



Statement for the Record

by the

NATIONAL MILITARY FAMILY ASSOCIATION

for

**Subcommittee on
Personnel**

of the

**UNITED STATES SENATE
ARMED SERVICES COMMITTEE**

February 27, 2019

Not for Publication Until Released by
The Committee

The National Military Family Association (NMFA) is the leading nonprofit dedicated to serving the families who stand behind the uniform. Since 1969, NMFA has worked to strengthen and protect millions of families through its advocacy and programs. We provide spouse scholarships, camps for military kids, and retreats for families reconnecting after deployment and for the families of the wounded, ill, or injured. NMFA serves the families of the currently serving, retired, wounded or fallen members of the Army, Navy, Marine Corps, Air Force, Coast Guard, and Commissioned Corps of the USPHS and NOAA.

Association Volunteers in military communities worldwide provide a direct link between military families and the Association staff in the Nation's capital. These volunteers are our "eyes and ears," bringing shared local concerns to national attention.

The Association does not have or receive federal grants or contracts.

Our website is: *www.MilitaryFamily.org*.

EXECUTIVE SUMMARY

The United States military is the most capable fighting force in the world. For almost two decades of war, service members and their families never failed to answer the call, steadfastly sacrificing in order to protect our nation. They make these sacrifices trusting that our government will provide them with the tools to keep them ready. Continued national fiscal challenges have left military families confused and concerned about whether the programs and benefits contributing to their strength, resilience, and readiness will remain available to support them and be flexible enough to address emerging needs. The Department of Defense (DoD) must provide the level of programs and resources necessary to meet this standard. Service members and their families have kept trust with America through 17 years of war with multiple deployments and separations. Unfortunately, that trust continues to be tested.

We ask Congress:

As you evaluate proposals for changes to pay and benefits consider the cumulative impact on military families' purchasing power and financial well-being, as well as the effects on the morale and readiness of the all-volunteer force now and in the future.

Please:

- Reject benefit changes and budget proposals that threaten military family financial well-being as a way to save money for the government.
- Keep military pay commensurate with service and aligned with private sector wages.
- Provide oversight to ensure recently-enacted military health reform efforts enhance military families' access to quality health care and that readiness costs are not passed along to families as cost shares or premiums.

We ask Congress to make improving and sustaining the programs and resources necessary to keep military families ready a national priority.

We also ask Congress to:

- Provide oversight to ensure DoD and the individual Services are supporting families of all components by meeting the standards for deployment support, reintegration, financial readiness, and family health. Fund appropriately at all levels.
- Ensure military families are provided safe, high-quality housing.
- Ensure adequate funding for military child care programs, including child care fee assistance programs. Improve access to installation-based child care and increase availability of part-time and hourly care.
- Facilitate easier paths to both licensure and employment for military spouses and veterans who are in the mental health field when they work with our service members and their families. Include military spouses who enter the mental health profession in federal loan-forgiveness programs.
- Preserve the savings military families receive by shopping at the commissary and oppose any reform measures that would reduce the value of the benefit.
- Require pediatricians in Military Treatment Facilities (MTFs) to screen patients for food insecurity and provide information about applying for WIC.
- Require DoD to study where military families with severe special needs are concentrated and whether DoD Impact Aid for schools serving military children with special needs is appropriately allocated.

- Ensure appropriate and timely funding of Impact Aid through the Department of Education (DoEd).
- Continue to authorize DoD Impact Aid for schools educating large numbers of military children and military children with severe special needs.
- Bring the Extended Care Health Option (ECHO) benefits on par with State Medicaid waiver programs and extend ECHO eligibility for one year following separation.
- Correct inequities in Survivor benefits by eliminating the Dependency and Indemnity Compensation (DIC) offset to the Survivor Benefit Plan (SBP).

After 17 years of war, we continue to see the impact of repeated deployments and separations on our service members and their families. We appreciate Congress' recognition of the service and sacrifice of these families. Your response through legislation to the ever-changing need for support has resulted in programs and policies that have helped sustain our families through these difficult times.

PAY AND COMPENSATION

We appreciate Congress making the pay raise at Employment Cost Index (ECI) a priority in the Fiscal Year 2019 National Defense Authorization Act (FY19 NDAA). Congress chose the Employment Cost Index (ECI) as the standard for active duty pay raises in order to recruit and retain the quality of service members needed to sustain the all-volunteer force and we thank you for meeting that standard this year.

Although the last three years have seen military pay raises at the ECI, reductions to service member housing allowances, increased health care costs, and the new requirement under the Blended Retirement System for new service members to contribute to their retirement savings lower service member take-home pay. We ask you to consider the cumulative effects of these policies on military families' financial well-being and reject any proposals that ask families to shoulder a greater financial burden.

We believe that Basic Allowance for Housing (BAH) is an essential component of military compensation. We oppose any changes that threaten to reduce military families' pay.

We ask Congress to keep military pay commensurate with service and aligned with private sector wage increases.

We ask Congress to reject budget proposals or benefit changes that threaten military family financial well-being as a way to achieve savings for DoD.

MILITARY HEALTH SYSTEM

One year into Military Health System (MHS) reform, results are decidedly skewed toward Department of Defense (DoD) cost savings versus MHS improvements for military families. Families are paying significantly more out-of-pocket due to increased copays generating approximately \$166 million, in one year, in savings to DoD. They are also seeking less care as evidenced by DoD savings from lower than expected health care utilization. DoD is reprogramming these savings to pay for readiness – in fact, some of the money has been used for night vision goggles. Military families want their service members to be fully trained and equipped for their missions, but we believe it is wrong to diminish the value of the health care benefit to cover readiness costs. Service members and their families already make extraordinary sacrifices. Should they also have to pay for their own night vision goggles with higher health care fees?

What have families experienced during MHS Reform year one? Military families are grateful for referral free civilian urgent care as they now have access to care when their military treatment facilities (MTFs) are full or closed. However, families have seen few other improvements across the system. In fact, TRICARE contractor transition problems plagued families throughout the entire year with customer service challenges and rampant claims processing problems. Within the direct care system, there were few noticeable improvements to administrative hurdles or the patient experience. Although we recognize the primary objective of MHS reform was cost savings, we had hoped the higher out-of-pocket costs would be used for improvements across the system to address military family complaints. Instead, families are paying considerably more for the same broken system.

To help balance military families' higher out-of-pocket costs with improvements to their health care system, we ask Congress and DoD to:

- Modify the TRICARE Annual Open Enrollment/Qualifying Life Events policy to prevent military families from becoming trapped in MTFs that don't meet their needs
- Reduce copays for mental health visits and physical, speech and occupational therapies
- Fix TRICARE coverage gaps for emerging technologies and evolving treatment protocols including diagnostic genetic testing and chiropractic care
- Allow valid TRICARE Prime specialty care referrals to transfer to the new duty station during a Permanent Change of Station (PCS)
- Implement the Defense Health Board's recommendation to broaden TRICARE's definition of pediatric medical necessity
- Continue to monitor and provide oversight on T17 contract implementation
- Ensure military family perspectives are considered as MTF management is transitioned to the Defense Health Agency (DHA) and direct care system right-sizing is implemented
- Monitor and provide oversight on the TRICARE Dental Plan (TDP) to Federal Employees Dental & Vision Insurance Program (FEDVIP) transition
- Require DoD to develop and publish performance metrics to evaluate Exceptional Family Member Program (EFMP) assignment coordination effectiveness
- Align TRICARE Extended Care Health Option (ECHO) respite coverage with Medicaid waiver programs
- Require a report providing transparency to the Services' process of accessing military dependent medical records for adult military kids who enter military service themselves

TRICARE PROGRAM

TRICARE Annual Open Enrollment Period/Qualifying Life Events

We remain concerned about the annual open enrollment period's potential to trap TRICARE Prime families in MTFs that don't meet their needs and **request that "dissatisfaction with MTF access or quality of care" be added to the list of Qualifying Life Events (QLEs).**

We realize the annual open enrollment period is a feature of civilian plans and generally have no issues with this new requirement. However, TRICARE Prime's reliance on military hospitals and clinics creates a situation unique to the military and demands a policy tailored to military family needs for the following reasons:

- For commercial health plans, the annual enrollment period locks in beneficiaries to coverage levels, not a single medical facility. While an annual enrollment period is not unreasonable, preventing military families from leaving their MTF if they experience problems with appointment access or quality of care is unreasonable.
- Given the variability in access, quality of care, and the patient experience across the direct system, many military families cannot make an informed choice about their TRICARE plan during the Open Enrollment Period or following a QLE, such as a PCS move. A family may have no problems getting appointments at one MTF but find it very difficult to get

appointments at their new duty station's MTF. MTF access to care can also vary over time as providers come and go, making an informed decision nearly impossible.

