate and complete.



1/11/2023

Dr. Karen Guice, MD, MPP
President, Defense Health Board

Date

APPENDIX ONE: MEETING ATTENDEES

BOARD MEMBERS			
TITLE	**FIRST NAME**	**LAST NAME**	**ORGANIZATION**
Dr.	Karen	Guice	*DHB President* Executive Director and Chief Medical Officer (Retired), Ernst & Young, Government and Public Sector Advisory Services
Dr.	Lenworth	Jacobs	*DHB First Vice President* Director, Trauma Institute, Hartford Hospital
Dr.	Jeremy	Lazarus	*DHM Second Vice President* Clinical Professor of Psychiatry, University of Colorado, Denver
Dr.	E. Oscar	Alleyne	Managing Director, Public Health Division, MITRE Corporation
Dr.	John	Armstrong	Professor of Surgery, University of South Florida
Dr.	Donald	Berwick	President Emeritus and Senior Fellow, Institute for Healthcare Improvement
Dr.	Wilsie	Bishop	Vice Present of Health Affairs and Professor Emerita, East Tennessee State University
Dr.	Michael-Anne	Browne	Associate Chief Medical Officer, Stanford Children's Health
Dr.	Maria	Caban Alizondo	Director, Health Information Management Services, UCLA Health System
Gen (Ret.)	Kevin	Chilton	President, Chilton & Associates, LLC
RADM (Ret.)	Colin	Chinn	Chief Medical Officer, Peraton
Dr.	Judith	Currier	Professor of Medicine, UCLA CARE Center
Dr.	Christi	Luby	Independent Consultant and Researcher
Dr.	K. Aletha	Maybank	Chief Health Equity Officer and Group Vice President, American Medical Association
Dr.	Brigid	McCaw	Senior Clinical Advisor, California Quality Improvement Learning Collaborative, University of California, San Francisco
Dr.	Rhonda	Medows	Chief Population Health Officer, Providence St. Joseph Health
Dr.	Michael	Parkinson	Principal, P3 Health, LLC
Dr.	Alex	Valadka	Professor and Director of Neurotrauma, University of Texas Southwestern Medical Center
DHB STAFF			
CAPT	Greg	Gorman	Executive Director/Designated Federal Officer (DFO)
Dr.	Catherine	Zebrowski	Executive Secretary/Clinical Consultant/Alternate DFO
Ms.	Camille	Gaviola	Deputy Director/Alternate DFO
Ms.	Angela	Bee	Research Analyst, MicroHealth, LLC
Mr.	Rubens	Lacerda	Management Analyst (Meeting Support), BookZurman, Inc.
Ms.	Alice	Murphy	Management Analyst (Office Support), BookZurman, Inc.
Mr.	Paul	Schaettle	Alternate Project Manager/Senior Analyst, MicroHealth, LLC
Dr.	Clarice	Waters	Project Manager/Senior Analyst, MicroHealth, LLC
PUBLIC ATTENDEES			
CAPT	Teresa	Allen	Medical Deputy Corps Chief
CAPT	Frank	Axelsen	Assistant Deputy Chief, Medical Operations, Bureau of Medicine and Surgery, US Navy
Dr.	Krystyna	Bienia	Clinical Psychologist and Senior Policy Analyst, Medical Affairs, DHA
Dr.	Christopher	Biggs	Former Marines
CAPT	Steven	Bland	UK Military Healthcare Liaison Officer
Mr.	Dan	Casterline	National Account Director, Merck Vaccines
Ms.	Gaby	Cavins	Executive Director, Military Birth Resource Network and Postpartum Coalition

