NATIONAL MILITARY FAMILY ASSOCIATION

Together we're stronger

Statement

by the

NATIONAL MILITARY FAMILY ASSOCIATION

for

Subcommittee on
Military Personnel

of the

UNITED STATES HOUSE OF REPRESENTATIVES
ARMED SERVICES COMMITTEE

March 31 2015

Executive Summary

The United States military is the most capable fighting force in the world. For more than a decade of war, service members and their families never failed to answer the call, gladly sacrificing in order to protect our Nation. They made these sacrifices trusting that our government would provide them with resources to keep them ready. 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 (DoD) must provide the level of programs and resources to meet this standard. Sequestration weakens its ability to do so. Service members and their families have kept trust with America, through 14+ years of war, with multiple deployments and separations. Unfortunately, that trust is being tested.

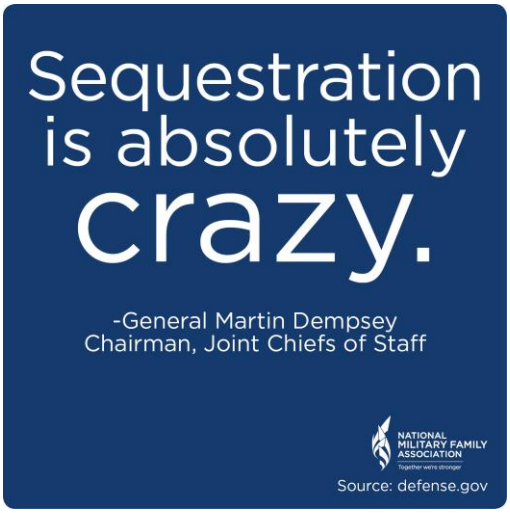
The Fiscal Year 2016 (FY16) budget proposal put forward by the Administration will undermine military family readiness in fundamental ways, by cutting families' purchasing power and forcing them to bear more of their health care costs. At the same time, looming cuts mandated by sequestration threaten the programs and services they rely on for support. Our Association makes the recommendations in this statement in the name of supporting the readiness of military families and maintaining the effectiveness of the all volunteer force. 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.

We ask Congress:

As you evaluate the proposals submitted by DoD, 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. We ask you to:

- Reject 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.
- Oppose erosion of the TRICARE benefit. Reject a misuse fee for Emergency Room care until DoD improves access to appropriate care for acute conditions.
- Protect the 30 percent savings military families receive when shopping at the commissary by continuing the annual appropriation to support the system at its current level. Commissaries are part of compensation and provide important savings for military families.
- Oppose further reductions to the Basic Allowance for Housing (BAH). Ask DoD how a reduction in BAH payments will impact the contracts that have been negotiated with privatized housing contractors. Will this result in fewer services, reduced maintenance or families paying over and above their BAH for their privatized housing?

We especially ask Congress to end sequestration, which places a disproportionate burden on our Nation's military to reduce the deficit.



We have addressed the immediate and long term impacts of the proposed FY16 budget on military families. The National Military Family Association (NMFA) asks Congress to make improving and sustaining the programs and resources necessary to keep military families ready a national priority. We appreciate the requested increase in funding to support Military Family Support Programs included in the FY16 budget request. Our concern is how this will play out when the Services need to make the hard budget decisions.

We 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 in Department of Defense Instruction (DoDI) 1342.22. Fund appropriately at all levels.
- Join with DoD to help civilian communities realize their role in supporting service members and families is ongoing, even as service members transition to veteran status.
- Expand the opportunity for spouses to access transition information including face-to-face training and on-line training. Tailor information to address family transition issues through military information portals.
- Continue funding DoD's Spouse Education & Career Opportunities (SECO) programs. Make military spouse preferences and hiring authorities non-discretionary. Expand outreach and eligibility for the My Career Advancement Account (MyCAA) to spouses of all of the Uniformed Services to facilitate better utilization and access.
- Ensure adequate funding for military child care programs, including child care fee assistance programs.
- Ensure appropriate and timely funding of Impact Aid through the Department of Education (DoEd) and restore funds to the Impact Aid federal properties program.
- Continue to authorize DoD Impact Aid for schools educating large numbers of military children and restore full funding to Department of Defense Education Activity (DoDEA) schools and the DoDEA Grant Program.
- Correct inequities in Survivor benefits by eliminating the Dependency and Indemnity Compensation (DIC) offset to the Survivor Benefit Plan (SBP); and ensuring SBP

annuities for a reservist who dies while performing inactive duty training are calculated using the same criteria as for a member who dies while on active duty.

- Encourage DoD and the VA to develop a solution to continue in vitro fertilization (IVF) coverage for veterans and military retirees facing service connected infertility.
- Require DoD and VA to regularly assess the unmet needs of caregivers and develop programs to address their evolving requirements.

After more than 14 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.

Keeping the Trust of Military Families

America's all volunteer force is the most capable fighting force in the world. After more than a decade of war, service members and their families have heroically answered our nation's call to serve. Their sacrifice - of life, limb, and family -- is offered selflessly, trusting in the steadfastness of our government to provide for their readiness and the needs of their families.

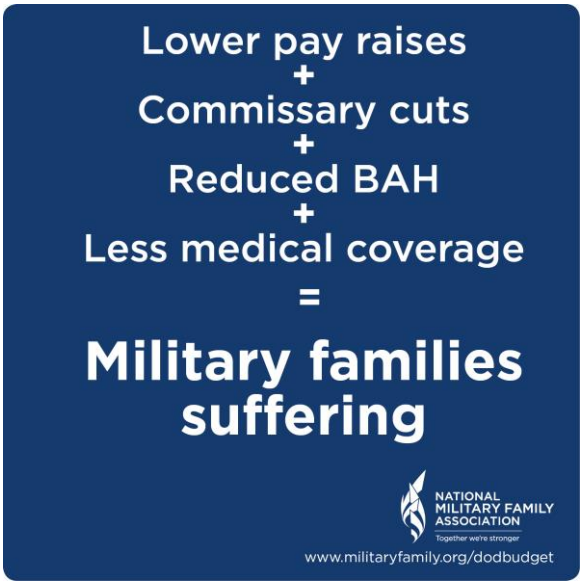
Many military families feel their sacrifices go unnoticed by civilian society, which is consumed with domestic concerns such as the economy and unemployment. Military families share those concerns. But they also feel the Nation is forgetting the price they alone have paid in 14 long years of war.

Trust in government is essential to the long term viability of the all-volunteer force. That trust is reinforced through the predictability, efficiency, and fairness of compensation and benefits. Since 2006, throughout the wars in Iraq and Afghanistan, the Administration has proposed various benefit "reforms," mostly in health care, which would have increased the financial burden of those who have served. The changes proposed in the Fiscal Year 16 (FY16) budget, coupled with the arbitrary reductions forced by sequestration, undermine the trust military families have in the government's commitment to support the all volunteer force over the long term. This is a price the Nation cannot afford to pay.

Moreover, the Administration's proposals to cut pay increases, reduce housing allowances, eliminate commissary savings, and increase health care costs pose significant risk to the financial well-being of military families. Congress must resist these changes.

The report of the Military Compensation and Retirement Modernization Commission (MCRMC) has become a catalyst for a broad discussion of military compensation and benefits for future generations. Taxing those currently serving, and those who have served, in order to finance other priorities, is wrong and unacceptable to military families. We ask Congress to honor its commitment to military families and not to balance budget shortfalls on the backs of those who serve.

The Administration Budget Proposal: A Disaster for Military Family Pocketbooks
The Administration's budget proposal, so closely tied to the budget proposal from last year, has only added to the growing sense of frustration in the military community. Military families are financially savvy. They are doing the math and feel they are shouldering the burden for balancing the budget when they've shouldered the entire burden of the last 14 years of war.



Pay Raise
For the third year in a row, the Administration is proposing a pay increase (1.3%) below the level of private sector wage increases. The Employment Cost Index (ECI) was chosen 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. What's changed?

