TITLE VII—HEALTH CARE PROVISIONS

Subtitle A—TRICARE and Other Health Care Benefits

Subtitle B—Health Care Administration

Subtitle A—TRICARE and Other Health Care Benefits

SEC. 701. IMPROVEMENTS TO TRICARE DENTAL PROGRAM.

Effective dates.

(a) IN GENERAL.—Section 1076a of title 10, United States Code, is amended—

(1) in subsection (b)—

(A) by striking "The plans" and inserting the following:

"(1) IN GENERAL.—The plans"; and

(B) by adding at the end the following new paragraph:

"(2) PREMIUM SHARING PLANS.—Effective as of January 1, 2026, the regulations prescribed pursuant to paragraph (1) shall include, with respect to premium sharing plans referred to in subsection (d)(1), the following elements:

"(A) A third party administrator shall manage the administrative features of such plans, including eligibility, enrollment, plan change and premium payment processes, submission of qualifying life events changes, and address changes.

"(B) Such plans shall include the following three enrollment options:

"(i) Self.

"(ii) Self plus one.

"(iii) Family.

"(C) In the United States, to the extent practicable, individuals eligible to enroll in such a plan shall be offered options to enroll in plans of not fewer than two and not more than four dental insurance carriers.

"(D) To the extent practicable, each carrier described in subparagraph (C)—

"(i) shall manage dental care delivery matters, including claims adjudication (with required electronic submission of claims), coordination of benefits, covered services, enrollment verification, and provider networks;

"(ii) shall, in addition to offering a standard option plan, offer a non-standard option plan;

"(iii) may offer a non-standard option plan managed as a dental health maintenance organization plan;

"(iv) shall establish and operate dental provider networks that provide—

"(I) accessible care with a prevention or wellness focus;

"(II) continuity of care;

"(III) coordinated care (including appropriate dental and medical referrals);

"(IV) patient-centered care (including effective communications, individualized care, and shared decision-making); and

"(V) high-quality, safe care;

"(v) shall develop and implement adult and pediatric dental quality measures, including effective measurements for—

"(I) access to care;

"(II) continuity of care;

"(III) cost;

"(IV) adverse patient events;

"(V) oral health outcomes; and

"(VI) patient experience; and

"(vi) may conduct in the provider networks established and operated by the carrier under clause (iv), to the extent practicable, pilot programs on the development of a model of care based on the model of care commonly referred to as patient-centered dental homes.";

(2) in subsection (d)(1)—

(A) in subparagraph (B), by striking "The member's" and inserting "During the period preceding January 1, 2026, the member's";

(B) in subparagraph (C), by striking "of each year," and inserting "of each year during the period preceding January 1, 2026,";

(C) in subparagraph (D), by striking "The Secretary of Defense" and inserting "During the period preceding January 1, 2026, the Secretary of Defense"; and

(D) by adding at the end the following new subparagraphs:

"(E) Beginning on January 1, 2026, the amount of the premium required under subparagraph (A)—

"(i) for standard option plans, shall be established by the Secretary annually such that in the aggregate (taking into account the adjustments under subparagraph (F) and subsection (e)(3), the Secretary's share of each premium is 60 percent of the premium for each enrollment category (self, self plus one, and family, respectively) of each standard option plan; and

"(ii) for non-standard option plans, shall be equal to the amount determined under clause (i) plus 100 percent of the additional premium amount applicable to such non-standard option plan.

"(F) Beginning on January 1, 2026, the Secretary of Defense shall reduce the monthly premium required to be paid under paragraph (1) in the case of enlisted members in pay grade E–1, E–2, E–3, or E–4.";

(3) in subsection (e), by adding at the end the following new paragraph:

"(3) Beginning on January 1, 2026, the Secretary of Defense shall reduce copayments required to be paid under paragraph (1) in the case of enlisted members in pay grade E–1, E–2, E–3, or E–4.";

Time period.

(4) in subsection (j), by striking "The Secretary of Defense may not reduce benefits provided under a plan established under this section until" and inserting "During the period preceding January 1, 2026, the Secretary of Defense may not reduce benefits provided under a plan established under this section, and on or after January 1, 2026, the Secretary may not reduce benefits provided under a standard option plan under this section, until"; and

(5) by adding at the end the following new subsection:

"(l) DEFINITIONS.—In this section:

"(1) The term 'non-standard option plan' means a high option dental insurance plan that includes covered services in addition to, or provides greater coverage with respect to, services covered under a standard option plan.

"(2) The term 'standard option plan' means a dental insurance plan that provides for the coverage of preventive services, basic restorative services, and specialty dental care services at a level that is at least commensurate with the coverage of the same services provided under the premium sharing plans under this section during the period preceding January 1, 2026.".

10 USC 1076a note.

(b) RULEMAKING.—Pursuant to the authority under section 1076a(b)(1) of title 10, United States Code, as amended by subsection (a), the Secretary of Defense shall—

Deadline.

(1) not later than January 1, 2025, prescribe an interim final rule to carry out the amendments made by subsection (a); and

Public comment. Effective date.

(2) after prescribing the interim final rule under subparagraph (A) and considering public comments with respect to such interim final rule, prescribe a final rule, effective on January 1, 2026, to carry out such amendments.

(c) BRIEFINGS.—Not later than January 1 of each of 2024, 2025, and 2026, the Secretary of Defense shall provide to the Committees on Armed Services of the House of Representatives and the Senate a briefing on the status of the implementation of the amendments made by subsection (a). Deadlines.

SEC. 702. HEALTH BENEFITS FOR MEMBERS OF THE NATIONAL GUARD FOLLOWING REQUIRED TRAINING OR OTHER DUTY TO RESPOND TO A NATIONAL EMERGENCY.

(a) TRANSITIONAL HEALTH CARE.—Subsection (a)(2) of section 1145 of title 10, United States Code, is amended by adding at the end the following new subparagraph:

"(G) A member of the National Guard who is separated from full-time National Guard Duty to which called or ordered under section 502(f) of title 32 for a period of active service of more than 30 days to perform duties that are authorized by the President or the Secretary of Defense for the purpose of responding to a national emergency declared by Congress or the President and supported by Federal funds.". Time period.

(b) CONFORMING AMENDMENTS.—Such section is further amended—

(1) in subsection (a)—

(A) in paragraph (1), in the matter preceding subparagraph (A), by striking "active duty" and inserting "active service";

(B) in paragraph (3), by striking "paragraph (2)(B)" and inserting "subparagraph (B) or (G) of paragraph (2)";

(C) in paragraph (4)—

(i) by striking "active duty" each place it appears and inserting "active service"; and

(ii) in the second sentence, by striking "or (D)" and inserting "(D), or (G)";

(D) in paragraph (5), in subparagraphs (A) and (B), by striking "active duty" each place it appears and inserting "active service"; and

(E) in paragraph (7)(A)—

(i) by striking "service on active duty" and inserting "active service"; and

(ii) by striking "active duty for" and inserting "active service for";

(2) in subsection (b)(1), by striking "active duty" and inserting "active service"; and

(3) in subsection (d)(1)(A), by striking "active duty" and inserting "active service".

