

March 6, 2015

The Honorable John McCain
Chairman, Committee on Armed Services
United States Senate
Washington, DC 20510

The Honorable Jack Reed
Ranking Member, Committee on Armed Services
United States Senate
Washington, DC 20510

The Honorable Lindsey Graham
Chairman, Personnel Subcommittee
Committee on Armed Services
United States Senate
Washington, DC 20510

The Honorable Kirsten Gillibrand
Ranking Member, Personnel Subcommittee
Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Chairmen and Ranking Members:

The following organizations, a group of uniform services and veterans associations representing current and former service members and their families and survivors, wishes to share our initial views on the 15 recommendations provided by the Military Compensation and Retirement Modernization Commission.

We are grateful to the Committee and the Subcommittee for holding hearings on the commission's report. You will notice that several of the recommendations we collectively support; however, two recommendations represent a significant change to the current retirement and health care benefit structure.

The commission's proposals leave many unanswered questions and the undersigned suggest that changes of this magnitude be seriously analyzed and studied for any second and third order effects that could be harmful to sustaining the all-volunteer force.

Sincerely,

Air Force Sergeants Association
American Veterans
Association of Military Surgeons of the United States
Association of the United States Navy
Gold Star Wives of America
Jewish War Veterans of the United States of America
Military Officers Association of America
National Association for Uniformed Services
Naval Enlisted Reserve Association
The Retired Enlisted Association
United States Army Warrant Officers Association
Chief Warrant Officer and Warrant Officer Association of the United States Coast Guard
Military Chaplains Association of the United States of America

Air Force Women Officers Associated
Army Aviation Association of America
Association of the United States Army
Fleet Reserve Association
Marine Corps League
Marine Corps Reserve Association
Military Order of the Purple Heart
National Military Family Association
Non Commissioned Officers Association
USCG Chief Petty Officers Association

Recommendation 1: Help more Service members save for retirement earlier in their careers, leverage the retention power of traditional Uniformed Services retirement, and give the Services greater flexibility to retain quality people in demanding career fields by implementing a modernized retirement system.

Initial observations: We appreciate the hard work and analysis that went into the MCRMC's report and especially the retirement proposal, one that calls for a significant change to the existing system.

The current military retirement system is financially sustainable—per Department of Defense (DoD) senior leadership testimony before Congress and annual verification by the DoD Board of Actuaries—and careful thought was put into the system decades ago when it was established by Congress.

It has served the nation and the AVF very well through good times, but also and most importantly through the most challenging retention environment including periods of high operational tempo and strong civilian economic opportunity.

One of the main criticisms of the current system is that it provides no retirement credit to the 83% who never make it to 20 years of service. We support providing some degree of retirement credit for those who leave short of a career; however, it should not be done at the expense of those service members who serve twenty years and beyond. We highly recommend Congress continue to conduct a much more thorough analysis and evaluation, given the potential impact this recommendation could have on the retention of the mid-career officers and non-commissioned officers of the All-Volunteer Force.

Initial concerns:

- The recommendation provides a dramatic shift in the military culture by shifting the burden of responsibility and risk for retirement management and security from the employer—the government—on to the individual service member.
- The recommendation provides no government match to the TSP component of the retirement proposal after 20 years—this would act as a huge discouragement to serve beyond 20 YOS when seasoned, professional senior leadership is needed by the services.
- We remain very concerned that the blended retirement system could have an unintended negative effect on the ability of the services to retain sufficient mid-level NCOs and officers to 20 years of service. The combination of having a transportable career device and a reduced 20-year retirement system (a lower pension multiplier and four-fold increase in health care fees for working-age retirees) could provide a much greater draw to leave the service than to stay – especially in good economic times and high stress and operational tempo service members and families have experienced over the past 13 years.
- This recommendation makes a number of major assumptions concerning how an individual will be ensured of success in terms of retirement management and security. First, it assumes that major financial literacy will be done by the Services and second, that government-sponsored financial planners will be available at all locations to provide continued assistance to service members at every stage throughout their careers—both large, expensive and time intensive assumptions that when attempted by companies in the private sector, have fallen well short of success.