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

Basic Allowance for Housing
Once again, DoD proposes service members pay 5 percent of their housing costs out-of-pocket by reducing the Basic Allowance for Housing (BAH) to 95 percent of the average BAH for each paygrade. The major difference in the request for FY16 is that DoD will attempt to make these reductions by eliminating growth of BAH in a given housing market until the allowance is reduced to 95 percent. DoD anticipates this will take two to three years. This "slowed growth" of the BAH will affect families whether they rent or own a home. Coupled with pay raises that do not keep pace with the Economic Consumer Index (ECI), as mandated, this will result in significant compensation cuts to military families.

BAH is paid at a with-dependent or without-dependent rate and varies based on the service member's rank and the rental and utility costs for housing within a reasonable commuting distance of where the service member is assigned. The Fiscal Year 15 National Defense Authorization Act (FY15 NDAA) eliminated the inclusion of renters insurance and called for a 1 percent out of pocket expense (reduction of BAH to 99 percent) for military families. At the

time, we were not sure how it would affect families in privatized housing. The ongoing confusion surrounding the implementation of last year's cuts should serve as a warning shot for the second and third order consequences for future cuts.

We were told early on that the reduction in BAH and renter's insurance would not be felt by military families in privatized housing until their next PCS. However, we have heard from families who were notified their lease renewals did not include renter's insurance and they would be responsible upon renewal for finding their own insurance. We are not sure how this is justified, given that the BAH they are receiving has remained the same. It is our understanding that in some cases, it has been left up to the housing contractors to either include the renter's insurance at no cost to the families or eliminate it from existing leases. This process is unclear and greater transparency is important for military families to be able to prepare for any changes scheduled to take effect.

Additionally, how each of the services and privatized housing projects will address the reduction in BAH remains unclear. To our knowledge, no directive has been given as to whether or not the housing projects can or should begin charging 1 percent of the BAH level to new tenants. In Army privatized housing, this requires a special Army authorization. Rents can vary in relation to the BAH for a given base. Some privatized housing contractors that charge rent at the level of BAH can absorb the reduction in the allowance. However, in developments where BAH and the cost to the privatized project are even, the projects cannot afford to absorb this loss. It will result in decreased services or reduction in reinvestment.

In the late 1990s, BAH covered less than 90 percent of housing costs and privatized housing companies struggled to provide adequate services and pay their own bills. The Military Housing Privatization Initiative (MHPI) was created in 1996 because the Department of Defense could not afford the housing construction needed to attract service members into military housing. Privatization has been beneficial to all parties involved, providing newer, safer housing at installations around the country. Reductions in the BAH put the benefit of privatization at risk.

Privatized housing has been a good deal for the government and for military families. If the amount paid to the contractors is reduced, what will that mean in terms of maintenance and renovation down the road? Will military families be responsible to pay the difference between rent and BAH?

Lastly, because slowing the growth will take several years, families and service members who experienced their last change of station prior to reductions will have a delayed exposure. They may be grandfathered into a BAH of 100 percent, only to PCS when the 5 percent reduction is fully implemented. These families will need to prepare for the sudden increased financial responsibility and reduction in compensation in advance.

We oppose any further reduction in Basic Allowance for Housing.

Please ask the Department of Defense how the reduction in Basic Allowance for Housing (BAH) payments will impact the contracts that have been negotiated with the privatized housing contractors. Will this result in fewer services, reduced maintenance, or families

paying over and above their BAH for their privatized housing? What will the long-term impact on families' ability to find and pay for appropriate housing?

Commissary

The FY16 Defense Budget request proposes several changes, both legislative and non-legislative to the commissary benefit. Among the non-legislative proposals are cuts to hours and days of operation. This change will hurt military families, retirees, veterans, and survivors alike. Patrons of the commissary rely on its 30 percent savings to stretch their tight budgets. Many carve out special time in their busy schedules to make a trip that might not be convenient just to access that savings. We believe reduction in hours is one step closer to forcing families out of using the commissary. Three things will result from reduction in operating days and hours: 1) patrons who rely on the savings will become dissatisfied, 2) patrons who can make do financially while shopping elsewhere will do so, and 3) military families members employed at the commissary will lose income or jobs.

Over the last decade, DeCA has been able to reach a high rate of satisfaction among its customers when rated on the same scale as a traditional grocer. DeCA has grown to consistently exceed the industry average.[1] Cutting hours of operation threatens this high level of customer satisfaction, especially if stores are crowded with more shoppers during those reduced hours. We fear lower levels of customer satisfaction will be used by DoD to justify further cuts to the benefit. We oppose policies that degrade the value of a benefit considered a benchmark by military families for generations.

While large families and those in lower pay grades rely on the 30 percent savings[2] provided at the commissary, some families can make do elsewhere, yet choose not to for a variety of reasons. When the commissary hours no longer can be accommodated in their stressed and hectic military lives, they will take their dollars elsewhere. Their departure will reduce the surcharge revenues. This has the potential to hurt every installation and is particularly concerning for remote installations that cannot provide the patronage to support their own operating costs. Those commissaries rely on income generated at installations with high levels of patronage. Widespread financial deficits will provide one more convenient talking point for why DeCA is a burden to the Defense budget.

More than 60 percent of the employees at the commissary are military affiliated (spouses, family members, retirees, Guardsmen, Reservists, or veterans)[3], with nearly 30 percent being military spouses. When hours and days of operation are cut, employees will have fewer opportunities to earn income. This is a double whammy for military spouses who already struggle to maintain consistent employment over multiple moves. They will face lower paychecks and perhaps fewer opportunities to save. How does this help military families? It doesn't, and it is not a sound way to reduce DoD's budget. When military families struggle, readiness and morale suffer. This is not a trade off worth making, in our view.

The commissary is an integral part of the military community. It is NOT just a grocery store. It is not just a convenient place to shop. It is a critical non-pay benefit for military families, and an

[1] https://www.commissaries.com/documents/whatsnew/afr/afr-2014.pdf, accessed February 20, 2015.
[2] Ibid.
[3] *Costs and Benefits of the Department of Defense Resale System*, Resale and MWR Center for Research, December 2012, pg. 46.

institution charged with the health and welfare of our service members to provide safe, healthy, familiar provisions, no matter where they are around the world.

One of the legislative changes proposed is to enable second destination transportation charges to be included in the cost of goods. Such a change will jeopardize the savings military families have come to rely on. Not only will goods no longer be sold at cost plus 5 percent, as is currently mandated by law, but patrons will be forced to carry the cost burden of transporting familiar goods to families who are serving overseas. $152 million dollars of the $1.4 billion appropriations in 2013 went to second destination transportation costs for getting U.S. goods overseas. This is the cost of doing business when service members are sent overseas to live and serve and should not be shouldered by patrons of the commissary.

In addition to the benefit provided by the commissary itself, the indirect benefit to the Morale Welfare and Recreation (MWR) revenues cannot be dismissed. Patronage at the commissary is linked to 20-30 percent of the foot traffic at the exchange, according to AAFES[4]. This foot traffic results in profits redirected to dividends paid directly into the MWR programs at that installation. A reduction in the numbers of customers shopping at the commissary has a trickle down effect threatening recreational sports programs and morale building activities and opportunities for separated families.

The commissary continues to find efficiencies and do the same, or more, with less funding. While other military personnel costs have nearly doubled since 2001, the commissary has seen a moderate 30 percent increase in appropriations[5] while providing the same or better benefit than before. We think it is wholly illogical to try to eliminate a program that has proved so efficient in delivering service to military families with taxpayer dollars. No other DoD program operates at such a low cost with such a high benefit.

We fail to see why changes should be made that weaken the protections surrounding this important benefit. The commissary represents less than one third of one percent of the DoD's budget. We think that's a bargain, one that our government should keep for our military families, who will inevitably end up shouldering the cost if the benefit is eliminated or reduced.

Protect the savings and access to the commissary.

Consolidated TRICARE Plan

The FY16 Consolidated TRICARE proposal epitomizes our concerns regarding continued erosion of the TRICARE benefit given DoD pressures to reduce health care costs. Consolidated TRICARE FY16 raises out-of-pocket costs for beneficiaries while doing nothing to address known problems with the program or enhance benefits for military families.