SEC. 703. IMPROVEMENT OF REFERRALS FOR SPECIALTY CARE UNDER TRICARE PRIME DURING PERMANENT CHANGES OF STATION.

(a) IN GENERAL.—Section 714 of the John S. McCain National Defense Authorization Act for Fiscal Year 2019 (Public Law 115–232; 10 U.S.C. 1095f note) is amended—

(1) by redesignating subsection (e) as subsection (f); and

(2) by inserting after subsection (d) the following new subsection (e):

"(e) IMPROVEMENT OF SPECIALTY CARE REFERRALS DURING PERMANENT CHANGES OF STATION.—In conducting evaluations and improvements under subsection (d) to the referral process described in subsection (a), the Secretary shall ensure beneficiaries enrolled

in TRICARE Prime who are undergoing a permanent change of station receive referrals from their primary care manager to such specialty care providers in the new location as the beneficiary may need before undergoing the permanent change of station.".

Deadline.

(b) BRIEFING.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Defense shall provide to the Committees on Armed Services of the Senate and the House of Representatives a briefing on the contractual and technical barriers preventing record sharing between civilian provider networks under the TRICARE program that lead to increased wait times for care for members of the Armed Forces and the dependents thereof undergoing permanent changes of station across provider network regions.

10 USC 1090b note.

SEC. 704. CONFIDENTIALITY REQUIREMENTS FOR MENTAL HEALTH CARE SERVICES FOR MEMBERS OF THE ARMED FORCES.

Deadline.

(a) IN GENERAL.—In order to reinforce the policies of eliminating stigma in obtaining mental health care services and further encouraging help-seeking behavior by members of the Armed Forces, not later than July 1, 2023, the Secretary of Defense shall—

Update.

(1) update and reissue Department of Defense Instruction 6490.08, titled "Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to Service Members" and issued on August 17, 2011, taking into account—

(A) experience implementing the Instruction; and

(B) opportunities to more effectively dispel stigma in obtaining mental health care services and encourage help-seeking behavior; and

Standards.

(2) develop standards within the Department of Defense that—

(A) ensure, except in a case in which there is an exigent circumstance, the confidentiality of mental health care services provided to members who voluntarily seek such services;

(B) include a model for making determinations with respect to exigent circumstances that clarifies the responsibilities regarding the determination of the effect on military function and the prevention of self-harm by the individual; and

(C) in a case in which there is an exigent circumstance, prevent health care providers from disclosing more than the minimum amount of information necessary to address the exigent circumstance.

(b) ELEMENTS.—The standards required by subsection (a)(2) shall include the following elements:

(1) Requirements for confidentiality regarding the request and receipt by a member of the Armed Forces of mental health care services under the self-initiated referral process under section 1090a(e) of title 10, United States Code.

(2) Requirements for confidentiality regarding the results of any drug testing incident to such mental health care services.

Procedures.

(3) Procedures that reflect best practices of the mental health profession with respect to suicide prevention.

(4) A prohibition against retaliating against a member of the Armed Forces who requests mental health care services.

(5) Such other elements as the Secretary determines will most effectively support the policies of—

(A) eliminating stigma in obtaining mental health care services; and

(B) encouraging help-seeking behavior by members of the Armed Forces.

(c) JOINT POLICY WITH THE SECRETARY OF VETERANS AFFAIRS.—

(1) IN GENERAL.—Not later than July 1, 2023, the Secretary of Defense and the Secretary of Veterans Affairs shall issue a joint policy that provides, except in a case in which there is an exigent circumstance, for the confidentiality of mental health care services provided by the Secretary of Veterans Affairs to members of the Armed Forces, including the reserve components, under section 1712A, 1720F, 1720H, or 1789 of title 38, United States Code, or other applicable law. Deadline.

(2) ELEMENTS.—The joint policy issued under paragraph (1) shall, to the extent practicable, include standards comparable to the standards developed under subsection (a)(2). Standards.

(d) REPORT.—Not later than July 1, 2023, the Secretary of Defense shall submit to the Committees on Armed Services of the Senate and the House of Representatives a copy of the standards developed under subsection (a)(2) and the joint policy issued under subsection (c). Records.

(e) EXIGENT CIRCUMSTANCE DEFINED.—In this section, the term "exigent circumstance" means a circumstance in which the Secretary of Defense determines the need to prevent serious harm to an individual or essential military function clearly outweighs the need for confidentiality of information obtained by a health care provider incident to mental health care services voluntarily sought by a member of the Armed Forces.

SEC. 705. AUDIT OF BEHAVIORAL HEALTH CARE NETWORK PROVIDERS LISTED IN TRICARE DIRECTORY.

(a) AUDIT REQUIRED.—The Comptroller General of the United States shall conduct an audit of the behavioral health care providers listed in the TRICARE directory.

(b) REPORT.—Not later than one year after the date of the enactment of this Act, the Comptroller General shall submit to the Committees on Armed Services of the House of Representatives and the Senate a report on the findings of the audit under subsection (a). Such report shall include the following:

(1) An identification of the following, disaggregated by provider specialty and TRICARE provider network region:

(A) The number of such behavioral health care providers with respect to which there are duplicate listings in the TRICARE directory.

(B) The number of such behavioral health care providers that, as of the commencement of the audit, were listed in the TRICARE directory as available and accepting new TRICARE patients.

(C) The number of such behavioral health care providers that, as a result of the audit, the Comptroller General determines are no longer available or accepting new TRICARE patients.

(D) The number of such behavioral health care providers that were not previously listed in the TRICARE directory as available and accepting new TRICARE patients but that, as a result of the audit, the Comptroller General determines are so available and accepting.

(E) The number of behavioral health care providers listed in the TRICARE directory that are no longer practicing.

(F) The number of behavioral health care providers that, in conducting the audit, the Comptroller General could not reach for purposes of verifying information relating to availability or status.

(2) An identification of the number of TRICARE beneficiaries in each TRICARE region, disaggregated by beneficiary category.

(3) A description of the methods by which the Secretary of Defense measures the following:

(A) The accessibility and accuracy of the TRICARE directory, with respect to behavioral health care providers listed therein.

(B) The adequacy of behavioral health care providers under the TRICARE program.

(4) A description of the efforts of the Secretary of Defense to recruit and retain behavioral health care providers.

Recommendations.

(5) Recommendations by the Comptroller General, based on the findings of the audit, on how to improve the availability of behavioral health care providers that are network providers under the TRICARE program, including through the inclusion of specific requirements in the next generation of TRICARE contracts.

(c) DEFINITIONS.—In this section:

(1) The term "TRICARE directory" means the directory of network providers under the TRICARE program.

(2) The term "TRICARE program" has the meaning given such term in section 1072 of title 10, United States Code.