- We are concerned over the way the MCRMC demonstrates how a typical service member would realize greater financial benefit from the proposed retirement plan than they would under the current defined benefit plan. We question the assumptions behind the discount rate that the commission uses when it evaluates the future of today's pension benefit.
- The commission in their recommendation used a discount rate of 12.7% when it calculated the future value of the retirement pension of an E-7 under the current system. For an O-5, the commission used a discount rate of 6.4% - having two different discount rates is not actuarially defensible.
 - The commission explains this by stating that they are the result of surveys taken by service members. The figures provided by the commission reflect the perceived value of the benefit rather than an actual value. We recommend Congress review the actual vs. perceived value.
 - If a discount rate is used, we recommend Congress use a discount rate that, according to numerous private sector actuaries, should be approximately 2-3% because the U.S. government is the guarantor.
 - We believe the commission's assumptions greatly undervalue the current pension, no matter the grade at which the service member retires, while overstating the value of the proposed stock-market return.
- Comparisons to the private sector fail to take into consideration the unique conditions of service and the inability to transfer like skill levels back and forth as the private sector does between companies.
 - The Services must grow the skills they need; they cannot hire an Infantry company commander, a platoon sergeant, chief petty officer, or F-22 pilot with 8 to 10 years of experience.
- Additionally, the commission does not clearly address disability retirements; we recommend that the committee review the unintended consequence to a medically disabled service member's benefit as a result of lowering the length of service multiplier from 2.5% to 2.0%. This could reduce, not enhance their net monthly income.
- Finally, we have concerns with how Guard and Reserve retirement would be addressed and our initial review of the continuation pay appears to create some real inequities. These inequities could have a major negative impact on career retention in the reserve components.
- In addition, there are still unanswered questions on how the TSP matching and roll-over to employer's TSP would work for drilling reservists.

Recommendation 2: Provide more options for Service members to protect their pay for their survivors by offering new Survivor Benefit Plan coverage without Dependency and Indemnity Compensation offset.

We cannot support this recommendation.

- We are concerned that this leaves the 60,000 surviving widow/widowers who presently must absorb the offset in the same situation they are now – continuing to have their SBP annuity offset by their DIC payment. We ask Congress to find a budgetary offset to end this inequity.

- Increasing the SBP premium to 11.25 percent would discourage retirees from signing up for the higher coverage unless they were severely disabled and had no other options. Those with severe disabilities may be least able to pay higher premiums in already reduced financial circumstances.
- The SBP annuity and the DIC annuity are paid for two separate purposes. Since the retiree already pays a premium for SBP why should he/she also subsidize the payment of the VA DIC annuity?

Recommendation 3: Promote Service members' financial literacy by implementing a more robust financial and health benefit training program.

We generally support the principles of the proposal; however, we see potential problems with implementation.

Initial concerns:

- Currently some bases may share Personal Financial Managers with other bases, limiting their availability, and “messaging” from leadership already in place for Military Saves Program.
- Any plan to grow a more robust financial and health benefit training program MUST include families.
- Any plan should include education on accessing and using their military benefits to further promote financial stability and should provide greater frequency at key touch points during the military life cycle.
- Financial training is always an important part of military readiness but becomes even more imperative in light of other recommendations of the Commission, such as asking service members to manage their own retirement portfolio and asking families to make good health care program choices.

Recommendation 4: Increase efficiency within the Reserve Component by consolidating 30 Reserve Component duty statuses into 6 broader statuses.

We have supported the consolidation of duty statuses for the reserve components for many years, so we support the MCRMC recommendation in general. However, when the statuses are consolidated, we insist that following principles need to be observed.

- Protect all benefits earned by reserve component members.
- All existing operational requirements performed by National Guard and Federal Reserve members in and across state lines must be accommodated.

Recommendation 5: Ensure Service members receive the best possible combat casualty care by creating a joint readiness command, new standards for essential medical capabilities, and innovative tools to attract readiness-related medical cases to military hospitals.

We are generally not supportive of adding another bureaucratic layer onto the existing structure and question the need for this as there are already existing functions with this oversight. One positive would be that an elevated structure could render more oversight and support for Guard and Reserve medical

readiness needs as this is an area which is currently woefully un-supported. Additionally, any serious entertainment of implementing this recommendation would require closer scrutiny and analysis.

Initial observations:

- We have long supported the principle of establishing a Joint Medical Command to ensure inter-service consistency of policy and budget oversight, appropriate requirements for medical staffing, training and procurement efficiencies and more.
- MCRMC proposal has some similarities to that concept, but is much more far-reaching.
- Entails dramatic changes for delivery of beneficiary care whose impact requires significant study to assess potential adverse consequences for beneficiaries.