- As direct care system right-sizing progresses, it will be even more difficult for families to make informed choices about their TRICARE plan. The Womack pediatric inpatient unit and Langley maternity ward closures dramatically changed care options for families assigned to these MTFs. These changes were not communicated during open season, so families were unable to choose their TRICARE plan with this information in mind.
- Allowing families to switch enrollment from Prime to Select provides an important aspect of MTF accountability. Analyzing enrollment changes from Prime to Select will afford the MHS an opportunity to understand why families leave. It should also allow the MHS to identify problematic MTFs and target solutions to local access and quality of care problems.

The FY17 NDAA gives DoD discretion in defining QLEs. We believe one potential solution is to include "dissatisfaction with MTF access or quality of care" as a qualifying life event. We are open to other ideas and stand by to assist in developing a solution that prevents military families from becoming trapped in underperforming MTFs.

Increased TRICARE Copays

Premium-free health care is an important component of service members' compensation and benefits package. It is an extraordinary benefit commensurate with the extraordinary risks and sacrifices associated with military service. It also ensures all military families have access to health care, a critical driver of military family readiness. However, we know decisions about seeking care are often driven by out-of-pocket costs at point of service. In fact, value-based insurance design is built on the principle of reducing cost-related non-adherence. Given the important role copays play in patient decision-making, we are disappointed and alarmed at the careless approach used in establishing copays during TRICARE reform efforts.

The new TRICARE copay construct categorizes mental health outpatient visits, as well as physical, speech and occupational therapies, as specialty care. This results in copays that are excessively high for relatively low-cost visits. **We urge DoD and/or Congress to establish more reasonable copays for mental health visits and physical, speech and occupational therapies** to bring them in line with high quality commercial plans and reduce the cost barrier to seeking care.

- TRICARE's new mental health copays are not only a significant increase compared to 2017, they are also higher than out-of-pocket costs for mental health care under Federal Employees Health Benefits (FEHB) program national preferred provider option (PPO) plans. This means military families struggling with the impact of 17 years of war are paying more for their mental health care visits than federal employees.

Health Care Plan	Mental Health Visit Copay
TRICARE Select ADFMs – Group A	\$31
TRICARE Select ADFMs – Group B	\$25
TRICARE Select Retirees – Group A	\$41
TRICARE Select Retirees – Group B	\$41
TRICARE Prime Retirees – Group A	\$30
TRICARE Prime Retirees – Group B	\$30
BCBS Service Benefit Plan – Standard	\$25
GEHA Benefit Plan – High*	\$20
GEHA Benefit Plan - Standard*	\$15
NALC – High Option*	\$20
MHBP – Standard*	
Adult	\$20
Child under 21	\$10
SAMBA – High*	\$25
APWU – High*	\$25

*These plans have no deductible for network mental health outpatient visits

- For many years, DoD has acknowledged the importance of seeking mental health care. Numerous studies have shown that military kids are at higher risk for emotional and behavioral problems and that risk increases as cumulative months of deployment increase. Unfortunately for families, mental health struggles do not disappear after the service member separates or retires from the military. **We are appalled by TRICARE copays that discourage military families from accessing mental health care.**

“They (my children) need therapy to deal with living with the effects of war. But one thing that happened recently though was we had to cut our son’s therapy in half because TRICARE doubled our copay. So he’s not getting the amount of mental health care and our daughter can’t get anything beyond what she’s just getting at the TBI clinic because we just can’t pay for it.”

-Jacqueline, spouse of medically retired soldier/caregiver

- We are concerned about how the dramatically higher copays for physical, speech and occupational therapy will impact patient adherence to treatment plans. DoD acknowledges Defense Health Program spending was significantly lower than expected in FY18 due, in part, to a drop in utilization. What happens to long term costs when untreated conditions progress and eventually require more expensive treatments such as surgery?

"We had to tell the therapists that we would be diligent about our at-home therapy but that I would not be coming in for the recommended visits due to copays."

-Karen, Military Spouse

- Families are now paying a significant percentage of these relatively low-cost visits out-of-pocket reducing the value of TRICARE benefit.

"My 5 year old son receives weekly speech therapy sessions. My copay is \$31 per session and the TRICARE allowable charge is \$49 which means I am paying over half of my son's therapy costs."

-Jennifer, Army Spouse

We understand the value of the TRICARE benefit grew dramatically as health care costs rose and TRICARE out-of-pocket costs remained flat. Service members and their families also understand this. Congress and DoD had the chance to modestly and predictably increase fees since TRICARE's inception. Understandably, it was politically unpalatable to increase military family health care costs while sending hundreds of thousands of service members to war. After several years of combat deployments, with no end in sight, service members and their families made and continue to make incredibly difficult "stay in" or "get out" decisions. For many, a big part of that decision was the financial protection provided by military pay and benefits, including TRICARE.

"One of the main reasons my husband decided to continue on active duty was health care. Our oldest son has food allergies, he has severe asthma, and it was one of the reasons he decided to stay in the military at the 10 year point, you know that's a big decision point. We had just found out about the severe food allergies and the asthma and I was pregnant with our second child and we had also just found out that my oldest has severe myopia as well and I was pregnant with my second and my thought was what if he has it too? What do we do?"

-Megan, Army Spouse/Caregiver

Two years after deciding to remain in the Army at the 10 year mark, largely due to the TRICARE benefit, Megan's husband deployed to Afghanistan and was shot by an Afghan National Army officer he was training. He lost his right leg above the knee due to vascular damage but eventually returned to active duty and is now within 2 years of retirement.

Working-age retiree health benefits remain under scrutiny. As Congress continues discussions about appropriate out-of-pocket costs for military retirees, we urge you to ask the Services for deployment data for those active duty members who have served 15+ years, and those who have retired within the past several years. As former Secretary of Defense Mattis pointed out,

deployments have not been evenly distributed across the force,¹ but our lived experience suggests there are a substantial percentage of career service members who served multiple combat tours.

Deployment data will only begin to capture the wide variety of sacrifices our service members and military families made over the last two decades – the Navy officer who missed six Christmases with his young children due to deployments, the Army family who experienced an unaccompanied Korea tour immediately followed by a one year combat deployment to Iraq, the soldiers on their way home from Iraq who were turned around and sent back to the combat zone when Army deployments were lengthened to 15 months, the LTC who was called to take over a command and deploy immediately when a Battalion Commander in Iraq was critically wounded by an IED. Since September 11, 2001, our Nation has placed unprecedented demands on the all-volunteer force and career service members endured despite the risks and sacrifices. Is a cut to their health care benefit the appropriate way to respond to a group that remained steadfast through the last 17 years of war?

Lack of TRICARE Coverage for Emerging Technologies and Treatment Protocols

Health care is in a period of rapid change and innovation. Since TRICARE coverage policies are governed by statute, they are often difficult to update to cover new medical technologies or treatment protocols. We appreciate Congress gave DoD the authority to cover emerging technologies in the FY15 NDAA. However, DoD seems reluctant to exert that authority. Many military families are now paying more out-of-pocket for their health care, yet TRICARE coverage policies have not kept up with medical innovations. ***We urge Congress and DoD to fix TRICARE coverage gaps for emerging technologies and evolving treatment protocols.***

Diagnostic genetic testing is a prime example of TRICARE's failure to keep pace with medical advancements. While the TRICARE demonstration project slowly evaluates individual genetic tests, covering only a small fraction of tests approved under commercial plans and Medicaid, children's hospitals have moved on to doing genetic panels (e.g., seizure panel, connective tissue panel) and whole exome sequencing to produce higher yields of diagnoses for children with unexplained physical anomalies or other symptoms of a genetic condition. Why is a diagnosis important for families? Diagnostic certainty can impact medical management of a patient's condition. It can help families develop realistic expectations and plan for the future. A diagnosis is also required for families to obtain resources, such as Medicaid, to assist with managing their child's condition. Taking years to review and evaluate diagnostic genetic tests that have widespread acceptance, use, and reimbursement in the medical community and commercial insurance plans is unacceptable.

