



OFFICE OF THE UNDER SECRETARY OF WAR  
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PERSONNEL AND  
READINESS

The Honorable Roger F. Wicker  
Chairman  
Committee on Armed Services  
United States Senate  
Washington, DC 20510

FEB 27 2026

Dear Mr. Chairman:

The Department's response to House Report 118-529, pages 345-346, accompanying H.R. 8070, the Servicemember Quality of Life Improvement and National Defense Authorization Act for Fiscal Year 2025, "Assessing Access to Health Care Standards," is enclosed. This report contains the Department's evaluation of the Military Health System's current access-to-care standards.

Thank you for your continued strong support for the health and well-being of our Service members, veterans, and their families. I am sending a similar letter to the Committee on Armed Services of the House of Representatives.

Sincerely,



Sean O'Keefe  
Deputy Under Secretary of War for Personnel  
and Readiness

Enclosure:  
As stated

cc:  
The Honorable Jack Reed  
Ranking Member





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PERSONNEL AND  
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The Honorable Mike D. Rogers  
Chairman  
Committee on Armed Services  
U.S. House of Representatives  
Washington, DC 20515

FEB 27 2026

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Sean O'Keefe  
Deputy Under Secretary of War for Personnel  
and Readiness

Enclosure:  
As stated

cc:  
The Honorable Adam Smith  
Ranking Member



# **Report to the Committees on Armed Services of the Senate and the House of Representatives**



## **Assessing Access to Health Care Standards**

**February 2026**

The estimated cost of this report or study for the Department of War (DoW) is approximately \$12,000 for the 2025 Fiscal Year. This includes \$0 in expenses and \$12,000 in DoW labor.  
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## INTRODUCTION

This report is in response to House Report 118–529, page 345-346, accompanying H.R. 8070, the Servicemember Quality of Life Improvement and National Defense Authorization Act for Fiscal Year 2025, “Assessing Access to Health Care Standards.” This report provides an evaluation of the Military Health System’s (MHS) current access to care (ATC) standards. It also addresses four key areas:

- (1) recommendations on whether the times for patients to receive an appointment with a provider in the MTF should be changed;
- (2) if any new categories or types of appointments should be considered;
- (3) the role telemedicine appointments play in improving access to primary care;
- (4) the role of telemedicine in addressing behavioral health appointment shortfalls.

## EVALUATION OF MHS’S CURRENT ATC STANDARDS

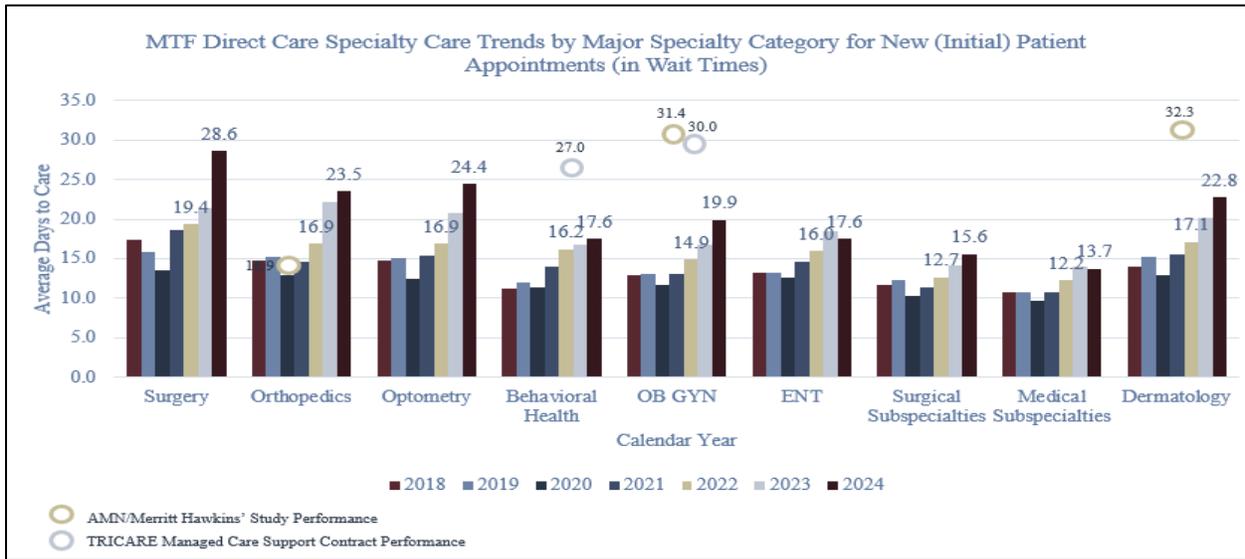
The MHS’s current ATC standards compared to its peers, the Department of Veterans Affairs (VA) and the Centers of Medicare and Medicaid (CMS), are relatively consistent — with the Department of War maintaining much more stringent ATC standards for primary care (Table 1).

**Table 1. Peer Access Standards Comparison**

Access Category	TRICARE/MHS Standards	VA Standards	CMS Standards	Current MHS ATC Measures
<b>Urgent Primary Care</b>	Within 24 Hours	Within 24 Hours	Within 24 Hours	1.6 days
<b>Routine Primary Care</b>	7 Calendar Days	20 Days	15 Business Days	9.7 days
<b>Initial Visit with Specialist</b>	28 Calendar Days	28 Days	30 Business Days	18.0 days

Specialty care waits times in military medical treatment facilities (MTFs) consistently meet or exceed established standards and offer shorter wait times than averages in the private sector (Figure 1). Wait times, while still within standards, have increased over the last 7 years.

