OFFICE OF THE UNDER SECRETARY OF WAR
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND
READINESS

The Honorable Roger F. Wicker
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

AUG 1 1 2026

Dear Mr. Chairman:

The Department's response to House Report 119–231, page 203, accompanying H.R. 3838, the Streamlining Procurement for Effective Execution and Delivery and National Defense Authorization Act for Fiscal Year 2026, "Specialty Circuit Rider Assessment," is enclosed.

Thank you for your continued strong support for the health and well-being of our Service members and their families. I am sending a similar letter to the House Armed Services Committee.

Sincerely,

[redacted]

Sean O'Keefe
Deputy Under Secretary of War for Personnel
and Readiness

Enclosure:
As stated

cc:
The Honorable Jack Reed
Ranking Member

OFFICE OF THE UNDER SECRETARY OF WAR
4000 DEFENSE PENTAGON
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PERSONNEL AND
READINESS

The Honorable Mike D. Rogers
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

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cc:
The Honorable Adam Smith
Ranking Member

Report to the Committees on Armed Services of the Senate and the House of Representatives

Specialty Circuit Rider Assessment

August 2026

The estimated cost of this report or study for the Department of War (DoW) is approximately $2,100 in Fiscal Year 2026. This includes $0 in expenses and $2,000 in DoW labor.
Generated on 2026Ap15 RefID: (9-2A45D76)

INTRODUCTION

This report is in response to House Report 119–231, page 203, accompanying H.R. 3838, the Streamlining Procurement for Effective Execution and Delivery and National Defense Authorization Act for Fiscal Year 2026, "Specialty Circuit Rider Assessment." The committee requested the following information:

> (1) which military installations in the continental United States have benefitted from the program, what specialties have been made available, and since when;
> (2) the estimated number of servicemembers and dependents who have benefitted from this program in installations in the continental United States;
> (3) which military bases in the outside the continental United States have benefitted from the program, what specialties have been made available, and since when;
> (4) the estimated number of servicemembers and dependents who have benefitted from this program in installations outside of the continental United States;
> (5) what practices by the Department have been successful in administering the program;
> (6) has the Department considered extending telehealth as an option to expand access to specialists;
> (7) has the Department considered establishing private-sector partnerships to improve this program;
> (8) has the Department measured impacts on access to readiness as a result of this program;
> (9) has the Department measured time and costs saved to beneficiaries as a result of this program; and
> (10) any additional information the Secretary deems appropriate.

(1) Which military installations in the continental United States have benefitted from the program, what specialties have been made available, and since when.

There is no formal specialty care circuit rider program at the enterprise level. However, many Defense Health Networks (DHNs) and military medical treatment facilities (MTFs) have established local circuit rider programs through existing service relationships, partnerships and specialty care champions.

The following installations/MTFs in the continental United States acknowledged benefitting from local specialty circuit rider programs; timelines ranged between 1-10 years:

- DHN National Capital Region
- Lackland Air Force Base (AFB) and satellite clinics
- Fort Sam Houston and associated Brooke Army Medical Center satellite clinics
- Randolph AFB
- Laughlin AFB

- Fort Cavazos
- Fort Sill
- Fort Bliss
- Little Rock AFB
- Shepperd AFB
- Dyess AFB
- Holloman AFB
- Tinker AFB
- Vance AFB
- Barksdale AFB
- Goodfellow AFB
- Altus AFB
- Joint Base Elmendorf-Richardson (JBER)
- Fort Wainwright Army Base
- Eielson AFB, Fort Greely Base
- Clear Space Force Station
- Cannon AFB
- Kirtland AFB
- Holloman AFB
- Malmstrom AFB
- Fairchild AFB
- Francis E. Warren AFB
- McConnell AFB
- Minot AFB
- Naval Medical Center San Diego
- Eisenhower Army Medical Center
- William Beaumont Army Medical Center
- West Point, Carlisle Barracks
- Naval Medical Center Portsmouth
- Madigan Army Medical Center
- Great Lakes, Georgia
- Naval Health Clinic (NHC) Quantico
- NHC Annapolis
- Naval Branch Health Clinic (NBHC) Bancroft Hall
- NBHC Navy Yard
- Coast Guard Headquarters Health Clinic
- NHC Patuxent River
- NBHC Indian Head
- Barquist Army Health Clinic
- DiLorenzo Clinic (Pentagon)
- Alexander T. Augusta Military Medical Center
- 27th Special Operations Medical Group – Cannon AFB
- 30th Medical Group – Vandenberg Space Force Base (SFB)
- 412th Medical Group – Edwards AFB