Chiropractic care is another TRICARE coverage gap example. The growing opioid epidemic illustrates the risks of relying on pharmaceutical treatment for pain management. As patients and providers seek alternatives to treat chronic pain, we are concerned military families lack access to chiropractic care. Effective January 2015, the Joint Commission included chiropractic services to its standard of care for pain management, yet TRICARE does not cover chiropractic. All national preferred provider plans within the FEHB program provide coverage for chiropractic care. Medicare also covers chiropractic services. While we appreciate that service members have access to chiropractic care in some military treatment facilities, we are concerned family members,

¹ <https://www.militarytimes.com/news/pentagon-congress/2018/02/17/mattis-deploy-or-get-out-rule-is-about-fairness/>

retirees and their families and survivors face a barrier to accessing chiropractic care given TRICARE's lack of coverage.

Barriers to Transferring TRICARE Prime Specialty Care During PCS

Military families recognize they must sacrifice continuity of medical care as a result of the highly mobile military lifestyle. Unfortunately, TRICARE policy hinders rather than facilitates the transition of care during permanent change of station (PCS) moves. Established specialty care requires a new referral at each new duty station – even for chronic conditions (e.g., Type 1 Diabetes) where on-going specialty care is undoubtedly required. To re-establish their specialty care, newly relocated military families must first have an appointment with a new Primary Care Manager and get a new referral processed resulting in delays and disruptions in care. ***We ask Congress for legislation that requires TRICARE to allow valid specialty care referrals to transfer to the new duty station during a Permanent Change of Station (PCS.)***

My daughter has an extremely rare syndrome that has several rare diseases that fall under it. PCSing is always a troubling time in our family, even if we move to an area with every specialist she needs, because we are put into a situation where we can't have her medical specialists set up at our incoming location for IMMEDIATE care. We wait to be enrolled in our new region, we wait for an appointment to see our new PCM, and then we wait for her PCM to refer us to, more often than not, outside civilian specialists. Most of the time there's at least a 3 to 6 month wait for the specialists to see new patients, and that's on top of the weeks that have already passed waiting to get in to see the new PCM and waiting for your referrals. Two of our last three PCSs, we ended up in the emergency room with life threatening complications/illness and no specialists who were familiar with her history and her diseases.

In Section 701 of the FY17 NDAA, Congress eliminated the specialty care preauthorization requirement for outpatient care. We welcome this attempt to streamline access to specialty care, but it is only a partial solution. Allowing a valid referral to transfer to the new duty station would greatly help military families with the timely transition of specialty care. It would also eliminate unnecessary appointments to obtain new referrals and reduce the health care disruptions inherent in PCS moves.

Pediatric Definition of Medical Necessity

TRICARE's reliance on Medicare reimbursement methodologies, a program designed for seniors, means TRICARE policy is sometimes a poor fit for pediatric care. Fortunately, most military children are healthy and won't encounter major TRICARE reimbursement issues due to their minimal use of the program. For those families with special needs children, however, TRICARE policy can mean administrative or financial burdens on top of their child's health care needs and the demands of military service. Due to their small numbers and the wide variety of TRICARE policy problems they encounter, we will seldom see a large public outcry from these families to fix a single issue. We need a mechanism to address the wide variety and evolving nature of the gaps between Medicare policy and pediatric care needs. Every year we hear about new instances where TRICARE failed to meet the needs of military kids. For example:

"I wanted to let you know about a military family I recently met who had a problem with medical care overseas. Their 4-year old daughter contracted a virus and was an

inpatient at a civilian hospital in Germany for several weeks before she passed away. While she was hospitalized her mom slept in the hospital room with her, not realizing that German hospitals – unlike U.S. hospitals – charge a “rooming in” fee. I believe the fee was 75 euros per night so the total expense was quite large. The service member’s unit took up a collection to pay the bill. U.S. hospitals encourage parents to sleep in the hospital room with their child. Shouldn’t TRICARE cover something like this?”
-Jenna, Navy Spouse

International SOS, the TRICARE Overseas contractor, published a reminder on this issue in their provider newsletter with the following recommended action for overseas providers.

Institutional providers should make parents aware, if they wish to stay overnight to accompany their child, TRICARE will **not** cover the charges and the parent will be issued an invoice to pay the hospital for associated lodging costs, before the child is discharged.

-International SOS Provider Newsletter, March 2018

This does not really address the issue for parents and could, in fact, increase distress or present parents with a terrible choice to either leave their child alone at night or face significant charges.

Another example:

“My child recently had a VCUG, a test that is very difficult for the child because it involves a catheter and voiding on the exam table to assess bladder/kidney function. Her physician recommended partial sedation during the test, but TRICARE did not cover it. Why would TRICARE not cover something my daughter’s doctor recommended? She may need to have this test done again in the future, so we didn’t want her to have a traumatic experience during it.”
-Karen, Army Spouse

The voiding cystourethrogram (VCUG) is used to diagnose a number of bladder conditions. It is a procedure performed mainly on infants and young children. An NIH article² reported that most unsedated children experience an unacceptable level of distress (serious or severe distress or panic) during the VCUG that could be avoided with sedation. Just because Medicare does not have a reimbursement policy for sedation during this procedure (and many other pediatric procedures) does not mean sedation is not the right course of action for pediatric patients.

We believe a pediatric definition of medical necessity is the best way to address TRICARE’S wide variety and evolving pediatric coverage gaps. After our Association, together with the TRICARE for Kids Coalition, repeatedly raised this issue at Military Family Readiness Council meetings, senior DoD leadership requested the Defense Health Board (DHB) to examine opportunities to improve the overall provision of health care and related services for children of members of the Armed Forces. The July 2016 report request specifically directed the DHB to:

² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2443423/>

Address any issues associated with the TRICARE definition of “medical necessity” as it might specifically pertain to children and determine if the requirement for TRICARE to comply with Medicare standards disadvantages children from receiving needed health care.

The DHB *Pediatric Health Care Services Report*³ was released December 18, 2017. The report documented TRICARE is out of step with commercial plans and Medicaid and concluded TRICARE’s current definition of medical necessity disadvantages children from receiving some needed services. The DHB recommended the MHS:

Modify the administrative interpretation of the regulatory language in 32 Code of Federal Regulations 199.2 to broaden the use of the “hierarchy of reliable evidence” for the benefit of pediatric beneficiaries. Exclusions to the hierarchy described under “reliable evidence” in 32 Code of Federal Regulations 199.2 should not preclude pediatric services (a) meeting definitions of medical necessity used broadly in civilian practice or (b) recommended by recognized medical organizations.

Unfortunately, the DoD’s December 2018 Report to Armed Services Committees, *The Plan to Improve Pediatric Care and Related Services for Children of Members of the Armed Forces*⁴, announced DoD is not planning to develop a uniform definition of pediatric medical necessity and presented no alternative plan to address pediatric care coverage gaps. ***We ask Congress to urge DoD to implement the Defense Health Board’s recommendation to broaden TRICARE’s definition of pediatric medical necessity.*** Fixing TRICARE’s reimbursement problems related to pediatric care is an essential part of the TRICARE reform effort.

