

**En Bloc Amendments to H.R. 5515****Subcommittee on Military Personnel  
En Bloc #1**

<b>Log #</b>	<b>Sponsor</b>	<b>Description</b>
<b>010</b>	Moulton	Clarifies assessment criteria in the Mental Health Care in the Military Health System DRL to focus the study on how DHA's command structure will incorporate mental health care.
<b>012</b>	Moulton	Would require the Mental Health Care in the Military Health System assessment in direct report language to be completed by an independent FFRDC.
<b>047</b>	Davis	Directs the SECDEF to report on improving delivery of mental health services.
<b>063</b>	Speier	Asks for a report on CTE/TBI research gaps.
<b>091</b>	Gabbard	Directs the Government Accountability Office to conduct a study of the Defense Health Agency's oversight of the transition of TRICARE managed care support contractors for its TRICARE regions.
<b>126</b>	Davis	Directs the SECDEF to report in coordination with the Secretary of HHS and the Commissioner of Social Security, to report on the total number severely injured veterans who are no longer enrolled in TRICARE because of their enrollment in Medicare.
<b>200</b>	Bacon	Directs the Secretary of Defense to submit a report containing a plan to accelerate development and deliver of treatments for TBI, CTE, and PTSD.
<b>224</b>	Hanabusa	Establishes the Triservice Dental Research Program at the Uniformed Services University of the Health Sciences.
<b>250</b>	Wenstrup	Revises the subcommittee on military personnel markup concerning podiatry in the military by providing additional context to the reporting requirement regarding the administrative alignment of podiatric medicine across the joint force.

**Log 010**

**Amendment to H.R. 5515**  
**National Defense Authorization Act for Fiscal Year 2019**

**Offered by:**

**Mr. Moulton of Massachusetts**

In the portion of the report to accompany H.R. 5515 titled “Mental Health Care in the Military Health System,” strike the following text: “the ability of the Defense Health Agency” and insert the following new text “how mental health care providers will be arranged within the command structure of the Defense Health Agency, how mental health care policy and processes will be managed within the Defense Health Agency.”

**AMENDMENT TO H.R. 5515****OFFERED BY MR. MOULTON OF MASSACHUSETTS**

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

1 **SEC. 7\_\_\_ . INDEPENDENT EVALUATION OF MENTAL**  
2 **HEALTH CARE.**

3 (a) **IN GENERAL.**—The Secretary of Defense shall  
4 seek to enter into an agreement with a federally funded  
5 research and development center to evaluate the manage-  
6 ment of mental health care by the Defense Health Agency  
7 pursuant to section 1073c(a) of title 10, United States  
8 Code.

9 (b) **SELECTION.**—The Secretary shall select a feder-  
10 ally funded research and development center under sub-  
11 section (a) that has expertise and a record of independent,  
12 peer-reviewed publications with respect to—

13 (1) behavioral health research; and

14 (2) independent evaluations of mental health  
15 programs within the Department of Defense using  
16 multidisciplinary methods.

17 (c) **MATTERS INCLUDED.**—The evaluation under sub-  
18 section (a) shall include the following:

1           (1) An assessment of the management of men-  
2           tal health care by the Defense Health Agency, in-  
3           cluding—

4                   (A) how mental health care providers will  
5           be arranged within the command structure of  
6           the Agency; and

7                   (B) how mental health care policy and  
8           processes will be managed within the Agency.

9           (2) An assessment of the ability of each Sur-  
10          geon General of the military departments to main-  
11          tain the readiness of the military health workforce to  
12          deliver mental health care services operationally in  
13          support of deployed forces.

14          (3) An assessment of the coordination of behav-  
15          ioral health research efforts across the research con-  
16          tinuum.

17          (4) An assessment of the inclusion of evidence-  
18          based suicide prevention programs.

19          (5) A description of new processes to accelerate  
20          scientific research and delivery of breakthrough  
21          therapies for traumatic brain injury, chronic trau-  
22          matic encephalopathy, and post-traumatic stress dis-  
23          order.

24          (6) Plans to field medical devices approved by  
25          the Food and Drug Administration that provide cli-

1       nicians with rapid, accurate assessments of trau-  
2       matic brain injury.

3       (d) SUBMISSION.—Not later than April 1, 2019, the  
4       Secretary shall submit to the congressional defense com-  
5       mittees a report on the evaluation under subsection (a).



**Amendment to H.R. 55**  
**National Defense Authorization Act for FISC**

**Log 047**

**Offered by Mrs. Davis of California**

In the appropriate place in the report to accompany H.R. 5515, insert the following new Directive Report Language:

**Improving Delivery of Mental Health Services**

The committee acknowledges the efforts of the Department of Defense and the military services to diagnose and treat military members suffering from mental health disorders. The committee commends the Department for systems it has in place to ensure service members receive standard of care for disorders where clinical evidence has informed best practices for treatment. However, there is room for improvement: the MHS lacks an enterprise wide system to accurately and consistently track care, cost, and implementation of evidence based quality medical and behavioral health therapeutic services for mental health disorders. The committee directs the Secretary of Defense to provide a briefing to the Committee on Armed Services of the House of Representatives not later than December 1, 2018 on the following: (1) feasibility study for creating a formalized methodology for tracking, measuring, and reporting across the MHS to ensure delivery of cost-effective, evidence based quality treatments; (2) data and analysis to assist the committee in determining whether there are challenges to implementing evidence based mental health treatments for military personnel; (3) recommendations for addressing the current translation of innovative biomarker and neuroimaging diagnostics and research findings into practice; (4) any other matters the Secretary of Defense believes are relevant to this issue.