- 20th Medical Group – Shaw AFB Offutt AFB (MTF unspecified)
- Mountain Home AFB (MTF unspecified)
- Eglin AFB (MTF unspecified)
- 10th Medical Group – U.S. Air Force Academy
- 21st Medical Group – Peterson SFB
- 72nd Medical Group – Tinker AFB, Naval Station Everett
- Naval Air Station Whidbey Island
- Spokane and Tri-Cities regions of Washington State, Madigan Army Medical Center

The following specialty care was provided from specialty care circuit rider programs:

- Mental health (children, adolescents, and adult dependents)
- Otolaryngology (ENT)
- Pulmonology
- Physician Assistant - Primary Care
- Neurology
- Women's Health
- Ophthalmology
- Orthopedics
- Urology
- Physical Therapy
- Developmental Pediatrics
- Endocrinology
- Child & Adolescent Psychiatry
- Dermatology
- Pediatric Developmental Behavioral Health
- Child & Adolescent Psychiatry
- Rheumatology
- Play Therapy
- Pediatric
- Medical Laboratory
- Pulmonology

(2) The estimated number of servicemembers and dependents who have benefitted from this program in installations in the continental United States.

Service members and their family members have benefitted from this program throughout the last decade. See a sample of specifics below:

- DHN Central reported the following:
  - Joint Base San Antonio-Lackland Developmental-Behavioral Family Readiness Center (DBFRC) hub completed 537 patient encounters, over 3,000 care coordination visits, and telephone consultations in 2024. A similar number of visits is projected in 2025.

- Kadena DBFRC supported 615 Exceptional Family Member Program (EFMP) families through patient care and consultation and provided 2,000 Developmental-Behavioral Pediatrics, Child Psychology/Licensed Clinical Social Work, Child and Adult Psychiatry, and Play Project Consultant encounters in-person or via telehealth in 2024.

- JBER DBFRC supported 617 EFMP families of which, 526 through direct care, 91 through primary care consultation. JBER also performed 1,276 provider appointments and 205 nurse case management appointments in-person or via telehealth in 2024.

- DHN National Capital Region reported since 2023 >3,000 beneficiaries supported collectively among all Medicine specialties, 900 beneficiaries supported with general surgery services, 1,500 active duty Service members supported in 2025 with audiology services, 1,000 active duty Service members supported in 2025 with hearing conservation services.

- DHN Continental mainly supported Air Force and Space Force bases at Cannon AFB in October 2023 with deployment of rotating specialists to underserve military installations to improve access to care. As of December 2024, the program continues at Cannon with expansions into rheumatology and tele-audiology. Estimates are based on self-reported data through December 2024, with projections for 2025. Comprehensive counts are challenging due to overlaps with similar programs. As of December 2024, Cannon AFB reported 160 patients (about 130 families) served since inception. Total estimated beneficiaries (appointments as proxy) from October 2023 through 2025: 10,500–12,500, including Service members and dependents. This assumes an average of 5.5 patients per in-person day and maximum virtual capacity.

(3) Which military bases in the outside the continental United States have benefitted from the program, what specialties have been made available, and since when.

The following bases/MTFs outside the continental United States acknowledged benefitting from local specialty circuit rider programs; timelines ranged between 5-10 years:

- Landstuhl Regional Medical Center
- Naval Hospital Sigonella
- Naval Hospital Rota, Aviano Air Base
- Tripler Army Medical Center, Puerto Rico
- Naval Hospital Guam
- Naval Hospital Okinawa
- Naval Hospital Bahrain
- Vicenza Army Health Clinic
- Grafenwoehr Army Health Clinic
- Vilseck Army Health Clinic
- Wiesbaden Army Health Clinic
- Stuttgart Army Health Clinic

- Ansbach Army Health Clinic
- 52nd Medical Group – Spangdahlem Air Base
- 39th Medical Group – Incirlik Air Base
- Hohenfels Army Health Clinic
- Brussels Army Health Clinic
- 48th Medical Group – RAF Lakenheath
- Branch Health Clinic Capodichino

The following specialty care was provided from specialty care circuit rider programs:

- Transplant Evaluation
- Sleep Medicine
- Mental health (children, adolescents, and adult dependents)
- Otolaryngology (ENT)
- Flight Medicine
- Urology
- Physical Therapy
- Pain Management
- Orthopedics
- Allergy
- Endocrinology
- Neurology
- Oncology / Hematology General Surgery
- Rheumatology
- Dermatology
- Infectious Disease
- Podiatry
- Otolaryngology Physical Medicine and Rehabilitation
- Plastic or Vascular Surgery
- Behavioral Health
- Pulmonary Pediatric Behavioral Health
- Pediatric Neurology
- Cardiology
- Gastroenterology

(4) The estimated number of servicemembers and dependents who have benefitted from this program in installations outside of the continental United States.

