

**Defense Health Program
Direct War and Enduring Requirements
FY 2022 President's Budget Estimates**

<u>Sub-Activity Group</u>	<u>Sub-Activity Group Name</u>	<u>FY 2020 Actuals</u>	<u>FY 2021 Request</u>	<u>FY 2022 Request</u>
1	In House Care	57,248	65,072	-
2	Private Sector Care	287,487	296,828	-
3	Consolidated Health Support	2,800	3,198	-
4	Information Management			
5	Management Activities			
6	Education and Training			
7	Base Operations/Communications			
		347,535	365,098	-

The Defense Health Program's FY 2022 Direct War request is accounted for in the Defense Health Program base budget:

Direct War Costs (\$251,851K): Direct War costs are those combat or direct combat support costs that will not continue to be expended once combat operations end at major contingency locations.

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FY 2022 Presidents Budget Estimates**

Budget Activity 1, Operation and Maintenance

I. Description of Operations Supported: Provides resources needed to fund the incremental (above baseline) costs to support Operation FREEDOM'S SENTINEL (OFS) in Afghanistan, Operation INHERENT RESOLVE (OIR) in Iraq and the Levant, increasing efforts to support European allies and deter aggression (European Reassurance Initiative), and supporting a partnership-focused approach to counterterrorism. The resource amounts provided are consistent with the Department's force level budgetary assumptions. These incremental funds provide medical and dental services to active forces, mobilized Reserve Components (RC), and their family members in support of these operations. The Defense Health Program (DHP) baseline budget request does not fund the medical and dental support requirements within the Area of Responsibility (AOR). Other DHP operational requirements in support of these operations include: Pre/Post deployment processing for personnel, aeromedical transportation of casualties from Germany to the U.S., and contracted civilian medical personnel to backfill deployed permanent Military Medical Treatment Facility (MTF) staff.

The Defense Health Program's FY 2022 Direct War costs are aligned in the Defense Health Program, Operation and Maintenance base budget and supports the following category:

Direct War Costs (\$251,851K): Direct War costs are those combat or direct combat support costs that will not continue to be expended once combat operations end at major contingency locations.

- **In House Care:**
 - Incremental costs for casualties above the baseline budget
 - Backfill of deployed permanent medical personnel

- **Private Sector Care**
 - Incremental costs to provide medical/dental care for mobilized RC and their family members

- **Consolidated Health Support**
 - Incremental costs for aeromedical transportation of wounded warriors from outside the theater of operations to the United States
 - Backfill of medical staff in Public Health and Bioenvironmental Engineering duty sections to continue MTF and base support functions

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II. Financial Summary:

(\$ in Thousands)			
Total DHP OCO:	FY 2020	FY 2021	FY 2022
	<u>Actuals</u>	<u>Request</u>	<u>Request</u>
	347,535	365,098	0
	<u>FY 2020</u>	<u>FY 2021</u>	<u>FY 2022</u>
OCO for Direct War Costs:			0

A. Subactivity Group – In-House Care:

(\$ in Thousands)			
	FY 2020	FY 2021	FY 2022
	<u>Actuals</u>	<u>Request</u>	<u>Request</u>
	57,248	65,072	0

Narrative Justification: Direct War Costs of \$63,200K is included in the Defense Health Program, Operation and Maintenance, In House Care base budget. Funding directly supports pre/post deployment activities such as medical records reviews, hearing and vision exams, medical evaluations, immunizations and behavioral health screening for all deploying and returning soldiers. Funding also supports backfill of deployed personnel with medical staff to sustain the delivery of patient care in Military Medical Treatment Facilities (MTFs).

Impact if not funded: The Military Medical Treatment Facilities' (MTFs)' primary mission is to provide healthcare to uniformed service personnel. Funding is required to provide medical and dental care for the mobilized forces not funded in the baseline budget. Without this funding, MTFs would have to reduce access to care for non-active duty beneficiaries (retirees and family members) resulting in disengagement of these beneficiaries to the private sector for healthcare services. If funding is not provided to backfill the healthcare positions vacated in the MTFs by deployed medical personnel, components will have to redirect funding from other direct care system requirements to sustain the continuity of healthcare to patients.