**Figure 1. MTF Specialty Care Wait Times to Initial Appointment by Product Line**



(1) Recommendations on whether the times for patients to receive an appointment with a provider in the MTF should be changed.

The Department does not recommend changing the current MHS ATC standards. ATC standards articulate timeframes related to specific categories of healthcare needs. Additionally, the current MHS ATC standards meet or exceed access standards when compared with other federal agencies and private sector health systems.

(2) If any new categories or types of appointments be considered.

No. The Defense Health Agency (DHA) has already introduced new virtual health technologies with the Scheduled Virtual Visit (SVV) services that have replaced the MHS Connect virtual platform. This capability is now deployed across the enterprise. In some locations, virtual health appointments for primary care are now exceeding 20 percent of all visits. MHS standards are necessary to maintain military readiness. Telemedicine has modernized healthcare delivery and offers opportunities to improve access across both primary and specialty care services. Virtual health is a modality through which urgent, routine, or initial specialty appointments can be delivered. Existing appointment categories should remain in place, facilitated by telemedicine.

(3) The role telemedicine appointments play in improving access to primary care.

Telemedicine plays a significant role in providing/maintaining ATC in isolated or remote locations or to offset provider staffing shortages. However, it is important to note that while telemedicine is a modality of care delivery, it does not increase provider capacity. Time spent with patients, records review, documentation, and care coordination are relatively fixed time components, roughly equivalent for both in-person and virtual visits. Efficiencies with support staff are gained when vitals collection and exam room cleanings are reduced, but provider capacity does not increase solely by virtue of the appointment being remote vice in person.

DHA is leveraging best practices from current virtual platforms to bring greater virtual, same-day access for urgent primary care needs as a supplemental service. The Nurse Advice Line (NAL) plays a critical role in improving access to primary care by offering 24/7 nurse triage and care coordination services for MHS beneficiaries. Handling over 530,000 calls annually, the NAL ensures patients receive timely, clinically appropriate care by directing them to the most suitable healthcare setting. The NAL enhances access strategies by allowing registered nurses to provide self-care advice, schedule MTF appointments, facilitate referrals to urgent care and direct appropriate cases to emergency departments. With 82 percent of NAL calls originating from beneficiaries empaneled at MTFs, the system supports care coordination by enabling warm transfers to care teams and providing encounter data for follow-up care. Additionally, the NAL performance data assists MTF staff in monitoring utilization and optimizing appointment availability to better align with patient demand. By reducing unnecessary emergency department visits and encouraging self-care when appropriate, the NAL effectively manages patient flow and ensures efficient use of healthcare resources.

DHA is partnering the NAL with DHA's Virtually Integrated Patient Readiness Remote (VIPRR) contract to supplement MTF access to same-day appointments. Originally designed as a force readiness tool, the VIPRR program has long been evaluated as a platform that could offer access to urgent primary care needs in addition to preventative health assessments. This integration allows DHA to better understand patient demand for virtual resolution of urgent care needs, overall patient satisfaction with virtual care, and the ability to reattract care from private sector urgent care centers.

DHA's Virtual Medicine Center (VMC) has been an unparalleled wealth of experience in telemedicine delivery. Previously, MTFs operated locally and defaulted to VMC platforms to supplement in-garrison healthcare delivery. However, further utilization and evolution of VMC video-conferencing capabilities and increasing familiarity with delivering telemedicine can result in organic MTF assets meeting care needs both in-garrison and globally.

*(4) The role of telemedicine in addressing behavioral health appointment shortfalls.*

Telemedicine plays a vital role in increasing access to mental health resources for isolated/remote locations. While clinical and patient amenability of telemedicine in primary care is varied, outpatient mental health care delivery is highly amenable to virtual modalities. Studies by the RAND Corporation concluded that virtual mental health services are effective in meeting mental health care needs for Service members who might otherwise face significant delays due to location or resource limitations. In instances where urgent referrals to civilian mental health providers may experience 2- to 3-week delays, centralized telemedicine can decrease wait times.

As a result of the post-coronavirus disease 2019 surge in mental health demand, DHA stood up the Behavioral Health Resources and Virtual Experience (BRAVE) program to expand access to mental health appointments focused on those areas with limited network capacity and/or high demand, ensuring that those in need receive timely, high-quality care. BRAVE continues to supplement virtual mental health demand, moderating wait times by expanding provider access where demand exceeds supply. Beyond increasing access, BRAVE enhances efficiencies in virtual mental health delivery as an exclusively virtual-based platform. Diverting

routine and non-crisis mental health consultations to virtual platforms helps reduce the strain on in-person mental health clinics, allowing providers to focus on patients requiring more intensive care. Overall, from 2022 to present, virtual health visits average 10 percent of total direct care visits for MTF enrollees.

This hybrid approach ensures that all beneficiaries — whether they need short-term counseling, ongoing therapy, or crisis intervention — receive the right level of care at the right time.

## **CONCLUSION**

MHS's current ATC standards are gold standards from a patient and military readiness perspective. The Department will maintain the current standards to prioritize medical readiness requirements. Advancement in technology such as telemedicine provides some support to access and performance efficiencies, but it does not necessitate the introduction of new categories or types of appointments. Telemedicine changes the modality of care delivery, but it does not necessarily increase individual provider capacity. Telemedicine has, and will continue to have, an integral role in overcoming primary care and mental health ATC challenges. DHA has realized successes with programs such as the NAL, VIPRR, SVV, and BRAVE, and is expanding access via new centralized contact centers integrating the entire enterprise to maintain standards locally, nationally, and globally.