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Defense Health Primer: U.S. Coast Guard Health Services

Established in 1790, the U.S. Coast Guard (USCG) is a military service in the Department of Homeland Security (DHS) and a branch of the armed forces of the United States. The role of USCG is to provide security, maritime safety, and environmental stewardship on the high seas and in the ports, inland waterways, and maritime economic zones of the United States. To support these tasks, 14 U.S.C. §504 authorizes USCG to administer a Health Services program to sustain the medical readiness of approximately 47,000 active duty and reserve servicemembers of the Coast Guard. The USCG program also collaborates with the Military Health System (MHS) of the Department of Defense (DOD) to offer health care services to 9.6 million beneficiaries eligible for TRICARE.

Mission

The USCG Health, Safety, and Work-Life (HSWL) Directorate (CG-11) administers the USCG health services program; it:

- provides health care to active duty and reserve servicemembers supporting USCG missions;
- “ensure[s] the medical and dental readiness” of servicemembers for “world-wide deployment;” and
- ensures the availability of quality, cost-effective health care for all eligible Coast Guard beneficiaries (i.e., active and reserve servicemembers, retirees, and family members).

Organization

The CG-11 Director is typically a U.S. Public Health Service (USPHS) Flag officer (O-8) assigned to USCG Headquarters and serves as the chief medical advisor (i.e., Surgeon General) to the USCG Commandant. The CG-11 Director also works under the immediate supervision of the Assistant Commandant for Human Resources, who reports to the Deputy Commandant for Mission Support.

The CG-11 Director delegates day-to-day oversight and administration of the program to the Chief of Health Services, who also functions as the Deputy Surgeon General of the Coast Guard. The HSWL Service Center administers the various health programs under its purview, which include 14 Regional Practice offices that provide technical assistance and administrative oversight for all USCG clinics, and shipboard medical assets.

Budget

Most USCG health-related spending is organized into several *Program, Project, and Activity* categories of the Coast Guard’s Operations and Support account in the annual DHS appropriation. The fiscal year (FY) 2021 USCG budget includes requests for \$696.3 million in discretionary funds for health-related spending and \$230.6 million in mandatory funds that pay for USCG retiree

health care. These funds are separate from DOD’s Defense Health Program account that funds the MHS.

USCG Health Services Personnel

A variety of medical professionals staff the USCG Health Services program, including physicians, dentists, advanced practice providers, nurses, corpsmen, and administrators. In FY2017, 1,360 personnel were assigned to the USCG Health Services program. This included a mix of USCG officers and enlisted servicemembers (64%), USPHS officers (21%), civil servants (5%), and contractors (10%).

USPHS Support to USCG

USPHS has historically provided health care support to USCG, originally through its now-decommissioned *Marine Hospital Service*. Unlike other military services, USPHS comprises a notable portion of USCG’s overall medical force. By law (42 U.S.C. §253), USCG is entitled to USPHS support for “medical, surgical, and dental treatment and hospitalization.” A 1990 Memorandum of Understanding (MOU) formalizes this medical support relationship, which assigns USPHS officers to fill certain USCG personnel requirements on a reimbursable-basis. USPHS officers may be assigned to a clinic or a ship and can deploy with certain USCG units.

USCG Health Services

USCG offers a limited range of outpatient medical and dental care (e.g., primary care; occupational health; flight medicine; optometry; mental health; physical therapy; dentistry; and basic laboratory, radiology, and pharmacy services). USCG delivers these health care services in fixed U.S. health care facilities, ships, and certain deployed environments. USCG operates 43 shore-based outpatient clinics in the United States (see **Figure 1**) and no inpatient facilities. The clinics function similarly to DOD’s military treatment facilities (MTFs).

Figure 1. USCG Shore-Based Clinics



Source: CRS graphic based on data provided by USCG officials, August 2020.

Additionally, most USCG ships are equipped with a *sickbay* staffed with at least one health care provider. Shipboard health services are generally limited to primary care and first-responder care; however, some ships may be equipped and staffed to conduct certain emergency surgical procedures. Typically, when a patient’s medical needs exceed the medical capabilities of a USCG clinic or sickbay, they can be referred or medically evacuated to a DOD MTF or civilian medical facility participating in TRICARE. Approximately 60% of all active duty USCG servicemembers obtain their health care primarily at a USCG clinic, while others (including Coast Guard retirees and family members) receive their health care at a DOD MTF or TRICARE provider.