While we appreciate that DoD responded to our FY15 concerns regarding out-of-pocket costs for families without Military Treatment Facility (MTF) access, their solution eradicates the main benefit of the Consolidated TRICARE plan – that is, open access to providers. In fact, **FY16 Consolidated TRICARE seems to be nothing more than a rebranding of the current**

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5 http://comptroller.defense.gov/Portals/45/Documents/defbudget/fy2016/FY2016_Budget_Request_Overview_Book.pdf, Figure 6-1. Pay & Benefit Costs

TRICARE Prime, Standard and Extra programs with higher out-of-pocket costs for many beneficiaries.

Since the FY16 budget document provides very few health care details, it is impossible to fully understand and evaluate Consolidated TRICARE FY16. However, even with the limited information available, our Association has several concerns:

- **We oppose a fee for misuse of Emergency Room services** when Consolidated TRICARE FY16 fails to address barriers families face in obtaining acute care appointments and urgent care referrals.
- **We oppose the referral and authorization requirement for TRICARE network behavioral health appointments** as it could discourage families from accessing critical behavioral health resources in the community.
- **Consolidated TRICARE FY16 erodes the benefit value** by raising beneficiary costs while failing to address documented TRICARE deficiencies or enhance the benefit for military families.
- There are **few implementation details** regarding Consolidated TRICARE FY16 raising questions about prioritization of MTF access and Primary Care Manager (PCM) choice for PCM Managed beneficiaries.

NMFA Opposes a Fee for Misuse of Emergency Room Services
For years, NMFA has alerted the Military Health System (MHS) leadership to the lack of acute care appointments in the direct care system and barriers families face in accessing urgent care in the TRICARE network. We have explained how the Defense Health Agency (DHA) referral requirement and MTF level policies refusing to give urgent care referrals leave military families with no access to appropriate medical care for acute, but non-emergency, conditions. DoD has done nothing to address these problems resulting in high utilization of Emergency Room (ER) services by military families. Now DoD is proposing a misuse fee for Emergency Room care as if high ER utilization is completely independent of DoD policies that leave many families no option but the ER.

To illustrate this issue, in early December 2014 our Association became aware of complaints on social media regarding acute appointment access at Bolling AFB:

> ***Original Post:***
> *Have any of you parents out there taken your child to a strep throat clinic? We are at Bolling and of course they don't have availability…we just visited the ER two days in a row for my other child…*
>
> ***Reply:***
> *When we first got here in August, so not that long ago, I called tricare and just told them I needed urgent care and they gave me 3 clinics that were covered. I just needed to call the next business day to have the PCM put the referral in. Well when I called to let them know after the fact, they asked why I didn't go to the ER. I just told them it wasn't an emergency. They told me they preferred I go to the ER. But if tricare covers it, I'm sorry, I'm not going to waste time and ER resources for a throat swab.*

> ***Original Poster:***
> *Bolling wouldn't give me a referral anywhere. Supposedly they don't do that anymore…it must be new policy. I even called tricare to ask. They said it is the installations decision…*

To verify this situation, we called Bolling ourselves and were told there were no acute appointments available. We then prompted them with a question about access standards and were met with silence. When we asked about a referral to urgent care, even mentioning that it is TRICARE policy to issue a referral if an acute care appointment cannot be given within 24 hours, we were told that Bolling doesn't do that anymore. When we asked what we should do to get care, we were told to go to the Emergency Room.

This is not an uncommon situation. Our personal experiences, together with feedback we receive from military families across the country, indicate that **lack of appropriate care for acute conditions is widespread**. For years, we have contended that it is outrageous that military families cannot get medical care when they are sick. Now, after failing to address this problem, DoD is proposing to punish families for accessing the Emergency Room, their only option for care in too many instances.

Not only is a misuse fee grossly unfair under these circumstances, but it will also deter families from seeking needed medical care when the Emergency Room is their only option.

We oppose a misuse fee for Emergency Room care until DoD improves access to appropriate care for acute conditions.

We Oppose the Referral/Authorization Requirement for Network Behavioral Health Care

Recognizing that two prolonged wars have taken a toll on our community, TRICARE has made improvements in facilitating access to behavioral health care for military family members. **At many installations, the demand for MTF mental health resources exceeds the supply and family members have no choice but to seek care in the community.** We appreciate that under current policy, TRICARE Prime beneficiaries do not need referral or prior authorization for the first eight network outpatient behavioral health care visits per fiscal year.[6] Waiving the referral and authorization requirement has allowed military family members to more readily access critical mental health resources in the TRICARE network.

The PCM Managed option of Consolidated TRICARE FY16 requires a referral for specialty care, including behavioral health appointments. Imposing a referral/authorization hurdle on struggling families who want to seek help is unacceptable.

Some may argue that no referral is needed for behavioral health care under the Self-Managed option. However, Self-Managed beneficiaries seeking network behavioral health care incur a $20-30 copay per appointment depending on the sponsor's rank. In this instance, cost could become a barrier to obtaining needed behavioral health care.

[6] TRICARE Behavioral Health Care Resources Fact Sheet

Some of our military families will continue to struggle with reintegration issues for many years. They must have affordable and readily accessible behavioral health care to get the help they need after years of enduring repeated combat deployments.

Consolidated TRICARE FY16 Erodes the Benefit Value

Our Association is concerned that TRICARE's value will continue to be eroded over time due to DoD pressures to reduce health care costs. Consolidated TRICARE FY16 reduces the benefit value by increasing beneficiary out of pocket costs while doing little to improve the TRICARE benefit. Similar to Consolidated TRICARE FY15, the FY16 version increases copays, deductibles and catastrophic caps for Self-Managed/TRICARE Standard active duty families and retirees. However, FY16 also imposes even higher out of pocket costs on O4 and above families.

We are also concerned that the FY16 plan includes a deductible and 20 percent cost share for out-of-network care received by PCM Managed Active Duty family members (ADFMs). Non-network care currently has no out of pocket costs for TRICARE Prime beneficiaries assuming they follow TRICARE's referral and authorization process. We fear that the new 20 percent cost share could result in significant out-of-pocket costs for special needs families who must access specialty and subspecialty care from providers who are not in the network.

Although Consolidated TRICARE FY16 increases costs, it fails to address any of the known problems with the military health benefit. The FY15 version acknowledged the burdensome TRICARE referral and authorization process and eliminated it to provide open access to civilian care. The FY15 plan highlighted patient choice as one of its main benefits.

By reverting back to the PCM Managed/TRICARE Prime and Self-Managed/TRICARE Standard model, Consolidated TRICARE FY16 eliminates this benefit of patient choice for beneficiaries who want to maintain low out of pocket costs. The FY16 version does little else to enhance the benefit. **Consolidated TRICARE FY16 seems virtually identical to the current TRICARE Prime/Standard/Extra options but with higher out-of-pocket costs for beneficiaries.**

If TRICARE beneficiaries are expected to shoulder greater out-of-pocket costs, we expect DoD to address known problems with the benefit, including:

- **Access Challenges**:
  - TRICARE's cumbersome **referral and authorization process** is not only a hassle but often leads to treatment delays. These are particularly problematic for a highly mobile population that must endure the referral and authorization process after each PCS simply to continue already established specialty care. Military family members with chronic conditions cite examples that the cumulative effect of repeated treatment interruptions has had a negative impact on their long term health outcomes.
  - **Limited provider networks** pose challenges to families seeking care. Network provider shortages are more pronounced in certain areas of the country and with certain specialties, particularly behavioral health care.
  - **Inadequate access standards and insufficient measures within many MTFs** that mask beneficiaries' (including active duty service members') reported difficulties in obtaining appointments. This disconnect was highlighted in the Military Health System Review ordered by Secretary of Defense Chuck Hagel in 2014.