Initial concerns:

- Joint Command vision does not entail budget authority, but only participation in budget process with service/other players.
- This proposal is trying to fix a non-problem. Statistics from war casualties indicate a system working spectacularly well. These recommendations just add layers of bureaucracy without adding any real value.
- Appears to envision further downsizing of MTF capacity; if so, are MTFs in more remote areas at risk?
- Envisions adjusting insurance reimbursements and/or beneficiary copays as financial “sticks” to drive selected beneficiaries into MTFs rather than civilian facilities for certain procedures.
- Proposed elimination of catchment areas could be positive as long as long-distance travel to MTFs is voluntary.
- We are concerned that DoD could use proposed rate/copay-setting authority to coerce beneficiaries into using distant/inconvenient MTFs by setting stiff copay penalties for non-use (i.e., use of “sticks” vs. incentive “carrots”).
- For MTF purposes, effectively subordinates beneficiaries’ needs/desires to MTFs; beneficiary becomes a tool for services to maintain readiness (“operating fodder”).
- We believe that Congress needs to assess the implications of opening MTFs to non-DoD-eligibles as needed to meet trauma/surgical/other professional requirements.
- Formula for allocation of readiness vs beneficiary benefit (O&M vs MilPers) has always been subject of controversy; DoD not willing to provide data in past on cost of readiness vs beneficiary benefit.
- Since MTFs need more than service member care to meet training needs, this proposal increases the potential to put MTF needs in more direct opposition to dependent/retiree/survivor beneficiary desires.
- Historically, MTFs have wanted older beneficiaries for trauma, surgery, and certain other needs, but has not had capacity to enroll them for routine/specialty care.
- Alternative proposals for the Guard and Reserve could be developed to meet MTF combat-related care needs that would be seen as benefiting rather than coercing non-AD beneficiaries (e.g., partner with insurers to establish Military Medicare HMOs that enroll only DoD eligibles and establish the

local MTF as the HMO's provider for certain surgical and other services...this was once proposed by a former AF/SG).

Recommendation 6: Increase access, choice, and value of health care for active-duty family members, Reserve Component members, and retirees by allowing beneficiaries to choose from a selection of commercial insurance plans offered through a Department of Defense health benefit program.

Generally we do not support wholesale change of this magnitude but conversely cannot accept the current status quo. There are key details which the proposal does not address and many unanswered questions which prohibit agreement on a proposal such as this. We recommend Congress review this proposal and consider the wide range of extra costs that would be incurred by additional studies, implementation costs, and costs which were not documented by the Commission. We recommend that the Guard and Reserve members could be enrolled into existing FEHBP programs with cap's on cost for these members.

Initial observations:

- The Commission's description of problems with TRICARE Prime are on the mark however instead of fixing the TRICARE program the answer is to eliminate it and have beneficiaries pay more for the fix.
- That the proposal becomes one of greater choice for greater cost.
- Many beneficiaries would defer needed medical exams to conserve money – families may also do the same to keep more of the funds in their health savings accounts.
- But the proposed change is an extremely radical one that could have far-reaching implications now and in the future.
- Such a dramatic change in the entire philosophy of delivering military health coverage requires extensive and thorough review to ensure it meets beneficiary needs without changing fundamental benefit value or leading to significant unintended consequences.
- We agree that coverage should be improved for the Guard/Reserve community and access to care should be expanded to maintain continuity but not at an increase in cost.

Initial concerns:

- We oppose funding care for non TFL-eligibles through the MERHC or other health care trust fund
 - This would add significantly more funds to the "mandatory spending" category Congress has sought to reduce.
 - It also would impose major administrative roadblocks to any program enhancements or correcting unforeseen inequities that may prove needed in the future.
- The proposal says the TRICARE Pharmacy program would be retained, but most civilian health plans such as those envisioned to be administered through OPM entail some level of Rx coverage.
 - To the extent the plan selected includes such coverage, it would render the TRICARE pharmacy program (and especially the lower-cost mail-order program) virtually unusable for the beneficiary

