



Updated December 16, 2020

## Defense Primer: Exceptional Family Member Program (EFMP)

Congress appropriates funds for servicemember and family benefits, including services to improve quality of life or attenuate challenges. Military families face frequent moves around the globe, often causing disruptions to spousal employment, school or child care arrangements, and other challenges associated with establishing a household in a new location.

Military members who have a dependent (spouse, child, or dependent parent) with special needs may experience significant stress during these moves due to the need to find specialized health care providers, school systems with dedicated support services, and community support assistance. The military established the Exceptional Family Member Program (EFMP) to ease these additional burdens of a move for such families.

### Background

The U.S. Army started EFMP in 1979, with the other services following. Enrollment was voluntary and the program initially provided medical support to families with special needs in the United States and overseas locations.

As child advocacy groups raised concerns over the unique pressures of military service on families, Congress enacted the Military Family Act of 1985 as part of the Department of Defense Authorization Act, 1986 (P.L. 99-145 §§801-813). This act directed the Department of Defense (DOD) to create an Office of Family Policy to “coordinate programs and activities of the military departments as they relate to military families.”

After 20 years of high operational tempo and congressional hearings on strength, vitality, and sustainability of military family support programs, Congress created the Office of Community Support for Military Families with Special Needs in Section 563 of the National Defense Authorization Act (NDAA) for FY2010 (P.L. 111-84). Later renamed the Office of Special Needs (OSN), its statutory mission is to develop DOD-level oversight of EFMP and “enhance and improve DOD support around the world for military families with special needs (whether medical or educational needs).”

OSN establishes DOD policy to support military families with special needs, while each service (Army, Navy, Marine Corps, and Air Force) is responsible for administering its own EFMP. While the degree of legal, educational, and training assistance provided varies by service, OSN coordinates with each service, the Defense Health Agency (DHA), and the DOD Education Activity in an effort to ensure EFMP adequately supports military families. OSN holds quarterly advisory panels with military families to assess program satisfaction and provides an annual report to Congress (10 U.S.C. §1781c(g)).

### Eligibility and Enrollment

DOD Instruction 1315.19 requires active duty servicemembers to enroll in EFMP if they have a dependent with a qualifying special need. Members of the Reserve Component are not required to enroll in EFMP, unless they are in an active duty status (>30 consecutive days). DOD civil service employees selected for overseas assignments are eligible for EFMP services on a space-available basis.

Servicemembers may receive guidance on eligibility and completing enrollment in the program at their installation EFMP office. EFMP enrollment is not portable and servicemembers must register for the program when transferring to a new duty station. While there are no costs to enroll in the program, certain costs may be associated with medical documentation required for enrollment. These costs may be reimbursed by the member’s service or through DOD’s health benefits program, TRICARE.

#### Criteria for EMFP Enrollment

*(one or more of the following)*

- Life-Threatening or Chronic Condition Requiring Special Care (e.g., follow-up from a primary care manager)
- Current and Chronic Mental Health Condition
- Asthma or Other Respiratory-Related Diagnosis
- Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder
- Chronic Condition Requiring Adaptive Equipment, Assistive Technologies, or Environmental/Architectural Considerations
- Special Educational Needs

### EFMP Services and Support

EFMP offices also assist with the coordination of military assignments and family support services. Dependents are eligible for support services once the servicemember has enrolled in the program.

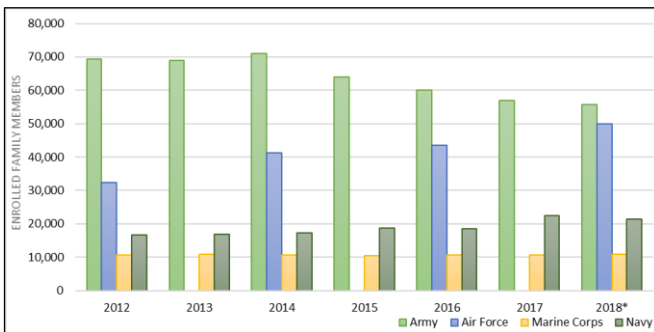
EFMP offices validate educational and medical resource availability at the servicemember’s projected duty location, in partnership with the services’ personnel organizations. If specific services or resources are not available at the servicemember’s prospective duty location, their military orders may be canceled or modified.

EFMP’s family support services identify local programs and resources to support individual needs. This includes connecting dependents with community support groups, Individuals with Disabilities Education Act (P.L. 101-476) early intervention programs, and special education services. EFMP enrollees may also receive respite care. Eligibility, availability, and amount of monthly-allotted respite care hours varies by service.

