



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

SERVICES, INC.

October 16, 2020

The Honorable James M. Inhofe
Chairman
Senate Armed Services Committee
Washington, DC 20515

The Honorable Jack Reed
Ranking Member
Senate Armed Services Committee
Washington, DC 20515

The Honorable Adam Smith
Chairman
House Armed Services Committee
Washington, DC 20515

The Honorable Mac Thornberry
Ranking Member
House Armed Services Committee
Washington, DC 20515

Dear Chairmen Inhofe and Smith and Ranking Members Reed and Thornberry:

On behalf of the American Psychological Association (APA), the leading scientific and professional organization representing psychology in the country, I write to request that the Senate and House Armed Services Committees move with speed to conduct oversight hearings on the critical issue of access to mental health care in the military and hold the Department of Defense (DoD) accountable for caring for our military service members and their families.

On August 12, the DoD Office of the Inspector General (OIG) released a report that highlighted some systemic issues within the DoD health care system that are hindering access to mental health care for service members and their families.¹ Specifically, the report detailed that 53 percent of service members and their families who were referred to TRICARE for a mental health appointment never received that appointment, and the Military Health System (MHS) did not know why those appointments never took place. Additionally, OIG noted that nearly 70 percent of Military Treatment Facilities (MTFs) were unable to meet evidence-based treatment guidelines or monitor behavioral health treatment dosage. OIG rated DoD's response to many of its recommendations as unsatisfactory, leaving seven recommendations unresolved.

APA encourages your Committees to ensure these recommendations move from unresolved to resolved. Failing to provide timely, appropriate behavioral health care to our nation's service members and their families not only negatively impacts individual soldiers, but also hurts military readiness as a whole. **APA urges the Committees to conduct stringent oversight of the Department's failure to provide access to timely mental health care to our service members and their families.**

Unfortunately, there are additional issues that are limiting service members from accessing timely, affordable mental health care. Chief among them is TRICARE's reimbursement

¹ Department of Defense Office of the Inspector General. (2020). Evaluation of Access to Mental Health Care in the Department of Defense. Retrieved from https://media.defense.gov/2020/Aug/12/2002475605/-1/-1/1/DODIG-2020-112_REDACTED.PDF



structure, which does not appropriately reimburse behavioral health care provided by psychologists and other mental health professionals and reimburses telehealth services at a lesser rate than in-person care. Low TRICARE reimbursement rates keep providers out of the network, making it even more difficult for military family members to gain access to needed mental health care. APA contacted the Defense Health Agency (DHA) back in 2017 with concerns² about low reimbursement rates for mental health professionals, and we are unaware of any action taken to rectify this matter.

Additionally, now more than ever, it is time for DoD to reevaluate its restrictive policies that reimburse telehealth appointments at lower rates than in-person appointments. The pandemic has made clear that there must be parity between in-person and telehealth appointments so providers can continue to safely provide access to mental health care. **APA asks the Committees to examine the TRICARE network's reimbursement rates to ensure mental health providers are reimbursed appropriately and to correct the disparity between in-person and telehealth appointments.**

While a crucial component to maintaining force readiness, the TRICARE network is not sufficient to care for retirees, military members, and their families. More must be done to strengthen DoD's internal mental health workforce in order to care for our service members. To that end, it is crucial that the Uniformed Services University receives sufficient funding so it can continue to produce top-quality psychologists, doctors, nurses, and other health professionals who, on average, serve longer and deploy longer than professionals who enter active duty service through other attrition programs.³ **APA encourages the Committees to continue oversight of the transition of Military Treatment Facilities to the Defense Health Agency and ensure that the in-house mental health provider pipeline at the Uniformed Services University is protected.**

We appreciate your continued dedication to our service members and their families and look forward to working together to ensure that our military community can access high-quality, timely mental health care. For further information, please contact me or Sophie Friedl (SFriedl@apa.org) or Connie Galietti (CGalietti@apa.org) of the APA staff.

Sincerely,



Arthur C. Evans, Jr., PhD
Chief Executive Officer

²APA Practice Organization. (2017) Letter to Adm. Bono, Defense Health Agency. Retrieved from <https://www.apaservices.org/practice/advocacy/humana-reimbursement-tricare.pdf>

³Institute for Defense Analyses. (2019). Analysis of DoD Accession Alternatives for Military Physicians: Readiness Value and Cost. Retrieved from http://d3dkdvqff0zqx.cloudfront.net/groups/apaadvocacy/attachments/ida%20paper%20p-10815%20draft%20final_101519_v3.pdf