Blue Star Families

Military Family Lifestyle Survey

Health Care Access

Comprehensive Report | 2024

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Health care access remains a key issue for military families; the proportion of active-duty families who report "health care access" as a top concern has more than doubled from 2020 to 2024.

With a decreasing network of civilian providers accepting TRICARE and a lack of availability at military treatment facilities,[1] military families continue encountering challenges in accessing health care, particularly mental health care. High-quality health care benefits may encourage military families to stay in service; among active-duty service member respondents who decided to stay in military service longer than they originally planned, nearly half (49%) reported it was because of health care benefits.[a]

10% of active-duty family respondents cited the inability to access health care as a primary reason they would leave the military.

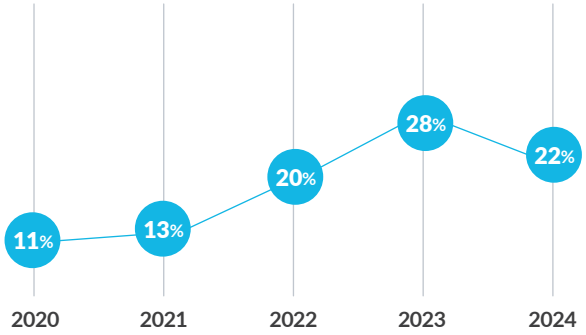
However, access to health care has been increasingly reported as a top issue of concern for active-duty family respondents (Figure 1) since 2020. It was also highlighted in the House Armed Services Committee Quality of Life Panel Report[2] as an area that must be addressed due to its impact on recruitment and retention. This year, 10% of active-duty family respondents said that their inability to access health care was a primary reason that they would choose to leave the military.[b] However, with some families choosing to stay because of the health care benefits and some leaving because of difficulty accessing those same benefits, the reason why needs a deeper look.

Of those active-duty service members who have stayed in longer than planned, 49% stayed due to health care benefits.

With three different TRICARE options (depending on location),[3] families have the ability to choose which health care plan best fits their family. For those enrolled in TRICARE Prime, they see a Primary Care Manager (PCM) and are referred to specialists for services their PCM cannot provide; TRICARE Select allows an enrollee to select any TRICARE-authorized provider (network or non-network).[c] Families are given the option to swap between plans during TRICARE's Open Season or if they

Figure 1: Access to Military/VA Health Care Reported as a Top Issue of Concern

Active-duty family respondents



Question text: Please select at least five military life issues that most concern you.

[a] Question text: What influenced you to remain in service longer than you had originally planned? (Select all that apply)
[b] Respondents chose their top five choices.
[c] An additional TRICARE Prime option is US Family Health Plan (USFHP) which is offered in six areas and enrollees see USFHP providers.

have a Qualifying Life Event (QLE).[4] Aligning with the military beneficiaries overall,[d,5,6] most (79%) active-duty family respondents report using TRICARE Prime as their health insurance, while 24% use TRICARE Select, and 4% use other private health insurance. For active-duty family respondents who currently use TRICARE Select, more than two-thirds (69%) had made the switch from TRICARE Prime. For respondents who have previously utilized TRICARE Prime, the top three reasons reported for TRICARE Select were: "more control over their choice of providers" (82%), "appointment availability" (64%), and "unsatisfied with the quality of care in military treatment facilities" (59%) (Table 1).

Table 1: Top Reasons for Switching from TRICARE Prime to TRICARE Select
Active-duty family respondents (n=369)

More control over choice of providers	82%
Appointment availability	64%
Unsatisfied with the quality of care in military treatment facilities	59%
Did not want to get referrals for specialty care	55%
To provide greater continuity of care when relocating	26%
Did not want my family's medical records with military health care	8%
Concerns about the transition to MHS Genesis system	7%
Other	14%

Question text: Why did you/your family switch to TRICARE Select? (Select all that apply)

Ghost Networks

The shortage of available providers across the country has led to the development of "ghost networks"[7] in some areas, a problem so prevalent that Congress has initiated efforts to address it.[8-10] A "ghost network" is when provider directories inaccurately claim that providers are available, but beneficiaries find that providers are unavailable or not accepting new patients. More than 100 military bases are located in areas federally designated as primary care shortage areas. Three in 4 U.S. military bases in primary care deserts are also in a mental health care desert, maternal care desert, or both.[11] Finding available providers, particularly for mental health care,[12,13] can be difficult and time-consuming for TRICARE Prime beneficiaries, who need approval to go outside of the network for care or agree to point of service payments.[14] When asked in an open-ended question, "Have you had to change providers or had difficulty finding providers who accept TRICARE? Please tell us about your experience." nearly half of active-duty family respondents (44%) mentioned difficulty with accessing care, most commonly reporting "finding a provider that accepts TRICARE caused the most difficulty" (19%). Many described difficulty finding providers that both accepted TRICARE and were accepting new patients, which sometimes caused families to have delays in care (11%).

[d] Active-duty service members are required to utilize TRICARE Prime.

Have you had to change providers or had difficulty finding providers who accept TRICARE? Please tell us about your experience.