## Amendment to H.R. 551 National Defense Authorization Act for Fiscal Year 2019

**Offered by: Speier**

In the appropriate place in the report to accompany H.R. 5515, insert the following new Directive Report Language:

### Chronic Traumatic Encephalopathy (CTE)

The Committee commends the Department of Defense for focusing a significant amount of research on studying military relevant injuries related to traumatic brain injury (TBI). The Committee acknowledges the importance of this research but would also like to better understand the potential link between TBI and chronic traumatic encephalopathy (CTE). CTE is a neurodegenerative disorder that involves the progressive accumulation of the protein tau in nerve cells within certain regions of the brain. As the tau protein accumulates, it disturbs function and appears to lead to symptoms seen in affected patients with multiple head trauma. In 2013, a senior Department of Defense official stated, “we are learning through the process of discovery the effects of repetitive mild traumatic brain injury and also how to prevent this issue of chronic traumatic encephalopathy”. Research on CTE has made significant advancements, but there are still gaps in research between TBI and CTE and understanding the status and progress of CTE efforts within the military is of critical importance. Therefore, the Committee directs the Secretary of Defense, in consultation with Secretaries of the military departments, to provide a report on CTE research in the military to the Committees on Armed Services of the House of Representatives and the Senate not later than 1 April 2019. This report shall include an assessment of the gaps between CTE and TBI research, current funding levels, ongoing research studies, CTE related initiatives to track and monitor service-members, and ongoing research efforts with the National Institutes of Health, executive agencies and civilian academic and research organizations.

**Amendment to H.R. 5515  
National Defense Authorization Act for**

**Log 091**

**Offered by Ms. Gabbard of Hawaii**

In the appropriate place in the report to accompany H.R. 5515, insert the following new Directive Report Language:

**GAO Audit of TRICARE**

The committee notes that during the 2018 transition of TRICARE managed care support contractors, many issues related to network adequacy arose, which affected beneficiary access to care, specifically access to mental health services. There is evidence that mental health providers from the East and West regions received new contracts that include a proposed 30% discount off Civilian Health And Medical Program of the Uniformed Services (CHAMPUS) rates. With the limited options and resources that TRICARE beneficiaries currently have, these discounts will further jeopardize the mental health of military members, veterans, and their families who rely on TRICARE for their basic needs.

Therefore, the committee directs the Comptroller General of the U.S. Government Accountability Office (GAO) to conduct a study of the Defense Health Agency's (DHA) oversight of the transition of TRICARE managed care support contractors for its TRICARE regions. The Comptroller General shall provide a report to the Committee on Armed Services of the House of Representatives by September 30, 2019 detailing the extent to which (i) DHA provided guidance and oversight to the outgoing and incoming managed care support contractors; (ii) there were any issues with health care delivery, and if so, the effect, if at all, DHA's guidance and oversight during the transition period had on these issues as well as DHA's resolutions for remediating any managed care support contractors' deficiencies; and (iii) DHA has reviewed any lessons learned from prior transitions and incorporated them into the current transition.



**Amendment to H.R. 551  
National Defense Authorization Act for Fiscal Year 2018**

**Offered by Mrs. Davis of California**

In the appropriate place in the report to accompany H.R. 5515, insert the following new Directive Report Language:

**Improving Health Care Choices for Severely Injured Service Members**

The committee seeks to better serve severely disabled veterans who are entitled to hospital insurance benefits under part A of title XVIII of the Social Security Act. The committee directs the Secretary of Defense, in coordination with the Secretary of Human Health Services and the Commissioner of Social Security, to report on the total number of individuals who are retired from the Armed Services under chapter 61 of title 10, United States Code; entitled to hospital insurance benefits under part A of title XVIII of the Social Security Act pursuant to receiving benefits for 24 months as described in subparagraph (A) or (C) of section 226(b)(2) of such Act (42 U.S.C. 426(b)(2)); and because of such entitlement, are no longer enrolled in TRICARE Prime or TRICARE Select (as those terms are defined in section 1072 of title 10, United States Code) under chapter 55 of title 10, United States Code. The committee further directs the Secretary to submit the results of the report to the House Committee on Armed Services by December 1, 2018.