- Does the plan envision that the OPM-administered plans for DoD beneficiaries would not include Rx coverage?
- Envisions establishing beneficiary copays in MTFs (We strongly oppose).
- To the extent premiums and copays vary by locality, this would be a dramatic and unwelcome departure from what has been a uniform program, regardless of locality.
- Putting this major military health benefit under the administration of OPM appears to be a significant step toward treating military beneficiaries like federal civilians for health care purposes.
 - Military beneficiaries incur unique and extraordinary sacrifices that are unlike the service conditions of any civilian, and their health benefits have been intended to be significantly better than civilian programs.
- To what extent would this proposal have to be approved by congressional committees, such as Health and Human Services (HHS) that oversee federal civilian/OPM issues? What is the likelihood of agreement/disagreement from that quarter?
- The MTFs are sized to maintain medical readiness and not all possible beneficiaries. The TRICARE network is structured, by design, to flex to handle the readiness and beneficiary need and demand.
- No matter how the system is structured, the basic principle must be to fully optimize the MTFs. No matter how it happens, any system which weakens the position of the MTFs threatens to destroy our capability to adequately support the warfare plans of the CINCs.
- We are concerned that the Commission states overtly that its intent is to raise beneficiary costs as a means of retarding DoD beneficiaries' health care usage, which has exceeded civilian usage.
 - But this ignores that there are many reasons for the usage statistics differential (e.g., military system has not been proactive in providing ways to meet beneficiary needs for such things as off-hours care, or in publicizing those that exist)
- We have never accepted assertions that implementation of TRICARE in the 1990s entailed covering 27% of DoD costs.
 - In our negotiations with DoD in setting payment rates for that initial program, no percentage of costs was ever discussed.
 - We have made numerous requests for the data on how that calculation was made, but it has never been provided by DoD.
 - We also believe there is a significant disconnect between the commission's 5% assertion and what DoD has reported as 8.2% in the FY 2016 budget submission. We highly recommend Congress understand the differences in this calculation.
 - We do not believe beneficiaries' costs should be based on DoD costs, because that forces beneficiaries to subsidize DoD inefficiencies and oversight failures.
- We believe the envisioned 20% premium cost share for retirees is substantially too high, regardless of any phase-in period, and that such a standard devalues the in-kind premiums contributed through decades of arduous service and sacrifice that were acknowledged in previous cost-share setting.
- Fundamental issue that needs to be addressed: "what is the premium value of decades of service and sacrifice in uniform?"
 - This needs to be formally recognized in the cost-sharing determination.

- In the past, this has been implicit: zero cash premium for TRICARE Standard, and a modest cash premium (a minor fraction of FEHBP premiums) and very low copays in TRICARE Prime.
- Commission confirms there should still be zero cash premium for TFL supplement to Medicare.
- Whatever military people are asked to pay in any new plan should be consistent with that history of premium-setting.
- Service in recent decades of continuous war has to be at least as valuable as service rendered in previous decades.
- There are other significant inequities in the proposed premiums, such as the proposal to set former spouses' cost share (5%) at one-fourth of the retired member's (20% ultimately).
- The proposal does not address the unique circumstances of severely disabled service members once they are retired from service and survivors.
- The proposal does not address what would be available to retired members/families/survivors who reside overseas and currently have access to TRICARE.
- The proposal to set annual premiums and health care allowance levels at the median expense experienced by beneficiaries in the previous year could have the potential to depress rates over time based on the depressive effect of those who chose for budgetary or other reasons to elect lower-tier coverage.
- The proposal would set the health care allowance at the amount necessary to cover the average plan in each locality...but isn't military-provided coverage, by definition, supposed to be significantly better than average?
- No mention is made of what level of catastrophic cap would be placed on annual out-of-pocket healthcare expenses for active duty and retired members/families.
- How did the Commission develop/calculate data on beneficiaries' perceived value of program changes (increased access, etc.)?
- To the extent that beneficiaries would be shifted to private insurance plans and right-sizing of MTFs, the assumption seems to be that some level of care would be shifted to civilian providers. But there already is considerable concern about the adequacy of civilian capacity in coming years, especially with many doctors retiring and millions of newly covered ACA beneficiaries competing for access.
- While we share the Commission's concern about problems experienced with TRICARE Prime, the main question is whether it takes such a radical change to address those problems.
- In the end, the main beneficiary concerns come down to (a) access to quality care, (b) cost to the beneficiary, and (c) preservation of DoD's unique employer responsibility to provide its career service members and families a top-tier health program to help incentivize decades of service in the face of extraordinary (including wartime) hardships.

Recommendation 7: Improve support for Service members' dependents with special needs by aligning services offered under the Extended Care Health Option to those of state Medicaid waiver programs.

We support the Commission proposal. We applaud and support the Commission for addressing issues experienced by military families with special needs. We agree with the recommendation and the intent to improve support for these beneficiaries by aligning services offered under the Extended Care Health

Option (ECHO program) to those of state Medicare waiver programs. We believe that Guard and Reserve families are particularly vulnerable during transitional periods and should have an extension of support. It is imperative that the benefit must include members of all seven of the uniformed services.