Interaction with TRICARE

Chapter 55 of Title 10, U.S. Code, entitles all active duty members, retirees, and family members of the uniformed services (including USCG) to the benefits offered by the TRICARE program, including care in DOD MTFs. Section 506 of Title 14, U.S. Code, requires DHS to reimburse DOD for MTF care provided to Coast Guard beneficiaries. Non-USCG beneficiaries may receive primary care in USCG clinics under certain conditions established by the HSWL Service Center and on a space-available basis. In general, USCG health services policies on quality and access to care mirror or defer to DOD’s policies.

Current Challenges

There are a number of perceived challenges facing the USCG Health Services program, many of which have attracted congressional attention and ongoing oversight.

Electronic Health Record Modernization

In 2010, USCG launched efforts to implement an Integrated Health Information System (IHIS) to replace its legacy electronic health record (EHR) systems. Prior to this initiative, USCG utilized DOD’s legacy EHR system (i.e., *Composite Health Care System*) and experienced limited interoperability with DOD and Department of Veterans Affairs (VA) health record systems. In September 2010, USCG awarded a \$14 million contract to Epic Systems Corporation to implement a commercial-off-the-shelf EHR. In September 2015, USCG cancelled its contract after spending approximately \$60 million and citing certain “financial, technical, schedule, and personnel risks.” Since then, USCG has used a paper medical record system. A 2018 Government Accountability Office (GAO) evaluation noted that USCG “could not demonstrate effective project management, lacked governance mechanisms, and did not document lessons learned for the IHIS project.” In April 2018, USCG announced its decision to implement DOD’s newly acquired EHR system, MHS Genesis. The new EHR system is to be deployed in USCG clinics in various waves, beginning in the western-half of the United States, and is scheduled to be complete in June 2024.

USPHS Support to USCG

USPHS support is not exclusive to USCG. With a total of approximately 6,100 officers, USPHS supports a number of other federal agencies (e.g., Indian Health Service, Bureau of Prisons, U.S. Centers for Disease Control and Prevention). A recent Department of Health and Human

Services assessment of USPHS found that there is increased demand for personnel to support federal agencies and public health deployments (e.g., U.S. Border Operations or domestic disaster relief). Under the 1990 MOU, USCG is responsible for notifying USPHS of its personnel requirements; while USPHS is to “attempt to provide the special professional categories, grades, and numbers requested by the Commandant” and exclude personnel detailed to USCG from force reduction actions. Though USPHS anticipates increases in its active duty and newly established reserve corps through 2024, USCG may require alternative staffing options if USPHS is unable to meet increasing demand to support other federal agencies.

Disability Evaluation System

USCG utilizes a legacy Disability Evaluation System (DES) process to evaluate a servicemember’s fitness for duty and make a determination on retention or separation from military service. Prior to 2012, DOD also used this process, which the GAO found to have long delays, duplicate DOD and VA processes, and confuse servicemembers. The FY2010 National Defense Authorization Act (P.L. 110-181 §1644) directed DOD to conduct a pilot program that streamlined the DES and integrated certain VA processes to evaluate and assign a disability rating for potential health or compensation benefits. DOD later implemented this new process, called the Integrated Disability Evaluation System (IDES). In March 2020, USCG began a five-site pilot program to replace its legacy DES with IDES. USCG has not yet announced its strategy or timeline to implement IDES across all installations.

Relevant Statutes, Regulations, and Policies

Chapter 55, Title 10, U.S. Code
Sections 504 and 948, Title 14, U.S. Code
Section 253, Title 42, U.S. Code
Part 199, Title 32, Code of Federal Regulations
Part 31, Title 42, Code of Federal Regulations
USCG Commandant Instruction M6000.1F, *Coast Guard Medical Manual*, June 2018
USCG Commandant Instruction M1850.2D, *Physical Disability Evaluation System*, May 19, 2006

CRS Products

CRS In Focus IF10530, *Defense Primer: Military Health System*, by Bryce H. P. Mendez

Other Resources

GAO, *Coast Guard Health Records: Timely Acquisition of New System is Critical to Overcoming Challenges with Paper Process*, GAO-18-59, January 24, 2018
HHS, *The USPHS Commissioned Corps: America’s Health Responders*, Presentation by Admiral Brett P. Giroir, Assistant Secretary for Health, to the Association of Military Surgeons of the United States Annual Meeting, December 4, 2019

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