



Updated November 19, 2021

Defense Primer: Exceptional Family Member Program (EFMP)

Congress authorizes programs and appropriated funds for servicemember and family benefits, including services to improve quality of life or attenuate military-specific 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. These challenges are often compounded for families with special needs.

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.”

Congress later 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). Renamed the Office of Special Needs (OSN) in 2016, its statutory mission is to develop DOD-level oversight of EFMP and “standardize, 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 military service is responsible for administering its own EFMP. The degree of legal, educational, and training assistance provided varies by service. OSN coordinates with the services, Defense Health Agency (DHA), and 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 is required to provide 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 (for more than 30 consecutive days). DOD civil service employees selected for overseas assignments are eligible for EFMP services on a space-available basis.

Criteria for EMFP Enrollment <i>(one or more of the following)</i>	
•	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

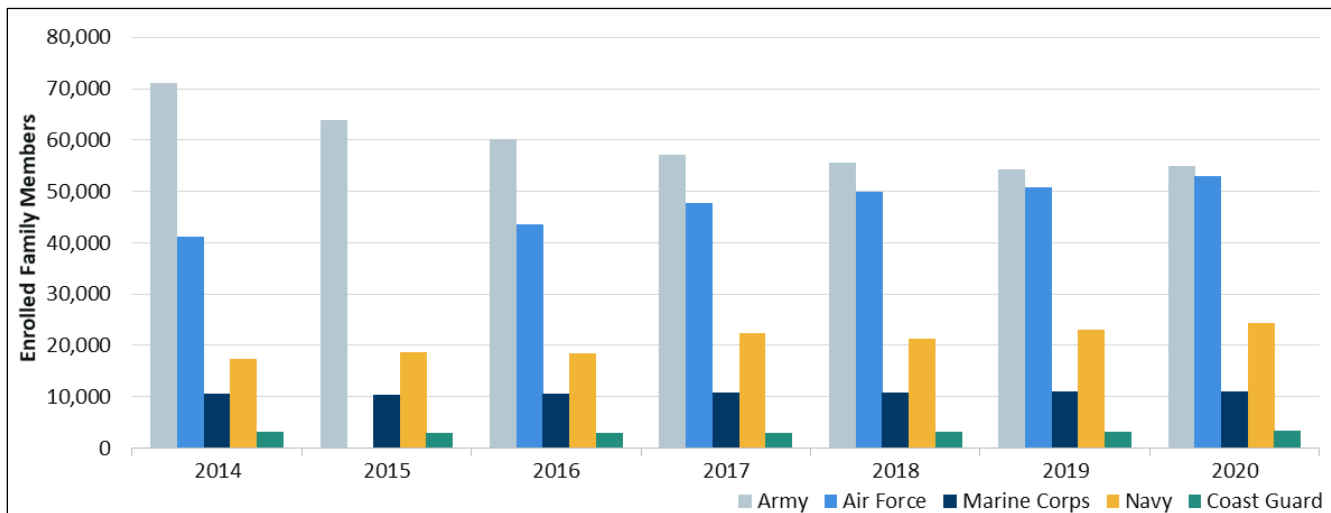
Servicemembers may receive guidance on eligibility and completing enrollment in the program at their installation EFMP office. EFMP enrollment is not portable and servicemembers must register for the program when transferring to a new duty station. There are no costs to enroll in the program. However,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

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 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

Figure I. EFMP-enrolled Dependents, 2014-2020



Source: Email communication with DOD and USCG officials, February 2021.

Notes: The Department of the Air Force was unable to provide data for 2015. Air Force data for 2020 includes Space Force enrollees.

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 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. In 2020, 9% (146,824) of military dependents received support from EFMP (see **Figure 1**).

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 and Inconsistency of Services to Dependents

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. As of November 1, 2021, GAO’s recommendations remain open for DOD action. A 2021 RAND study identified similar findings and recommended policy updates to improve “consistency across services where possible” and to “standardize the experience that military families have with the EFMP.”

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. In general, DHA is 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 reformed 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 In Focus IF11002, <i>Defense Health Primer: TRICARE Extended Care Health Option (ECHO)</i> , by Bryce H. P. Mendez
CRS Report R43631, <i>The Individuals with Disabilities Education Act (IDEA), Part C: Early Intervention for Infants and Toddlers with Disabilities</i> , by Kyrie E. Dragoo
Other Resources
GAO Report 18-348, <i>Military Personnel: DoD Should Improve Its Oversight of the Exceptional Family Member Program</i> , May 8, 2018
GAO Report 12-680, <i>Better Oversight Needed to Improve Services for Children with Special Needs</i> , September 10, 2012
RAND, RR-A742-1, <i>The Exceptional Family Member Program</i> , 2021

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