- **Coverage Issues:**
  - **TRICARE is slow to cover emerging technologies and treatment protocols**. Families frequently complain that TRICARE does not cover services commonly reimbursed by commercial plans such as molecular diagnostic tests and intensive outpatient programs for mental health issues.
  - **TRICARE's pediatric coverage is also problematic**. Since TRICARE coverage is modeled on Medicare, many TRICARE policies are inappropriate for pediatric patients. Additionally, TRICARE is authorized to approve purchased care only when it is "medically or psychologically necessary and appropriate care based on reliable evidence." DHA's hierarchy of reliable evidence includes only "published research based on well controlled clinical studies, formal technology assessments, and/or published national medical organization policies/positions/reports." There is no doubt that evidence of effectiveness is a cornerstone of medical necessity, yet such tightly prescribed data for children is not always readily available. Pediatric providers are adamant advocates of robust research for children's health needs, but the reality is that strict adherence to this adult based standard of reliable evidence results in military children being denied care and treatment that is widely accepted and practiced elsewhere in the health care system.

- **Lack of Choice**:
  - TRICARE's **uniform benefit** means that military families cannot choose from various coverage options to best meet their needs. This is frustrating for families who could benefit from nontraditional care such as chiropractic.
  - **Current Reserve component options pose problems for families** during mobilization/demobilization. Switching to TRICARE when the service member is activated can result in disruptions in care, while maintaining the service member's employer sponsored health insurance can lead to significant out-of-pocket costs. We have long advocated giving Reservists more flexibility to maintain their employer sponsored coverage during activation.

- **Customer Service**:
  - **TRICARE is slow to adopt customer service innovations** from the private sector such as the Nurse Advice Line. We advocated for a nurse advice line for several years and many commercial health plans offered nurse advice lines long before DHA rolled out their version in 2014.
  - **TRICARE's contracting process leads to customer service problems** during transitions between regional contractors. In April 2013, military families experienced issues with referral authorization and customer service during the transition to United Healthcare. These issues were compounded by what the Government Accountability Office determined was a lack of oversight by DoD. [7] It took months before beneficiary support was running smoothly under the new managed care support contractor.
  - **TRICARE beneficiary communications are inadequate** particularly when dealing with coverage changes. There are numerous instances of TRICARE implementing coverage changes without notifying beneficiaries and/or providers resulting in beneficiary confusion and, in some instances, significant out of pocket expenses. For

[7] **More-Specific Guidance Needed for TRICARE's Managed Care Support Contractor Transitions**
GAO-14-505: Published: Jun 18, 2014. Publicly Released: Jun 18, 2014.

instance in January 2013, TRICARE ceased reimbursement for lab developed tests including prenatal and preconception cystic fibrosis screening. They failed to notify beneficiaries and providers that they were no longer covering this prenatal screening test that has been the standard of care for over ten years. As a result, these tests were not reimbursed and some beneficiaries faced $800 out-of-pocket charges.

While we appreciate that Consolidated TRICARE FY16 introduces a minimal out-of-pocket cost option for <u>all</u> active duty families regardless of MTF access, we are concerned that it erodes the overall benefit value by increasing beneficiary costs while failing to address known problems or enhance the benefit for military families.

Consolidated TRICARE FY16 Provides Few Implementation Details
The DoD budget states that Consolidated TRICARE FY16 is designed to encourage members to use more affordable means of care. Cost shares are lowest in the MTF to drive traffic into the direct care system and improve DoD's fixed facility cost structure. However, no details are provided on how demand for MTF services will be managed.

Currently, enrolled TRICARE Prime beneficiaries have priority access at MTFs while others are seen on a space available basis. Will PCM Managed beneficiaries have similar priority access? Will there be sufficient MTF capacity to see all the Self-Managed Active Duty Family Members (ADFMs) and retirees who wish to be seen at the MTF to manage their out-of-pocket costs? It may be disingenuous to imply that Self-Managed ADFMs and retirees can minimize their costs by choosing the MTF if the MTF doesn't have capacity to see them.

We are also concerned about how increased MTF demand might impact access to care. Will families face longer waits for appointments? Will acute care become even more scarce? We fear military families' access to care will be hampered by increased demands placed on MTFs.

It is also unclear if PCM Managed beneficiaries will be assigned a PCM or if they will have the freedom to choose their PCM. Will PCM Managed beneficiaries be allowed to select a civilian PCM even if an MTF PCM is available? These details have implications for ADFM satisfaction with the proposal. We believe families would prefer the option of choosing their PCM.

One implementation detail that is provided is in regard to medically retired service members and survivors. We appreciate that DoD ensures low out-of-pocket costs for medically retired service members and their families and survivors of those who died on active duty by treating them the same as ADFMs under the Consolidated TRICARE FY16 plan.

More details are needed regarding prioritization of MTF access and PCM choice before we can fully assess the Consolidated TRICARE FY16 proposal.

Cumulative Effects of Cuts Threaten Military Families' Financial Well-Being
The Administration's FY16 budget proposal does not consider the cumulative effects of a reduced pay raise combined with lower BAH payments, loss of commissary savings, and possible out-of-pocket health care costs on the purchasing power of service members and their families. This budget proposal would reduce cash in a service member's pocket!

We ask Congress to reject budget proposals that threaten military family financial well-being as a way to save.

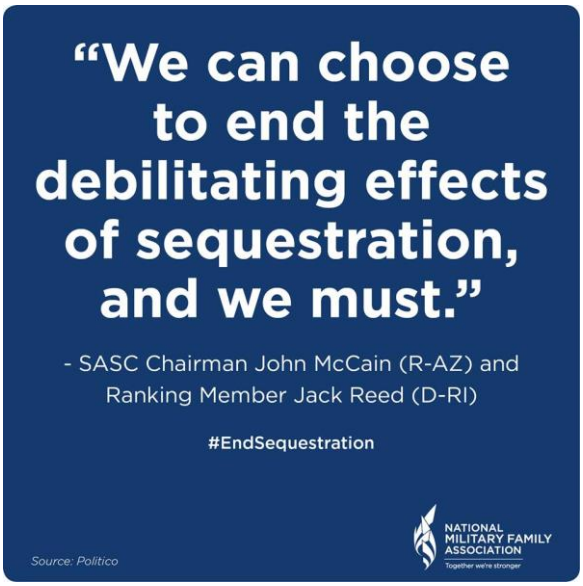
Sequestration: An Ongoing Threat to Family Readiness

The effects of sequestration have already resulted in cuts to benefits and programs that military families have come to rely on. Much of the funding for these programs is embedded in the Service Operations and Maintenance Accounts, which have been the hardest-hit by sequestration. Understanding what is affected by sequestration has been confusing for families.

The total effect of sequestration on military families in unclear. What is clear is that military families do not deserve having to deal with such uncertainty – uncertainty of the availability of programs they rely on, uncertainty of whether their service member will receive the training they need to do their job safely, the uncertainty of not knowing what new cost they will be asked to absorb from their own pockets.

While the Bipartisan Budget Act of 2013 provided some relief, we know that with future cuts required down the road, military families will continue to see cuts and threats to the programs and resources they require for readiness.

We agree with the leadership of the Senate Armed Services Committee that sequestration must be eliminated.



We ask Congress to end sequestration and end the threat to the resources military families depend on for their readiness.

Keeping Military Families Ready: What do Military Families Require?

We have addressed the immediate and long-term impacts of the proposed FY16 budget on military families. But we ask you not to forget that military families depend on a variety of programs and resources that must be sustained and, in some cases, improved.

The National Military Family Association believes our Nation's leaders should guarantee the readiness of our force by taking care of service members and their families, serving in both active and reserve components, no matter where they live. We ask you to sustain support by providing: quality, accessible health care; behavioral health support; spouse career opportunities; good schools for military children; quality, affordable child care; a secure retirement; and unwavering support for those wounded, widowed, or orphaned. We challenge Congress and the Administration to join us in seeking greater collaboration between government and community agencies to enhance support and enable military families to thrive and be ready to answer any call to duty, now and in the future.

The Department of Defense created a blueprint for the framework of family readiness in DoD Instruction (DoDI)1342.22, "Military Family Readiness".[8] The DoDI integrates policy for core family readiness services into a single source, including requirements for financial education and counseling, relocation assistance, emergency family assistance, spouse employment and requirements for delivery of services to the Reserve Components. It spells out the expectation that families be empowered to enhance their own readiness, but have the ability to access a trusted network of services regardless of branch of Service, active or reserve status, or geographic location. It changes the traditional mindset of military family support, which focused on installation-based services and created the expectation that families should come to the support rather than having the support service connect with families where they are. The DoDI emphasizes the importance of creating a family readiness system in which service members, families, other government agencies, and private organizations collaborate to support troops and families. It focuses on three areas of readiness: mobilization and deployment readiness, mobility and financial readiness, and personal and family life readiness.

