THE "ONE TRICARE" PARITY PRINCIPLE: SAME SERVICE, SAME STANDARD

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OVERVIEW

The "One TRICARE" Parity Principle addresses a "two-class" health system emerging within the Department of Defense. Recent policy shifts by the Defense Health Agency (DHA) have begun using Medicare eligibility to justify excluding modern, medically necessary treatments for TRICARE For Life (TFL) beneficiaries—treatments that remain fully covered for retirees under age 65.

The Defense Health Agency justification is strictly statutory: they argue TRICARE For Life is a "wrap-around" benefit authorized by different laws than original TRICARE.

My proposed amendment argues for a specific legislative solution in the FY2027 NDAA to codify a "One TRICARE" standard, ensuring that the promise of access to recognized treatments, service, and pharmaceuticals remains uniform across all plan structures. A return to the intent of Tricare For Life. Same Service – Same Standard of care

Access is not a uniform cost share. DHA will retain its established role of establishing co-payments, deductibles, and premiums based upon individual Tricare Plans.

Historical Context

This struggle began with CHAMPUS — the Civilian Health and Medical Program of the Uniformed Services.

CHAMPUS was created in 1966 in the wake of WWII veterans reaching retirement age. Military Treatment Facilities became so overcrowded that families living on or near bases often couldn't get appointments. CHAMPUS was the legislative "release valve" for this pressure, providing a way for this massive new population to use **civilian doctors** paid for by the government, rather than cramming into a finite number of military hospitals. CHAMPUS was created shortly after Medicare and excluded retirees over 65.

Legislators argued that since the federal government was already funding Medicare, it should not also provide a separate, competing civilian health benefit (CHAMPUS) to the same group.

This was the beginning of the **administrative shift** where healthcare was treated as a budgetary line item rather than a **vested, earned benefit** and continued when CHAMPUS was replaced with Tricare.

The Analysis

10 U.S.C. § 1079 - provides the primary authority for the medical benefits of active-duty dependents and retirees not eligible for Medicare.

10 U.S.C. § 1086 - governs health benefits for retirees, survivors, and their dependents. Crucially, Section 1086(d) mandates that TRICARE For Life (TFL) act as a "wraparound" to Medicare

The DHA argues that Federal law does not authorize TFL to cover weight loss medications when obesity is the "sole or major condition treated." Because Medicare—the primary payer for TFL beneficiaries—statutorily excludes weight-loss drugs, the DHA asserts that TFL cannot "wrap around" a non-existent Medicare benefit for this specific class of medication.

THE PROBLEM: THE BENEFIT CLIFF
As medical technology advances, a dangerous precedent is being set where TFL is treated as a secondary Medicare supplement rather than a primary, earned military benefit.

- **The GLP-1 Disparity:** As of August 2025, weight-loss prescriptions (e.g., Zepbound) remain available to TRICARE Prime/Select retirees at Military Treatment Facilities (MTFs). However, TFL beneficiaries are now denied these same medications at the base pharmacy solely due to their age and Medicare status.
- **The "Medicare Ceiling" Risk:** Medicare is a social safety net; TRICARE is an earned benefit. The DHA must not be permitted to use Medicare's narrower coverage rules as a "ceiling" to limit the superior healthcare earned through decades of service.
- **The Oncology Risk:** If left unchecked, this "Medicare-Lite" interpretation will eventually extend to life-saving cancer treatments and biologics that Medicare excludes or complicates, but TRICARE has traditionally covered.

Amendment frame

I am proposing a structural change to the law (**10 U.S.C. § 1073g**) for the **FY2027 National Defense Authorization Act (NDAA)**. This "Umbrella Law" would establish a simple, fair rule for the Department of Defense:

1. **One Standard of Care:** If a treatment, service, or drug is authorized for *any* TRICARE plan, it must be available to *all* eligible beneficiaries, including those on TRICARE For Life.
2. **No More Age Gaps:** The DHA cannot deny you a medically necessary service just because you are eligible for Medicare. If it's covered for a 40-year-old retiree, it's covered for a 70-year-old veteran.
3. **Fair Costs, Not Equal Costs:** This isn't about making every plan cost the same. The DHA still sets the co-pays and deductibles for each plan. This is about **access**—ensuring the medicine is on the shelf and available to you when you need it.

ACTION REQUESTED

Only Congress can restore one standard of access across all TRICARE plans. This isn't just about one or two medications today. If we allow the "Medicare Ceiling" to stay in place, it will eventually block access to life-saving cancer treatments, advanced biologics, and new medical breakthroughs. Tricare For Life becomes a MediGap Supplement; Not an earned Benefit.

Contact your legislators and ask them to support legislation restoring the principle of **One TRICARE** during the **FY2027 National Defense Authorization Act (NDAA)**. This ensures the "promise of lifetime healthcare" is not a sliding scale that diminishes the moment a veteran turns 65.