Initial concerns – The critical benefit must capture members of all seven of the uniformed services and we are concerned that Guard and Reserve families may have a difficult time transitioning in and out of the ECHO program. Finally, it is important to consider a transitional benefit (1-3 years) for these vulnerable families as they leave active duty service. We believe it will be important to examine a transitional benefit for those who have depended on this program and will find themselves at the bottom of the state Medicaid lists upon separation/retirement.

Recommendation 8: Improve collaboration between the Departments of Defense and Veterans Affairs by enforcing coordination on electronic medical records, a uniform formulary for transitioning Service members, common services, and reimbursements.

We support a dramatic improvement in the collaboration between the DoD and VA and there exist some excellent examples, such as the joint DoD/VA health care facility in North Chicago. We have for many years advocated for legislative authority to grant the existing Joint Executive Committee additional authority and responsibility to enforce collaboration. Many of the issues impeding progress range from a common electronic medical record to joint facility and acquisition planning can be accomplished in a transparent manner. We note that based on theory this should work, but is skeptical that this will provide a true solution to the historic problems of VA/DoD collaboration.

Initial concerns:

- From our perspective, a single Uniform Formulary would be beneficial only if the formulary is larger, e.g., adopt the DoD formulary in order to make sure service members who transition from DoD to VA can maintain their prescription meds and to make sure other veterans have access to whatever medications they may need.
- How do we ensure access to National Guard medical records which are the property of the respective states and are extremely difficult to obtain?
- If the Reserve Component is transitioned to TRICARE Choice, then how will DoD/VA interface with private providers to make sure military records are up-to-date and accurate?
- Would contractors like Logistics Health Incorporated (LHI) continue to be the clearinghouse between DoD and private providers?

Recommendation 9: Protect both access to and savings at Department of Defense commissaries and exchanges by consolidating these activities into a single defense resale organization.

We would not support any proposal that diminishes the commissary and exchange benefits. Further review is necessary on how these changes would secure these benefits at the current level i.e. average savings for military families of 30 % and contributions of exchange profits to the MWR programs.

We are grateful that the Commission's thorough review substantiates the value of commissary and exchange benefits, and recognizes that families really do rely on the savings they provide. We appreciate the Commission's focus on finding efficiencies and cost savings to sustain commissary and exchange benefits. We support improving the viability and stability of these systems in order to protect these benefits. We have opposed consolidation because there has been no proposal that preserved the level of savings, revenue stream for MWR, and jobs for military families provided by the commissary and exchanges. Any proposal to change the existing structure must secure those benefits at their current levels. This proposal leaves us unconvinced that these benefits will be secure. We stress there should be no changes in law that diminish the commissary and exchange benefits, and no budget reductions until further reviews are completed.

Initial concerns:

- The Commission's recommendations should be evaluated against the FY15 congressionally mandated review of commissary and exchange systems.
- The proposed recommendations need to be thoroughly vetted to safeguard these cherished benefits, which are used by 90 percent of the military community, consistently rank as one of their most valued earned benefits, and provide much needed savings and employment for military families and veterans.
- Previous attempts to combine operations for just the Exchange systems have encountered huge roadblocks due to logistical challenges and Service objections. What are the details for the proposal to combine the Exchange and Commissary operations that would overcome previous roadblocks?

Recommendation 10: Improve access to child care on military installations by ensuring the Department of Defense has the information and budgeting tools to provide child care within 90 days of need.

We support the Commission's proposal and are grateful for recognizing the importance of child care for military families and appreciate that there will be greater visibility on waiting lists and the scope of this issue; however, we have some concerns and recommendations.

Initial concerns:

- DoD has to continue to pursue innovative solutions to meet this need beyond just building more brick and mortar CDCs. Other issues for consideration when addressing the challenges of finding and securing affordable childcare include: wait list prioritization and realignment of existing programs to meet the shift back to a garrison based force (24 hour and weekend care for duty, 7 day a week operation, extended day options).
- DoD should use this opportunity for collecting data to find a way forward that determines the prioritization of military families on the waiting list.

Recommendation 11: Safeguard education benefits for Service members by reducing redundancy and ensuring the fiscal sustainability of education programs.

We generally support much of the recommendation, including closing the Reserve Education Assistance Program and transitioning eligible reservists to the Post 9/11 GI Bill, however we have some concerns and recommendations.