SEC. 706. INDEPENDENT ANALYSIS OF QUALITY AND PATIENT SAFETY REVIEW PROCESS UNDER DIRECT CARE COMPONENT OF TRICARE PROGRAM.

(a) AGREEMENT.—

(1) IN GENERAL.—The Secretary of Defense shall seek to enter into an agreement with a federally funded research and development center for the federally funded research and development center to carry out the activities described in subsections (b) and (c).

(2) TIMING.—The Secretary shall seek to enter into the agreement described in paragraph (1) not later October 1, 2023.

(b) ANALYSIS BY FFRDC.—

Recommendations.

(1) ANALYSIS.—Under an agreement between the Secretary and a federally funded research and development center entered into pursuant to subsection (a), the federally funded research and development center shall conduct an analysis of the quality and patient safety review process for health care provided under the direct care component of the TRICARE program and develop recommendations for the Secretary based on such analysis.

Assessments.

(2) ELEMENTS.—The analysis conducted and recommendations developed under paragraph (1) shall include, with respect to the direct care component of the TRICARE program, an assessment of the following:

(A) The procedures under such component regarding credentialing and privileging for health care providers (and an assessment of compliance with such procedures). Procedures.

(B) The processes under such component for quality assurance, standard of care, and incident review (and an assessment of compliance with such processes).

(C) The accountability processes under such component for health care providers who are found to have not met a required standard of care.

(D) The transparency activities carried out under such component, including an assessment of the publication of clinical quality metrics (at the level of military medical treatment facilities and other operational medical units of the Department of Defense), and a comparison with similar metrics for non-Department health care entities.

(E) The standardization activities carried under such component, including activities aimed at eliminating unwarranted variation in clinical quality metrics at the level of military medical treatment facilities and other operational medical units of the Department.

(F) The implementation under such component of the requirements of section 744 of the National Defense Authorization Act for Fiscal Year 2021 (Public Law 116–283; 134 Stat. 3708; 10 U.S.C. 1071 note), including with respect to health care delivery on ships and planes, in deployed settings, and in all other circumstances outside of military medical treatment facilities.

(G) The organizational roles and responsibilities of military health system entities involved in clinical quality management functions under such component, including the Assistant Secretary of Defense for Health Affairs, the Director of the Defense Health Agency, and the Surgeons General of the Army, Navy, and Air Force, each of whom shall conduct and submit to the federally funded research and development center an internal assessment of the respective entity regarding each element set forth under this paragraph.

(3) INFORMATION ACCESS AND PRIVACY.—

(A) ACCESS TO RECORDS.—Notwithstanding section 1102 of title 10, United States Code, the Secretary shall provide the federally funded research and development center with access to such records of the Department of Defense as the Secretary may determine necessary for purposes of the federally funded research and development center conducting the analysis and developing the recommendations under paragraph (1).

(B) PRIVACY OF INFORMATION.—In conducting the analysis and developing the recommendations under paragraph (1), the federally funded research and development center—

(i) shall maintain any personally identifiable information in records accessed by the federally funded research and development center pursuant to subparagraph (A) in accordance with applicable laws, protections, and best practices regarding the privacy of information; and

(ii) may not permit access to such information by any individual or entity not engaged in conducting such analysis or developing such recommendations.

(c) BRIEFING AND REPORTS.—

Deadline.

(1) INTERIM BRIEFING.—Not later than 180 days after the date of the enactment of this Act, the Secretary shall submit to the Committees on Armed Services of the House of Representatives and the Senate an interim briefing on—

(A) the selection of a federally funded research and development center with which the Secretary shall seek to enter into an agreement with under subsection (a);

Guidance.

(B) any related guidance issued by the Secretary; and

(C) the methodology for conducting the study to be used by such federally funded research and development center.

(2) REPORT TO SECRETARY.—Under an agreement entered into between the Secretary and a federally funded research and development center under subsection (a), the federally funded research and development center, not later than one year after the date of the execution of the agreement, shall submit to the Secretary a report on the findings of the federally funded research and development center with respect to the analysis conducted and recommendations developed under subsection (b).

Assessment. Plans.

(3) REPORT TO CONGRESS.—Not later than 120 days after the date on which the Secretary receives the report of the federally funded research and development center under paragraph (1), the Secretary shall submit to the Committees on Armed Services of the House of Representatives and the Senate such report, along with an assessment by the Secretary of the analysis, findings, and recommendations contained therein and the plan of the Secretary for strengthening clinical quality management in the military health system.

Public information. Web posting.

(4) PUBLICATION.—The Secretary shall make the report under paragraph (2) available on a public website in unclassified form.

(d) TRICARE PROGRAM DEFINED.—In this section, the term "TRICARE program" has the meaning given such term in section 1072 of title 10, United States Code.

SEC. 707. STUDY ON PROVIDING BENEFITS UNDER TRICARE RESERVE SELECT AND TRICARE DENTAL PROGRAM TO MEMBERS OF THE SELECTED RESERVE AND DEPENDENTS THEREOF.

(a) STUDY.—The Secretary of Defense may conduct a study on the feasibility, potential cost effects to the budget of the Department of Defense, changes in out-of-pocket costs to beneficiaries, and effects on other Federal programs of expanding eligibility for TRICARE Reserve Select and the TRICARE dental program to include all members of the Selected Reserve of the Ready Reserve of a reserve component of the Armed Forces, the dependents thereof, and the non-dependent children thereof under the age of 26.

Assessments.

(b) SPECIFICATIONS.—If the Secretary conducts the study under subsection (a), the Secretary shall include in the study an assessment of the following:

(1) Cost-shifting to the Department of Defense to support the expansion of TRICARE Reserve Select and the TRICARE dental program from—

(A) health benefit plans under chapter 89 of title 5, United States Code;

(B) employer-sponsored health insurance;

(C) private health insurance;

(D) insurance under a State health care exchange; and

(E) the Medicaid program under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.).

(2) New costs for the Department of Defense to enroll in TRICARE Reserve Select and the TRICARE dental program members of the Selected Reserve of the Ready Reserve of a reserve component of the Armed Forces who were previously uninsured.

(3) The resources needed to implement TRICARE Reserve Select and the TRICARE dental program for all such members, the dependents thereof, and the non-dependent children thereof under the age of 26.

(4) Cost-savings, if any, resulting from the expansion of TRICARE Reserve Select and the TRICARE dental program with regard to increased training days performed in support of mass medical events during battle assemblies of the reserve components, including an assessment of the impact of such expansion on—

(A) medical readiness;

(B) overall deployability rates;

(C) deployability timelines;

(D) fallout rates at mobilization sites;

(E) cross-leveling of members of the reserve components to backfill medical fallouts at mobilization sites; and

(F) any other readiness metrics affected by such expansion.

(5) Any effect of such expansion on recruitment and retention of members of the Armed Forces, including members of the Ready Reserve of the reserve components of the Armed Forces.