LCDR	Alicia	Dalley	Executive Assistant to the Commissioned Corps Headquarters Director
Ms.	Kelli	Douglas	Pacific Southwest Regional Liaison, Defense-State Liaison Office
Ms.	Rebecca	Emerson	Executive Director, Exceptional Families of the Military
Mr.	Noah	Gigletti	Cornerstone Government Affairs
Mr.	Marc	Harris	Director of Sales, Cefaly Technology
Ms.	Theresa	Hart	Senior Nurse Consultant, Women and Infant Clinical Community, Special Medical Programs, Defense Health Agency, Medical Affairs
Mr.	Derry	Henrick	Senior Analyst, Government Accountability Office
Mr.	Jeremy	Hilton	Defense-State Liaison Office
Dr.	Elizabeth	Hisle-Gorman	Associate Professor, Director, Division of Military Child & Family Research, Uniformed Services University, Department of Pediatrics
Mr.	Timothy	Jones	Senior Associate Director, Federal Relations, The Joint Commission
Ms.	Patricia	Kime	Reporter, Military.com
Ms.	Tracey	Koehlmoos	Professor, Preventive Medicine and Biostatistics, Uniformed Services University of the Health Sciences
LTC	Noelle	Larson	Division Chief, Pediatric Endocrinology, Medical Director, NCR Transgender Health Program, WRNMMC Bethesda
Dr. (SES)	Michael	Malanoski	Deputy Director, Defense Health Agency
Mr.	Bryce	Mendez	Acting Section Research Manager/Analyst in Defense Health Care Policy, Defense Budget, Manpower, and Management Section, Foreign Affairs, Defense, and Trade Division, Congressional Research Service
Ms.	Ellen	Milhiser	Editor, Synopsis
Ms.	Kara	Oakley	Oakley Capitol Consulting LLC
Ms.	Kristi	Park	Principal, Park Government Relations, LLC
Ms.	Elizabeth	Powell-Dadzie	Founder and President, G2G Consulting
Ms.	Brittany	Powers	Media Relations Team Lead, DHA Strategic Communications
LTC	Carlo	Rossi	Canadian Armed Forces Health Attaché, Office of the Assistant Secretary of Defense (Health Affairs)
Ms.	Karen	Ruedisueli	Director, Health Affairs, Government Relations, Military Officers Association of America
CAPT	Richard	Schobitz	Director, Commissioned Corps Headquarters
Dr. (SES)	David	Smith	Acting Principal Deputy Assistant Secretary of Defense for Health Affairs
Ms.	Rachel	Svoboda	Senior Analyst, U.S. Government Accountability Office
Ms.	Loveline	Tangwan	
BG	Mark	Thompson	Deputy Chief of Staff for Support, Army Medical Command, US Army
Ms.	Katrina	Velasquez	Chief Policy Officer, Eating Disorders Coalition

APPENDIX TWO: Open Session Zoom Chat Notes

09:04:57 From Defense Health Board Staff:
For those in the waiting room, please rename your user name to your first name and last name so we can verify your registration before admitting you to the meeting

09:16:11 From Defense Health Board Staff:
We will upload this morning's meeting materials here shortly for our virtual attendees

09:33:24 From Rebecca Emerson:
What is the plan for military doctors in Florida when the medical board bans youth trans health care - will they still be allowed to offer those health care services on base? - Rebecca Emerson EFM Coalition Question

09:58:49 From Gaby Cavins, ED - MBRNPC:
I am sorry if I missed this - is natural family planning counseling part of the contraceptive access? There is lack of understand as well as access to counseling in that regard.

10:13:47 From Defense Health Board:
We will break until 1025 (Eastern) and resume with a Q&A session with the DoD Healthcare and State Laws & Regulations panelists.

10:48:48 From Jeremy Hilton:
Recommend listening to the military spouse LPC perspective on the counseling compact https://youtu.be/Hf_LzgbxF3I

10:49:13 From Brigid McCaw - DHB Member:
Thank you!

11:25:26 From Gaby Cavins, ED - MBRNPC:
I have personal experience with that one.

11:26:48 From Gaby Cavins, ED - MBRNPC:
Thank you for that comment!

11:38:48 From Rebecca Emerson:
Thank you will you please email us back with a response to the question? Rebecca@exceptionalmilitary.com

11:39:06 From Rebecca Emerson:
My original question: What is the plan for military doctors in Florida when the medical board bans youth trans health care - will they still be allowed to offer those health care services on base? - Rebecca Emerson EFM Coalition Question

11:43:23 From Katrina Velasquez (Eating Disorders Coalition):

Dr. Yale- who should organizations/providers/families contact if benefits are denied instead of reaching out to their Member of Congress?

