

En Bloc Amendments to H.R. 5515**Subcommittee on Military Personnel
En Bloc #2**

Log #	Sponsor	Description
009	Moulton	Requires DHA to brief the committees on the MHS transition every six months until the transition is complete.
011	Moulton	Requires DoD to include questions concerning gambling addiction in annual physical health assessments and the Health Related Behaviors Survey.
045	Davis	Directs the SECDEF to report on best practices for prevention and response to sexual assault.
092r1	Gabbard	Directs the Secretary of Defense to conduct a study assessing the impacts of using established rates to reimburse covered mental health care providers on the availability of such providers.
106	Carbajal	Increasing the number of appointed directors of the Henry M. Jackson foundation for the advancement of military medicine.
222	Bishop	Directs the Director of Defense Health Agency to submit a report outlining potential for incorporating CT angiography (CTA) and fractional flow reserve computed tomography (FFRct) into DoD facilities.
226r1	Speier	Requires SecDef, through the Defense Advisory Committee on Investigations, Prosecutions, and Defense (DACIPAD), to report on the frequency of punishment of victims of sexual assault for collateral misconduct
271	Wenstrup	Requires the services to provide a briefing no later than April 1, 2019 regarding the benefits of prescribing and issuing orthotic inserts for new recruits, based on input from orthopedic and podiatric consultants within each service.
281	O'Halleran	Recognizes and honors the legacy, contributions and sacrifices of American Indian and Alaska Natives of the Armed Forces of the United States.
324r1	Russell	Report on the importance of Athletic trainers.

AMENDMENT TO H.R. 5515

OFFERED BY MR. MOULTON OF MASSACHUSETTS

Section 7____, [log 67215], page 2, line 16, insert
after the period the following:

1 “(C) Not later than January 31, 2019 and every six
2 months thereafter through September 30, 2020, the Di-
3 rector of the Defense Health Agency shall provide a brief-
4 ing to the congressional defense committees on the
5 progress of the transition under this paragraph.”.



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___ . INCLUSION OF GAMBLING DISORDER IN**
2 **HEALTH ASSESSMENTS AND RELATED RE-**
3 **SEARCH EFFORTS OF THE DEPARTMENT OF**
4 **DEFENSE.**

5 (a) **ANNUAL PERIODIC HEALTH ASSESSMENT.**—The
6 Secretary of Defense shall incorporate medical screening
7 questions specific to gambling disorder into annual peri-
8 odic health assessments conducted by the Department of
9 Defense for members of the Armed Forces.

10 (b) **RESEARCH EFFORTS.**—The Secretary shall incor-
11 porate into ongoing research efforts of the Department
12 questions on gambling disorder, as appropriate, including
13 by restoring such questions into the Health Related Be-
14 haviors Survey of Active Duty Military Personnel.



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

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:

Best Practices for Prevention and Response to Sexual Assault

The committee commends the Department for its efforts to continuously improve methods to prevent and respond to sexual assault. The committee further commends the Air Force's efforts to utilize evidenced based bystander intervention training previously shown to prevent and reduce power-based personal violence based on the premise that sexual violence can be measurably and systematically reduced within a community. The Air Force was additionally able to consolidate some of the required and annual briefings and shorten the amount of time they spent on training by focusing on quality over quantity. The committee directs the Department to report to the House Armed Services Committee no later than December 1, 2018 on current use of best practices for prevention and response to sexual assault; update on current research informed evaluation outcome criteria, and the feasibility of developing, and offering high quality, standardized, research informed best practices for training and response that are shown to prevent sexual assaults across the services.