T17 Contract Transition Issues

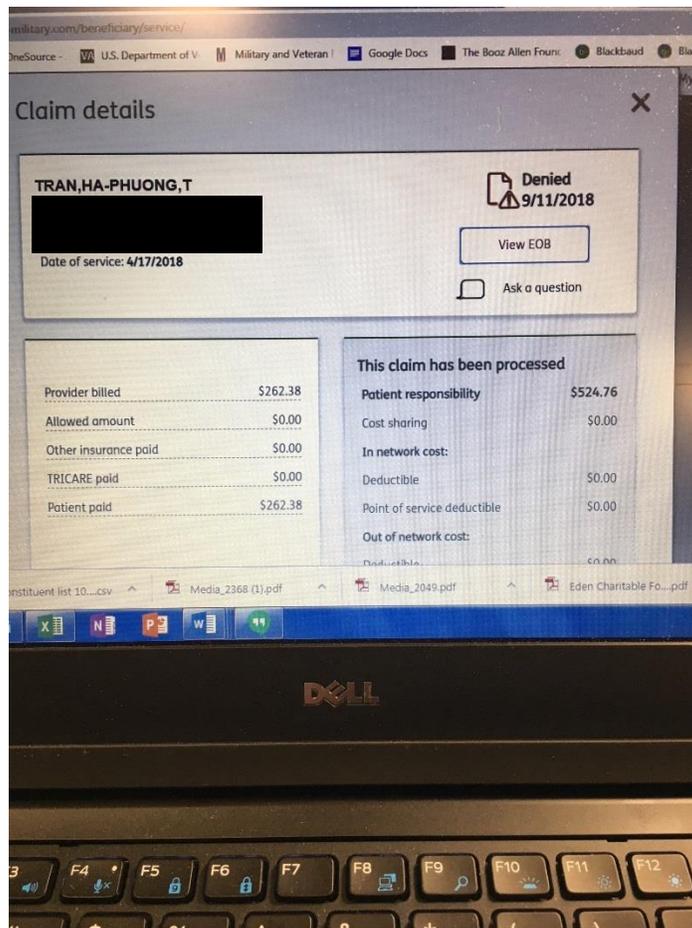
Throughout 2018, military families were plagued by TRICARE contractor transition issues. The problems have been well documented with contractors themselves regularly reporting on performance shortfalls. We appreciate the steps Congress and committee staff took to hold DHA and the managed care support contractors accountable. For families, inaccurate claims processing – particularly in the East Region – has been a problem throughout the year, but this issue is not captured in contract performance metrics. While Humana has been very responsive in addressing individual claims errors we’ve brought to their attention, it seems they were slow to address systemic issues. Customer service has also been ineffective in helping families resolve obvious problems with claims. There seems to be no process to escalate claims errors to someone at the contractor who can help resolve them.

As an example, one family made twelve calls to Humana before contacting us. When this photo was taken, the Patient Responsibility had doubled versus the amount the provider billed. The family was eventually reimbursed after working with our contact at Humana. After twelve calls with no results, what would this family have done if they had not known about our Association? **We appreciate the efforts you have made on the T17 transition and ask for continued oversight of contract implementation.**

³ Defense Health Board *Pediatric Health Care Services Report* – December 18, 2017

<https://health.mil/About-MHS/Defense-Health-Agency/Special-Staff/Defense-Health-Board/Reports>

⁴ <https://health.mil/Reference-Center/Congressional-Testimonies/2018/12/26/Report-on-Plan-to-Improve-Pediatric-Care-and-Related-Services-for-Children-of-Armed-Forces>



DIRECT CARE SYSTEM/MILITARY HOSPITALS AND CLINICS

During the MHS reform process, our Association detailed challenges military families face within the Direct Care system, including MTF appointment shortages and scheduling hurdles, variable quality and safety across the Direct Care system, and policies and patient experiences that vary greatly across MTFs. As reform efforts continue, we hope DHA and the Services maintain a focus on addressing these challenges.

We appreciate and strongly support the FY17 NDAA provision that requires DHA to assume responsibility for the administration of all MTFs. Currently, DHA sets policy but MTFs have no accountability to the Agency for implementation of that policy. Consolidating MTF administration under DHA should allow the Agency to enforce policy and ensure more consistent communication.

While we also support MHS reform intended to right-size the Direct Care system, retaining only beneficiary care that directly contributes to the readiness mission, we urge DHA to ensure access for beneficiaries who must transition care to the private sector as a result. If right-sizing includes specialty care consolidation into a handful of military medical centers of excellence, we trust military family preferences will be considered when determining where families will obtain specialty care.

TRICARE DENTAL PROGRAM FOR ACTIVE DUTY FAMILY MEMBERS TRANSITION TO FEDVIP

We appreciate Congress and committee staff listened to our concerns about the reduced quality and value of the TRICARE Dental Program (TDP) following the transition to United Concordia in May 2017. Thank you for expanding Federal Employees Dental and Vision Insurance Program (FEDVIP) eligibility to active duty family members, while maintaining DoD's premium contribution, in the FY19 NDAA. We believe FEDVIP will provide military families with a variety of coverage levels to meet their needs and allow them to choose a plan with sufficient network providers in their geographic area.

We have been working closely with DHA, the Office of Personnel Management (OPM) and the contractors during the TRICARE Retiree Dental Program transition to FEDVIP. We have reviewed lessons learned from that process and stand by to assist with the more complicated transition from TDP to FEDVIP. ***We request Congress monitor and provide oversight on the TDP to FEDVIP transition.***

SPECIAL NEEDS MILITARY FAMILIES

Exceptional Family Member Program (EFMP) Assignment Coordination

Military families complain that EFMP assignment coordination is not thorough. Some say they are sent to areas with insufficient medical assets to meet their needs. In other cases, providers exist but long waitlists preclude access. At the moment, this seems to be a particular problem for families with children on the autism spectrum at Joint Base Lewis-McChord (JBLM.) Many families being sent to JBLM report long wait lists for therapies even with the opening of the Center for Autism Resources, Education and Services (JBLM CARES.) **We ask Congress to require DoD to develop and publish performance metrics to evaluate assignment coordination effectiveness.**

A May 2018 Government Accountability Office (GAO) report *DoD Should Improve Its Oversight of the Exceptional Family Member Program*⁵, indicates each service uses various mechanisms to monitor how service members are assigned to installations, but the report contains no details on how the individual services are monitoring assignment coordination effectiveness. We agree with GAO's recommendation that the Office of Special Needs (OSN) develop performance metrics for assignment coordination, specifically:

- OSN should develop common assignment coordination performance metrics across the Services. Metrics should include measures of military family satisfaction with the assignment coordination process focused on the ability to obtain necessary medical care at the gaining installation.
- Metrics should track compassionate reassignments/off schedule PCS moves due to inadequate medical resources at the gaining installation for EFMP families that were approved for that location. Compassionate reassignments of this nature indicate system failure and should be monitored to identify and address process breakdowns.
- Metrics should be reported at the installation level to provide actionable information.

⁵ <https://www.gao.gov/products/GAO-18-348>

TRICARE Extended Care Health Option (ECHO)

We appreciate DoD's August 2018 proposed rule⁶ eliminating the concurrent ECHO benefit requirement. This would allow beneficiaries enrolled in ECHO to receive respite care regardless of whether another ECHO benefit is received in the same month. We are grateful the proposed rule eliminates this barrier to ECHO respite services. While eliminating the concurrent ECHO benefit requirement is a step in the right direction, ***we ask Congress to expand ECHO respite care hours to align more closely with state Medicaid Waiver programs*** to ensure special needs military families receive adequate support.

Medicaid Waiver programs provide long-term care services in home- and community-based settings to those who would otherwise require care in an institutional environment. Many states have lengthy waitlists for their Medicaid Waiver programs leaving military families unable to access services when they PCS from one state to another before reaching the top of the waitlist.

"I have two special needs children and have never been able to access Medicaid services till our recent assignment. When we move out of state this summer, we will again lose services. In 9 years, we have received only 9 months of Medicaid waiver services due to frequent military moves. The process takes so long each time we PCS. It is really discouraging."
-Peggy, Navy Spouse

Congress established TRICARE's Extended Care Health Option (ECHO) as a substitute for state Medicaid Waiver services that are often unavailable to mobile military families. Medicaid Waiver program services should serve as the benchmark for ECHO covered services. However, ECHO currently falls short, relative to Medicaid waiver services, particularly in terms of respite care.

The Military Compensation and Retirement Modernization Commission (MCRMC) validated this issue in their 2015 report⁷ and recommended ECHO covered services be increased to more closely align with state Medicaid Waiver programs. The MCRMC's state-by-state Medicaid Waiver analysis showed the average state Medicaid Waiver provides 695 respite hours per year while ECHO provides only 192 respite hours annually.

