



Lt. Gen. Dana Atkins  
USAF (Ret)  
President and CEO



## Making Mental Health Care Affordable for TRICARE Beneficiaries

**Background: TRICARE Mental Health Copay Increases.** TRICARE copayments for mental health visits more than doubled from 2017 to 2018 and continue to rise. The TRICARE Prime retiree copay now stands at \$33, nearly triple the \$12 copay in 2017. TRICARE Select copays for mental health visits are even higher – \$38 for most active duty families and \$50 for most retirees. (see Figure 1 on reverse)

Military families, retirees and their families, and survivors deserve a high quality, comprehensive health care benefit, yet TRICARE beneficiaries pay far more for mental health care than those covered by commercial plans. One example: The average mental health copay for Federal Employee Health Benefits Program plans is \$20, considerably lower than TRICARE mental health copays ranging from \$28 to \$38 for active duty families on Select and \$33 to \$50 for retirees and their families. (see Figure 2 on reverse)

Because mental health treatment typically requires multiple visits, the cumulative impact of TRICARE’s mental health copay increases creates a potential barrier to access, particularly for retirees and their families who face the highest out-of-pocket costs. DoD has made great effort to reduce the stigma associated with seeking mental health care, but these advances are undermined by cost-prohibitive copays.

### HOW DID THIS HAPPEN?

Copay increases are the result of military health system (MHS) reforms directed by Congress via the FY 2017 National Defense Authorization Act (NDAA). The legislation did not directly address mental health care costs, but in implementing the reforms, TRICARE officials categorized mental health as specialty care – leading to skyrocketing mental health copays.

Military families now pay as much for a 45-minute counseling session as they pay for a lengthy new

patient appointment with a neurosurgeon. This is out of step with commercial plans and not aligned with congressional intent for MHS reform.

### TRICARE COPAYS EXACERBATE ACCESS CHALLENGES DURING A MENTAL HEALTH CRISIS

The U.S. is facing a mental health crisis, and the statistics are alarming. The share of adults reporting symptoms of anxiety and/or depressive disorder jumped from 11% in 2019 to 41% in 2021, according to a [Kaiser Family Foundation report](#). Drug overdose deaths in the U.S. topped 100,000 in [2021](#), a 41% increase versus [2019](#), according to the Centers for Disease Control and Prevention (CDC). And a [National Institutes for Health \(NIH\) report](#) found 51% more adolescent girls visited emergency departments for suspected suicide attempts in February and March 2021 than over the same period in 2019.

Military families are not immune to the factors driving this mental health crisis, including the COVID-19 pandemic and the harmful effects of social media. The recent invasion of Ukraine and the short-notice deployments of U.S. servicemembers to Europe are stark reminders of the additional stressors and uncertainties faced by our military community.

Mental health care is critically important for military families, but access is a challenge across the entire health care system. Surging demand coupled with a national mental health provider shortage means many families have difficulty finding appropriate care. TRICARE copay increases have created an additional barrier to access for military families, a barrier Congress can fix.

### THE SOLUTION: THE STOP COPAY OVERPAY ACT

The Stop Copay Overpay Act (H.R. 4824) is a commonsense solution. If enacted, the bill would reduce TRICARE mental health copays by capping them

### Congress:

Support H.R. 4824, The Stop Copay Overpay Act, to reduce TRICARE copayments for mental health visits

### MOAA Contact

**Karen Ruedisueli**  
Director,  
Health Affairs  
legis@moaa.org  
(703) 549-2311



at the level paid for primary care visits. It would not cut mental health provider reimbursements, instead shifting part of the cost of mental health care from military families back to DoD.

Costs associated with a TRICARE mental health copay reduction should not come at the expense of those who've earned their benefits: MOAA opposes funding this expansion by raising TRICARE fees or cutting other uniformed services programs.

**IN ADDITION TO RISING COPAY COSTS, THE NETWORKS AND PROVIDERS ARE SUFFERING**

MOAA is particularly concerned about the well-being and resilience of our uniformed medical providers.

Escalating challenges from COVID-19 have strained the U.S. health care system. A [study](#) published in the December 2021 issue of Mayo Clinic Proceedings found nearly 1 in 3 physicians and nurses reported a clear intention to reduce work hours. Nearly 2 in 5 nurses and 1 in 5 physicians intend to leave their practice altogether. Experts fear an impending national health care workforce crisis related to provider stress and burnout.