LOG 092 r1

AMENDMENT TO H.R. 5515
OFFERED BY MS. GABBARD OF HAWAII

At the appropriate place in title VII of the bill, insert the following:

1 **SEC. 7 ____ . STUDY ON REIMBURSEMENT RATES FOR MEN-**
2 **TAL HEALTH CARE PROVIDERS UNDER**
3 **TRICARE PRIME AND TRICARE SELECT IN**
4 **THE EAST AND WEST REGIONS OF THE**
5 **TRICARE PROGRAM.**

6 (a) **STUDY.**—The Secretary of Defense shall conduct
7 a study assessing the impact of using established rates to
8 reimburse covered mental health care providers on the
9 availability of such providers.

10 (b) **ELEMENTS.**—The study under subsection (a)
11 shall include the following:

12 (1) An evaluation of—

13 (A) whether there are enough covered men-
14 tal health care providers to adequately serve the
15 beneficiaries under TRICARE Prime and the
16 beneficiaries under TRICARE Select of each lo-
17 cality in the East and West regions of the
18 TRICARE program, including in rural commu-
19 nities in such regions; and

1 (B) whether the requirements under sec-
2 tions 1079 (h)(1) and 1097b of title 10, United
3 States Code, to use established rates to reim-
4 burse covered mental health care providers lim-
5 its the number of covered health care providers
6 serving each locality in the East and West re-
7 gions of the TRICARE program, including in
8 rural communities in such regions.

9 (2) An assessment of the impact of using estab-
10 lished rates to reimburse covered mental health care
11 providers on—

12 (A) the ability of beneficiaries under
13 TRICARE Prime and beneficiaries under
14 TRICARE Select beneficiaries to access appro-
15 priate and timely mental health care in accord-
16 ance with section 199.17 of title 32, Code of
17 Federal Regulations; and

18 (B) the availability of services provided by
19 mental health care providers that are needed by
20 members of the Armed Forces to be medically
21 ready.

22 (3) Information about instances in which the
23 Secretary provided or applied exceptions to estab-
24 lished rates pursuant to sections 1079(h)(2) of title

1 10, United States Code, to increase the number of
2 covered mental health care providers.

3 (4) A description of how the Secretary solicits
4 and collects feedback from covered mental health
5 care providers on established rates.

6 (5) A list of actions the Secretary has taken to
7 address such feedback.

8 (6) Any legislative, regulatory, or policy rec-
9 ommendations that are necessary to improve the
10 overall medical readiness of Armed Forces.

11 (c) REPORT.—Not later than one year after the date
12 of the enactment of this Act, the Secretary shall submit
13 to the Committee on Armed Services of the House of Rep-
14 resentatives and the Committee on the Armed Services of
15 the Senate a report on the results of the study required
16 under subsection (a).

17 (d) BRIEFING.—Not later than 60 days after the date
18 on which the report required under subsection (c) is sub-
19 mitted to the Committee on Armed Services of the House
20 of Representatives and the Committee on Armed Services
21 of the Senate, the Secretary shall provide a briefing to
22 such committees on the results of the study required under
23 subsection (a).

24 (e) COMPTROLLER GENERAL REVIEW AND RE-
25 PORT.—Not later than 180 days after the date on which

1 the report under subsection (c) is submitted to the Com-
2 mittee on Armed Services of the House of Representatives
3 and the Committee on Armed Services of the Senate, the
4 Comptroller General of the United States shall—

5 (1) review the report required under subsection
6 (c); and

7 (2) submit to the Committee on Armed Services
8 of the House of Representatives and the Committee
9 on Armed Services of the Senate an assessment of—

10 (A) whether the results of the study re-
11 quired under subsection (a) are supported by
12 the data and information examined in the study
13 required under subsection (a); and

14 (B) the feasibility of any recommendations
15 identified by the Secretary under subsection
16 (b)(6).

17 (f) DEFINITIONS.—In this section:

18 (1) The term “established rate” means the pay-
19 ment amount determined by the Secretary pursuant
20 to sections 1079(h)(1) and 1097b of title 10, United
21 States Code, and section 199.14 of title 32, Code of
22 Federal Regulations.