While the proposed rule eliminating the concurrent ECHO benefit requirement is a helpful first step, we believe it is important for DoD to further address ECHO deficiencies by increasing the total number of respite hours available to families. The current level of 16 hours per month disadvantages military families relative to state Medicaid Waiver recipients. The low number of ECHO authorized respite hours also presents a barrier to receiving any respite care, since many families report difficulties finding a respite provider willing to work with them given the low number of hours involved. Managed care support contractors verify that many home health agencies don't want to play in intermittent, low hours care.

⁶ <https://www.federalregister.gov/documents/2018/08/17/2018-17463/tricare-extended-care-health-option-echo-respite-care>

⁷ <https://docs.house.gov/meetings/AS/AS00/20150204/102859/HHRG-114-AS00-20150204-SD001.pdf>

MILITARY DEPENDENT MEDICAL RECORDS

In 2018, the Military Times published two articles⁸ about the Services accessing military dependent medical records of children who subsequently joined the military themselves. These articles have raised concerns among military families about the impact of mental health notations in their children's records. For years, DoD has encouraged military families to seek behavioral health care to help deal with the strains of military life compounded by 17 years of combat operations. DoD messaging rightly promoted behavioral health care as a sign of strength and a way of building resilience. The policy of accessing dependent medical records sends exactly the opposite message.

Our Association has many concerns about this issue including the overall impact on stigma. We believe the first step in addressing these concerns is a better understanding of the policy and process for accessing minor medical records of former military dependents. ***We ask Congress to require a DoD report providing transparency to the process of accessing military dependent medical records*** by requesting the Services answer the following questions:

- What is the scope of the issue?
 - How many military dependents' medical records have been accessed?
 - How many military kids have been denied enlistment or involuntarily separated due to information in their dependent medical records?
 - Under what circumstances do the Services access MHS dependent medical records? Is this a random sample or prompted by something specific?
 - Which military entrants are subject to having their dependent medical records evaluated? Enlistees? Service academy cadets and midshipmen? Reserve Officer Training Corps students? Those entering via other commissioning sources?
- What guidelines are the Services using when evaluating information in dependent medical records? How is dependent medical information used in "fit for duty" determinations? What other information (medical or otherwise) is used in conjunction with dependent medical records in "fit for duty" determinations?
- Who is charged with evaluating information in dependent medical records? What are their qualifications? What guidance do they receive before conducting such evaluations?
- What oversight is provided to ensure dependent medical record information is interpreted and used appropriately?
- What is the appeal process for those who are recommended for involuntary separation based on information in their dependent medical record?
- What is the policy for examining minor medical records of entrants who are not former military dependents?

⁸ <https://www.airforcetimes.com/pay-benefits/military-benefits/health-care-benefits/2018/03/29/they-sought-help-when-their-army-dad-deployed-now-theyre-barred-from-joining-the-military/>; <https://www.armytimes.com/pay-benefits/military-benefits/health-care-benefits/2018/04/05/sailors-bounced-from-recruit-training-thanks-to-dependent-medical-records-parents-say/>

DEFENSE RESALE

Our Association has long viewed the commissary as an essential element of military compensation. Families agreed, telling us often over the years that the commissary – and the savings families realize when shopping there – is one of their most valued benefits. However, in any discussion of defense resale, there is no ignoring the elephant in the room: commissary sales have been declining for years, and the trend shows no sign of reversing.

To be fair, much of the sales decline is most likely due to factors outside the Defense Commissary Agency's (DeCA's) control. Both the retail landscape and the military lifestyle have changed dramatically in recent years, making it increasingly difficult for the commissary to compete. The market is dominated by big box, low cost stores such as Costco and Wal-Mart, while Amazon offers convenience to shoppers who prefer to order their groceries online. At the same time, more military families are choosing to live off base, meaning the commissary is no longer the most convenient place to shop.

It's also true that DeCA does not have all the tools that a typical retailer can use to increase revenue. There's little it can do, for example, to expand its customer base – although the extension of commissary privileges to Purple Heart and Medal of Honor recipients as well as veterans with service-connected disabilities is a welcome step in that direction. It has limited ability to advertise and can't close under-performing locations. Those steps that DeCA has taken to increase efficiency and appeal to customers, such as introducing private label products, have not yet led to increased sales.

However, although fewer military families seem to be taking advantage of their commissary benefit, it remains vital to many, especially those stationed overseas or in remote locations, as well as families who are struggling financially. We are grateful Congress has shown a commitment to preserving the benefit, including mandating in law that DeCA meet savings targets. ***We request Congress to continue close oversight as the commissary continues implementing new business practices.***

Like the commissary, the Service Exchanges play a vital role in the military community, providing essential services and helping fund Morale, Welfare and Recreation (MWR) programs. That funding is especially important as the Services face increased pressure to redirect MWR funds toward readiness.

Recently, DoD conducted a business case analysis to study whether and how to consolidate the commissary and Exchanges. The analysis concluded that significant efficiencies could be realized through consolidation and recommended moving forward. We have serious concerns about this proposal. While we recognize the need for efficiency and acknowledge that combining some functions could reduce operating costs, it's also true that there are costs associated with consolidation. Where will that money come from? The cost of consolidation must not come at the expense of MWR funding, commissary savings, or services offered by the Exchanges. ***Any proposal to change the defense resale system must ensure the programs, services and savings military families rely on are preserved.***

The defense resale system is complex and merging its disparate elements will be difficult and present some risk. We urge caution before embarking on wholesale change to a system relied upon by service members and their families. At a minimum, Congress should ensure the voices of all

stakeholders are heard – leadership of DeCA and the Exchanges, industry partners, and – most importantly – patrons. ***We also recommend an independent GAO review of the recommendations in the business case analysis.***

WHAT DO TODAY’S MILITARY FAMILIES NEED TO ENSURE READINESS?

It has often been said while the military recruits a service member, it must retain a family. Our Association has long argued in order to build and maintain the quality force our nation demands, the military must support service members as they balance the competing demands of military service and family life. We urge Congress to strengthen the programs and services available to support all troops and families in diminishing uncertainty and meeting the daily challenges of military life.

We thank Congress for providing military families with greater flexibility in timing their relocation either before or after a service member’s permanent change of station (PCS) report date in the FY18 NDAA. We are anxious to see how the Services implement this new policy and will monitor whether it minimizes the upheaval associated with moving.

Yet, budget issues have increased stress and anxiety for families facing a military-ordered move. The military must evolve to meet the needs of today’s military families, but it needs a predictable budget and appropriation to do so.

PRIVATIZED MILITARY HOUSING

In recent weeks we’ve heard from thousands of military families who have endured deplorable conditions within privatized military housing. We are encouraged, and thankful Congress has taken the first steps to address the situation. We urge Congress and the Services to move forward with improved oversight and management of the contractors and housing officials responsible for these conditions which have, and continue to, affect the health, safety and wellbeing of service members and their families.

Nearly twenty years ago when Congress and DoD were considering privatization of military housing, our Association was encouraged by the promise that conditions faced by military families living in military-run facilities would be drastically improved as civilian contractors took over and built and maintained housing to civilian standards. However, we strongly warned Congress of the consequences if the military abandoned its oversight over the housing developers. In fact we specifically warned, “If the Services’ oversight of developers mirrors their own care of housing, we could foresee families caught in the vise of the new management company blaming failures on the construction company, the Services blaming both, and families left with the residual mess.” It saddens and angers us to have to say, “We told you so.” After almost twenty years, families are still looking for the answers to these questions:

- ***Who provides oversight of housing management and maintenance?***
- ***What is the role of the installation commander?***
- ***Who is the advocate for family members living in the housing?***

With 50-year contracts and millions of dollars, we’ve witnessed and experienced what privatization of military housing with a lack of proper oversight yields. We continue to be horrified at stories of

mold growing through walls and inhabiting heating, ventilation and air condition (HVAC) systems, a lack of proper installation of windows and insulation causing major problems with temperature regulation, vegetation such as mushrooms and moss growing in bathrooms and out of carpets, infestations of vermin and the disgusting list goes on. We've also heard from families that in some places maintenance workers and housing officials have stonewalled efforts to improve conditions- from telling the families that they're simply not going to fix a problem to presenting nondisclosure agreements to tenants living in these conditions who desire to move their family to a clean and safe environment.

Further complicating the situation is the notion that a service member may be deployed or remotely assigned and concerned about conditions in which his/her family is living. This affects not only the readiness of the individual, but also the safety of their units and jeopardizes operational success on the battlefield.

