SEC. ___. REMOVAL OF CHRISTIAN SCIENCE PROVIDERS AS AUTHORIZED PROVIDERS UNDER THE TRICARE PROGRAM

(a) REPEAL.—Section 1079(a)(4) of title 10, United States Code, is repealed.

(b) CONFORMING AMENDMENT.—Section 1079(a)(12) of such title is amended, in the first sentence, by striking “, except as authorized in paragraph (4)”.

[Please note: The “Changes to Existing Law” section below sets out in red-line format how the legislative text would amend existing law.]

Section-by-Section Analysis

Section 1079(a) of title 10, United States Code, authorizes the services of Christian Science practitioners and carves out those services as an exception to the requirement that all services covered under the TRICARE program be medically necessary. This creates an inequity in the TRICARE program, as other services that are not medically necessary, including other faith-based healing services, are not covered. Additionally, it diverts resources away from the overall lethality of the Armed Forces.

This proposal would remove Christian Science practitioners as authorized providers, thereby reinforcing the requirement that TRICARE only cover medically necessary services and aligning TRICARE with the health care insurance industry, which by-in-large, does not pay for Christian Science services. While a few insurers cover Christian Science services, the industry has trended towards exclusion of these providers and services as covered medical benefits, as they are neither medically necessary, nor medical in nature.

The authorization of Christian Science practitioners and associated statutory exemption of Christian Science services from the medical necessity requirement was originally enacted because members of the Church of Christ, Science (the Church) were originally instructed to seek the care of Christian Science practitioners in lieu of other clinicians, including physicians. However, the Church has changed its position and no longer prohibits members from seeking traditional medical care, so this statutory exemption is no longer necessary.

Christian Science practitioner services include prayer, recommending certain biblical and Christian Science writings, and answering spiritual questions. The scope of care does not include any form of psychological treatment, including counseling or therapy; utilizing any form of medical technology or treatment, including diagnosis, prognosis, drugs (medicated, herbal, vitamin-based products or remedies); or physical therapy or any form of physical contact or therapeutic measures.

TRICARE recognizes the important place that personal faith has in beneficiaries’ lives; however, this must be balanced with the charge of TRICARE to support a medically ready force, as well as increased efforts to improve the lethality of the Armed Forces, and thus it is incumbent on the program to use taxpayer dollars for care that is medically necessary and supported by reliable evidence, including peer-reviewed clinical trials. In addition, covering faith-based

healing of one faith but not others creates an inherent lack of parity in the TRICARE benefit. This proposal removes outdated legislation that is no longer necessary given that members of the Church are now able to seek traditional medical care. It also restores parity and promotes evidence-based medicine by eliminating Christian Science practitioners as an independent class of provider and the associated exemption of Christian Science services from the requirement in section 1079 that TRICARE-covered services be medically necessary. Christian Science practitioners would not be prohibited from coverage if they were able to meet the requirements of an otherwise authorized TRICARE provider type (for example, a skilled nursing facility).

Budget Implications: This proposal has no significant budgetary impact. Resources impacted are incidental in nature and amount and are included within the Fiscal Year (FY) 2021 President's Budget request. In FY 2018, 53 services were reported as being provided by Christian Science practitioners at a total cost to the TRICARE Program of approximately $3,000. Executing this proposal would lead to no additional administrative costs. As a result, there are minimal cost savings and no expenditures that would result.

Changes to Existing Law: This proposal would make the following changes to section 1079 of title 10, United States Code:

§1079. Contracts for medical care for spouses and children: plans

(a) To assure that medical care is available for dependents, as described in subparagraphs (A), (D), and (I) of section 1072(2) of this title, of members of the uniformed services who are on active duty for a period of more than 30 days, the Secretary of Defense, after consulting with the other administering Secretaries, shall contract, under the authority of this section, for medical care for those persons under such insurance, medical service, or health plans as he considers appropriate. The types of health care authorized under this section shall be the same as those provided under section 1076 of this title, except as follows:

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(4) ~~Under joint regulations to be prescribed by the administering Secretaries, the services of Christian Science practitioners and nurses and services obtained in Christian Science sanatoriums may be provided.~~ Repealed.

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(12) Any service or supply which is not medically or psychologically necessary to prevent, diagnose, or treat a mental or physical illness, injury, or bodily malfunction as assessed or diagnosed by a physician, dentist, clinical psychologist, certified marriage and family therapist, optometrist, podiatrist, certified nurse-midwife, certified nurse practitioner, or certified clinical social worker, as appropriate, may not be provided~~, except as authorized in paragraph (4)~~. Pursuant to an agreement with the Secretary of Health and Human Services and under such regulations as the Secretary of Defense may prescribe, the Secretary of Defense may waive the operation of this paragraph in connection with clinical trials sponsored or approved by the National Institutes of Health if the Secretary of Defense determines that such a waiver will promote access by covered beneficiaries to promising new treatments and contribute to the development of such treatments.

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