(6) Cost-savings, if any, in contracts that implement the Reserve Health Readiness Program of the Department of Defense.

(c) DETERMINATION OF COST EFFECTS.—If the Secretary conducts the study under subsection (a), the Secretary shall include in such study an assessment of the potential cost effects to the budget of the Department of Defense for scenarios of expanded eligibility for TRICARE Reserve Select and the TRICARE dental program as follows: Assessment.

(1) Premium free for members of the Selected Reserve of the Ready Reserve of a reserve component of the Armed Forces, the dependents thereof, and the non-dependent children thereof under the age of 26.

(2) Premium free for such members and subsidized premiums for such dependents and non-dependent children.

(3) Subsidized premiums for such members, dependents, and non-dependent children.

(d) USE OF A FEDERALLY FUNDED RESEARCH AND DEVELOPMENT CENTER.—The Secretary may enter into a contract with a federally funded research and development center the Secretary determines is qualified and appropriate to conduct the study under subsection (a). Contracts.

(e) BRIEFING; REPORT.—

Deadline.

(1) BRIEFING.—If the Secretary conducts the study under subsection (a), not later than one year after the date of the enactment of this Act, the Secretary shall provide to the Committees on Armed Services of the Senate and the House of Representatives a briefing on the methodology and approach of the study.

(2) REPORT.—If the Secretary conducts the study under subsection (a), not later than two years after the date of the enactment of this Act, the Secretary shall submit to the Committees on Armed Services of the Senate and the House of Representatives a report on the results of the study.

(f) DEFINITIONS.—In this section:

(1) The term "TRICARE dental program" means dental benefits under section 1076a of title 10, United States Code.

(2) The term "TRICARE Reserve Select" means health benefits under section 1076d of such title.

SEC. 708. GAO STUDY ON CERTAIN CONTRACTS RELATING TO TRICARE PROGRAM AND OVERSIGHT OF SUCH CONTRACTS.

(a) STUDY.—The Comptroller General of the United States shall conduct a study on certain contracts relating to the TRICARE program and the oversight provided by the Director of the Defense Health Agency with respect to such contracts.

Assessments.
Time periods.

(b) MATTERS.—The study under subsection (a) shall include an assessment of the following:

(1) TRICARE MANAGED CARE SUPPORT CONTRACTS.—With respect to TRICARE managed care support contracts (including the TRICARE managed care support contract for which the Director of the Defense Health Agency published a request for proposals on April 15, 2021, commonly referred to as "T-5"), the process used in awarding such contracts.

(2) OTHER CONTRACTS.—With respect to each contract relating to the TRICARE program other than a contract specified in paragraph (1) entered into by the Director of the Defense Health Agency during the period beginning on October 1, 2017, and ending on September 30, 2022, where the value of such contract is greater than $500,000,000, the following:

(A) The total number of such contracts, disaggregated by fiscal year, contract type, type of product or service procured, and total expenditure under each such contract by fiscal year.

(B) The total number of bid protests filed with respect to such contracts, and the outcome of such protests.

(C) The total number of such contracts awarded through means other than full and open competition.

(3) DEFENSE HEALTH AGENCY CONTRACT OVERSIGHT.—With respect to the period beginning on October 1, 2017, and ending on September 30, 2022, the following:

(A) The staff of the Defense Health Agency responsible for performing oversight of the contracts specified in paragraphs (1) and (2), including the following:

(i) The number of such staff.

(ii) Any professional training requirements for such staff.

(iii) Any acquisition certifications or accreditations held by such staff.

(B) Any office or other element of the Defense Health Agency responsible for contract award, administration, or oversight with respect to the TRICARE program, including the organizational structure, responsibilities, authorities, and key roles of each such office or element.

(C) The process used by the Director of the Defense Health Agency for determining staffing needs and competencies relating to contract award, administration, or oversight with respect to the TRICARE program.

(c) INTERIM BRIEFING; REPORT.—

(1) INTERIM BRIEFING.—Not later than one year after the date of the enactment of this Act, the Comptroller General shall provide to the Committees on Armed Services of the House of Representatives and the Senate an interim briefing on the study under subsection (a). Deadline.

(2) REPORT.—Not later than two years after the date of the enactment of this Act, the Comptroller General shall submit to the Committees on Armed Services of the House of Representatives and the Senate a report containing the results of the study under subsection (a).

SEC. 709. GAO STUDY ON COVERAGE OF MENTAL HEALTH SERVICES UNDER TRICARE PROGRAM AND RELATIONSHIP TO CERTAIN MENTAL HEALTH PARITY LAWS.

(a) STUDY AND REPORT REQUIRED.—Not later than one year after the date of the enactment of this Act, the Comptroller General of the United States shall—

(1) conduct a study to describe—

(A) coverage of mental health services under the TRICARE program;

(B) any limits on such coverage that are not also imposed on health services other than mental health services under the TRICARE program; and

(C) the efforts of the Department of Defense to align coverage of mental health services under the TRICARE program with coverage requirements under mental health parity laws; and

(2) submit to the Secretary of Defense, the congressional defense committees, and (with respect to any findings concerning the Coast Guard when it is not operating as a service in the Department of the Navy), the Secretary of Homeland Security, the Committee on Transportation and Infrastructure of the House of Representatives, and the Committee on Commerce, Science, and Transportation of the Senate a report containing the findings of such study.

(b) DEFINITIONS.—In this section:

(1) The term "mental health parity laws" means—

(A) section 2726 of the Public Health Service Act (42 U.S.C. 300gg–26);

(B) section 712 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1185a);

(C) section 9812 of the Internal Revenue Code of 1986 (26 U.S.C. 9812); or

(D) any other Federal law that applies the requirements under any of the sections described in subparagraph (A), (B), or (C), or requirements that are substantially

similar to those provided under any such section, as determined by the Comptroller General.

(2) The term "TRICARE program" has the meaning given such term in section 1072 of title 10, United States Code.

Subtitle B—Health Care Administration

10 USC 1071 note.

SEC. 711. ACCOUNTABILITY FOR WOUNDED WARRIORS UNDERGOING DISABILITY EVALUATION.

Deadline.

(a) POLICY.—Not later than April 1, 2023, the Secretary of Defense, in consultation with the Secretaries concerned, shall establish a policy to ensure accountability for actions taken under the authorities of the Defense Health Agency and the Armed Forces, respectively, concerning wounded, ill, and injured members of the Armed Forces during the integrated disability evaluation system process. Such policy shall include the following:

(1) A restatement of the requirement that, in accordance with section 1216(b) of title 10, United States Code, a determination of fitness for duty of a member of the Armed Forces under chapter 61 of title 10, United States Code, is the responsibility of the Secretary concerned.

(2) A description of the role of the Director of the Defense Health Agency in supporting the Secretaries concerned in carrying out determinations of fitness for duty as specified in paragraph (1).

(3) A description of how the medical evaluation board processes of the Armed Forces are integrated with the Defense Health Agency, including with respect to case management, appointments, and other relevant matters.

