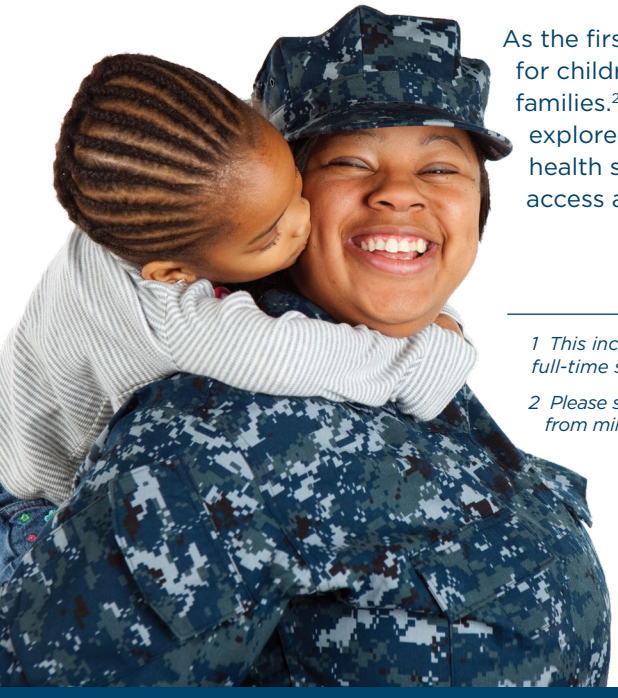
Serving Military-Connected Children: Access to Care

Introduction

As of 2024, there were approximately *1.4 million children, youth, and young adults* from active-duty or select reserve military-connected families, and *data from 2015–2019* show that approximately 2.3 million children under age 18 live with a veteran.[1] The sacrifices of military-connected families are significant, often including *frequent relocations* and *family separations*. Despite these challenges, military service often runs in the family, passed down *through generations*. Children from military-connected families are approximately *twice as likely as their civilian peers* to serve in our armed forces. Furthermore, when *surveyed* by the National Military Family Association and Deloitte's Center for Government Insights, a majority of service members and their spouses reported that they would encourage their own children to follow in the same path of military service. With *many military recruits* coming from these families, ensuring they have access to health care is important for the *future readiness* of our armed forces. The military and veteran-connected children of today are the armed forces of tomorrow.

However, the reality is that many children, youth, and young adults from military and veteran-connected families face *barriers* to accessing health care to meet their needs. Even though military and veteran-connected children, youth, and young adults have access to *health insurance* through a variety of *public programs*, many still experience *fragmented care* or *delays* in care. These challenges include *provider shortages*, particularly shortages of *mental health providers*, *aging out* of some insurance coverage, and *high premiums* for some insurance plans. There is an opportunity to address these issues and help military and veteran-connected children, youth, and young adults access timely, high-quality healthcare services when they need them, supporting their physical and mental well-being and, ultimately, their *readiness to serve*. Caring for this group of children, youth, and young adults is not only the right thing to do but also supports our *national security*.



As the first in a series, this policy brief examines healthcare coverage and access for children, youth, and young adults from military and veteran-connected families.[2] It identifies key health insurance options available to this population, explores the circumstances that limit their access to care, including mental health services, and outlines programmatic and policy options to improve access and close gaps.

1 This includes dependents age 20 or younger and dependents age 22 or younger enrolled as full-time students.

2 Please see the second part in this series on mental health needs of children, youth, and young adults from military and veteran-connected families.

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Health Care Coverage for Military and Veteran-Connected Children, Youth, and Young Adults

Military and veteran-connected children, youth, and young adults may receive healthcare coverage through a variety of public and private insurance programs, including *TRICARE*, *TRICARE Young Adult*, *Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA)*, *Medicaid*, or other insurance plans (e.g., employer-sponsored insurance, marketplace plans, or in some cases Medicare).