Initial concerns:

- DoD should refund the entire \$1,200 to all service members who paid into the MGIB but were eligible for Post 9/11 benefits.
- We strongly object to the MCRMC recommendation to *end housing stipend payments to dependents using transferred education benefits* after July 1, 2017 on contracts in force up until that date. DoD should not break faith with service families on existing transfer agreements in place as of 1 July 2017. Specifically, where service agreements have already been signed and/or fulfilled for transferability, BAH for dependents must be honored, and service members with such contracts should not have to meet a new threshold of service. These individuals should not have to meet a new threshold of ten years of service plus an additional commitment of two years. All aspects of this contract should be grandfathered for those who have already fulfilled the commitment including the housing stipend.
- We object to eliminating unemployment compensation for anyone receiving housing stipends under the Post-9/11 GI Bill. We should not treat service members differently from all other Americans when it comes to eligibility for unemployment insurance.
- We recommend DoD review its policy / procedures and set transferability service commitments to support career force retention. We do not support the specific recommendation to raise the service commitment by 2 years to 12 years total service (excluding obligated periods of service incurred by other means such as Service Academy or ROTC 'payback' time).
- The MCRMC did not offer any recommendation re the MGIB-SELRES. Originally, the MGIB – SELRES program paid 47 – 48 cents to the dollar compared to rates for the MGIB – Active Duty for the first 14 years of its existence (1985 – 1999). Thereafter, the Services and Reserve Components allowed the program to dwindle to a current ratio of 21 cents to the dollar compared to the MGIB – AD. The likely reason for the steep decline in the benefit is that the program competes for funding directly against annual discretionary reserve pay and benefit accounts. The MGIB – AD and the Post 9/11 GI Bill are mandatory funding programs under Title 38. We have long maintained that the MGIB – SELRES should be re-codified as a sub-chapter in Chapter 33, 38 USC as an initial entry benefit for reservists. As a Title 10 discretionary program DoD has refused to sustain it as recruitment tool. In line with the MCRMC recommendation on having a single GI Bill educational platform, the MGIB – SELRES belongs in Title 38.
- We support the collection of information related to, but not limited to, graduation rates, course competition rates, course dropout rates, course failure rates, certificates and degrees being pursued, and employment rates after graduation, and include that information in an annual report to the Congress. Collecting and tracking these data should be the joint responsibility of the Dept. of Veterans Affairs and Dept. of Education in coordination with DoD.
- Reference Military Tuition Assistance (TA) Service policy, we believe that TA should be used by the Services as they see fit for a variety of force management purposes: as an incentive for continued

service; professional development; to obtain civilian credentials, prepare service members for more competitive assignments and for related purposes.

- We are not supportive of a “sense of Congress resolution” affirming that DoD and the Military Services may approve or deny requests to transfer post-9/11 GI Bill benefits in such a way that encourages retention of individuals in the Military Services, and recommending that they be more selective in granting transferability of Post-9/11 GI Bill benefits. Such as resolution is unnecessary as Congress granted DoD explicit statutory authority to manage service commitment policy under the Post-9/11 GI Bill transfer program established in Chapter 33, 38 USC.

Recommendation 12: Better prepare Service members for transition to civilian life by expanding education and granting states more flexibility to administer the Jobs for Veterans State Grants Program.

We generally support the recommendation with two caveats: Mandatory participation in Transition GPS and similar programs should occur at key milestones throughout a service member’s career (i.e., upon second enlistment, at 10 year mark, within 2 years of retirement, not just a one-time event. Also, additional accommodations should be made for families, highlighting existing resources and tools to help the entire family have a successful transition.

Recommendation 13: Ensure Service members receive financial assistance to cover nutritional needs by providing them cost-effective supplemental benefits.

We support the recommendation. This proposal will help more families in need to access nutritional and financial support and helps shine light on SNAP program and WIC overseas – essential programs for military families, which rely on a viable commissary benefit. Financial education is key and further data collection will be needed.

Recommendation 14: Expand Space-Available travel to more dependents of Service members by allowing travel by dependents of Service members deployed for 30 days or more.

We support the recommendation.

Recommendation 15: Measure how the challenges of military life affect children’s school work by implementing a national military dependent student identifier.

We support the recommendation. One item that remains unclear is whether or not information will be collected on children of AD parents/guardians of all of the Uniformed Services or just the Armed Forces. We support inclusion of all Uniformed Services.