Requirement.

(4) A requirement that, in determining fitness for duty of a member of the Armed Forces under chapter 61 of title 10, United States Code, the Secretary concerned shall consider the results of any medical evaluation of the member provided under the authority of the Defense Health Agency pursuant to section 1073c of title 10, United States Code.

(5) A description of how the Director of the Defense Health Agency adheres to the medical evaluation processes of the Armed Forces, including an identification of each applicable regulation or policy to which the Director is required to so adhere.

Assessment.

(6) An assessment of the feasibility of affording various additional due process protections to members of the Armed Forces undergoing the medical evaluation board process.

(7) A restatement of the requirement that wounded, ill, and injured members of the Armed Forces may not be denied any due process protection afforded under applicable law or regulation of the Department of Defense or the Armed Forces.

(8) A description of the types of due process protections specified in paragraph (7), including an identification of each specific due process protection.

(b) CLARIFICATION OF RESPONSIBILITIES REGARDING MEDICAL EVALUATION BOARDS.—Section 1073c of title 10, United States Code, is amended—

(1) by redesignating subsection (h) as subsection (i); and

(2) by inserting after subsection (g) the following new subsection (h):

"(h) RULE OF CONSTRUCTION REGARDING SECRETARIES CONCERNED AND MEDICAL EVALUATION BOARDS.—Nothing in this section shall be construed as transferring to the Director of the Defense Health Agency, or otherwise revoking, any authority or responsibility of the Secretary concerned under chapter 61 of this title with respect to a member of the armed forces (including with respect to the administration of morale and welfare and the determination of fitness for duty for the member) while the member is being considered by a medical evaluation board.".

(c) BRIEFING.—Not later than February 1, 2023, the Secretary of Defense shall provide to the Committees on Armed Services of the House of Representatives and the Senate a briefing on the status of the implementation of subsections (a) and (b). Deadline.

(d) REPORT.—Not later than one year after the date of the enactment of this Act, the Secretary of Defense shall submit to the Committees on Armed Services of the House of Representatives and the Senate a report on the implementation of subsections (a) and (b), lessons learned as a result of such implementation, and the recommendations of the Secretary relating to the policy on wounded, ill, and injured members of the Armed Forces undergoing the integrated disability evaluation system process. Recommendations.

(e) SECRETARY CONCERNED DEFINED.—In this section, the term "Secretary concerned" has the meaning given that term in section 101 of title 10, United States Code.

SEC. 712. INCLUSION OF LEVEL THREE TRAUMA CARE CAPABILITIES IN REQUIREMENTS FOR MEDICAL CENTERS.

Section 1073d(b)(3) of title 10, United States Code, is amended by striking "or level two" and inserting ", level two, or level three".

SEC. 713. CENTERS OF EXCELLENCE FOR SPECIALTY CARE IN MILITARY HEALTH SYSTEM.

(a) CENTERS OF EXCELLENCE.—Section 1073d(b)(4) of title 10, United States Code, is amended to read as follows:

"(4)(A) The Secretary shall designate certain major medical centers as regional centers of excellence for the provision of specialty care services in the areas of specialty care described in subparagraph (D). A major medical center may be designated as a center of excellence under this subparagraph for more than one such area of specialty care. Designation.

"(B) The Secretary may designate certain medical centers as satellite centers of excellence for the provision of specialty care services for specific conditions, such as the following:

"(i) Post-traumatic stress.

"(ii) Traumatic brain injury.

"(iii) Such other conditions as the Secretary determines appropriate.

"(C) Centers of excellence designated under this paragraph shall serve the purposes of—

"(i) ensuring the military medical force readiness of the Department of Defense and the medical readiness of the armed forces;

"(ii) improving the quality of health care furnished by the Secretary to eligible beneficiaries; and

"(iii) improving health outcomes for eligible beneficiaries.

"(D) The areas of specialty care described in this subparagraph are as follows:

"(i) Oncology.

"(ii) Burn injuries and wound care.
"(iii) Rehabilitation medicine.
"(iv) Psychological health and traumatic brain injury.
"(v) Amputations and prosthetics.
"(vi) Neurosurgery.
"(vii) Orthopedic care.
"(viii) Substance abuse.
"(ix) Infectious diseases and preventive medicine.
"(x) Cardiothoracic surgery.
"(xi) Such other areas of specialty care as the Secretary determines appropriate.

"(E)(i) Centers of excellence designated under this paragraph shall be the primary source within the military health system for the receipt by eligible beneficiaries of specialty care.

"(ii) Eligible beneficiaries seeking a specialty care service through the military health system shall be referred to a center of excellence designated under subparagraph (A) for that area of specialty care or, if the specialty care service sought is unavailable at such center, to an appropriate specialty care provider in the private sector.

Deadline. Notification.

"(F) Not later than 90 days prior to the designation of a center of excellence under this paragraph, the Secretary shall notify the Committees on Armed Services of the House of Representatives and the Senate of such designation.

Definition.

"(G) In this paragraph, the term 'eligible beneficiary' means any beneficiary under this chapter.".

10 USC 1073d note.

(b) DEADLINE.—The Secretary of Defense shall designate certain major medical centers as regional centers of excellence in accordance with section 1073d(b)(4)(A) of title 10, United States Code, as added by subsection (a), by not later than one year after the date of the enactment of this Act.

(c) REPORT.—

Plan.

(1) SUBMISSION.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Defense shall submit to the Committees on Armed Services of the House of Representatives and the Senate a report that sets forth the plan of the Department of Defense to designate centers of excellence under section 1073d(b)(4) of title 10, United States Code, as added by subsection (a).

Plans.

(2) ELEMENTS.—The report under paragraph (1) shall include the following:

List.

(A) A list of the centers of excellence to be designated under such section 1073d(b)(4) and the locations of such centers.

(B) A description of the specialty care services to be provided at each such center and a staffing plan for each such center.

(C) A description of how each such center shall improve—

(i) the military medical force readiness of the Department and the medical readiness of the Armed Forces;

(ii) the quality of care received by eligible beneficiaries; and

(iii) the health outcomes of eligible beneficiaries.

(D) A comprehensive plan for the referral of eligible beneficiaries for specialty care services at centers of excellence designated under such section 1073d(b)(4) and appropriate specialty care providers in the private sector.

(E) A plan to assist eligible beneficiaries with travel and lodging, if necessary, in connection with the receipt of specialty care services at centers of excellence designated under such section 1073d(b)(4) or appropriate specialty care providers in the private sector.

(F) A plan to transfer specialty care providers of the Department to centers of excellence designated under such section 1073d(b)(4), in a number as determined by the Secretary to be required to provide specialty care services to eligible beneficiaries at such centers.

(G) A plan to monitor access to care, beneficiary satisfaction, experience of care, and clinical outcomes to understand better the impact of such centers on the health care of eligible beneficiaries.