The military health system has also felt the strain of COVID-19. Thousands of uniformed medical providers, including [military personnel](#) and [U.S. Public Health Service Commissioned Corps](#) officers, have deployed to support overwhelmed civilian hospitals. These sustained challenges present a risk to the readiness and well-being of those serving in this critical specialty.

Uniformed medical providers must have the proper support and resources to maintain readiness given the persistent and evolving challenges presented by COVID-19.

Continued congressional oversight of MHS reforms, including restructuring and rightsizing of military hospitals and clinics, is also crucial. Plans to shift care to the TRICARE network or replace uniformed providers with contract positions must be put on hold until civilian health care capacity can be more reliably assessed. We also must ensure the MHS maintains surge capacity to fulfill the national crisis response mission without compromising beneficiary access to essential medical care.

Figure 1

**TRICARE COPAYS: MENTAL HEALTH OUTPATIENT VISITS**

Beneficiary costs for mental health outpatient visits have more than doubled since 2017.

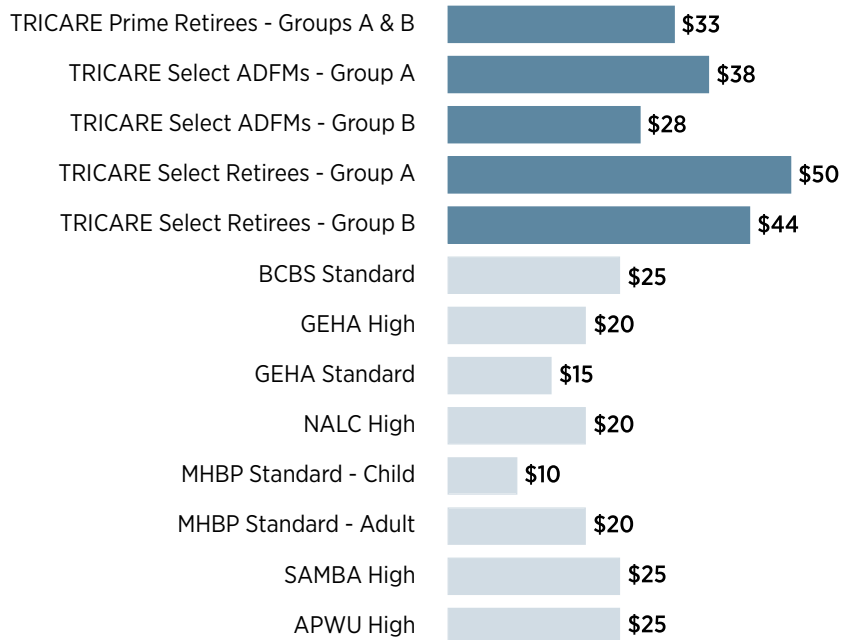
	2017	2018	% Increase 2017-18	2022
<b>TRICARE Prime - Retired</b>	\$12	\$30	+150%	\$33
<b>TRICARE Standard/Select - Active Duty Family Members (ADFM)</b>	\$15	\$31	+107%	\$38
<b>TRICARE Standard/Select - Retired</b>	\$20	\$41	+105%	\$50

Note: Cost sharing provided for Group A/Grandfathered beneficiaries; TRICARE Standard Cost Share in 2017 was 15% for active duty family members, 20% for retirees; 2017 cost share estimate based on an estimated average TRICARE allowed amount of \$100 for mental health visits.

Figure 2

**MENTAL HEALTH COPAYS: TRICARE VS. FEHBP**

TRICARE beneficiaries pay more per visit for mental health services than federal employees using the Federal Employee Health Benefits Program (FEHBP).



Note: Average FEHB mental health copay = \$20; Active duty families on TRICARE Prime have no copay for mental health visits; Group A = Sponsor entered service before Jan. 1, 2018; Group B = Sponsor entered service on or after Jan. 1, 2018.

SOURCES: TRICARE.MIL; FEHBP PLAN BROCHURES (CALENDAR YEAR 2022)

GRAPHICS BY NICOLE CROSS/MOAA