		En Bloc Amendments to H.R. 4909			
		April 27, 2016			
Subcommittee on Military Personnel					
	En Bloc # 3				
Log #	Sponsor	Description			
036r2	Takai	Provide a briefing on joint research requirements at the Military Health Services			
056r1	Duckworth	Authorizes a epidemiological study on the health effects of helicopter and tiltrotor pilots			
130r1	Peters	Authorizes the Secretary of Defense to provide, at his discretion, financial or non- monetary support to non-profit organizations carrying out programs that support the attendance of children of military families at grief camps			
163r1	Ashford	To study veterans access to military on base commissary and exchange facilities			
176r1	Smith	Direct the SecDef to conduct a study on opioid prescription use in the Defense Department and its effects on health, quality of life and readiness.			
225r1	Hunter	Requires a briefing regarding the activities that have been undertaken to implement provisional TRICARE coverage for emerging health care service and supplies			
258	Coffman	Directs a briefing from Asst SecDef for Health Affairs and DHA on the administration of TRICARE coverage for medically necessary foods			
307r1	Turner	Combines the Dayton/Fairborn and Hamilton, OH GSA per diem lodging areas into one area, with one per diem rate.			

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Offered by: Rep. Mark Takai

In the appropriate place in the report to accompany H.R. 4909, insert the following new Directive Report Language:

Joint Medical Research Test Centers

The Committee recognizes the need to develop joint capabilities for military health research projects to optimize opportunities to identify impactful research opportunities that support DoD medical readiness. The Pacific Joint Information Technology Center (P-JITC) is the only joint research test center for the Military Health Services (MHS), and has produced successful research efforts, such as the Unified Theater Server Platform and Radio-Frequency Identification Bar Code Project. The Committee also recognizes the need for joint requirements in four overarching focus areas: 1) Military Health Care Services, 2) Theater/Operational Medicine, 3) Information Technology Infrastructure and Data Management, and 4) Medical Resourcing; and encourages continued development of these capabilities at a joint research test center.

The Committee notes that the Defense Health Technology Review (DHTR) established a Review Panel to identify opportunities for efficiencies and savings through standardization and consolidation. As a result of the review, the P-JITC was recommended to be consolidated into existing MHS architecture.

Therefore, the Committee directs the Director of the Defense Health Agency to brief the House Armed Services Committee by March 1, 2017, on a comprehensive plan to conduct joint research across the MHS.

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AMENDMENT TO H.R. 4909 OFFERED BY MS. DUCKWORTH OF ILLINOIS

At the appropriate place in title VII, insert the following new section:

1 SEC. 7___. LONG-TERM STUDY ON HEALTH OF HELI 2 COPTER AND TILTROTOR PILOTS.

3 (a) STUDY REQUIRED.—The Secretary of Defense 4 shall carry out a long-term study of career helicopter and 5 tiltrotor pilots to assess potential links between the oper-6 ation of helicopter and tiltrotor aircraft and acute and 7 chronic medical conditions experienced by such pilots.

8 (b) ELEMENTS.—The study under subsection (a)9 shall include the following:

- 10 (1) A study of career helicopter and tiltrotor pi11 lots compared to a control population that—
- 12 (A) takes into account the amount of time13 such pilots operated aircraft;

14 (B) examines the severity and rates of
15 acute and chronic injuries experienced by such
16 pilots; and

17 (C) determines whether such pilots experi18 ence a higher degree of acute and chronic med19 ical conditions than the control population.

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1	(2) If a higher degree of acute and chronic
2	medical conditions is observed among such pilots, an
3	explanation of—
4	(A) the specific causes of the conditions
5	(such as whole body vibration, seat and cockpit
6	ergonomics, landing loads, hard impacts, and
7	pilot-worn gear); and
8	(B) any costs associated with treating the
9	conditions if the causes are not mitigated.
10	(3) A review of relevant scientific literature and
11	prior research.
12	(4) Such other information as the Secretary de-
13	termines to be appropriate.
14	(c) DURATION.—The duration of the study under
15	subsection (a) shall be not more than 2 years.
16	(d) BRIEFING.—Not later than June 6, 2017, the
17	Secretary shall provide to the Committees on Armed Serv-
18	ices of the Senate and House of Representatives (and
19	other congressional defense committees on request) a
20	briefing on the progress of the Secretary in carrying out
21	the study under subsection (a).