(d) ELIGIBLE BENEFICIARY DEFINED.—In this section, the term "eligible beneficiary" means any beneficiary under chapter 55 of title 10, United States Code.

SEC. 714. MAINTENANCE OF CORE CASUALTY RECEIVING FACILITIES TO IMPROVE MEDICAL FORCE READINESS.

(a) IN GENERAL.—Section 1073d(b) of title 10, United States Code, as amended by section 713, is further amended by adding at the end the following new paragraph:

"(5)(A) The Secretary of Defense shall designate and maintain certain military medical treatment facilities as core casualty receiving facilities, to ensure the medical capability and capacity required to diagnose, treat, and rehabilitate large volumes of combat casualties and, as may be directed by the President or the Secretary, provide a medical response to events the President determines or declares as natural disasters, mass casualty events, or other national emergencies.

Designation.
President.
Determination.

"(B) The Secretary shall ensure that the military medical treatment facilities selected for designation pursuant to subparagraph (A) are geographically located to facilitate the aeromedical evacuation of casualties from theaters of operations.

"(C) The Secretary—

"(i) shall ensure that the Secretaries of the military departments assign military personnel to core casualty receiving facilities designated under subparagraph (A) at not less than 90 percent of the staffing level required to maintain the operating bed capacity necessary to support operation planning requirements;

"(ii) may augment the staffing of military personnel at core casualty receiving facilities under subparagraph (A) with civilian employees of the Department of Defense to fulfil the staffing requirement under clause (i); and

"(iii) shall ensure that each core casualty receiving facility under subparagraph (A) is staffed with a civilian Chief Financial Officer and a civilian Chief Operating Officer with experience in the management of civilian hospital systems, for the purpose of ensuring continuity in the management of the facility.

"(D) In this paragraph:

Definitions.

"(i) The term 'core casualty receiving facility' means a Role 4 medical treatment facility that serves as a medical hub for the receipt and treatment of casualties, including civilian casualties, that may result from combat or from an event the President determines or declares as a natural disaster, mass casualty event, or other national emergency.

"(ii) The term 'Role 4 medical treatment facility' means a medical treatment facility that provides the full range of preventative, curative, acute, convalescent, restorative, and rehabilitative care.".

10 USC 1073d note.

(b) TIMELINE FOR ESTABLISHMENT.—

(1) DESIGNATION.—Not later than October 1, 2024, the Secretary of Defense shall designate four military medical treatment facilities as core casualty receiving facilities under section 1073d(b)(5) of title 10, United States Code (as added by subsection (a)).

(2) OPERATIONAL.—Not later than October 1, 2025, the Secretary shall ensure that each such designated military medical treatment facility is fully staffed and operational as a core casualty receiving facility, in accordance with the requirements of such section 1073d(b)(5).

SEC. 715. CONGRESSIONAL NOTIFICATION REQUIREMENT TO MODIFY SCOPE OF SERVICES PROVIDED AT MILITARY MEDICAL TREATMENT FACILITIES.

Section 1073d of title 10, United States Code, as amended by section 714, is further amended by adding at the end the following new subsection:

"(f) NOTIFICATION REQUIRED TO MODIFY SCOPE OF SERVICES PROVIDED AT MILITARY MEDICAL TREATMENT FACILITIES.—(1) The Secretary of Defense may not modify the scope of medical care provided at a military medical treatment facility, or the beneficiary population served at the facility, unless—

"(A) the Secretary submits to the Committees on Armed Services of the House of Representatives and the Senate a notification of the proposed modification in scope;

Time period.

"(B) a period of 180 days has elapsed following the date on which the Secretary submits such notification; and

Transition plan.

"(C) if the proposed modification in scope involves the termination or reduction of inpatient capabilities at a military medical treatment facility located outside the United States, the Secretary has provided to each member of the armed forces or covered beneficiary receiving services at such facility a transition plan for the continuity of health care for such member or covered beneficiary.

"(2) Each notification under paragraph (1) shall contain information demonstrating, with respect to the military medical treatment facility for which the modification in scope has been proposed, the extent to which the commander of the military installation at which the facility is located has been consulted regarding such modification, to ensure that the proposed modification in scope would have no impact on the operational plan for such installation.".

SEC. 716. IMPROVEMENTS TO PROCESSES TO REDUCE FINANCIAL HARM CAUSED TO CIVILIANS FOR CARE PROVIDED AT MILITARY MEDICAL TREATMENT FACILITIES.

(a) CLARIFICATION OF FEE WAIVER PROCESS.—Section 1079b of title 10, United States Code, is amended—

(1) by amending subsection (b) to read as follows:

"(b) WAIVER OF FEES.—The Director of the Defense Health Agency may issue a waiver for a fee that would otherwise be charged under the procedures implemented under subsection (a) to a civilian provided medical care who is not a covered beneficiary if the provision of such care enhances the knowledge, skills, and abilities of health care providers, as determined by the Director of the Defense Health Agency."; and

(2) by redesignating subsection (c) as subsection (d).

(b) MODIFIED PAYMENT PLAN FOR CERTAIN CIVILIANS.—Such section is further amended—

(1) by inserting after subsection (b), as amended by subsection (a), the following:

"(c) MODIFIED PAYMENT PLAN FOR CERTAIN CIVILIANS.—(1)(A) If a civilian specified in subsection (a) is covered by a covered payer at the time care under this section is provided, the civilian shall only be responsible to pay the standard copays, coinsurance, deductibles, or nominal fees that are otherwise applicable under the covered payer plan.

"(B) Except with respect to the copays, coinsurance, deductibles, and nominal fees specified in subparagraph (A)—

"(i) the Secretary of Defense may bill only the covered payer for care provided to a civilian described in subparagraph (A); and

"(ii) payment received by the Secretary from the covered payer of a civilian for care provided under this section that is provided to the civilian shall be considered payment in full for such care.

"(2) If a civilian specified in subsection (a) does not meet the criteria under paragraph (1), is underinsured, or has a remaining balance and is at risk of financial harm, the Director of the Defense Health Agency shall reduce each fee that would otherwise be charged to the civilian under this section according to a sliding fee discount program, as prescribed by the Director of the Defense Health Agency.

"(3) If a civilian specified in subsection (a) does not meet the criteria under paragraph (1) or (2), the Director of the Defense Health Agency shall implement an additional catastrophic waiver to prevent severe financial harm.

"(4) The modified payment plan under this subsection may not be administered by a Federal agency other than the Department of Defense."; and

(2) by adding at the end the following new subsection:

"(e) DEFINITIONS.—In this section:

"(1) The term 'covered payer' means a third-party payer or other insurance, medical service, or health plan.

"(2) The terms 'third-party payer' and 'insurance, medical service, or health plan' have the meaning given those terms in section 1095(h) of this title.".

(c) APPLICABILITY.—The amendments made by subsections (a) and (b) shall apply with respect to care provided on or after the

Effective date.
10 USC 1079b note.

date that is 180 days after the date of the enactment of this Act.

