



April 22, 2024

The Honorable Lloyd Austin  
Secretary  
Department of Defense  
1000 Defense Pentagon  
Washington, DC 20301

Lt. Gen. Telita Crosland  
Director, Defense Health Agency  
Department of Defense  
7700 Arlington Boulevard, Suite 5101  
Falls Church, Virginia 22042

RE: Defense Health Care: DOD Assessment Needed to Ensure TRICARE Behavioral Health Coverage Goals Are Being Met (GAO-24-106597)

Dear Secretary Austin and Lt Gen. Crosland:

NAMI, the National Alliance on Mental Illness, is the nation's largest grassroots mental health organization and is dedicated to building better lives for people affected by mental illness, including our nation's military service members and veterans. We know that access to mental health care is essential for people to successfully manage their mental health condition, get on a path of recovery, and live healthy, fulfilling lives. We appreciate DOD's efforts to improve behavioral health coverage in TRICARE.

We write to express our support for the recommendations proposed by the Government Accountability Office (GAO) in GAO-24-106597, *Defense Health Care: DOD Assessment Needed to Ensure TRICARE Behavioral Health Coverage Goals Are Being Met*. Service member and veteran health care is a public trust and a national responsibility. Ensuring these individuals and their families have timely access to high-quality mental health care is imperative to support military readiness and to improve quality of life after service. We believe the recommendations to periodically assess, and document assessments of, progress toward meeting the DHA's behavioral health coverage goals and address any inconsistencies are appropriate. We strongly encourage the DOD to implement these recommendations expeditiously.

Service members and their families have unique behavioral health care service needs. Service members are at elevated risk for a range of mental health conditions<sup>i</sup>, and families may experience mental health needs relating to frequent moves, prolonged separation during the deployment of a spouse or parent, and exposure to returning service members who themselves have been affected by the trauma of combat deployment<sup>ii</sup>. These circumstances may create challenges to accessing care in ways that the civilian population does not experience. There is well-documented underuse of mental health service utilization among service members<sup>iii</sup>, while barriers to mental health care services exist among military spouses<sup>iv</sup> and TRICARE-covered children<sup>v</sup>.

The U.S. depends on a healthy force for national security, and the mental health of service members affects organizational productivity and effectiveness<sup>vi</sup>. When left untreated, mental health conditions may have harmful consequences on the military and its service members' families, including decreasing military retention and accession, readiness, and mission capability. This translates into fewer mission-ready service members and may jeopardize the odds of success in conflicts. It may also discourage help-seeking when members complete their service and transition to civilian life.

We are grateful that the TRICARE program, serving millions of active duty service members, retired service members, and their families, has sought in recent years to improve TRICARE's behavioral health coverage through the 2016 final rule, *TRICARE; Mental Health and Substance Use Disorder Treatment*<sup>vii</sup>. This expansion of coverage, including coverage for new services, the removal of certain coverage limits, and greater cost-sharing alignment between behavioral health and medical/surgical services has helped make TRICARE's coverage of behavioral health services more consistent with its coverage for medical/surgical services. This work also brings TRICARE more in line with recent efforts to strengthen access to behavioral health in other forms of coverage<sup>viii</sup>.

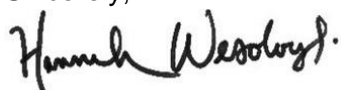
In GAO-24-106597, the first comprehensive review of these improvement efforts since 2016, GAO identified TRICARE authorization requirements and coverage limits for behavioral health services that are inconsistent limits on medical and surgical services. Such inequities are problematic and not consistent with DHA's program goals to improve TRICARE behavioral health coverage. In particular, prior authorization requirements for inpatient behavioral health services and coverage limits for residential treatment to individuals over age 21 may hinder beneficiaries' access to critical mental health services. NAMI is concerned that these barriers, if left unaddressed, could increase health risks and poor outcomes for TRICARE beneficiaries.

People with mental health conditions — just like people with any medical condition — need a range of care options from outpatient services to hospital care. We know through prior GAO findings that use of prior authorization is less likely to be granted for mental health hospital stays compared with medical and surgical hospital stays<sup>ix</sup>, and is also associated with increases in emergency room visits<sup>x</sup>. Unfortunately, emergency departments are common places for individuals lacking inpatient or residential treatment options and are not equipped to help people with severe mental health needs. Instead, people are often released in crisis — leaving them to deal with their illness on their own. Sadly, we know what happens when individuals do not get the treatment they need, they can end up in jail or on the streets — with worse long-term outcomes and greater pain for their families. This may also have a chilling effect on seeking care, reinforcing stigma around mental illness and seeking mental health treatment.

For these reasons, NAMI strongly supports GAO recommendation to periodically assess progress toward meeting the DHA’s behavioral health coverage goals and address any inconsistencies. We also agree with the recommendation to improve the documentation process to maintain institutional knowledge and expedite future assessments. Lastly, we note that the GAO’s review focuses on coverage requirements for TRICARE Prime and TRICARE Select — two coverage options that cover about 70 percent of all TRICARE beneficiaries. Because TRICARE offers a variety of plan options, we further encourage DOD to review all forms of TRICARE coverage in addition to Prime and Select to better understand the behavioral health benefits of the remaining 30 percent of TRICARE beneficiaries not covered by the GAO report. Altogether, we believe these practices will enhance TRICARE coverage and much-needed access to mental health care.

NAMI is grateful for the DOD’s tireless work to strengthen the TRICARE program. We strongly urge you to implement the GAO’s recommendations and stand ready to support you as you carry out this work. We thank you for your leadership in improving TRICARE’s behavioral health coverage, which will enable DOD to continue providing necessary mental health supports to help those who have serve our nation. If you have any questions or would like to discuss further, please do not hesitate to contact Jennifer Snow, NAMI National Director of Government Relations and Policy at [jsnow@nami.org](mailto:jsnow@nami.org).

Sincerely,

A handwritten signature in black ink that reads "Hannah Wesolowski". The signature is written in a cursive, flowing style.

Hannah Wesolowski  
Chief Advocacy Officer  
NAMI

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- i [In-Theater Mental Health Disorders Among U.S. Soldiers Deployed Between 2008 and 2013 | Health.mil](#)
  - ii [The Demographics of Military Children and Families on JSTOR](#)
  - iii [A systematic review of help-seeking and mental health service utilization among military service members - ScienceDirect](#)
  - iv [Perceived barriers to mental healthcare among spouses of military service members. \(apa.org\)](#)
  - v [Access to Health Care Among TRICARE-Covered Children - PMC \(nih.gov\)](#)
  - vi [https://www.sciencedirect.com/science/article/abs/pii/S0895435606002137](#)
  - vii [Federal Register :: TRICARE; Mental Health and Substance Use Disorder Treatment](#)
  - viii [Federal Register :: Requirements Related to the Mental Health Parity and Addiction Equity Act](#)
  - ix [GAO-22-104597, Mental Health Care: Access Challenges for Covered Consumers and Relevant Federal Efforts](#)
  - x [Association Between Prior Authorization for Medications and Health Service Use by Medicaid Patients With Bipolar Disorder | Psychiatric Services \(psychiatryonline.org\)](#)