Families want to know:

- What has changed for those who are currently experiencing problems?
- What has changed for those who discover issues in a month?
- How are the Services going to address the short and long-term health problems of families? What if the service member has separated from the military? How will families receive care?

What will Congress include in the FY20 NDAA to address these questions?

CHILD CARE

Military families often tell us that finding high-quality, affordable child care is one of their biggest challenges. In part, of course, this reflects a national shortage of affordable child care options. The demographics of the military family community make the issue particularly acute: two-thirds of the more than 1.6 million military-connected children are under the age of twelve and the largest cohort – nearly 38 percent – is under age five.⁹

DoD is to be commended for recognizing the importance of ensuring military families have access to high-quality, affordable child care and for taking concrete steps to provide this care. Its facilities are usually top-notch and offer curricula developed by experts in early childhood education. In addition, it provides admirable training and professional development opportunities to CDC employees as well as care providers in its network of Family Child Care (FCC) homes. It developed a single website, MilitaryChildCare.com, to provide better information about on-base child care options and allow parents to seek a space for their child in advance of a PCS move. In response to concerns that lengthy background check requirements were leading to hiring delays and staff shortages, DoD implemented procedures to speed the process while still ensuring the safety of children in their care.

⁹ 2017 Demographics: Profile of the Military Community, <http://download.militaryonesource.mil/12038/MOS/Reports/2017-demographics-report.pdf>

Yet, despite these efforts, gaps remain. Families still complain of long waiting lists, especially overseas and at larger joint bases. And these waiting lists don't even tell the full story, as many families, faced with a waiting list of six months or more, look elsewhere to find child care. It is no doubt true that DoD will never be able to meet the child care needs of every military family. However, access to quality, affordable child care is essential to military readiness. And the unique challenges of military life – distance from extended family who might otherwise assist with care, long hours and overnight shifts – often mean that seeking care in the civilian community isn't feasible. Military families will continue to look to DoD to meet their child care needs, and DoD must continue to do more.

While the issue of military child care may appear to be intractable, there are several steps DoD could take to address the problem:

Increase participation in the fee assistance program: The fee assistance program operated by the Services is an innovative, effective approach to the problem of insufficient child care availability on base. The program helps offset the cost of child care in the civilian community, ensuring participating families can access high quality care at an affordable cost. Unfortunately, relatively few families take advantage of this benefit. Expanding participation in the child care fee assistance program would address many families' child care needs.

One reason why relatively few military families participate in the fee assistance program is a lack of eligible providers. DoD has stringent requirements for child care providers participating in the fee assistance program, to include national certification, regular inspections, and background checks. However, many states have less stringent requirements for providers. In those locations, families often have difficulty locating a provider who meets DoD's eligibility requirements. The Office of Military Community and Family Policy and the Defense State Liaison Office (DSLLO) have worked together to encourage states to increase their standards to meet DoD's and have had a great deal of success in this regard. We encourage them to continue with this effort. We also encourage DoD to consider ways it could broaden the pool of providers eligible to participate in the program while still maintaining its commitment to high quality care.

The second, more pressing reason why few families take advantage of the fee assistance program is simply a lack of funds. Navy families reported for months their Service fee assistance program was not even accepting new families to its waiting list due to lack of available funds. We urge the Services to direct more resources to this program which is essential to many families and relieves pressure on installation child care services.

Analyze role of FCC Homes: For many years, child care providers who offered care in their on-installation homes were an important part of the military child care system. These providers receive training and professional development from DoD much like that given to CDC employees and must comply with stringent DoD inspections and background checks. They provide a flexible care option for parents whose schedules don't work with CDC hours and offer employment opportunities for military spouses. However, the number of FCC Homes has been declining for years. DoD should survey current providers as well as those who leave the program to assess why fewer people are offering this service and what, if anything, could be done to attract and retain in-home care providers.

Part of the problem may be that if an FCC provider moves and no longer lives on an installation, he or she is subject to the licensing requirements of the state. Given DoD's stringent requirements, we expect FCC providers would meet or exceed most states' requirements for licensing an in-home day care. For that reason, we suggest DoD and the DSLO work with states to expedite licensing for approved FCC providers, so they can quickly reopen their in-home day care in their new location.

Increase availability of part-time and hourly care: We hear from many military families frustrated by the lack of hourly or drop-in care at installation CDCs. Many military families – especially those overseas or in remote locations – do not have easy access to reliable caregivers. For those families, access to drop-in care at an installation child care facility can greatly enhance their quality of life, enabling parents to go to medical appointments, run errands, and volunteer in their communities. This service can be especially vital when a service member is deployed, providing the at-home parent with a much-needed break. Increasing the number of hourly slots would also help address a common conundrum faced by military spouses after a PCS move: they can't look for work without child care, but thanks to DoD priority guidelines, they aren't eligible for child care if they're not working. DoD should evaluate the programs at installation CDCs to ensure the mix of care offered – full time, part-time and hourly – meets the needs of the families they serve.

MILITARY FAMILIES AND FOOD INSECURITY

The 2017 Survey of Active Duty Spouses (2017 ADSS) conducted by the DoD reported 11 percent of active duty spouses described their financial situation as “not comfortable.” Another 21 percent of spouses reported they had experienced some financial difficulty. Although the survey did not address the issue directly, there is evidence that military families' financial stress sometimes leads to food insecurity:

- Food pantries operate on or near virtually every military installation – four near Camp Pendleton alone;
- The demand for low- or no-interest loans or grants from the Service relief societies. For example, in 2018 the Navy-Marine Corps Relief Society provided more than \$18 million to assist service members and families with basic living expenses such as food and rent.¹⁰
- DeCA reports nearly \$55 million in Supplemental Nutrition Assistance Program (SNAP) benefits were spent in military commissaries in FY 2017.

Our Association has argued that military families should be able to benefit from the same social safety net programs that support their civilian neighbors and friends. There should be no shame or stigma in accepting assistance to ensure you are able to put healthy food on the table. Our concern, rather, is for military families who may be falling through the cracks, either because they are not aware of programs that could assist them, or they fall just over income eligibility thresholds.

One example of this issue is military families' eligibility for SNAP benefits. SNAP is designed to support families whose incomes put them below 130 percent of the federal poverty level. (Some states set a higher threshold – they may go up to 185 percent of the federal poverty level.) However, because the military Basic Allowance for Housing (BAH) is included when determining SNAP eligibility, it's rare for military families to qualify. Paradoxically, families stationed in high cost of

¹⁰ Navy-Marine Corps Relief Society 2018 Year in Review Infographic, [http://www.nmcrs.org/page/-/Infographic 2018 Financials Feb 05 19 Interim.pdf](http://www.nmcrs.org/page/-/Infographic%202018%20Financials%20Feb%2005%2019%20Interim.pdf)

living areas are most affected by this barrier – their higher BAH prevents them from qualifying for SNAP, but the high cost of everything from food to utilities and transportation puts them under great financial strain.

In the past, Congress and DoD have acted to address the issue of military family financial stress and food insecurity. For example, in the late 1990s Congress authorized the Family Supplemental Subsistence Allowance (FSSA), which was designed to assist families whose income and household size put them below 130 percent of the federal poverty level. However, few families participated in this program and in 2016 it ended domestically at the recommendation of the Military Compensation and Retirement Modernization Commission (MCRMC), which noted that most eligible families would be better off participating in SNAP.

While we agree with the MCRMC that SNAP is in many ways a more valuable and effective program to assist military families struggling with food insecurity, the fact remains that many families in need are unable to access it due to the inclusion of BAH. For that reason, **we ask Congress to reinstitute the FSSA**, but with key changes to make it more effective for military families:

- Set eligibility at 200 percent of the federal poverty guidelines, based on income and number of dependents;
- Exclude BAH when determining eligibility;
- Using data from the Defense Finance and Accounting Service (DFAS), automatically notify service members of their potential eligibility for the FSSA. (Previously, service members had to apply for the FSSA through their chain of command, which could be a barrier to participation.) Service members could then provide information about household size and other sources of income to confirm their eligibility.