TRICARE: *TRICARE* covers active-duty service members, National Guard and Reserve members, retirees (including *medical retirees*),[3] and their family members, as well as survivors and some former spouses. As of 2024, TRICARE covered about *2.7% of children and youth under age 19* in the United States (over 2 million children and youth). As of Fiscal Year 2023, children under age 17 accounted for *20% of TRICARE beneficiaries*. Children, youth, and young adults up to *age 21* are eligible to enroll in TRICARE, and students may continue to receive TRICARE coverage up to *age 23* if their "sponsor [parent/caregiver through whom they are eligible for TRICARE] provides at least 50% of [their] financial support." *The Defense Health Agency* under the Department of Defense/Department of War (henceforth referred to as DoD) manages TRICARE.

TRICARE Young Adult: *Young adults* ages 21 to 26 who are unmarried, not eligible for employer-sponsored insurance, not otherwise eligible for TRICARE (i.e., not a student), and have aged out of traditional TRICARE, can enroll in a premium-based insurance program called *TRICARE Young Adult*.[4]

Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA): *CHAMPVA* is a health benefits program for *spouses and dependent children* of a veteran who:

- "Is permanently and totally disabled due to a service-connected disability," or
- "Died from a service-connected disability," or
- "Was at the time of their death rated permanently and totally disabled from a service-connected disability."

Children and youth are *eligible for CHAMPVA* until age 18 if they are not enrolled in higher education, and young adults up to age 23 are eligible for CHAMPVA if they are enrolled in higher education. Additionally, family caregivers, including children, youth, and young adult caregivers (i.e., *Hidden Helpers*), who participate in the *Program of Comprehensive Assistance for Family Caregivers* and are not eligible for other insurance coverage can also receive health care coverage through CHAMPVA. As of February 2026, CHAMPVA covered *one million* members. The *Department of Veterans Affairs* (VA) operates the CHAMPVA program.

Other Insurance: Military and veteran-connected children, youth, and young adults can also have *other health insurance*, such as *Medicaid*, *employer-sponsored insurance*, *marketplace plans*, or *Medicare*, *supplementing or replacing* their TRICARE plan. For military and veteran-connected children, youth, and young adults, *Medicaid* can serve as a supplement to cover services not traditionally covered under *TRICARE*. As of 2023, Medicaid covered *2.2 million children and youth* from military and veteran-connected families, including 1.7 million children of veterans. Of the 2.2 million children and youth covered by Medicaid, more than 180,000 are also covered by TRICARE.

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3 Individuals who are placed on the Temporary Disabled Retirement List or Permanent Disability Retirement List are eligible for TRICARE benefits for retired service members.

4 Young adults have the lowest rates of access to employer-sponsored insurance since they often have entry-level or part-time jobs or other employment that does not provide insurance.

Unique Barriers Affecting Access to Care for Children, Youth, and Young Adults From Military and Veteran-Connected Families

Children, youth, and young adults from military and veteran-connected families can face unique barriers to accessing care to meet their health needs.

Healthcare Coverage for Young Adults: Under current rules, unlike the civilian young adults who can remain on their *parents' health insurance* until age 26, young adults covered by *TRICARE* or *CHAMPVA* age out of coverage at age 23 if they are enrolled in school and age 21 if they are not enrolled in school (see eligibility criteria above). Young adults who disenroll from school or marry will lose *CHAMPVA* coverage. Young adults who age out of TRICARE coverage can enroll in TRICARE Young Adult, but the program carries *high premiums*.

Cost of TRICARE Young Adult: Between 2015 to 2026, TRICARE *monthly premiums* for the TRICARE Young Adult-Select plan increased from *$181* to *$363*. In that same time period, premiums for the TRICARE Young Adult-Prime plan (TRICARE *managed care plan* available in some areas) increased from *$208* to *$794*.