SEC. 717. AUTHORITY TO CARRY OUT STUDIES AND DEMONSTRATION PROJECTS RELATING TO DELIVERY OF HEALTH AND MEDICAL CARE THROUGH USE OF OTHER TRANSACTION AUTHORITY.

(a) IN GENERAL.—Section 1092(b) of title 10, United States Code, is amended by inserting "or transactions (other than contracts, cooperative agreements, and grants)" after "contracts".

Deadline.

(b) BRIEFING.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Defense shall provide to the Committees on Armed Services of the Senate and the House of Representatives a briefing on how the Secretary intends to use the authority to enter into transactions under section 1092(b) of title 10, United States Code, as amended by subsection (a).

SEC. 718. LICENSURE REQUIREMENT FOR CERTAIN HEALTH-CARE PROFESSIONALS PROVIDING SERVICES AS PART OF MISSION RELATING TO EMERGENCY, HUMANITARIAN, OR REFUGEE ASSISTANCE.

Section 1094(d)(2) of title 10, United States Code, is amended by inserting " contractor not covered under section 1091 of this title who is providing medical treatment as part of a mission relating to emergency, humanitarian, or refugee assistance," after "section 1091 of this title,".

SEC. 719. AUTHORIZATION OF PERMANENT PROGRAM TO IMPROVE OPIOID MANAGEMENT IN THE MILITARY HEALTH SYSTEM.

Section 716 of the John S. McCain National Defense Authorization Act for Fiscal Year 2019 (Public Law 115–232; 10 U.S.C. 1090 note), is amended—

(1) in subsection (a)(1), by striking "Beginning not" and inserting "Except as provided in subsection (e), beginning not";

(2) by redesignating subsection (e) as subsection (f); and

(3) by inserting after subsection (d) the following new subsection (e):

"(e) ALTERNATIVE INITIATIVE TO IMPROVE OPIOID MANAGEMENT.—As an alternative to the pilot program under this section, the Director of the Defense Health Agency, not later than January 1, 2023—

Deadline.

"(1) may implement a permanent program to improve opioid management for beneficiaries under the TRICARE program; and

"(2) if the Director decides to implement such a permanent program, shall submit to the Committees on Armed Services of the Senate and the House of Representatives the specifications of and reasons for implementing such program.".

Determinations.
10 USC 1073c note.

SEC. 720. MODIFICATION OF REQUIREMENT TO TRANSFER RESEARCH AND DEVELOPMENT AND PUBLIC HEALTH FUNCTIONS TO DEFENSE HEALTH AGENCY.

Deadline.

(a) TEMPORARY RETENTION.—Notwithstanding section 1073c(e) of title 10, United States Code, at the discretion of the Secretary of Defense, a military department may retain, until not later than February 1, 2024, a covered function if the Secretary of Defense determines the covered function—

(1) addresses a need that is unique to the military department; and

(2) is in direct support of operating forces and necessary to execute strategies relating to national security and defense.

(b) BRIEFING.—

(1) IN GENERAL.—Not later than March 1, 2023, the Secretary of Defense shall provide to the Committees on Armed Services of the House of Representatives and the Senate a briefing on any covered function that the Secretary has determined should be retained by a military department pursuant to subsection (a). Deadline.

(2) ELEMENTS.—The briefing required by paragraph (1) shall address the following:

(A) A description of each covered function that the Secretary has determined should be retained by a military department pursuant to subsection (a).

(B) The rationale for each such determination.

(C) Recommendations for amendments to section 1073c of title 10, United States Code, to authorize the ongoing retention of covered functions by military departments. Recommendations.

(c) MODIFICATION TO NAMES OF PUBLIC HEALTH COMMANDS.—Section 1073c(e)(2)(B) of title 10, United States Code, is amended by striking "Army Public Health Command, the Navy–Marine Corps Public Health Command" and inserting "Army Public Health Center, the Navy–Marine Corps Public Health Center".

(d) COVERED FUNCTION DEFINED.—In this section, the term "covered function" means—

(1) a function relating to research and development that would otherwise be transferred to the Defense Health Agency Research and Development pursuant to section 1073c(e)(1) of title 10, United States Code; or

(2) a function relating to public health that would otherwise be transferred to the Defense Health Agency Public Health pursuant to section 1073c(e)(2) of such title.

SEC. 721. ACCESS TO CERTAIN DEPENDENT MEDICAL RECORDS BY REMARRIED FORMER SPOUSES. 10 USC 1071 note.

(a) ACCESS.—The Secretary of Defense may authorize a remarried former spouse who is a custodial parent of a dependent child to retain electronic access to the privileged medical records of such dependent child, notwithstanding that the former spouse is no longer a dependent under section 1072(2) of title 10, United States Code.

(b) DEFINITIONS.—In this section:

(1) The term "dependent" has the meaning given that term in section 1072 of title 10, United States Code.

(2) The term "dependent child" means a dependent child of a remarried former spouse and a member or former member of a uniformed service.

(3) The term "remarried former spouse" means a remarried former spouse of a member or former member of a uniformed service.

SEC. 722. AUTHORITY FOR DEPARTMENT OF DEFENSE PROGRAM TO PROMOTE EARLY LITERACY AMONG CERTAIN YOUNG CHILDREN. 10 USC 1791 note.

(a) AUTHORITY.—The Secretary of Defense may carry out a program to promote early literacy among young children in child

development centers and libraries located on installations of the Department of Defense.

(b) ACTIVITIES.—Activities under the program under subsection (a) shall include the following:

(1) The provision of training on early literacy promotion to appropriate personnel of the Department.

(2) The purchase and distribution of age-appropriate books to covered caregivers assigned to or serving at an installation of the Department with a child development center or library at which the Secretary is carrying out the program.

(3) The dissemination to covered caregivers of education materials on early literacy.

(4) Such other activities as the Secretary determines appropriate.

(c) LOCATIONS.—In carrying out the program under subsection (a), the Secretary may conduct the activities under subsection (b) at any child development center or library located on an installation of the Department.

Deadline.

(d) BRIEFING.—Not later than one year after the date of the enactment of this Act, the Secretary shall provide to the Committees on Armed Services of the House of Representatives and the Senate a briefing on the extent to which the authority under subsection (a) is used, including—

(1) a description of any activities carried out under the program so authorized; and

Evaluation.

(2) an evaluation of the potential expansion of such program to be included as a part of the pediatric primary care of young children and to be carried out in military medical treatment facilities.

(b) DEFINITIONS.—In this section:

(1) The term "covered caregiver" means a member of the Armed Forces who is a caregiver of a young child.

(2) The term "young child" means any child from birth to the age of five years old, inclusive.

SEC. 723. PLAN FOR ACCOUNTABLE CARE ORGANIZATION DEMONSTRATION.

Deadline.