We would also like to draw attention to the Women, Infants and Children (WIC) program, which supports families with pregnant or nursing mothers and young children up to age five. WIC offers support in the form of vouchers or electronic benefits cards that may be used to purchase foods such as formula, baby food, eggs, peanut butter, bread, milk and fruits and vegetables. Participants in the program also receive nutritional counseling and breastfeeding support. Given the young demographics of the military family community and the fact that the largest cohort of military children (nearly 40 percent) is under age five, this program in many respects is tailor-made to support military families. In addition, because BAH is not counted in determining WIC eligibility, it is much easier for military families to qualify – in fact, nearly every E-6 or below with one or more children could potentially qualify, assuming there is no additional household income.

While we were unable to find statistics on the usage of WIC among military families, we are certain many more families potentially qualify than currently take advantage of this valuable program, which is unfortunate. We would like to see DoD take steps to raise awareness of WIC among young military families. One easy step would be ***to require pediatricians in Military Treatment Facilities (MTFs) to screen patients for food insecurity and provide information about applying for WIC.***

The majority of military families may never face food insecurity, and for those who do it is often a short-term problem that is resolved through promotion. However, we firmly believe no military family should ever struggle to put food on the table, especially when programs exist that can provide support. Raising awareness of WIC and making relatively simple changes to the FSSA would provide much needed support to the youngest, most vulnerable military families.

MILITARY CHILDREN'S EDUCATION

Like most parents, military families care deeply about the quality of their children's education. They also worry about the effect that the military lifestyle has on their children's education – specifically, the frequent military-ordered moves. Typically, military families move every two to three years, so a military-connected child can expect to attend six or more schools before their senior year of high school.

The Interstate Compact on Educational Opportunity for Military Children, which has been adopted by all 50 states and the District of Columbia, as well as the Department of Defense Education Activity (DoDEA), addresses many of the most common transition-related challenges faced by military-connected children moving to new schools. In addition, the widespread adoption of Common Core or similar standards means that military children are more likely to find familiar curricula and academic standards in their new schools. Together, these two developments help provide today's military children with smoother transitions and a more consistent academic experience than previous generations. Still, the fact remains local public schools are locally controlled – and financed – so policies, resources, and requirements vary from state-to-state and even district-to-district. Understandably, this is a source of stress for military families, who want their children to have the best possible education.

In February 2018, the Secretaries of the Army, Navy and Air Force sent a letter to the National Governor's Association affirming the importance of education to military families and calling on governors to ensure military-connected children in their state receive the best possible education. We commend the Secretaries for highlighting the importance of education and agree states and districts should set policies and allocate resources to support military children and provide them with a high-quality education. However, we believe the federal government has a role to play as well.

Districts serving large numbers of military children rely on Impact Aid funding from the Department of Education and the Department of Defense to help offset the additional expenses they incur, as well as compensate for lost property tax revenue when a district includes federal property such as a military installation. It is incumbent on DoD and the federal government to ensure schools charged with serving military-connected children have the support they need to provide the best possible education. We are grateful to Congress for authorizing \$40 million for DoD Impact Aid and \$10 million in Impact Aid for schools serving military children with special needs in the FY19 NDAA. ***We ask Congress to maintain this funding to offset the costs incurred by districts educating large numbers of military children.***

We continue to be concerned about the financial burden posed on school districts educating large numbers of military children with special needs. We wholeheartedly support sending military families with special needs family members to locations where their medical and educational needs can be met. However, in practice, this has led to concentrations of special needs military families in locations such as Joint Base Lewis-McCord, where a large MTF and other specialized services are available. While the ready availability of services through the military and local civilian community benefits the special needs military families, we are concerned about the unintended burden on the school districts serving these installations, which must provide special education services. Serving unusually large numbers of children with severe special needs places great strain on the budgets of these school districts. We fear that in the long term this financial pressure will affect the quality of the education services these districts are able to provide. ***We ask Congress to require DoD to***

study where military families with severe special needs are concentrated and whether DoD Impact Aid for schools serving military children with special needs is appropriately allocated.

SPOUSE EMPLOYMENT AND EDUCATION SUPPORT

Spouse employment and education support is a critical component of military family readiness. Much like their civilian counterparts, many military families rely on two incomes in order to help make ends meet. However, military spouses face barriers hindering their educational pursuits and career progression due in large part to challenges associated with the military lifestyle.

We are gratified in recent years Congress, DoD, the White House, and individual States have all taken steps to lessen the burden of an active duty member's military career on military spouses' educational and career ambitions. We fully support these initiatives, including DoD's portfolio of Spouse Education and Career Opportunities (SECO), which provides educational funding for select military spouses, career counseling, employment support, and the DoD State Liaison Office's (DSLLO) state-level initiatives. However, while progress has been made in certain areas, the military spouse unemployment rate remain stagnant at 24 percent and military spouses continue to face significantly lower earnings as well as higher levels of unemployment and underemployment than their civilian counterparts, greatly impacting their families' financial stability.¹¹

We appreciate that Congress recognized the difficulty military spouses have in moving their careers from state-to-state by providing up to \$500 reimbursement for re-licensing and re-certification because of a PCS in the FY18 NDAA. However, we have yet to see implementation of this program, leaving over 30 percent of employed military spouses anxiously waiting for much needed relief as they PCS and face financial strains due to re-licensure/re-certification within a new state. ***We urge Congress to hold the Services responsible for the implementation. We ask Congress to extend the proposed 2022 program sunset allowing military spouses to access the reimbursement for a full five years as Congress intended.***

Grow Our Own

As military families struggle to cope with the effects of 17 years of war, we are seeing an increasing demand for mental health services within our families and community. Unfortunately, access to high quality care is limited. The shortage of mental health professionals nationally is mirrored in the military community; it is even greater at military installations in remote areas. We believe our nation has an obligation to prevent, diagnose, and treat the mental health needs of service members and their families. Doing so, in the face of a nationwide shortage of mental health professionals, will require innovative solutions and strategic public-private partnerships including Congress, DoD, the VA, and other organizations.

One of our Association's top priorities is to ensure adequate access to mental and behavioral health providers who are attuned to the unique stressors of military life for service members and their families who have endured years of repeated deployments, long separations, and possible injuries

¹¹ Hiring Our Heroes, *Military Spouses in the Workplace*, U.S. Chamber of Commerce Foundation June 2017: <https://www.uschamberfoundation.org/sites/default/files/Military%20Spouses%20in%20the%20Workplace.pdf>

or illnesses. We support efforts to educate and employ military spouses as professionals in these fields.

Since 2004, NMFA's military spouse scholarship and professional funds program has had over 100,000 applicants and awarded over \$5 million in funds. The number of spouses pursuing mental health careers continues to increase. Our 2018 applicant pool had 767 spouses planning to pursue careers in mental health fields which shows a growth of 50 percent from the previous year.

Many of our military spouses pursuing careers in mental health fields intend to serve military families. Helping these spouses overcome obstacles and pursue their careers has the dual benefit of assisting the individual spouse and family while addressing the shortage of mental health providers in the military community. However, these spouses face obstacles due to the unique challenges of the military lifestyle. Just this month in Facebook posts these spouses share experiences all too common for military spouse mental health professionals:

Hi everyone! I have a few questions that I'm hoping you can help me with. I'm currently licensed in New Mexico as an LMSW and have almost finished my clinical supervision to test for my LCSW. My husband is stationed in Florida and we are planning to move there soon. Is it better to finish my hours here and test in NM then transfer my license or start the process to get licensed there? I heard you can test before you finish your hours there, is that true? Also, if we were to move, can I still have a NM supervisor? I have also heard about a Valor Program that is temporary licensure for military spouses. Any info on this? Thank you for your help!

Hi everyone!! ADVICE/INPUT NEEDED!! I am graduating this May (MS in Clinical Mental health). I know I need to start 3000 post grad hours after I am done. HOWEVER, we might be moving in the near future (most likely within a year but no orders yet!!) so I am debating whether to start getting the hours or wait for an unknown period of time till we move?? Did anyone start accumulating hours in one state and then moved??? PLEASE ADVISE! TIA!!