## **Amendment to H.R. 5515 National Defense Authorization Act for Fiscal Year 2019**

**Offered by: Mr. Bacon of Nebraska**

In the portion of the report to accompany H.R. 5515 titled "Mental Health Care in the Military Health System", strike the following text: "...the coordination of behavioral health research efforts across the research continuum; the inclusion of evidence-based suicide prevention programs; a description of new processes to accelerate scientific research and delivery of breakthrough therapies for TBI, CTE and PTSD; and plans to field Food and Drug Administration-cleared medical devices that provide clinicians with rapid, accurate assessments of traumatic brain injury." and insert the following new text:

"In addition, this report shall include a plan to accelerate innovation and delivery of treatments for TBI, CTE and PTSD to members of the Armed Forces and covered beneficiaries through improved coordination of behavioral health research and development efforts across the federal government, academic institutions, and industry; inclusion of evidence-based suicide prevention programs; promotion of acquisition strategies that utilize other transaction authorities to accelerate development and delivery of promising breakthrough therapies for TBI, CTE and PTSD; facilitation of public-private investment partnerships to pursue psychiatric and brain disease treatments; and plans to expeditiously field Food and Drug Administration-cleared pharmaceuticals and medical devices that provide clinicians with therapeutics and tools for rapid, accurate assessments of traumatic brain injury and PTSD."

**AMENDMENT TO H.R. 5515**  
**OFFERED BY MS. HANABUSA OF HAWAII**

Add at the appropriate place in title VII the following new section:

1 **SEC. 7\_\_\_ . ESTABLISHMENT OF TRISERVICE DENTAL RE-**  
2 **SEARCH PROGRAM.**

3 (a) IN GENERAL.—Chapter 104 of title 10, United  
4 States Code, is amended by adding at the end the fol-  
5 lowing new section:

6 **“§ 2117. Military dental research**

7 “(a) DEFINITIONS.—In this section:

8 “(1) The term ‘military dental research’ means  
9 research on the furnishing of care and services by  
10 dentists in the armed forces.

11 “(2) The term ‘TriService Dental Research  
12 Program’ means the program of military dental re-  
13 search authorized under this section.

14 “(b) PROGRAM AUTHORIZED.—The Secretary of De-  
15 fense may establish at the University a program of mili-  
16 tary dental research.

17 “(c) TRISERVICE RESEARCH GROUP.—The  
18 TriService Dental Research Program shall be adminis-  
19 tered by a TriService Dental Research Group composed

1 of Army, Navy, and Air Force dentists who are involved  
2 in military dental research and are designated by the Sec-  
3 retary concerned to serve as members of the group.

4 “(d) DUTIES OF GROUP.—The TriService Dental Re-  
5 search Group shall—

6 “(1) develop for the Department of Defense  
7 recommended guidelines for requesting, reviewing,  
8 and funding proposed military dental research  
9 projects; and

10 “(2) make available to Army, Navy, and Air  
11 Force dentists and Department of Defense officials  
12 concerned with military dental research—

13 “(A) information about dental research  
14 projects that are being developed or carried out  
15 in the Army, Navy, and Air Force; and

16 “(B) expertise and information beneficial  
17 to the encouragement of meaningful dental re-  
18 search.

19 “(e) RESEARCH TOPICS.—For purposes of this sec-  
20 tion, military dental research includes research on the fol-  
21 lowing issues:

22 “(1) Issues regarding how to improve the re-  
23 sults of dental care and services provided in the  
24 armed forces in time of peace.

1           “(2) Issues regarding how to improve the re-  
2           sults of dental care and services provided in the  
3           armed forces in time of war.

4           “(3) Issues regarding how to improve methods  
5           of training dental personnel.”.

6           (b) CLERICAL AMENDMENT.—The table of sections  
7           at the beginning of such chapter is amended by inserting  
8           after the item relating to section 2116 the following new  
9           section:

“2117. Military dental research.”.



**Amendment to H.R. 5515  
National Defense Authorization Act for Fiscal Year 2019**

**Offered by: Dr. Wenstrup of Ohio**

In the appropriate place in the report to accompany H.R. 5515, insert the following new Directive Report Language:

**Podiatric Surgeons in the Military**

The committee is concerned that surgically advanced military podiatrists are not presented with the same administrative opportunities as surgeons and doctors of other medical disciplines, and have historically had few opportunities for positions of leadership across the military medical enterprise. Podiatric surgery, as a medical discipline in the Armed Forces, has evolved over the last several decades, including an additional 3-year surgical residency requirement for all military podiatric surgeons. Podiatrists have increasingly deployed to combat zones overseas, serving in a variety of ways to meet the surgical needs of our warfighters. Moreover, podiatric surgeons remain in the Medical Service Corps in the Army and Navy, and the Biomedical Science Corps in the Air Force. This alignment does not administratively suit the profession, and podiatric surgeons may serve more effectively when aligned with surgeons of other medical disciplines. Lastly, while Army Reserve surgeons receive a 90-day rotation exemption limiting their tour of duty in combat, Reserve podiatric surgeons are not eligible for this exemption. This creates challenges to recruiting the best podiatrists for military service, and is especially difficult for podiatrists serving in the Reserve component who are faced with the possibility of a long deployment with potentially adverse effects on their civilian practice. The committee therefore directs the Secretary of Defense, in coordination with the Secretaries of the military departments, to submit a report to the House Committee on Armed Services not later than April 1, 2019, on improvements that can be made to podiatry as a medical discipline within the Armed Services; how podiatry is aligned within each military branch; and what efforts are being made to provide additional clinical, command, training, and leadership opportunities to podiatrists across the joint force.