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Amendment to H.R. 4909 Offered by Mr. Peters of California

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At the appropriate place in title V, insert the following new section:

1 SEC. 5____. SUPPORT FOR PROGRAMS PROVIDING CAMP EX 2 PERIENCE FOR CHILDREN OF MILITARY FAM 3 ILIES.

4 (a) IN GENERAL.—The Secretary of Defense may provide financial or non-monetary support to qualified 5 6 nonprofit organizations in order to assist such organiza-7 tions in carrying out programs to support the attendance 8 at a camp or camp-like setting of children of military fami-9 lies who have experienced the death of a family member 10 or other loved one or who have another family member 11 living with a substance use disorder or post-traumatic 12 stress disorder.

13 (b) Application for Support.—

14 (1) IN GENERAL.—Each organization seeking
15 support pursuant to subsection (a) shall submit to
16 the Secretary an application therefor containing
17 such information as the Secretary shall specify for
18 purposes of this section.

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1	(2) CONTENTS.—Each application submitted
2	under paragraph (1) shall include the following:
3	(A) A description of the program for which

(A) A description of the program for which support is being sought, including the location of the setting or settings under the program, the duration of such setting or setting, any local partners participating in or contributing to the program, and the ratio of counselors, trained volunteers, or both to children at such setting or settings.

(B) An estimate of the number of children of military families to be supported using the support sought.

(C) A description of the type of activities that will be conducted using the support sought, including the manner in which activities are particularly supportive to children of military families described in subsection (a).

19 (D) A description of the outreach con20 ducted or to be conducted by the organization
21 to military families regarding the program.

(c) PREFERENCE IN APPROVAL OF APPLICATIONS.—
The Secretary shall accord a preference in the approval
of applications submitted pursuant to subsection (b) to applications submitted by organizations that—

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1	(1) provide a traditional camp or camp-like en-		
2	vironment setting that is hosted by an accredited		
3	service provider or facility;		
4	(2) offer activities in that setting that—		
5	(A) includes a continued care model;		
6	(B) is tailored to the needs of children and		
7	uses recognized best practices;		
8	(C) exhibits an adequate understanding		
9	and recognition of appropriate military culture		
10	and traditions; and		
11	(D) places a focus on peer-to-peer support		
12	and activities;		
13	(3) offers post-camp and continuing bereave-		
14	ment or addiction-prevention support, as applicable;		
15	(4) offer support services for children and fami-		
16	lies; and		
17	(5) provides for evaluations of the camp experi-		
18	ence by children and their families after camp.		
19	(d) USE OF SUPPORT.—Support provided by the Sec-		
20	retary to an organization pursuant to subsection (a) shall		
21	be used by the organization to support attendance at a		
22	camp or camp-like setting of children of military families		
23	described in subsection (a).		

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Offered by:

[For new Directive Report Language, please use the following:]

In the appropriate place in the report to accompany H.R. 4909, insert the following new Directive Report Language:

Feasibility study to expanding Veterans Access to Commissary

The Committee seeks to better serve disabled veterans that live near military installations and would like to increase their access to commissary and exchange facilities. The Committee directs the Secretary of Defense to report on the feasibility of allowing disabled veterans with a thirty percent disability rating or higher; or that have been awarded a Purple Heart the use of the commissary and exchange stores on the same basis as a member of the armed forces entitled to retired or retainer pay. The determination should include an evaluation of the potential costs to the Department and the impacts to the disabled veteran community. The Secretary shall submit the results of the report to the House Committee on Armed Services by 1 March 2017.

