Findings and Recommendations of the House Armed Services Subcommittee on Oversight and Investigations in Support of the Military Personnel Subcommittee re: Dental Readiness in the Reserve Component

Introduction

On Wednesday, April 23, 2008, the Subcommittee on Oversight and Investigations (O&I) met to receive testimony on dental readiness in the reserve component. This memorandum summarizes staff findings and recommendations based upon the results of that hearing and staff research and analysis.

Findings

Dental readiness of the reserve component is dramatically lower than that of the active duty force. None of the services currently meet the DOD dental readiness standard of 95% of all service members in either Class 1 or 2 (deployable worldwide). The Army National Guard (43.2% ready), Army Reserve (50.6% ready), and Marine Corps Reserve (77% ready) have the lowest dental readiness rates. No service member can be deployed who is in Class 3 (likely to need dental treatment within a year) or Class 4 (dental status unknown).

- **Before/During Deployment**

(1) *Most reserve component members do not take advantage of the TRICARE Dental Program (TDP).* Reserve component personnel may choose to participate in TDP, for a monthly fee of $11.58. Only 8.3% of reservists are currently enrolled in the TRICARE Dental Program. TDP requires cost shares for major procedures, which may make major dental work cost prohibitive. In a recent Status of Forces survey, 70% of reserve component service members indicated that they had some form of dental insurance through their own or a spouse's civilian employer.

(2) *Participation in the Army's First Term Dental Readiness (FTDR) program is currently less than 70%.* This is due in part to limited access to soldiers during training and inadequate dental facilities at some locations. The FTDR program currently provides an initial exam and simple Class 3 care at five Basic Training and 13 Advanced Initial Training sites.

(3) *Currently, members of the reserve component are eligible for an annual dental exam from a military dentist or a civilian dentist paid for by the military, but may only receive treatment after being alerted for mobilization.* Treatment between that alert and mobilization may occur via several outlets:

- Reserve Health Readiness Program (RHRP): uses contracted dentists from the private sector, the Department of Veterans Affairs, and the Department of Health and Human Services Division of Federal Occupational Health to provide dental services to the reserve component, paid for by the TRICARE Management Activity. The services may use RHRP to provide mandated

annual dental exams, either individually or via "mass events," in order to reduce the number of Class 4 patients.

- Military Medical Support Office (MMSO): When the military Dental Treatment Facility does not have the capacity to treat reservists in the required time period, patients may be referred to private sector civilian care via MMSO, which authorizes and reimburses civilian dentists for treatment.

(4) *States take an individual approach to improving the dental readiness of their National Guard.* The Guard currently offers states a variety of options to improve oral health upon alert. States coordinate their own treatment programs, tailored to meet specific unit needs, using some combination of the programs described above, and may request federal funds from the National Guard Bureau.

➢ Mobilization/"Just In Time" Care

(1) *"Just in time" care (corrective dental treatment at mobilization stations) has financial, personnel, and opportunity costs.* It is often more expensive, reduces time spent training for deployment, and may necessitate treatment short-cuts that could cause issues during deployment.

(2) *"Just in time" treatment plans do not catch Class 3 and 4 personnel cross-leveled into units until after mobilization.* Currently, individuals who are cross-leveled (pulled from another, non-deploying unit) into a deploying unit to fill gaps are typically only 50% dentally ready, because they have not been on alert nor receiving needed treatment.

➢ Demobilization

(1) *Members of the reserve component receive limited cost-free dental benefits upon demobilization.* At demobilization, reserve component personnel are eligible for resumed access to their TRICARE Dental Plan, as well as programs available for a limited time through the Department of Veterans Affairs and through the Transitional Assistance Management Program (TAMP).

(2) *The Army Vice Chief of Staff recently approved the Demobilization Dental Reset (DDR) program.* The DDR program will provide dental exams and simple Class 3 treatment at demobilization, possibly via mobile dental exam units, for an anticipated 8-12% improvement in readiness. Providing treatment at the demobilization station is more expensive than other options, but allows units to be examined and treated together.

(3) *The Army has recently expanded the post-deployment "grace period" to allow soldiers 180 days to obtain a dental exam before reverting to Class 4 (unknown status).* Previously, soldiers were required to obtain an exam within 90 days. Adverse or disciplinary action may be taken against Class 4 personnel who do not complete the required annual dental exam.

- **Future Options**

  At the request of the Surgeon General of the Army, the Assistant Surgeon General for Force Projection has established a working group to assess additional courses of action to improve reserve component dental readiness. There continues to be some disagreement within the Army over which options should be pursued. The options include:

  (1) Expanded TRICARE Dental Program: The Department could a) pay the full premium for reservists (as it does with the active component) or provide tiered premiums to reduce the monthly cost for junior enlisted personnel, or b) reduce or eliminate the cost shares for preventative and restorative procedures in order to encourage reserve component personnel to enroll in TDP.

  (2) Army Selected Reserve Dental Readiness System (ASDRS): The ASDRS program would use existing statutory authority to provide care for members and units of the reserve component not on alert. The Army intends to accomplish this by referring reserve component soldiers to civilian providers through the Reserve Health Readiness Program via individual appointments and mass events. The ASDRS program will track dental readiness outside of alert status and remind soldiers about upcoming dental appointments.

  (3) Medical Readiness Days: Instituting two medical readiness days per year would allow reserve component soldiers to go on active duty in order to get medical or dental care completed without loss of income. The days can be pooled, meaning that if one soldier does not need all or some of the annual two-day allotment, a commander may transfer that allotment to another soldier in the unit, who may require additional days of treatment.

Actions and Recommendations

- The House-passed version of the Fiscal Year 2009 National Defense Authorization Act requires the Secretary of Defense to review the Army Selected Reserve Dental Readiness System and provide recommendations for improvement within 90 days. The Army should continue making progress in developing a comprehensive action plan to address dental readiness.

- On May 16, General Cody, the Vice Chief of Staff of the Army, approved the implementation of the First Term Dental Readiness (FTDR) and Demobilization Dental Reset options to improve reserve component dental readiness rates. The FY2009 NDAA provides $23.3 million from existing Army medical accounts for the FTDR and $8.5 million for DDR programs.

- The Army continues to review additional programs, such as ASDRS or a reduced fee TRICARE Dental Plan and will report to the committee when any decision is made.

- In order to improve its readiness, the Marine Corps plans to:
  (1) Increase efforts to educate reserve component personnel on their eligibility for TDP benefits;
  (2) Provide dental examinations to units during drill periods, using contract dentists if

necessary;

(3) Improve electronic data entry and tracking mechanisms in order to capture dental status information more accurately and comprehensively; and

(4) Increase incentives in order to recruit additional dental officers and dental assistants.

- Army Surgeon General Schoomaker established a working group to conduct a capabilities-based assessment and develop a prioritized list of courses of action for improving the situation. The committee will request its results.

- The Army Inspector General (IG) is conducting an investigation into mobilization procedures at Camp Shelby. The committee will request the results.

- The committee will continue to conduct oversight over the progress of these programs in order to improve the dental readiness of the reserve component.