

# GAO Highlights

Highlights of [GAO-23-105710](#), a report to congressional committees

## Why GAO Did This Study

For the past decade, DOD has been taking actions to reform its health system. The military health system is a massive enterprise charged with maintaining a medically ready force and ready medical personnel. To achieve this mission, DOD estimated it will provide care to approximately 9.6 million beneficiaries at a cost of more than \$55.8 billion in fiscal year 2023.

The NDAA for Fiscal Year 2022 includes a provision for GAO to study DOD's implementation of statutory requirements for military health system reform. This report examines (1) statutory requirements for reform of the military health system that GAO identified within each NDAA for fiscal years 2012 through 2022, and the extent to which DOD has (2) taken actions to address these requirements for military health system reform and assessed the effectiveness of certain reforms, and (3) monitored actions taken in response to the requirements. GAO analyzed NDAA and DOD documentation, and interviewed DOD senior officials.

## What GAO Recommends

GAO is making four recommendations, including that DOD finalize implementation plans for the transfers of (1) public health and (2) research and development organizations, and establish a process to monitor actions taken to address statutory requirements for the military health system. DOD concurred with each of GAO's recommendations.

View [GAO-23-105710](#). For more information, contact Brenda S. Farrell at (202) 512-3604 or [FarrellB@gao.gov](mailto:FarrellB@gao.gov).

June 2023

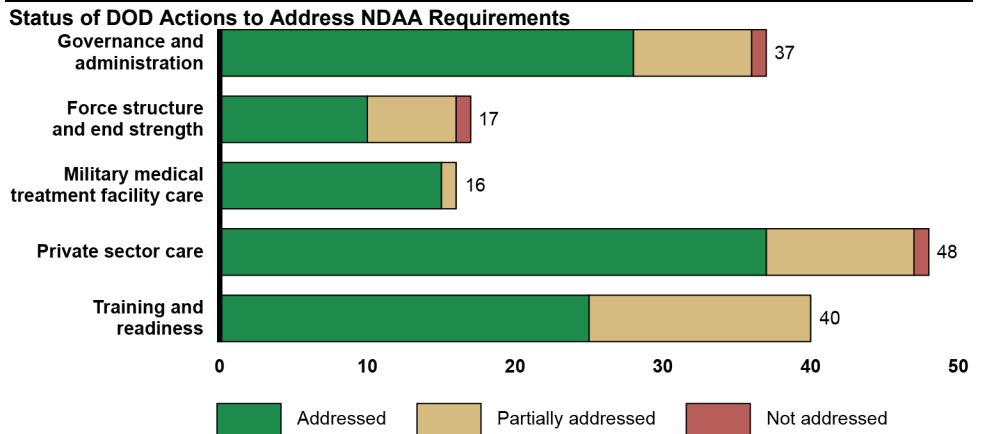
## DEFENSE HEALTH CARE

### Improved Monitoring Could Help Ensure Completion of Mandated Reforms

## What GAO Found

The National Defense Authorization Acts (NDAA) for fiscal year 2012 through 2022 contained 158 requirements—actions required for Department of Defense (DOD) to take—that GAO identified as reforms of the military health system. GAO placed each requirement into one of five reform categories.

DOD completed actions to address the majority (approximately 73 percent) of the requirements across the five categories (see figure).



Source: GAO analysis of Department of Defense (DOD) actions to address National Defense Authorization Acts (NDAA) requirements. | GAO-23-105710

Note: GAO assigned each of the NDAA's 158 requirements to a single category even when a requirement overlapped with another category. Four requirements were not counted because GAO could not determine DOD's past actions for various reasons, such as information posted online for a pilot program that ended.

Many of the requirements DOD addressed were from the NDAA for Fiscal Year 2017. For example, DOD established the TRICARE Select health plan (as required in section 701). Additional work remains for the department to complete actions to address the remaining requirements, which include several significant reforms. For example, GAO found that DOD partially addressed requirements from section 711 of the John S. McCain NDAA for Fiscal Year 2019 to establish public health and research and development organizations within the Defense Health Agency by September 30, 2022. As of April 2023, Defense Health Agency officials stated that the transfer of public health personnel was ongoing as DOD worked to complete Phase I of the transfer. Without finalizing implementation plans with timelines for completion and, although not required, providing them to Congress to improve oversight, DOD could be further delayed in addressing these requirements.

DOD has processes for delegating responsibility for addressing military health system reform requirements and identifying and tracking requirements for reports and briefings to Congress. However, DOD does not have a systematic process to comprehensively monitor actions to address reform requirements. By establishing such a process, DOD could improve oversight of its complex, multi-year reform initiatives, including performance of reforms in relation to the MHS goals of better health, better care, improved readiness, and lower costs.