Log 176R1

Offered by Mr. Smith of Washington

In the appropriate place in the report to accompany H.R. 4909, insert the following new Directive Report Language:

Prescription Opioid Abuse, and Effects on Readiness

The committee is aware of increased misuse of prescription opioid drugs on the national level. The committee understands that the Department of Defense employs several methods to prevent, educate and identify abuse of opioid drugs by military servicemembers. However, the committee is concerned that new strategies may be necessary to combat opioid drug abuse to improve service member individual readiness, health and quality of life. Therefore, the Committee directs the Secretary of Defense to submit a report to the House Committee on Armed Services by October 1, 2017, on the Department's efforts to prevent, educate and treat prescription opioid drugs abuse by military servicemembers. The report shall include:

(1) Research on more comprehensive treatments for opioid addiction

(2) Integration of drug treatment into healthcare settings and addressing behavioral interventions

(3) Research on next generation analgesics in order to identify new pain relievers with reduced abuse, tolerance, and dependence risk

(4) Devising alternative delivery systems and formulations for existing drugs that minimize diversion

(5) A focus on developing more effective means for preventing overdose deaths

(6) Focused strategies on public communication and education

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Log 225 RI

Amendment to H.R. 4909 National Defense Authorization Act for Fiscal Year 2017

Offered by: Mr. Hunter of California

In the appropriate place in the report to accompany H.R. 4909, insert the following new Directive Report Language:

Briefing on TRICARE coverage for emerging health care services

(a) Briefing—The Secretary of Defense, shall brief the Committee on Armed Services of the House of Representatives, not later than June 30, 2017, on implementation of Section 704 of the Carl Levin and Howard P. "Buck" McKeon National Defense Authorization Act for Fiscal Year 2015, Public Law 113-291.

(b) Elements—the briefing required under paragraph (a) shall include:

(1) The activities that have been undertaken to implement provisional TRICARE coverage for emerging health care services and supplies;

(2) Any activities to implement such authority that are planned but have not yet occurred and the rationale for the delay;

(3) The services and supplies that have been granted such provisional TRICARE coverage;

(4) The rationale, if any, for implementation of demonstration projects for TRICARE coverage of such services and supplies in lieu of implementation of the provisional TRICARE coverage; and

(5) The impact that implementation of the provisional TRICARE coverage has had on access to and provider reimbursement for such services and supplies as compared to non-coverage.

Offered by: Mike Coffman

In the appropriate place in the report to accompany H.R. 4909, insert the following new Directive Report Language:

TRICARE Coverage of Medically Necessary Foods

The committee is aware that medically necessary foods are prescribed for the safe and effective management of multiple disorders which affect digestion, absorption, and metabolism of nutrients. The committee is also aware of current TRICARE Program policy directing coverage of nutritional therapy when it is used as the primary source of calories or as the primary source of a required macronutrient. The committee is concerned that healthcare providers may have difficulty obtaining approval of medically necessary foods and formulas for the management of their patients' diseases and conditions, such as for the management of inflammatory bowel disease, eosinophilic esophagitis, and major milk sensitivity in pediatric populations. Therefore, the committee directs the Secretary of Defense to review the adequacy of current TRICARE coverage policy for nutritional therapy and provide a briefing of its findings to the Armed Services Committee of the House of Representatives by July 1, 2017. The briefing shall address the following elements; rates of appeal for denial of coverage, average length of appeal, rates of denial of nutritional therapy coverage in pediatric and adult populations, and any other matters that the Secretary may deem appropriate.

L09307R1

Amendment to H.R. 4909 Offered by Mr. Turner of Ohio

At the end of title XI, add the following new section:

1 SEC. _____. TREATMENT OF CERTAIN LOCALITIES FOR 2 CALCULATION OF PER DIEM ALLOWANCES.

3 (a) IN GENERAL.—Pursuant to section 5707 of title 4 5, United States Code, the Administrator of General Serv-5 ices shall prescribe such regulations as are necessary to provide that, with respect to per diem rates for Ohio, the 6 7 locality described as Dayton/Fairborn and the locality de-8 scribed as Cincinnati are considered 1 locality for purposes 9 of establishing per diem allowance or maximum amount of reimbursement under section 5702(a)(2) of such title. 10 11 (b) EFFECTIVE DATE.—The adjustment of the treatment of localities described under subsection (a) shall be 12 effective on the same date as the application of the first 13 14 recalculation of per diem allowances by the Administrator 15 that occurs after the date of enactment of this Act.

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