> *"When I lost coverage at 23, it wasn't because I didn't need healthcare as a full-time student. But without extension of TRICARE to age 26, TRICARE Young Adult was the only option, and it wasn't affordable. That gap meant going without healthcare coverage for quite some time until I qualified for a low-income option."*
>
> *—Youth Caregiver and Former TRICARE Beneficiary*

Provider Shortages in TRICARE and CHAMPVA: Children, youth, and young adults from military and veteran-connected families often live in *health care shortage areas*. According to an analysis, *50% of active-duty military installations* are located within federally designated *health professional shortage areas* (i.e., areas where it is difficult to find health care services), and *one in three U.S. troops and their families* live in a health professional shortage area. Additionally, there is a shortage of providers that accept *TRICARE*, and *CHAMPVA* beneficiaries can struggle to find providers that participate in CHAMPVA. Both barriers make it difficult for beneficiaries to access care.

- **TRICARE:** In addition to general provider shortages, children, youth, and young adults from military and veteran-connected families encounter challenges with *accessing health care services* due to a lack of TRICARE in-network providers. *TRICARE provider networks* are often insufficient to meet a community's needs, as many providers, including *dental* and *mental health* providers, *do not accept TRICARE* due to low reimbursement rates, lack of awareness of the program, and many other reasons. One *2020 study* analyzing the 2012–2015 TRICARE Standard Survey showed that among physicians and mental health providers that accepted Medicare but not TRICARE:
  - More than 15% of physicians and more than 9% of mental health providers did not accept TRICARE due to reimbursement rates.
  - More than 14% of physicians and more than 15% of mental health providers did not accept TRICARE because TRICARE did not cover their specialty.
  - More than 11% of physicians and more than 25% of mental health providers did not accept TRICARE because they were not aware of it.

A *survey* conducted by Blue Star Families found that more than 40% of active-duty family respondents shared that they had difficulty accessing care, with about 20% citing that "finding a provider that accepts TRICARE caused the most difficulty."

Additionally, as of 2024, more than *one third of mental health providers* did not accept any insurance. Mirroring the national shortage of providers who do not accept insurance, according to a *survey* of active-duty family respondents conducted by Blue Star Families, military families face challenges finding mental health providers that accept TRICARE. The survey also found that among families who want their children to receive mental health services but currently do not, 40% report the reason is they cannot find a provider. The same survey showed that 90% of families waited more than three months for mental health care.

A *2024 Government Accountability Office (GAO) report* explains that TRICARE's relatively low reimbursement rates can be challenging for behavioral health providers. Additionally, the report cites Defense Health Agency survey data that suggests that "providers' awareness of the TRICARE program is a factor affecting providers' — including behavioral health providers' — acceptance of TRICARE beneficiaries." This data has been consistent since 2006.

- **CHAMPVA:** While there is minimal research exploring CHAMPVA coverage, *anecdotal evidence* suggests that many children, youth, and young adults in military and veteran-connected families covered by CHAMPVA have historically faced barriers to accessing health care, including a shortage of providers who accept CHAMPVA. Based on feedback from caregivers, the Elizabeth Dole Foundation identifies several reasons for CHAMPVA provider shortages, including:
  - Providers lack awareness about the CHAMPVA program.
  - CHAMPVA *reimbursement policies* differ from the VA's Community Care Network, potentially creating an administrative burden for providers.

Testimony from a CHAMPVA beneficiary presented at a *House Committee on Veterans Affairs Subcommittee on Health* in December 2025 attributed the lack of CHAMPVA providers to the absence of a published CHAMPVA fee schedule, complex claims processes, and delayed provider payment.

