



## FACT SHEET: Thornberry / Kelly Reform Proposals Family Readiness

WASHINGTON- Rep. Mac Thornberry (R-TX), ranking member of the House Armed Services Committee, and Rep. Trent Kelly (R-MS), ranking member of the subcommittee on Military Personnel, today released their latest proposals to increase military family readiness. Family readiness is a major component of military readiness. Servicemembers shouldn't have to worry about whether their next duty station can support the medical needs of their family or whether they will be able to afford safe, reliable childcare. The Thornberry / Kelly proposal builds on the Committee's long-standing efforts to increase readiness, including family readiness efforts like the flexible retirement system, military healthcare reforms, housing reform, and repeated reforms of the widow's tax.

### **DEFINING, COMMUNICATING AND MEASURING FAMILY READINES**

"Family Readiness" is currently open to interpretation across the Department, despite recommendations from a recent DOD IG report and a recent National Academies report. The Thornberry / Kelly proposal would require DOD to establish a common definition of "family readiness" to ensure standardization of services and assistance. In addition, it would require DOD to report to Congress on their response to these recommendations. The proposal would also require the Services to develop better direct communication with military family members, so they are not solely reliant on the service member passing along information. Finally, the proposal requires DOD to develop a bi-annual survey that measures the effectiveness of elements including communication, education, spousal employment, and TRICARE.

### **EXCEPTIONAL FAMILY MEMBER PROGRAM**

The Exceptional Family Member Program has struggled to meet its mandate of providing accessible healthcare, coordinating service-member assignments and facilitating educational programs in a holistic manner for special needs families across the military. The Thornberry / Kelly proposal standardizes the process for identifying and enrolling participants, enhances the respite care benefit, establishes outcome measures, and improves the screening process for evaluation of duty stations that can support EMFP enrollees. The proposal improves the PCS process so that as soon as notification of orders are provided an EMFP coordinator will begin working with a family on their needs at their new installation and begin coordinating specialty appointments through TRICARE. The proposal establishes and consolidates case management functions at both the Service and installation level.

### **CHILDCARE**

DoD has struggled to meet the childcare demands of service-members and their families. To address these issues, the Thornberry / Kelly proposal will require 24-hour childcare at certain locations where alternate shift workers are concentrated. The proposal will also measure DoD's new childcare priority system to ensure it meets its goal of placing the children of active duty service-members in a timely manner. Additionally, a study will be required that evaluates the childcare stipend

provided by DoD and whether it should include cost of living adjustments and the availability of childcare services in specific geographic locations.

**EDUCATION**

The proposal requires a report that assesses the teaching of health, resiliency, and nutrition in DODEA schools. DOD must also evaluate the transferability of Advanced Placement credit.

**AUTISM  
DEMONSTRATION  
PROJECT**

One of the primary challenges of the DoD Autism Demonstration project has been measuring the effectiveness of applied behavioral analysis therapy. The Thornberry / Kelly proposal requires the development of standardized metrics for the care of autistic dependents, an assessment of the effectiveness of the Pervasive Developmental Disabilities Behavior Inventory as an outcomes measurement tool, and an evaluation of other resources that may be beneficial and the co-pay costs associated with ongoing care. The proposal also requires a study comparing the autism rates in the military vs. civilian community.

**REPORT ON  
BEHAVIORAL HEALTH  
STAFFING**

The proposal requires DOD to provide specific, actionable information on the amount of funding needed to hire and retain behavioral health professionals for active duty and all other TRICARE beneficiaries. The proposal also requires an action plan on the use of telehealth for behavioral health and other similar medical disciplines to include recommendations for legislative relief if required.

**POLICY TO ADDRESS  
OPIOID ABUSE**

The proposal requires DOD to develop a policy and tracking mechanism for the over prescription of opioids. The policy will include limiting the prescribing of opioids to the morphine milligram equivalent level specified by the CDC and also limiting the supply of opioids. The policy will require DOD to develop a waiver process for specific patient categories that will require treatment beyond the CDC guidelines. It will also require the implementation of opioid prescribing controls within the Genesis electronic health record. Additionally, it will require tracking of data related toward the reduction of levels in opioid use.

**SPOUSAL  
EMPLOYMENT**

Providing well-paying, portable careers for military spouses is a top priority. This proposal requires DOD to establish a pilot program with the Defense Counterintelligence and Security Agency to recruit military spouses into a paid internship pilot program that includes specific training and on-the-job training designed to prepare the spouse for a position within the national security field, where there are several critical shortages. This would provide well-paying jobs in the Federal Government and cleared industry.