Our Association believes full implementation of Department of Defense Instruction (DoDI) 1342.22 across all Services and components is essential for the readiness of both the current and future force. It sets the structure and expectations for family readiness and must be resourced appropriately.

Military families have been living a revolving door existence since the beginning of the wars in Afghanistan and Iraq. They experienced repeated deployments, each the same with the strains of separation, but unique with the dynamic of their family at that moment in time. They had repeated reunions, honeymoons followed by the hard work of rebuilding their family. As they rebuild, they still worry about the future, the nagging thought that soon their family will be doing this again. The mission of the United States military continues. Threats in Syria, challenges by the ISIS terrorists in Iraq and support for the fight against the deadly Ebola virus in Liberia are only a few of the areas where our military is being asked to serve. Deployment patterns will change, but deployments will continue.

[8] http://www.dtic.mil/whs/directives/corres/pdf/134222p.pdf

During the past 14 years of war, our Nation has relied on the services of the National Guard and Reserve more than ever before. Our Association appreciates the great strides made by both Congress and the Services to help support our Reserve Component families. We believe sustaining effective support programs for our "Citizen Soldiers" and their families is essential at every stage of deployment. DoD agrees by integrating family readiness for the Reserve Component into DoDI 1342.22. We ask Congress to provide funding for preventive and follow-up counseling and behavioral health services for mobilized Reserve Component members and their families.

The Reserve component will continue, for the foreseeable future, to execute operational missions globally in response to our nation's security needs. As the operating environment evolves, the Yellow Ribbon Reintegration Program (YRRP) will be there to provide vital information and resources to Service members and families throughout and beyond deployment periods. It will remain an enduring component of unit and individual readiness and reintegration challenges. More about the program and the resources can be found at www.yellowribbon.mil. Additionally, the YRRP has been working with Office of Military Community and Family Policy (MC&FP) on accreditation standards as MC&FP works to accredit Family Programs in the Army Reserve and National Guard.

Provide oversight to ensure the Defense Department and the individual services are supporting families of all components by meeting the standards for deployment support, reintegration, financial readiness, and family health in Department of Defense (DoDI)1342.22. Fund appropriately at all levels.

Continue funding the Yellow Ribbon Reintegration Program (YRRP) and stress the need for greater coordination of resources supporting Reserve Component families.

Transition Challenges During Downsizing

Downsizing of the force has already begun as a result of sequestration. The FY16 budget calls for a greater decrease, especially in the Army. The effects of this downsizing are many. The service member and their family may feel the many years they spent facing multiple deployments are not appreciated. Morale will be low. Families are still dealing with the after-effects of war, problems with reintegration, with coming together again as a family, and the impact of the invisible signature wounds of these conflicts – post traumatic stress and traumatic brain injury. We don't know what the long term implications are and what services will be needed by the service member and by the family as well.

A national debate is needed now on how veterans' families will be supported once they leave the safety net of support they had while the service member was on active duty. What can the VA do to help families as well as veterans ease into civilian life and recover from multiple wartime deployments? What help will communities need to support these families?

Support for Transitioning Families

Transitioning due to downsizing affects the whole family. In addition to the transition assistance program available to service members, resources relevant to family members need to be identified. Issues such as health care coverage for dependents including information on the Affordable Care Act, how to find community resources to replace DoD programs and the

the military spouse's role in the long term care of the family as a whole aren't addressed in the transition classes.

We have been highlighting the need to develop a transition program specific to spouses, using programs and resources already in place. We held a roundtable in October 2014 to brainstorm about what resources were available from the Federal side and plan a roundtable this Spring to expand the discussion to community partners. We will highlight the programs available through the DoD and develop a framework of best practices for family transition. Military spouses are a critical component in familial stability, often taking the lead in managing health care and finances in the home. Their role in transition is equally critical to the success of the entire family in the move to civilian life.

Expand the opportunity for spouses to access transition information including face-to-face training and on-line training. Tailor other information to address family transition issues through military information portals.

We encourage Congress to join with DoD to help civilian communities realize their role in supporting service members and families is ongoing, even as service members transition to veteran status.

Behavioral Health

Research validates the high level of stress and mental strain military families have experienced.

- A recent study published by the Journal of Adolescent Health indicates children with a parent or sibling deployed in the military during the last decade of war are more likely than their peers to experience depression and suicidal thoughts, particularly if the service member deployed more than once.[9] The same study also found multiple deployments by a parent or sibling were associated with an increased likelihood of drug and alcohol use.[10]
- Another study, Wartime Military Deployment and Increased Pediatric Mental and Behavioral Health Complaints, found an 11 percent increase in outpatient behavioral health visits for military children from the ages of 3-8 during 2006-2007. Researchers found an 18 percent increase in pediatric behavioral health visits and a 19 percent increase in stress disorders when a parent was deployed.[11]
- Additional research found an increase in mental health care use by spouses during their service members' deployments. A study of TRICARE claims data from 2003-2006 published by the New England Journal of Medicine showed an increase in mental health diagnoses among Army spouses, especially for those whose service members had deployed for more than one year.[12]

[9] Tamika D. Gilreath, et al., "Well-Being and Suicidal Ideation of Secondary School Students From Military Families", Journal of Adolescent Health, November 18, 2013

[10] Tamika D. Gilreath, et al., "Substance Use Among Military-Connected Youth", American Journal of Preventative Medicine, January 8, 2013

[11] Gregory H. Gorman, Matilda Eide, and Elizabeth Hisle-Gorman,"Wartime Military Deployment and Increased Pediatric Mental and Behavioral Health Complaints", Pediatrics: The Official Journal of the American Academy of Pediatrics, November 8, 2010

[12] Alyssa J. Mansfield, et al., "Deployment and the Use of Mental Health Services among U.S. Army Wives," The New England Journal of Medicine, January 14, 2010

- In the research they conducted for our Association, RAND found military children reported higher anxiety signs and symptoms than their civilian counterparts. Our research also found the mental health of the caregiver directly affects the overall well-being of the children.[13] Therefore, we need to treat family members as a unit as well as individuals.

The body of research focusing on the increased levels of anxiety and utilization of mental health services causes our Association concern about the overall shortage of mental health providers in TRICARE's direct and purchased care network. While TRICARE contractors have expanded their behavioral health provider networks to help meet demand, military families in some areas continue to report provider shortages, especially for psychiatric care for children and teens. We believe one of the consequences of almost 14 years of war is demand for mental health services that continues to outstrip supply. More must be done to persuade mental health care providers to participate and remain in the TRICARE network, even if that means raising reimbursement rates.

It is also critical that TRICARE keeps provider lists up to date. We hear from families about the number of times they contact network providers using the TRICARE provider list only to find the providers cannot meet access standards, are no longer taking TRICARE, or are not taking new TRICARE patients. Behavioral health provider lists must be up-to-date and robust enough to handle real time demands by military families. Inaccurate provider lists present a barrier to accessing behavioral health care for military families.

Families tell us they appreciate the access to non-medical counseling through Military OneSource and the Military Family Life Counselors (MFLC). DoD implemented these resources to help service members and their families access counselors where they work and where they live with a certain degree of anonymity. MFLCs have also been used effectively in training local educators on techniques to help their military students cope with deployment and in supporting National Guard and Reserve Yellow Ribbon events. We believe the need for behavioral health care will continue to grow over the next several years and we encourage DoD to continue to seek innovative solutions to providing care for military families.

It is a moral imperative to provide military service members and their families with the help they need after years of enduring repeated combat deployments and to meet the challenges of the future.

Ensure military families' access to the medical and non-medical counseling they need to recover from the stress of long years of war.