11:50:51 From Dr. Brigid McCaw - DHB Member:
I support Dr. Berwick's inquiry about the RAND survey data around race/ethnicity. that would be interesting. It would also be helpful to see demographic information unintended pregnancy based on race ethnicity and pay grade as well.

11:53:11 From Paul Schaettle- DHB Staff:
Thank you for joining the DHB meeting. We will break for lunch until 1300 (Eastern).

13:01:01 From Defense Health Board Staff:
Thank you virtual attendees, we will start the meeting momentarily and I will drop the slides into this chat.

14:00:00 From Dr. Maria Caban Alizondo - DHB Member:
A wonderful presentation and highlights the interoperability gaps. We are feeling this everywhere and need to continue to push legislatures and vendors.

14:18:39 From Rebecca Emerson:
Will the committee could look at equity for those with disabilities too? Rebecca Emerson

14:27:38 From Defense Health Board Staff:
Here are the slides from this current presentation (sorry for the delay!)

14:40:26 From Gaby Cavins:
How are we including prenatal/postpartum/infant feeding/infant outcomes in this conversation? Particularly beyond mortality - looking at morbidity (PMADs), body feeding rates, nicu admission, etc. The data that exists is terrible.

14:49:53 From Katrina Velasquez:
Question

14:50:07 From Kara Oakley, Tricare for Kids Coalition:
So pleased with the ongoing commitment to improving MH/BH access/care etc! Since we last had the opportunity to submit info to the subcommittee we have learned more about "fail first" policies for medication - even to the point of refusing refills until the prescriber will try other meds first - as you know for young persons with MH/BH conditions, failing first should not be the direction we send them!

14:51:17 From Kara Oakley, Tricare for Kids Coalition:
Have you looked at this policy/set of policies as an area of concern? I believe it is a bit "forbidden" in the it is not a policy manual item nor has it been published etc, but is found down in prior auth documentation etc. for specific meds per the pharmacy contract.

14:51:23 From Katrina Velasquez:

Have you looked into network adequacy for access to care for beneficiaries? Tricare east has told eating disorders centers they aren't accepting any more providers however we constantly get calls from families (at the eating disorders coalition) that they can't find openings.

14:52:11 From Gaby Cavins, MBRNPC:
What training is being provided on perinatal mood and anxiety disorders? Or rather, has there been any specific focus in this area to ensure providers are able to handle these issues?

Hearing about all these resources - there seems to be a huge leadership issue and lack of awareness. Do you provide briefings in commanders courses?
(Happy to ask this question via voice if it makes more sense.)

14:53:09 From Katrina Velasquez:
Another question- the fy22 NDAA required DoD to increase the age limit of eating disorders residential care for military families over 20 years old as well as create a plan to better identify, treat and rehabilitate servicemembers with eating disorders. However, the DoD hasn't implemented. Has your subcommittee been included into conversations to implement this?

15:11:44 From Defense Health Board Staff:
virtual attendees - we will take a 15mins break and reconvene at 3:25PM ET

15:12:49 From Kara Oakley, Tricare for Kids Coalition:
Thanks for not giving up on network adequacy issues Dr. Valadka, in the kids' world we have many problems with network adequacy partially because the providers are not parsed into pediatric or non, or by age - many MH/BH providers have specific specialties or age ranges served. Yet those aren't taken into account when deeming networks adequate or in provider directories for families to use finding care. Thank you to the subcommittee for drilling down as you are!

15:28:06 From Defense Health Board Staff:
Will be dropping the slides in here shortly.

15:43:36 From Defense Health Board Staff:
our website is www.health.mil/dhb

15:45:03 From Jeremy Hilton:
Thank you. Great meeting.

15:45:16 From Tracey Perez Koehlmoos (she/her):
Thank you!