> **"Yes, every move means new providers and specialists. Sometimes they won't accept the prior doctor's medical history and want to start all over."**
>
> Active-Duty Army Spouse

> **"Yes I can't find a primary doctor that will accept me as a new client. I have to go to urgent cares."**
>
> Active-Duty Marine Corps Spouse

> **"Yes. The Provider Network search tool was inaccurate and I ended up ... paying to see an out of network provider."**
>
> Active-Duty Spouse

Mental Health Care

Due to nationwide shortages of mental and behavioral health care providers,[15] finding mental health providers that accept TRICARE and are accepting new patients has grown increasingly difficult. One in 4 (25%) active-duty family respondents report they currently receive mental health care, and another 22% report they would like to receive care but do not currently (down from 26% in 2023). For active-duty families with children, 1 in 5 (20%) active-duty family respondents say their child currently receives mental health care and 13% would like their child(ren) to receive mental health care, but they do not. Nearly half of active-duty family respondents (42%) who report that their child(ren) do not receive care, but they would like them to say this is because they cannot find an available provider who will treat their child(ren).

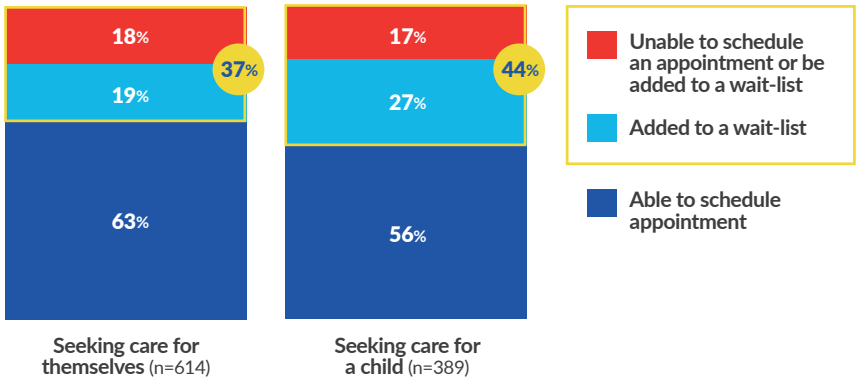
Even when families can find a TRICARE provider within 50 miles of their home, roughly 2 in 5 active-duty family member respondents[e] who are seeking care for themselves (37%) and those seeking care for a child (44%) encounter wait-lists or are unable to schedule an appointment (Figure 2).

[e] Active-duty family respondents who currently receive mental health care or would like to receive mental health care, who have a provider within 50 miles of their home (n=617).

For those active-duty family respondents who were put on a wait-list, 2 in 5 (39%) of those seeking care for themselves waited longer than three months for care. Those seeking care for children waited even longer; 9 in 10 waited three months or longer for care. While these wait times align with the average wait times for mental health care in the United States,[16] this is about double the Military Health Service expected standard wait time for specialty services (28 days).[17] It also exceeds the timeframe identified by respondents to the 2023 MFLS as an "acceptable" length of time to see a specialist.[18]

Figure 2: Ability to Schedule Mental Health Care Appointment

Active-duty family respondents who had a provider within 50 miles and attempted to make a mental health care appointment



These respondents were unable to schedule an appointment, even when they have a provider.

89% of active-duty family respondents whose child was put on a wait-list for mental health care **waited three months or longer for the next available appointment.**

Medical Debt

Despite the benefit of health care coverage for military personnel and their families, some families still accumulate medical debt.[19] Nearly 1 in 10 (7%) active-duty family respondents report having medical debt. Most said it was due to co-pays/deductibles (15%), dental-related procedures (14%), emergency medical situations (11%), and hospital bills (10%). Dental-related procedures were the main health care treatment for families incurring debt (14%). There were also a few mentions (2%) of assisted reproductive technology treatments that caused medical debt. This is something Congress and the DOD have been addressing for several years.[20,21]

1 in 3 active-duty families with medical debt (35%) owe more than $2,000.

Recommendations

Congress

- Commission an updated report from the 2014 TRICARE Dental Services Contract's Requirements and Structure to ensure that TRICARE recipients are receiving the best possible coverage.
  - Evaluate why dental providers are not willing to accept TRICARE insurance.
- Work with states to ensure smooth transition of mental health providers such as licensed social workers and counselors on their compacts for licensure.
  - Maintain telehealth mental health services (community providers) regardless of relocation and across state-lines.
    - ❖ Pilot program/study to find solutions to unique situations faced by military families (losing providers during TDY/PCS, etc.).

DOD & DHA

- Ensure beneficiaries have access to provider lists that are accurate and up to date on TRICARE website by enforcing this policy within their contract.
  - Ensure providers no longer in-network or accepting TRICARE are removed.
  - Expand the current directory to include specific mental health specialty areas of focus and age of clients.
- Increase mental health and health care professionals
  - Make the process for mental health and health care professionals being accepted into the TRICARE network more efficient and streamlined.
  - Stop capping the number of providers in areas due to long wait-lists.
  - Social Work Licensure Compact expansion — expediting the process; reimbursement for licensure fees who work with TRICARE patients.
  - Eliminate budget and statutory limitations that hinder the Services' ability to increase incentive pay and retention bonuses for DOD behavioral health clinicians.[22]
- **Create loan forgiveness programs for DOD behavioral health clinicians.***

States/Localities

- Encourage Hawaii to remove health care services from being taxed by sales tax.
  - The only state left in the country that taxes patient copayments and deductibles, as well as the only state that taxes Medicare, Medicaid and TRICARE reimbursements.

Providers

- Encourage providers to keep their profiles up to date on Psychology Today including specialties areas and whether or not they take TRICARE.

*More information in Recommendations Chapter of Comprehensive Report

Endnotes

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