Access to Health Care for Military Special Needs Families

Caring for a special needs family member can be difficult and draining for any family. However, the impact for military families is magnified by the unique challenges associated with military service. Frequent geographic relocations are a fact of life for military families. A geographic relocation will, by definition, disrupt the continuity of care that is so important in managing complex medical conditions. After every move, special needs military families must begin a

[13] 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

lengthy cycle of referrals, authorizations and waitlists at each new duty station, resulting in repeated gaps in care. A nationwide shortage in pediatric specialists means even when families have successfully navigated the authorization and referral process at their new location, they may face a delay of weeks or even months before treatment can restart. Military families fear these repeated treatment delays have a cumulative and permanent negative effect on their special needs family members.

It is frustrating for military parents to know these treatment delays could be mitigated if the process for accessing specialty care were more flexible and streamlined to address the unique aspects of military life. Unfortunately, TRICARE's rigid referral and authorization process too often hinders the transition process for military families rather than facilitating it. In addition, providers often tell us working with TRICARE is overly complex. Many choose not to participate in the TRICARE network because it is too difficult to navigate and administer. The resulting shortage of TRICARE network providers further impedes families' access to specialty care.

TRICARE should make the process for accessing specialty care more flexible and streamlined to address the unique aspects of military life without forcing active duty families to pay more out of pocket.

For special needs military families, frequent relocation presents another obstacle: the inability to qualify for services through Medicaid waivers. Caring for children with complex medical needs can be incredibly expensive. We appreciate the recognition by the Military Compensation and Retirement Modernization Commission (MCRMC) of this challenge to our families with special needs. Most families in this situation ultimately receive some form of public assistance, typically through state Medicaid waivers. State Medicaid programs provide assistance not covered by TRICARE: incontinence supplies, respite care, employment support, housing, and more flexible medical coverage. Because the demand for these services far outstrips the supply, there is a lengthy waiting list to receive assistance in most states. For that reason, these services are often out of reach for a military family who must relocate every two to three years. A military family who places their special needs child on a Medicaid waiver waiting list must start again at the bottom of the waiting list when they move to a new state. The Defense State Liaison Office (DSLO) has recognized military families' inability to access care through Medicaid waivers as one of its high priority issues and is working with state legislatures to address this problem. However, little progress has been made in resolving this disparity.

TRICARE's Extended Care Health Option (ECHO) program was designed in part to address this imbalance, by allowing families to access non-medical services not covered under TRICARE. According to TRICARE's website, benefits covered under ECHO include "training, rehabilitation, special education, assistive technology devices, institutional care in private nonprofit, public and State institutions/facilities and, if appropriate, transportation to and from such institutions/facilities, home health care and respite care for the primary caregiver of the ECHO-registered beneficiary." However, in practice military families find it difficult to obtain services through the program.

This reality was reflected in TRICARE's May 30, 2013 report, *The Department of Defense Report to Congress on Participation in the Extended Care Health Option (ECHO)*, detailing military

families' usage of the ECHO benefit. They reported that, in 2012, 99 percent of funds expended through the ECHO program were spent on Applied Behavioral Analysis (ABA) therapy and ECHO Home Health Care (EHHC). Although these services are important and popular with special needs families, it is impossible to see this statistic and not wonder why families are not accessing the long list of other services ostensibly available to them under ECHO.

When families do manage to navigate the process of applying for benefits through ECHO, they often find that it does not pay for the products and services they actually need. For example, many families need larger than normal diapers for their disabled children. ECHO deems this a convenience item and will not pay for it, although incontinence supplies are regularly paid for by state Medicaid programs.

Another service much in demand by families is respite care. For families with special needs children, the time away afforded by respite care is vital. Access to quality respite care allows families to run errands, spend time with other children, and simply recharge. Respite care is ostensibly available through the ECHO program, but TRICARE policies limit its utility. ECHO sets strict requirements for respite care providers, making it difficult for families to identify eligible providers. In addition, TRICARE requires that families use another service through ECHO in any month that respite care is also provided. In its May, 2013 report to Congress, TRICARE describes this rule as a "reasonable demand management tool."

Congress has given DoD much more discretion in its coverage of ECHO benefits than it has concerning medical benefits provided under the Basic Program. Thus, TRICARE has the authority to make changes that would enhance the ECHO program's utility to military families. Easing the restrictions on respite care and aligning ECHO coverage with that of state Medicaid programs, as the MCRMC recommends, would do much to enhance special needs military families' readiness and quality of life.

TRICARE should enhance the ECHO program's utility to military families by ensuring it covers the products and services families need.

The transition out of the military and into civilian life is difficult for many families but especially so for special needs families, who immediately lose access to ECHO benefits. Families may still face long waits before being eligible for care through Medicaid, which leads either to gaps in treatment or financial hardship for a family trying to pay for needed care. As more service members and families transition out of the military, this problem will become more widespread. To ease the hardship for families in this situation, we recommend ECHO eligibility be extended for one year following separation to provide more time for families to obtain services in their communities or through employer-sponsored insurance.

We ask Congress to extend eligibility for the Extended Care Health Option (ECHO) for one year following separation to provide more time for families to obtain services in their communities or through employer-sponsored insurance.

Spouse Employment and Education Support

Too often, when a permanent change of station (PCS) move occurs, a working military spouse, or one who would like to be employed, has to start from scratch, unless she/he is lucky enough to have a portable career. Lack of longevity in any one location or job position negatively

affects career trajectory and earning power. Frequent moves disrupt educational goals. Differing state licensing requirements and inability to attain industry tenure restrict employment opportunities for military spouses. Military spouse unemployment or underemployment affects the total earning power of the military family. The First Lady and Dr. Biden initiated Joining Forces in 2012 to help address these issues, and we have seen progress, but military spouses continue to face significantly lower earnings, higher unemployment and underemployment than their civilian counterparts.[14]

DoD has realized that spouse education and employment opportunities are linked. DoD houses the Spouse Education & Career Opportunities (SECO) program, which oversees the Military Spouse Employment Partnership (MSEP) and the My Career Advancement Account Scholarship (MyCAA). SECO launched the My Individualized Career Plan (MyICP) tool to help military spouses build a roadmap specific to their goals and plans, educational and professional. These types of programs are vital to bridging the unemployment and wage gap (26 percent and 25 percent, respectively) that military spouses face as a result of the requirements and pressures of military family life,[15] but they need better visibility at the installation level. Our 2015 scholarship data shows that nearly 90 percent of spouses hadn't used SECO programs, largely because they had never heard of it. These programs provide financial assistance in education and training for portable careers, career planning and job search assistance, networking assistance and advocacy at no cost to the military spouse.

MyCAA offers scholarships to junior level spouses, but has been underutilized since eligibility excluded spouses of E-6, W-3, O-3 ranks and upward. Prior to the narrowing, the program consistently ran out of money before it could reach everyone attempting to enroll. We believe that this program should be expanded again, to all ranks, in order to reach spouses who have committed to supporting a service member's career over a longer period of time and suffered more career disruption. The narrowing of eligibility, while aimed at those with lower incomes, also excludes those who have sacrificed for a longer period of time and may be most ready to dedicate time to education.

DoD has created great tools, but spouses need to know about them to be able to use them. We suspect that there is a large disconnect in publicizing these larger DoD programs at the installation level. We were hoping that the request to evaluate military spouse employment programs, in the *Carl Levin and Howard P. 'Buck' McKeon National Defense Authorization Act for Fiscal Year 2015*, Sec. 568, would shed light on the success of outreach, but the law as passed will only narrowly evaluate the effectiveness of the DoD's Military Spouse Employment Partnership (MSEP). This information, while helpful for evaluating the effectiveness of the MSEP, will not help us determine how other important and well developed programs are (or are not) reaching military spouses.

The Defense State Liaison Office (DSLO) is also working to facilitate spouse employment by working with state legislatures on reciprocity of professional licenses or alternative license arrangements across state lines. DSLO has been a pivotal actor to help trailing military spouses gain access to state unemployment benefits as they move to new locations with their service member. 46 states currently provide this financial buffer while looking for new employment,

[14] http://news.syr.edu/military-spouse-study-finds-high-number-of-female-spouses-underemployed-15198/
[15] Thompson, Op. Cit.

allowing military families to stay together when two incomes is critical. However, military spouses continue to invest heavily in fees for licensing and credentialing for short career opportunities. While many states have taken a step forward, we continue to hear from spouses that the practical implementation of these accommodations do not work as intended. Spouses continue to face delays and convoluted rules or lack of knowledge from licensing authorities at the state level on how to process their requests so that they can get back to work.