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Direct War and Enduring Requirements
FY 2022 President's Budget Estimates**

A. Subactivity Group – Private Sector Care:

FY 2020	FY 2021	FY 2022
<u>Actuals</u>	<u>Request</u>	<u>Request</u>
287,487	296,828	0

Narrative Justification: Direct War Costs of \$188,223K is accounted for in the Defense Health Program, Operation and Maintenance, Private Sector Care base budget. Funding provides Reserve Component (RC) personnel and their family members with healthcare, pharmacy and dental benefits. Mobilized RC personnel and their family members are eligible for medical and dental similar to active duty personnel, including access to private sector care providers through the TRICARE Managed Care Support Contract (MCSC) provider networks. This access to MCSC provider networks also supports those beneficiaries living in remote locations outside the established network areas. TRICARE Reserve Select program, offered to RC members who enroll and share premiums with the government, is not included in this requirement.

Impact if not funded: Providing healthcare to mobilized Reserve Component personnel and their families is congressionally mandated. This is a must-pay bill and the cost will be incurred regardless of the availability of funding. If funding is not provided, lower priority healthcare requirements will be delayed so that funding can be shifted to pay for the healthcare services.

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FY 2022 President's Budget Estimates**

A. Subactivity Group - Consolidated Health Support:

FY 2020	FY 2021	FY 2022
<u>Actuals</u>	<u>Request</u>	<u>Request</u>
2,800	3,198	0

Narrative Justification: Direct War Costs of \$525K are accounted for in the Defense Health Program, Operation and Maintenance, Consolidated Health Support base budget request. Requirements directly support the transportation of wounded warriors by aircraft from outside the theater of operations to the United States, the resupply of medical evacuation equipment, and ground transportation for patients outside of the theater.

Impact if not funded: Aeromedical transport missions would require additional internal funding offsets such as delays in infrastructure improvements and equipment or supply procurement.

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Direct War and Enduring Requirements
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<u>Line</u>	<u>(Dollars in Thousands)</u>	<u>CHANGE</u>			<u>CHANGE</u>			
		<u>FY 2020</u> <u>Actuals</u>	<u>Price</u> <u>Growth</u>	<u>Program</u> <u>Growth</u>	<u>FY 2021</u> <u>Request</u>	<u>Price</u> <u>Growth</u>	<u>Program</u> <u>Growth</u>	<u>FY 2022</u> <u>Request</u>
308.1	Travel of Persons	36	1	853	890	18	(908)	-
399	Total Travel	36	1	853	890	18	(908)	-
411	Army Supply	-	-	-	450	17	(467)	-
417	Local Purch Supplies & Mat	-	-	-	46	1	(47)	-
499	Total Supplies & Materials	-	-	-	496	18	(514)	-
502	Army Fund Equipment	-	-	-	658	25	(683)	-
599	Total Equipment Purchases	-	-	-	658	25	(683)	-
601	Army Industrial Operations	-	-	-	153	-	(153)	-
682	Industrial Mob Capacity	-	-	250	250	5	(255)	-
699	Total DWCF Purchases	-	-	250	403	5	(408)	-
706	AMC Channel Passenger	1,345	27	498	1,870	37	(1,907)	-
771	Commercial Transportation	-	-	-	-	-	-	-
799	Total Transportation	1,345	27	498	1,870	37	(1,907)	-
914	Purchased Communications (Non-Fund)	-	-	-	-	-	-	-
915	Rents (Non-GSA)	-	-	-	-	-	-	-
920.1	Supplies & Materials (Non-Fund)	726	15	(741)	-	-	-	-
924	Pharmaceutical Drugs	36,093	1,408	3,490	40,991	1,599	(42,590)	-
925	Equipment Purchases (Non-Fund)	-	-	-	-	-	-	-

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955 Other Costs (Medical Care)	14	1	269	284	11	(295)	-
984 Equipment Contracts	-	-	-	500	10	(510)	-
986 Medical Care Contracts	309,321	12,064	(2,379)	319,006	12,441	(331,447)	-
999 Total Purchases	346,154	13,486	641	360,781	14,061	(374,842)	-
9999 Total	347,535	13,514	2,242	365,098	-	14,165	(379,263)