One of the many challenges which these spouses highlight is that of obtaining supervision hours—not only the sheer number of hours spread over years that are likely to be interrupted by a PCS, but also the cost associated with accumulating hours. One scholarship applicant writes, “The cost of each individual hour is \$70. With this financial support I would be able to accumulate hours at a faster pace.” In recognizing this financial strain, we offer scholarship funds to be used toward supervision hours in addition to licensure and certification costs. ***We urge Congress to expand the MyCAA program to allow funds to be used toward obtaining supervision hours.***

Federal Student Loan Forgiveness

Federal student loan forgiveness and repayment programs provide incentive for those who wish to give back to their community. With the well documented shortage of mental health providers, both nationally and within the military community, we believe adding mental health professions to the federal student loan forgiveness program would provide a much needed incentive to spur growth in these fields.

We urge Congress to enhance federal student loan forgiveness programs and protect against any attempts to degrade programs in place.

We offer the following recommendations for Congress to consider:

- Facilitate easier paths to both licensure and employment for military spouses and veterans in the mental health field when they work with service members and families;
- Pass legislation to allow military spouses full reciprocity when transferring an active unrestricted mental or behavioral health license from one state to another due to PCS;
- Support partnerships between the Military Health System and the VA to ease spouse difficulties in obtaining clinical supervision hours, reduce licensing barriers, and spur employment of military spouses and veterans in the mental health field;
- Expand the MyCAA program to include the coverage of supervision hours and increase rank eligibility to E-6 and O-3.

MILITARY LENDING ACT

For more than a decade, military families have enjoyed a reprieve, seeing a decrease in predatory lending due in large part to the passage of the Military Lending Act (MLA). However, recently we have become alarmed about the Consumer Financial Protection Bureau's (CFPB) decision to no longer enforce supervision of the MLA. While CFPB seems to be concerned with the overall financial readiness of service members and their families, forgoing their previously recognized authority opens military families up to fraudulent lending by financial institutions. Furthermore, this reversal puts the onus on military families to catch potential fraud based on their understanding of the law and its protections and work through the process of reporting potential fraud to CFPB in the hopes of reconciliation.

In January of this year, CFPB's own Office of Servicemember Affairs reports complaints and requests for assistance have continued to increase over time. In fact, the report states, "From 2016 to 2017 there was a 47 percent increase in complaints received by service members." If, even with supervision of the MLA during the last decade, service member complaints have continued to increase what does CFPB expect will happen as a result of no supervision? Surely this disturbing trend will continue to grow at expediential rates. ***We urge CFPB to reverse their decision to no longer supervise financial institutions in compliance with the MLA.***

We understand that CFPB has proposed a legislative fix to explicitly grant authority to supervise the MLA. However, we believe that CFPB already possesses the authority and are concerned that any attempts to revise the MLA could in turn water-down protections already in place.

MILITARY FAMILIES IN CRISIS

Our country is still at war and military families continue to live extraordinarily challenging lives. Reintegration continues to pose challenges for some. Others are anxious about their financial futures. Most military families are resilient and will successfully address whatever challenges come their way. However, some will need help. It is critical military families trust DoD services and programs and feel comfortable turning to them in times of need. These programs and services must be staffed and resourced adequately so when families reach out for help, they can trust it is available. Military families must be assured our nation will support them in times of family or personal crisis.

Suicide

In 2014, the Defense Suicide Prevention Office (DSPO) released a report outlining an approach for tracking military family member suicides. The report, *Suicide and Military Families: A Report on the Feasibility of Tracking Deaths by Suicide among Military Family Members*, was requested by the Senate and House Armed Services Committees.

Our Association was pleased when Senators Kaine and Murray sent a letter in July 2018 to DoD requesting the status of the military family member suicide data. We were stunned when DoD responded saying they were in compliance with the law. DoD may have developed a policy for tracking military family member suicide, but they have not **reported** those suicides. We believe the law is very clear.

SEC. 567. IMPROVED CONSISTENCY IN DATA COLLECTION AND REPORTING IN ARMED FORCES SUICIDE PREVENTION EFFORTS.

(a) POLICY FOR STANDARD SUICIDE DATA COLLECTION, REPORTING, AND ASSESSMENT.

(1) POLICY REQUIRED.

The Secretary of Defense shall prescribe a policy for the ***development of a standard method for collecting, reporting, and assessing information regarding—***

(A) any suicide or attempted suicide involving a member of the Armed Forces, including reserve components thereof; and

(B) ***any death that is reported as a suicide involving a dependent of a member of the Armed Forces.***

b) SUBMISSION AND IMPLEMENTATION OF POLICY.

(1) SUBMISSION. Not later than 180 days after the date of the enactment of this Act, the Secretary of Defense shall submit the policy developed under subsection (a) to the Committees on Armed Services of the Senate and the House of Representatives.

(2) ***IMPLEMENTATION. The Secretaries of the military departments shall implement the policy developed under subsection (a) not later than 180 days after the date of the submittal of the policy under paragraph (1).***

We appreciate Congress including a provision directing DoD to track military family suicides as well as Reserve Component suicides in the FY15 NDAA but are frustrated by DoD's delays in reporting this information. If we don't have accurate information on the extent of the issue, targeting solutions is impossible.

Preventing Child Abuse and Neglect, and Domestic Violence

Research commissioned by our Association¹² and others during the past decade documents the toll of multiple deployments on children and families, the difficulties many families face on the service member's return, and the added strain a service member's physical and invisible wounds can place

¹² Anita Chandra, et al., RAND Center for Military Health Policy Research, Views from the Homefront: The Experiences of Youth and Spouses from Military Families, 2011

on a family. These stressors put military families at risk for marital/relationship problems and compromised parenting that must be addressed with preventative programs.

Those looking for budget cuts may find it tempting to slash family support, family advocacy, and reintegration programs. However, bringing the troops home from war zones does not end our military's mission, family separations, or the necessity to support military families. "Rotations" and "training exercises" of units to Europe and elsewhere must be accompanied by the same high levels of family support as if service members were heading on a combat deployment. To family members, especially young children, "gone is gone".

We are concerned the extraordinary stress military families face could lead to increased domestic violence as well. Preventive programs focused on effective parenting and rebuilding adult relationships are essential. The government should ensure military families have the tools to remain ready and to support the readiness of their service members.

We are encouraged the Family Advocacy Program, a Congressionally mandated DoD program designed to prevent and respond to child abuse/neglect and domestic abuse in military families, has redoubled its focus on prevention programs. Their efforts to repair relationships and strengthen family function will be essential. Programs like New Parent Support focus on helping young parents build strong parenting skills early on.

We encourage Congress and the DoD to ensure Family Advocacy programs are funded and resourced appropriately to help families heal and aid in the prevention of child and domestic abuse.

TODAY'S SURVIVING SPOUSES NEED THE DIC OFFSET ELIMINATED

Our Association has long believed the benefit change that would provide the most significant long-term advantage to the financial security of all surviving families would be to end the Dependency and Indemnity Compensation (DIC) offset to the Survivor Benefit Plan (SBP). Although we know there is a significant price tag associated with this change, ending this offset would correct an inequity that has existed for many years. Each payment serves a different purpose. The DIC is a special indemnity (compensation or insurance) payment paid by the VA to the survivor when the service member's service causes his or her death. The SBP annuity, paid by the DoD, reflects the military member's length of service. It is ordinarily calculated at 55 percent of retired pay. Military retirees who elect SBP pay a portion of their retired pay to ensure their family has a guaranteed income should the retiree die. If that retiree dies due to a service-connected disability, their survivor becomes eligible for DIC.

We ask the DIC offset to SBP be eliminated to recognize the length of commitment and service of the career service member and spouse.

MILITARY FAMILIES –CONTINUING TO SERVE

Recent national fiscal challenges have left military families confused and concerned about whether the programs, resources, and benefits contributing to their strength, resilience, and readiness will remain available to support them and be flexible enough to address emerging needs. The Department of Defense must provide the level of programs and resources to meet these needs.

Service members and their families have kept trust with America, through 17 years of war, with multiple deployments and separations. We ask the nation to keep the trust with military families and not try to balance budget shortfalls from the pockets of those who serve.

Evolving world conflicts keep our military service members on call. Our military families continue this call as well, even as they are dealing with the long-term effects of almost two decades at war. The government should ensure military families have the tools to remain ready and to provide for the readiness of their service members. Effective support for military families must involve a broad network of government agencies, community groups, businesses, and concerned citizens.