23 (2) The term “covered mental health care pro-
24 vider” means a mental health care provider under

1 TRICARE Prime and TRICARE Select in the East
2 and West regions of the TRICARE program.

3 (3) The term “mental health care provider”
4 means a psychiatrist, clinical psychologist, certified
5 psychiatric nurse specialist, certified clinical social
6 worker, certified marriage and family therapist,
7 TRICARE certified mental health counselor, pas-
8 toral counselor under the supervision of a physician,
9 and supervised mental health counselor under the
10 supervision of a physician.

11 (4) The term locality means a geographic loca-
12 tion—

13 (A) designated as a Prime Service Area
14 under section 199.17(b)(1) of title 32, Code of
15 Federal Regulations; and

16 (B) in which the Secretary entered into a
17 contract under chapter 55 of title 10, United
18 States Code, with a contractor under the
19 TRICARE program to provide health care serv-
20 ices to beneficiaries by TRICARE-authorized ci-
21 vilian health care providers.

22 (5) The terms “TRICARE Prime” and
23 “TRICARE Select” have the meanings given those

- 1 terms in section 1072 of title 10, United States
- 2 Code.



AMENDMENT TO H.R. 5515
OFFERED BY MR. CARBAJAL OF CALIFORNIA

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

1 **SEC. 7___ . INCREASING THE NUMBER OF APPOINTED DI-**
2 **RECTORS OF THE HENRY M. JACKSON FOUN-**
3 **DATION FOR THE ADVANCEMENT OF MILI-**
4 **TARY MEDICINE.**

5 Section 178(c)(1)(C) of title 10, United States Code,
6 is amended to read as follows:

7 “(C) six members appointed by the ex offi-
8 cio members of the Council designated in sub-
9 paragraphs (A) and (B).”.



**Amendment to H.R. 1
National Defense Authorization Act**

Log 222

Offered by: MR. BISHOP OF UTAH

**Study on CT Angiography and Fractional Flow Reserve Computed Tomography in
the Military Health System**

The Committee is aware of the significant health and cost savings advantages of new technology for non-invasive diagnosis of cardiac artery disease through cardiac CT angiography (CTA) and fractional flow reserve computed tomography (FFRct). This FDA approved diagnostic device coupled with use of CTA as an initial testing strategy is recognized as part of a preferred pathway of care by the Blue Cross Blue Shield Association, the American College of Cardiology, the American Heart Association, and the National Health Service in the United Kingdom. The committee directs the Director of the Defense Health Agency to provide a report to the House Committee on Armed Services no later than March 1, 2019, that reviews and assesses the clinical efficacy of this technology and how it may be incorporated throughout the Military Health System.

~~Revised
Log 226~~

AMENDMENT TO H.R. 5515
OFFERED BY MS. SPEIER OF CALIFORNIA

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

1 **SEC. 5** . **REPORT ON VICTIMS IN MCIO REPORTS.**

2 Not later than September 30, 2019, and not less than
3 once every two years thereafter, the Secretary of Defense,
4 through the Defense Advisory Committee on Investiga-
5 tions, Prosecutions, and Defense of Sexual Assault in the
6 Armed Forces, shall submit to Congress a report regard-
7 ing the frequency at which individuals, who are identified
8 as victims of sexual offenses in case files of military crimi-
9 nal investigative organizations (hereinafter, "MCIO"), are
10 accused of or punished for misconduct or crimes consid-
11 ered collateral to the investigation of sexual assault during
12 the MCIO investigations in which the individuals were so
13 identified.



**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:

Orthotics for New Recruits

Custom orthotics are offered to servicemembers in some circumstances with a referral from their primary care provider, however it is the understanding of the committee that there is currently not a uniform method for providing orthotics to servicemembers across the joint force. With over 70% of muscular-skeletal injuries affecting the lower extremities, higher priority must be placed on injury prevention, which will likely reduce the cost of treatment and increase force readiness. The committee therefore directs the Secretaries of each service to seek advice from the orthopedic and podiatric consultants residing within each branch of the Armed Forces regarding the benefits of prescribing and dispensing custom orthotics to each new recruit upon entering the military, and follow up with a briefing to Congress no later than April 1, 2019.