Service members and their family members have benefitted from this program throughout the last decade. See a sample of specifics below:

- Naval Hospital Rota supported Naval Hospital Naples and Naval Hospital Sigonella with dermatology services with 570-760 beneficiaries served per year.

- Naval Hospital Naples and Naval Hospital Sigonella received 437 virtual or face to face urology encounters.

- Naval Hospital Rota performed 1193 urology clinic encounters in 2025 compared to 1,133 in 2024.

- Landstuhl Regional Medical Center supported the following virtually:

  - Pain Management – 588 encounters
  - Orthopedics – 379 encounters
  - Otolaryngology – 297 encounters
  - Allergy – 269 encounters
  - Endocrinology – 230 encounters
  - Neurology – 127 encounters
  - Oncology / Hematology –103 encounters
  - General Surgery – 91 encounters
  - Rheumatology – 85 encounters
  - Dermatology –75 encounters
  - Infectious Disease – 68 encounters
  - Podiatry – 60 encounters
  - Otolaryngology – 38 encounters
  - Physical Medicine & Rehabilitation – 33 encounters
  - Plastic or Vascular Surgery – 13 encounters
  - Mental Health – 8 encounters
  - Pulmonary – 7 encounters
  - Pediatric Mental Health – 4 encounters
  - Pediatric Neurology – 3 encounters
  - Cardiology – 1 encounter
  - Gastroenterology – 1 encounter

(5) What practices by the Department have been successful in administering the program.

DHNs and MTFs provided the following feedback:

- Holding MTFs accountable through formalized agreements ensures consistent workload capture.

- Reviewing data and using formal means to track requests (e.g., manning assists, pop-offs) before approving circuit rider requests to prevent overlap. Formal tracking also ensures MTFs exhaust alternatives before requesting a circuit rider.

- Requesting reports to improve data accuracy.

- Analyzing historical reimbursements to establish baselines in MTF Statements of Operations for sustainability.

- Coordinating among service line leadership, assigning dedicated points of contact for remote referrals, using nurse case managers for higher-acuity patients, coordinating across pediatric subspecialties to consolidate visits, and leveraging telehealth to support continuity of care.

- Sharing responsibility, effectively communicating between sites (communication between providers, administrative staff and information technology staff), understanding how the network operates, maintaining historical knowledge of outcomes without circuit riding, reassessing resources and needs across the networks and having a clear understanding of demand and capacity across the networks.

(6) Has the Department considered extending telehealth as an option to expand access to specialists.

Yes, the Department is exploring ways to expand telehealth or virtual health to not only specialists but also to inpatient consultative services. As we work to improve capabilities and capacity, DHA's goal is to expand virtual capabilities throughout the enterprise. Expanding on the virtual medicine infrastructure that is currently in place, we are examining ways to reduce barriers to providing virtual care and encouraging the sharing of virtual medicine resources to obviate the need for "agreements" between facilities. Moreover, the Department is developing a multi-modal strategy to improve patient access across the care spectrum in a timely fashion, initially focusing on primary care but with the goal of expanding to specialists and inpatient capabilities soon thereafter.

(7) Has the Department considered establishing private-sector partnerships to improve this program.

Yes. Relationships with private sector partners are solidified through the TRICARE Health Plan.

(8) Has the Department measured impacts on access to readiness as a result of this program.

No. No measurements have been conducted to date.

(9) Has the Department measured time and costs saved to beneficiaries as a result of this program.

No. No comprehensive measurements have been conducted on time or cost savings to beneficiaries to date. However, examples were provided. DHN Central reported in 2024 Kadena DBFRC saved an estimated $1.02M on patient travel expenses based on 204 cases and JBER DBFRC saved an estimated $1.135M on patient travel expenses based on 464 cases. Based on these examples alone, savings in overseas patient travel expenses are expected to range in the tens of millions, if not more.

Not only can we anticipate cost savings in the patient travel budget, but the Agency can also estimate a decrease in warfighter recovery time which is directly linked to DHA's Line of

Effort 1: Deliver Warfighter Medical Readiness. When specialists visit the warfighter, increasing the access to specialty care, it can be expected that the warfighter can return to duty faster than without that access. The ease of access to care also increases the patient experience which is directly linked to DHA's Line of Effort 4: Deliver the Healthcare Enterprise Beneficiaries Deserve. In addition, the knowledge, skills and abilities of that specialist will increase, which is directly linked to DHA's Line of Effort 2: Deliver Medical Warrior Currency. Increased readiness of the warfighter and the medical warrior are both priorities of the Department.

(10) Any additional information the Secretary deems appropriate.

Nothing additional to report.