EFMP Services and Support	
Information and Referral for Military and Community Services	Education and Outreach to EFMP Families
Refer Families with Serious Complicated Medical Issues to the Military Health System	Provide Local School and Early Intervention Services Information
Provide Assistance Before, During, and After a Relocation	Collaboration with Military, Federal, State, and Local Agencies on Special Program Development
Develop and Maintain Individual Service Plans	Non-Clinical Case Management

EFMP enrollees may also be eligible to enroll in the TRICARE Extended Care Health Option (ECHO) program, which pays for additional services and supplies for those with special needs. As of October 2018, approximately 8% (137,000) of military dependents received support from EFMP (see **Figure 1**). Army dependents were the largest share (40%) of those receiving EFMP support.

**Figure 1. EFMP-Enrolled Dependents, 2012-2018\***



**Source:** Communication from DOD Officials, 2018.  
**Notes:** \*data as of October 2018. The Department of the Air Force was unable to provide data for 2013, 2015, and 2017.

**Current Challenges**

Congress may consider legislation to address selected issues identified by the Government Accountability Office (GAO), DOD, and advocates of families with special needs.

**Absence of Program Standardization**

In 2012 and 2018, GAO found that EFMP implementation “var[ies] widely for each branch of Military Service,” and that the overall program lacks standardization. GAO recommended that DOD; 1) assess and report to Congress how each service provides support to its members; 2) develop a common set of performance metrics; and 3) evaluate the monitoring activities of each service. Concurring with these recommendations, DOD is in the planning stages to address them. As of December 2020, GAO’s recommendations remain open for DOD action.

An October 2018 RAND study on *Enhancing Family Stability During a Permanent Change of Station (PCS)* found that the “needs related to having a family member [in] EFMP [was] the most frequently mentioned negative aspect of PCS moves...” and that “the specific provisions vary across service branches.”

**Variance in Services and Support to Dependents**

In addition to the aforementioned variances in respite care, military service organizations and certain EFMP enrollees have observed differences in certain legal services, development of service plans, training opportunities, relocation services, program staffing levels, and frequency of contact with EFMP offices. The complexity of this situation may grow for military families at a *joint base*, where a service different from the family leads the local EFMP office and observes different standards.

**EFMP Support to the Reserve Component**

By regulation (32 C.F.R. §75.4), EFMP is only available to eligible active duty servicemembers and their dependents. Members of the Selected Reserve (i.e., drilling reservists), are not eligible for EFMP services. Reservists could benefit from these services, particularly when serving on short-term active or inactive training duty periods (<30 consecutive days). Extending EFMP eligibility to drilling reservists could also create additional complexities in coordinating DOD, state, or community-based family support and add to the program’s cost.

**Medical Coordination for EMFP Enrollees**

The FY2017 NDAA (P.L. 114-328 §702) directed numerous Military Health System (MHS) reforms, including the transfer of administration of all military hospitals and clinics from the services to the DHA. Each service is to continue administering its own EFMP and retain some medical responsibilities, such as screening and developing support plans. DHA is to be responsible for providing required medical support for EMFP enrollees, instead of the services (as was previously done). While Congress directed MHS reforms designed to streamline the delivery of health care, the new MHS organizational structure could impede or delay EMFP enrollee access to, or coordination of, complex medical services.

**Relevant Statutes, Regulations, and Policies**

- 10 U.S.C. §1781c – Office of Special Needs
- 32 C.F.R. Part 75 – Exceptional Family Member Program
- DOD Instruction 1315.19 – The Exceptional Family Member Program (EFMP)

**CRS Products**

- CRS Report R43631, *The Individuals with Disabilities Education Act (IDEA), Part C: Early Intervention for Infants and Toddlers with Disabilities*, by Kyrie E. Drago
- CRS In Focus IF11002, *Defense Health Primer: TRICARE Extended Care Health Option (ECHO)*, by Bryce H. P. Mendez

**Other Resources**

- Government Accountability Office, GAO Report 18-348, *Military Personnel: DoD Should Improve Its Oversight of the Exceptional Family Member Program*, May 8, 2018
- Government Accountability Office, GAO Report 12-680, *Better Oversight Needed to Improve Services for Children with Special Needs*, September 10, 2012
- RAND, RR2304, *Enhancing Family Stability During a Permanent Change of Station*, October 2018

**Bryce H. P. Mendez**, Analyst in Defense Health Care Policy

## Disclaimer

This document was prepared by the Congressional Research Service (CRS). CRS serves as nonpartisan shared staff to congressional committees and Members of Congress. It operates solely at the behest of and under the direction of Congress. Information in a CRS Report should not be relied upon for purposes other than public understanding of information that has been provided by CRS to Members of Congress in connection with CRS's institutional role. CRS Reports, as a work of the United States Government, are not subject to copyright protection in the United States. Any CRS Report may be reproduced and distributed in its entirety without permission from CRS. However, as a CRS Report may include copyrighted images or material from a third party, you may need to obtain the permission of the copyright holder if you wish to copy or otherwise use copyrighted material.