Military spouse preferences and non-competitive hiring authority for military spouses have been expanded over the years, but implementation is onerous and complex. The process for using these options must be simplified for the job seeker and non-discretionary for the hiring agency in order to serve the purpose intended: aiding military spouses seeking federal employment. Few federal agencies make an effort to provide access to the hiring authorities afforded to military spouses, and the positions are largely unsearchable. The process of finding a position offered by a hiring manager who understands or appreciates the non-competitive hiring preferences is like searching for a needle in a haystack. DoD is the most successful at placing military spouses in Federal jobs, but we hear that spouses still feel underemployed via the Priority Placement Program that DoD uses to assist them in placement.

Additionally, it is important to recognize that upon transition out of the military for the service member, spousal employment is a critical factor in reaching success. Yet, there are few programs available to spouses upon exist from military life. A final move is not considered a PCS, therefore any program that facilitates employment for PCS is no longer available. Spouses can use some of the veteran's programs, but again, the outreach to spouses is not robust and spouses continue to wonder where they fit in and what their value is.

Recognize the value of military spouses with continued funding of existing DoD SECO programs, expansion of MyCAA eligibility, tax credits to offset state license and credential fees, simplification of military spouse hiring preferences.

Quality, Affordable Child Care

Military families often tell us that access to high quality, affordable child care is among their greatest concerns. We are pleased that the Administration recognized the importance of child care to families and increased funding for child care programs in its budget proposal. However, we ask the Department to carefully consider how those funds will be allocated in order to ensure it is best meeting the needs of military families with young children.

Installation-based care

According to the *2013 Demographics Profile of the Military Community,* more than 40 percent of service members have children. Of the nearly two million military-connected children, the largest cohort – almost 38 percent – is under age five.[16] Like all working parents, service members with young children need access to affordable child care in order to do their jobs. However, the military lifestyle comes with unique challenges and complications for families. Service members rarely live near extended family who might be able to assist with child care. Their jobs frequently demand long hours, including duty overnight. They are often stationed in communities where child care is expensive or unavailable.

[16] *2013 Demographics Profile of the Military Community*. Rep. Office of the Deputy Assistant Secretary of Defense (Military Community and Family Policy), http://www.militaryonesource.mil/12038/MOS/Reports/2013-Demographics-Report.pdf

For all of these reasons, many military families rely on child care provided through their installation, either on-base Child Development Centers (CDCs) or in Family Child Care (FCC) homes. Yet, the demand for child care far outstrips supply. In many locations, the waiting list for care is so long that the CDC is essentially not an option for many families. The problem is exacerbated by the frequent moves associated with military life. Following each Permanent Change of Station (PCS) move, a military family must restart the process of looking for care in their new community and frequently find themselves again at the bottom of the waiting list.

Building additional CDCs might help address some of the demand for child care, but it is not the only answer. The Military Compensation and Retirement Modernization Commission (MCRMC) recommends that child care workers be exempt from furloughs and hiring freezes, a common-sense proposal that we endorse. Budget cuts should not prevent CDC directors from staffing their facilities appropriately.

Some of the stress associated with finding installation-based child care may be alleviated by the launch of MilitaryChildCare.com, a Department of Defense site that will allow parents to view child care options at their location and request a spot for their child. We are told that the site will provide greater visibility of waiting lists, so parents know how long they will have to wait for care while the Services are able to determine whether access standards are being met. The site is currently available at selected Navy installations but is scheduled to be available worldwide by 2016.

Hourly or Drop-in Care

Although the focus of installation child care program is understandably on meeting the needs of military families with two working parents, many families also tell us of the importance of hourly or drop-in care. 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 the service member is deployed, providing the at-home parent with a much needed break. We hear from families in many locations that budget cuts have led CDCs to reduce or eliminate drop-in care. DoD should evaluate the programs at installation CDCs to ensure the mix of care offered – full-time, part-time or hourly – meets the needs of the families they serve.

Fee Assistance Program

While many families prefer installation-based child care, it is also true that less than 30 percent of military families live on installations, which can make installation child care an inconvenient choice. For some families, a care provider near home or a spouse's job might be a better option. However, families seeking child care in civilian communities often find the costs are extremely high, much more so than on-base care. For those families, the fee assistance program offered by the Services is invaluable, allowing them to afford quality child care in their communities. We urge the Services to continue funding this program and to expand eligibility so families are assured of finding quality child care regardless of their location.

Sittercity

Many military families find that child care centers do not meet all of their child care needs. Many families, especially those with erratic schedules or long work hours, find that an in-home provider is a better fit. However, it can be difficult for military families to find a reliable caregiver, especially following a PCS move to an unfamiliar location. Recognizing this, the DoD for several years contracted with Sittercity, an online service connecting families with caregivers, allowing military families to access this program at no cost. We were disappointed to learn recently that this contract will end on July 31. We wonder where families who have relied on this program to find care for their children will turn.

Respite Care

Families with special needs children have unique child care needs. For those families, dropping a child off at a day care center or with a sitter may not be an option. Instead, parents of special needs children need respite care provided by trained caregivers. Access to quality respite care allows families to run errands, spend time with other children, and simply recharge. Recognizing the importance of respite care, especially for military families far from the support of friends or extended family, the Services have provided respite care for military families with eligible special needs family members through their Exceptional Family Member Program (EFMP). Each Service operates its own EFMP program designed to assist special needs families with assignment coordination, referral and family support. Respite care has been an integral part of the family support function. However, we have been told that the Army intends to eliminate this program and the other Services may soon follow suit. If this is true, we wonder where the families who have relied on this program will turn.

We appreciate that Congress and the Department of Defense have recognized the importance of child care to military families and have taken steps to make quality child care both more available and more affordable. We ask that DoD continue to evaluate its services to ensure they are meeting the needs of military families, especially in locations where good quality child care is scarce or expensive.

Military Children's Education

Impact Aid

We appreciate the inclusion of $30 million for DoD Impact Aid in the FY15 NDAA. **We ask Congress to continue this funding to offset the costs incurred by districts educating large numbers of military children.** These funds help local school districts meet the education needs of military children in an era of declining state budgets. Our Association has long believed that both DoD and Department of Education Impact Aid funding are critical to ensuring school districts can provide quality education for military children.

Department of Defense Education Activity Grant Program

The *John Warner National Defense Authorization Act* for Fiscal Year 2007 established a grant program, administered by the Department of Defense Education Activity (DoDEA), to support public schools educating large numbers of military children. This innovative program allows DoD to offer tangible support to public schools charged with educating military-connected students. Schools and school districts are able to identify areas of need in military children in their communities and design programs to meet those needs. The grants have been used to bring Advanced Placement (AP) courses to high schools that would otherwise not be able to

provide this level of instruction. Other grants have been used to fund special education, foreign language instruction, and programs to enhance students' education in reading, science and math.

Since 2008 this program has awarded nearly $200 million in grants to over 180 military-connected school districts. These three year projects impact nearly 280,000 military-connected students in 900 schools. However, this valuable program will sunset at the end of FY 16 absent Congressional action. It would be regrettable if military children lose access to the valuable educational programs that have been made possible through the DoDEA grant program. A relatively small investment can make a huge impact at the local level. **We ask Congress to reauthorize the DoDEA grant program** and allow DoD to continue supporting military-connected children in public schools.

Military Families in Crisis

Even though the war in Afghanistan is coming to an end, military families continue to live extraordinarily challenging lives. Reintegration continues to pose challenges for some. Others are concerned they will be impacted by the military drawdown and 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 that 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.

We appreciate Congress including a provision directing DoD to track military family suicides as well as Reserve component suicides in the FY15 NDAA.

Preventing Child Abuse and Neglect, and Domestic Violence

Research commissioned by our Association[17] 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 on a family. These stressors put military families at risk for marital/relationship problems and compromised parenting that must be addressed with preventative programs.

