

**HOUSE CONCURRENT RESOLUTION NO. 17**

(By Delegates Iaquina, Fleischauer, Longstreth, Stephens,  
Walker and Azinger)

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Requesting the Joint Committee on Government and Finance study the recruitment, distribution, and potential barriers of the United States Department of Defense's TRICARE healthcare system among private healthcare practitioners in an effort to increase the overall acceptance of the TRICARE healthcare system by the state's private medical practitioners and to also determine possible methods aimed at avoiding coverage gaps during a transition of an individual to or from a public or private healthcare system to the TRICARE healthcare system.

WHEREAS, The TRICARE healthcare system is a program of the United States Department of Defense's Military Health System through the TRICARE Management Activity; and

WHEREAS, TRICARE provides healthcare benefits in private civilian medical practices to military personnel, military retirees, their dependents, and, in some instances of eligibility, members of the reserve component of the United States Armed Forces; and

WHEREAS, Prior to World War II, health care for military personnel was provided solely in military medical facilities on a first-come-first-served basis; and

1           WHEREAS, Due to the influx of returning military personnel  
2 after World War II, a great demand was placed on the military  
3 medical facilities' resources and system; and

4           WHEREAS, This increased demand caused Congress to pass  
5 legislation in 1956 and 1966 to allow the Secretary of Defense to  
6 contract with civilian health care providers to cover the  
7 healthcare costs of military personnel outside of the military  
8 medical facilities; and

9           WHEREAS, This program became known as the Civilian Health and  
10 Medical Program of the Uniformed Services in 1966 and functioned as  
11 such until the mid-1990s when the system was discontinued in favor  
12 of the newly created region based TRICARE healthcare system to  
13 address the financial burdens and beneficiary dissatisfaction of  
14 the previous program and to accommodate advancements in healthcare  
15 administration; and

16           WHEREAS, TRICARE has since been restructured numerous times to  
17 accommodate for various regional changes and to implement new  
18 benefit package offerings; and

19           WHEREAS, TRICARE features six benefit package options available  
20 for enrollment by eligible military personnel at various costs, if  
21 applicable, to the beneficiary; and

22           WHEREAS, As service members become participants of or leave the  
23 TRICARE healthcare system, coverage gaps may occur leaving the  
24 beneficiary or their dependents vulnerable to expensive healthcare

1 costs that may otherwise be covered by TRICARE or the separate  
2 public or private healthcare system they may be leaving or joining;  
3 and

4       WHEREAS, As TRICARE has few statewide participating private  
5 medical practitioners who accept it as a means of payment, the  
6 state may have policy and financial abilities to encourage these  
7 practitioners to do so; and

8       WHEREAS, West Virginia has historically been home to more  
9 United States Armed Forces service members per capita than any  
10 other state in the nation; and

11       WHEREAS, The State of West Virginia should therefore remain  
12 committed to showing its gratitude of these service members and  
13 their families by continuing its endeavor of developing and  
14 enhancing services directed at providing eligible service members  
15 and veterans with healthcare services; therefore, be it

16       *Resolved by the Legislature of West Virginia:*

17       That the Joint Committee on Government and Finance is hereby  
18 requested to conduct a study of the recruitment, distribution, and  
19 potential barriers of the United States Department of Defense's  
20 TRICARE healthcare system among private healthcare practitioners in  
21 an effort to increase the overall acceptance of the TRICARE  
22 healthcare system by the state's private medical practitioners and  
23 to also determine possible methods aimed at avoiding coverage gaps  
24 during a transition of an individual to or from a public or private

1 healthcare system to the TRICARE healthcare system; and, be it

2       *Further Resolved*, That the Joint Committee on Government and  
3 Finance report to the Legislature, on the first day of the regular  
4 session, 2012 on its findings, conclusions and recommendations  
5 together with drafts of any legislation to effectuate its  
6 recommendations; and, be it,

7       *Further Resolved*, That the expenses necessary to conduct this  
8 study, to prepare a report, and to draft necessary legislation be  
9 paid from legislative appropriations to the Joint Committee on  
10 Government and Finance.