AMENDMENT TO H.R. 5515
OFFERED BY MR. O'HALLERAN OF ARIZONA

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

1 **SEC. 10__.** **SENSE OF CONGRESS ON THE LEGACY, CON-**
2 **TRIBUTIONS, AND SACRIFICES OF AMERICAN**
3 **INDIAN AND ALASKA NATIVES IN THE ARMED**
4 **FORCES.**

5 (a) **FINDINGS.**—Congress finds the following:

6 (1) The United States celebrates Native Amer-
7 ican History Month each November to recognize and
8 honor the history and achievements of Native Ameri-
9 cans.

10 (2) American Indian and Alaska Natives serve
11 in all branches of the Armed Forces, attend all serv-
12 ice academies, and defend our country with valiance,
13 pride, and honor.

14 (3) More than 30,000 active duty, reserve, and
15 National Guard members of the Armed Forces iden-
16 tify as Native American.

17 (4) American Indian and Alaska Natives have
18 served and continue to serve in the highest propor-
19 tions to population than any other ethnic group.

1 (5) American Indian and Alaska Natives have
2 served in every war, from the Revolutionary War to
3 current overseas conflicts.

4 (6) Native American veterans are Congressional
5 Medal of Honor, Congressional Gold and Silver Med-
6 als, Purple Heart, and Bronze Star Medal recipi-
7 ents.

8 (7) American Indian and Alaska Native women
9 serve in Armed Forces in higher proportions than
10 any other ethnic group.

11 (8) Native American Code Talkers and their
12 languages proved an invaluable asset during World
13 Wars I and II.

14 (9) Ira Hayes, Akimel O'odham (Pima) helped
15 to raise the American flag on Iwo Jima;

16 (10) Dr. Joseph Medicine Crow, Apsáalooke
17 (Crow), served in WWII and became a war chief.

18 (11) Numerous present and past military air-
19 craft, helicopters, and munitions programs bear the
20 names of Native American tribes and tribal leaders
21 to honor their legacy of martial prowess, including
22 the Apache, Kiowa, Black Hawk, Lakota, Chinook,
23 Huron, Iroquois, Comanche, Cayuse, Chickasaw,
24 Ute, Gray Eagle, Mescalero, Tomahawk, and more.

1 (12) Native American tribes commonly take
2 part in ceremonies alongside military units to bless
3 new aircraft and mark successful inception of new
4 fleets.

5 (13) More than 140,000 veterans across the
6 United States identify as Native American.

7 (14) Each November, the Department of De-
8 fense honors the unique and special relationship with
9 tribal communities during Native American Heritage
10 Month.

11 (b) SENSE OF CONGRESS.—It is the sense of Con-
12 gress that Congress—

13 (1) recognizes and honors the legacy and con-
14 tributions of American Indian and Alaska Natives
15 and tribal communities to the military of the United
16 States; and

17 (2) commits to ensuring progress for American
18 Indian and Alaska Native members of the Armed
19 Forces and veterans with regard to representation in
20 senior military leadership positions, improving access
21 to culturally competent resources and services, and
22 supporting families and tribal communities.



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

Offered by: Mr. Russell of Oklahoma

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

Athletic Trainers

The Committee understands that athletic trainers provide invaluable services to many people and organizations. However, the Committee notes that athletic trainers are not included on the TRICARE authorized provider list. Therefore the committee directs the Secretary of Defense to provide a briefing to the House Committee on Armed Services by 1 February, 2019, that examines the potential uses of civilian athletic trainers within the TRICARE program, the reimbursement structure for athletic trainers for Medicare or other commensurate federal health programs, and an assessment of credentialing organizations that may help facilitate a standardized accreditation process for athletic trainers.