> "Even living in last year's [2024] fastest-growing county in the nation, I still cannot find a pediatrician who will file CHAMPVA for primary pediatric care for my children. I still pay out-of-pocket for my children's mental health providers as we have yet to find a provider who accepts CHAMPVA."
>
> – Caira Benson, CHAMPVA Beneficiary

Administrative Complexity for CHAMPVA Beneficiaries: According to a *Congressional Research Service report*, only about 70% of CHAMPVA-enrolled beneficiaries utilized CHAMPVA services in 2023. *Testimony* from a CHAMPVA beneficiary at a December 2025 congressional hearing[5] also highlights beneficiary challenges, such as:

- Lack of a published CHAMPVA provider network, which makes it challenging for beneficiaries to locate participating providers
- Unreliability of CHAMPVA payments, putting families at risk for paying health care bills when CHAMPVA denies payment
- Complicated processes to appeal denied claims

Congress and the VA are taking steps to address some of these barriers. For example, during this congressional hearing, *Maria Llorente*, MD, Acting Assistant Under Secretary for Health for Integrated Veteran Care, Veterans Health Administration, outlined recent program reforms that aim to improve the CHAMPVA beneficiary experience and said, "we are working to improve how provider information is presented and maintained, including updating publicly available guidance and strengthening communication with providers who bill CHAMPVA."

5 *488,059 CHAMPVA beneficiaries out of 704,840 total CHAMPVA beneficiaries utilized CHAMPVA services in 2023.*

"CHAMPVA is not commonly accepted among mental health providers compared to TRICARE. I recently had two patients covered by CHAMPVA who required testing, and I had to refer them to providers within a two-to-four-hour drive from their home. Parents are willing to do what is needed, but issues like this either become an entire day or overnight process. We try to accomplish as much as possible through telehealth to lessen this burden, such as finding providers who offer diagnostic screening and results via telehealth."

– Jeanine Hoff, LCSW QS, MSW, MAS
Nemours Children's Health, Jacksonville

Program and Policy Recommendations

The following recommendations aim to improve access to care for children and youth in military and veteran-connected families.

- **To make TRICARE coverage more affordable for young adults, Congress should significantly reduce the premium for TRICARE Young Adult to match the premiums for traditional TRICARE.** Significantly reducing the premium would effectively make the same TRICARE benefit currently available to children/youth up to age 21 available to young adults up to age 26 in alignment with the civilian population.
  - The Health Care Fairness for Military Families Act of 2025 (H.R.4768/S. 2448) would significantly reduce the premium for TRICARE Young Adult, making affordable traditional TRICARE coverage available to young adults up to age 26.
- **Congress should increase CHAMPVA eligibility to age 26.**
  - The CHAMPVA Children's Care Protection Act of 2025 (H.R. 1404/S. 605) would increase the maximum age of CHAMPVA coverage to age 26, regardless of marital and education status.
- **Congress should direct the GAO to conduct a comprehensive study exploring beneficiary and provider perspectives on how to reduce access barriers in TRICARE and CHAMPVA.**
  - **TRICARE:** The study should build on existing evidence around the reasons providers do not accept TRICARE to further identify barriers. This data can be used to inform potential program adjustments or a targeted campaign to educate providers about TRICARE.
  - **CHAMPVA:** The study should seek to understand if administrative aspects of the CHAMPVA program create barriers for beneficiaries and/or providers, including the reasons providers do not accept CHAMPVA. Based on study findings, the VA could consider avenues to improve access to care for CHAMPVA beneficiaries, including but not limited to launching a campaign to educate providers on CHAMPVA or publishing a CHAMPVA fee schedule.
- **VA should continue to invest in solutions that help CHAMPVA beneficiaries identify providers, including updating publicly available guidance about participating providers.**

Conclusion

Children, youth, and young adults from military and veteran-connected families face persistent barriers to accessing health care. Affordability of coverage, lapses in healthcare coverage, and provider shortages can create access barriers at moments that matter most. Children, youth, and young adults from military and veteran-connected families are significantly more likely to serve, meaning the health investments that we make in them today directly shape the readiness of our armed forces tomorrow. Ensuring they can access quality, timely health care is not just the right thing to do but is also a critical investment in our future military readiness.

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