Current research validates families will experience the effects of war long after deployments end. A recent study highlighted parenting challenges fathers face following deployment. The study found that while deployment is a time of great stress for families, the need for support and a strong community continues during the extended period of reintegration after the service member returns. This need is particularly pronounced when the returning service

[17] 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

member is father to a young child, and he faces the core challenge of reconnecting with a child who has undergone significant developmental changes while he was away.[18] A 2013 research brief issued by Child Trends, *Home Front Alert: The Risks Facing Young Children in Military Families*,[19] concluded many children negatively impacted by a parent's repeated combat deployments will continue to have exceptional needs as they grow older.

Those looking for budget cuts may find it tempting to slash family support, family advocacy, and reintegration programs. However, bringing the troops home does not end our military's mission or the necessity to support military families. Recent media coverage indicates the incidence of child abuse and neglect among Army families has increased. We are concerned the extraordinary stress military families have faced could lead to increased domestic violence as well. Preventative 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 that 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.

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

Military Sexual Trauma

Our Association appreciates the legislation included in the past several NDAAs concerning Military Sexual Trauma (MST). We expect leaders to enforce and enhance comprehensive programs based on the policy of zero-tolerance of sexual assault in the military. We believe these changes will enhance trust in the system among both victims and their loved ones. However, we feel the impact of MST on the families of victims of MST has been overlooked. We want to ensure military families have access to resources to mitigate the consequences, specifically psychological effects, of the crime of sexual assault.

Our research indicates civilian organizations supporting sexual assault survivors recognize both the importance of family support for the victim and the difficulties family members face following their loved one's assault. Some of these civilian resources offer guidance on how to help the sexual assault survivor through the recovery process. They also provide tips to help family members cope with their own emotions, including shock, anger, sadness, anxiety and fear, so they are better equipped to help the sexual assault victim.

It appears there are limited resources specific to MST victims' families. Although the DoD Safe Helpline website (operated by RAINN – Rape, Abuse & Incest National Network), has a section called *What to Do if You or Someone You Know has been Sexually Assaulted*, we feel more needs to be done to support family members of MST victims and perpetrators.

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[18] Tova B. Walsh, et al., "Fathering after Military Deployment: Parenting Challenges and Goals of Fathers of Young Children," *Health & Social Work: A Journal of the National Association of Social Workers*, February, 2014

[19] "Home Front Alert: The Risks Facing Young Children in Military Families", Child Trends, July 22, 2013

We request DoD conduct a needs assessment among family members of MST victims to determine the ways in which they are struggling to support their service members and deal with their own emotions. Together with an environmental scan to determine currently available resources, this will provide a foundation for developing a family support strategy. Directing MST victims' families to existing civilian resources may be part of the solution.

We encourage those supporting victims of sexual assault to remember to share resources and support with the families of the victims of military sexual trauma.

Survivors

The Services continue to improve their outreach to surviving families. We appreciate the special consideration, sensitivity, and outreach to the families whose service members have committed suicide. We do have some concerns about the effect federal civilian employee downsizing or hiring freezes will have on programs when certain expectations for survivors have been established. DoD and the VA must work together to ensure surviving spouses and their children can receive the mental health services they need.

Our Association still believes the benefit change that will 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.

Eliminate the Dependency and Indemnity Compensation (DIC) offset to the Survivor Benefit Plan (SBP) to recognize the length of commitment and service of the career service member and spouse.

The Eleventh Quadrennial Review of Military Compensation released in June, 2012 recognized the Survivor Benefit Plan (SBP) annuity for reserve component personnel who die while performing inactive duty is significantly less than the benefit available to survivors of active duty members and reserve members who die on active duty. Despite their inactive status, these reservists are still performing military duties at the time of their death. The review report recommends calculating SBP benefits for a reservist who dies while performing inactive duty training using the same criteria as for a member who dies while on active duty.

Calculate Survivor Benefit Program annuities for a reservist who dies while performing inactive duty training using the same criteria as for a member who dies while on active duty.

Wounded Service Members Have Wounded Families

Our Association asserts that behind every wounded service member and veteran is a wounded family. It is our belief the government, especially DoD and the VA, must take a more inclusive view of military and veterans' families. Those who have the responsibility to care for the wounded, ill, and injured service member must also consider the needs of the spouse, children, parents of single service members and their siblings, and the caregivers. DoD and VA need to think proactively as a team and one system, rather than separately, and address problems and implement initiatives upstream while the service member is still on active duty status.

Reintegration programs become a key ingredient in the family's success. Since 2008, we have offered our Operation Purple® Healing Adventures camp to help wounded, ill, and injured service members and their families learn to play again as a family. We hear from the families who participate that many issues still create difficulties for them well into the recovery period. Our Association believes everyone must focus on treating the whole family, with DoD and VA programs offering skill based training for coping, intervention, resiliency, and overcoming adversities. DoD, the VA, and non-governmental organizations must provide opportunities for the entire family and for the couple to reconnect and bond, especially during the rehabilitation and recovery phases.

Ensure better cooperation and accountability between the Departments of Defense (DoD) and Veterans Affairs (VA) at the highest levels in the support of transitioning wounded, ill and injured service members and caregivers. The lack of a seamless transition between agencies still exists and must be corrected.

Caregiver Support

Service members and their families must be assured that our nation will provide unwavering support to the wounded, ill and injured. This support must extend beyond the recovering warrior's medical and vocational rehabilitation. It must also include programs and services that help military caregivers, typically spouses or parents, successfully navigate their new role. The VA acknowledges that: "Caregivers provide crucial support in caring for veterans." However, providing this support often has an enormous personal impact on caregivers. The time required can result in lost jobs or lost wages.[20]

Our Association appreciates the strides DoD has made in providing monetary compensation to caregivers of catastrophically wounded, ill, and injured service members. The Special Compensation for Assistance with Activities of Daily Living (SCAADL) helps offset the loss of income by a primary caregiver who provides non-medical care, support, and assistance to the service member. We believe, however, more can be done to optimize the program. SCAADL is considered taxable income, which diminishes its value to wounded warrior families. Awareness of SCAADL is low and families report difficulties in applying for the benefit. Consistent with recommendations from the Recovering Warrior Task Force, we request a legislative change to exempt SCAADL from income taxes, enhance marketing to the eligible population, and add an electronic application process to reduce the burden of completing SCAADL paperwork.

Exempt SCAADL from income taxes, enhance marketing to the eligible population, and add an electronic application process to reduce the burden of completing SCAADL paperwork.

One of our legislative priorities is to help wounded warrior families become whole again, including addressing service-connected infertility. Combat injuries involving pelvic, abdominal, or urogenital wounds have led to an increase in the number of service members and veterans facing infertility. DoD has authorized assisted reproductive services, including in vitro fertilization (IVF), for severely or seriously injured active duty service members. Unfortunately, once wounded warriors leave active duty, they are no longer covered for IVF by

[20] U.S. Department of Veterans Affairs web page: http://www.caregiver.va.gov/support_benefits.asp

TRICARE or the VA, greatly limiting their ability to start or grow their families. Considering the sacrifices these wounded warriors and their families have made, we believe it is incumbent on our Nation to make every effort to restore their reproductive capabilities. We urge DoD and the VA to develop a solution to continue IVF coverage for veterans and military retirees facing service connected infertility.

We urge the Departments of Defense (DoD) and Veterans Affairs (VA) develop a solution to continue in vitro fertilization (IVF) coverage for veterans and military retirees facing service connected infertility.

We believe that DoD and VA must regularly assess the unmet needs of caregivers and develop programs to address their evolving requirements. These programs not only enable our military caregivers to provide essential support to recovering warriors, they also signal a commitment to all service members and their families. These assurances allow military families to more willingly accept the risks inherent in military service resulting in enhanced family readiness.

Require the Departments of Defense (DoD) and Veterans Affairs (VA) to regularly assess the unmet needs of caregivers and develop programs to address their evolving requirements.

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. Sequestration weakens its ability to do so.

Service members and their families have kept trust with America, through more than 14 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 on call as well, even as they are dealing with the long-term effects of more than a decade 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.