(a) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Defense, acting through the Director of the Defense Health Agency, shall submit to the Committees on Armed Services of the House of Representatives and the Senate a plan for the conduct of the Accountable Care Organization demonstration, notice of which was published in the Federal Register on August 16, 2019 (84 Fed. Reg. 41974), (in this section referred to as the "Demonstration").

(b) ELEMENTS.—The plan under subsection (a) shall include, the following:

(1) A description of how the Demonstration shall be conducted to deliver improved health outcomes, improved quality of care, and lower costs under the TRICARE program.

(2) A description of the results for the TRICARE program that the Secretary plans to achieve through the Demonstration, with respect to the following outcome measures:

(A) Clinical performance.

(B) Utilization improvement.

(C) Beneficiary engagement.

(D) Membership growth and retention.

(E) Case management.
(F) Continuity of care.
(G) Use of telehealth.

(3) A description of how the Demonstration shall be conducted to shift financial risk from the Department of Defense to civilian health care providers.

(4) A description of how investment in the Demonstration shall serve as a bridge to future competitive demonstrations of the Department of Defense with accountable care organizations.

(5) A detailed description of the geographic locations at which the Secretary plans to conduct such future competitive demonstrations.

(6) A description of how a third-party administrator shall manage the administrative components of the Demonstration, including with respect to eligibility, enrollment, premium payment processes, submission of qualifying life events changes, and mailing address changes.

(c) TRICARE PROGRAM DEFINED.—In this section, the term "TRICARE program" has the meaning given that term in section 1072 of title 10, United States Code.

SEC. 724. FEASIBILITY STUDY AND PLAN ON ESTABLISHING A MILITARY HEALTH SYSTEM MEDICAL LOGISTICS DIRECTORATE AND MILITARY HEALTH SYSTEM EDUCATION AND TRAINING DIRECTORATE.

(a) STUDY AND PLAN.—The Secretary of Defense, in consultation with the Secretaries of the military departments and the Joint Chiefs of Staff, shall—

(1) conduct a study on the feasibility of the establishment within the Defense Health Agency of two subordinate organizations, to be known as the Military Health System Medical Logistics Directorate and the Military Health System Education and Training Directorate, respectively; and

(2) develop a plan for such establishment.

(b) ELEMENTS.—The plan under subsection (a)(2) shall include the following:

(1) MILITARY HEALTH SYSTEM MEDICAL LOGISTICS DIRECTORATE.—With respect to the Military Health System Medical Logistics Directorate, the following:

(A) A description of the organizational structure of the Directorate (including any subordinate organizations), including the incorporation into the Directorate of existing organizations of the military departments that provide operational theater medical materiel support.

(B) A description of the resourcing by the Secretary of the executive leadership of the Directorate.

(C) A description of the geographic location, or multiple such locations, of the elements of the Directorate.

(D) A description of how the head of the medical research and development organization within the Defense Health Agency shall coordinate with the Directorate.

(E) A description of the ability of the Directorate to address the medical logistics requirements of the military departments, the combatant commands, and the Joint Staff.

(F) A description of any additional funding required to establish the Directorate.

(G) A description of any additional legislative authorities required to establish the Directorate, including any such authorities required for the leadership and direction of the Directorate.

(H) A description of any military department-specific capabilities, requirements, or best practices relating to medical logistics necessary to be considered prior to the establishment of the Directorate.

(I) Such other matters relating to the establishment, operations, or activities of the Directorate as the Secretary may determine appropriate.

(2) MILITARY HEALTH SYSTEM EDUCATION AND TRAINING DIRECTORATE.—With respect to the Military Health System Education and Training Directorate, the following:

(A) A description of the organizational structure of the Directorate (including any subordinate organizations), including the incorporation into the Directorate of existing organizations that provide relevant medical education and training, such as the following:

(i) The Uniformed Services University of the Health Sciences.

(ii) The College of Allied Health Sciences of the Uniformed Services University of the Health Sciences.

(iii) The Medical Education and Training Campus of the Department of Defense.

(iv) The medical education and training commands and organizations of the military departments.

(v) The medical training programs of the military departments affiliated with civilian academic institutions.

(B) A description of the resourcing by the Secretary of the executive leadership of the Directorate.

(C) A description of the geographic location, or multiple such locations, of the elements of the Directorate.

(D) A description of the ability of the Directorate to address the medical education and training requirements of the military departments.

(E) A description of any additional funding required for the establishment the Directorate.

(F) A description of any additional legislative authorities required for the establishment of the Directorate, including any such authorities required for the leadership and direction of the Directorate.

(G) Such other matters relating to the establishment, operations, or activities of the Directorate as the Secretary may determine appropriate.

Deadline.

(c) SUBMISSION.—Not later than one year after the date of the enactment of this Act, the Secretary of Defense shall submit to the Committees on Armed Services of the House of Representatives and the Senate—

(1) the results of the study under subsection (a)(1); and

(2) the plan under subsection (a)(2).

Subtitle C—Reports and Other Matters

SEC. 731. BRIEFING AND REPORT ON REDUCTION OR REALIGNMENT OF MILITARY MEDICAL MANNING AND MEDICAL BILLETS.

Section 731(a)(2)(A) of the National Defense Authorization Act for Fiscal Year 2022 (Public Law 117–81; 135 Stat. 1796) is amended to read as follows:

"(A) BRIEFING; REPORT.—The Comptroller General of the United States shall—

"(i) not later than February 1, 2023, provide to the Committees on Armed Services of the House of Representatives and the Senate a briefing on preliminary observations regarding the analyses used to support any reduction or realignment of military medical manning, including any reduction or realignment of medical billets of the military departments; and

"(ii) not later than May 31, 2023, submit to the Committees on Armed Services of the House of Representatives and the Senate a report on such analyses.".

SEC. 732. INDEPENDENT ANALYSIS OF DEPARTMENT OF DEFENSE COMPREHENSIVE AUTISM CARE DEMONSTRATION PROGRAM.

Section 737 of the National Defense Authorization Act for Fiscal Year 2022 (Public Law 117–81; 135 Stat. 1800) is amended—

(1) in subsection (b)(2)—

(A) in subparagraph (A)—

(i) by inserting "broadly" after "disorder"; and

(ii) by striking "demonstration project" and inserting "demonstration program";

(B) in subparagraph (B), by striking "demonstration project" and inserting "demonstration program";

(C) in subparagraph (C), by inserting "parental involvement in applied behavioral analysis treatment, and" after "including";

(D) in subparagraph (D), by striking "for an individual who has" and inserting ", including mental health outcomes, for individuals who have";

(E) in subparagraph (E), by inserting "since its inception" after "demonstration program";

(F) in subparagraph (F), by inserting "cost effectiveness, program effectiveness, and clinical" after "measure the";

(G) in subparagraph (G), by inserting "than in the general population" after "families";

(H) by redesignating subparagraph (H) as subparagraph (I); and

(I) by inserting after subparagraph (G) the following new subparagraph (H):

"(H) An analysis of whether the diagnosis and treatment of autism is higher among the children of military families than in the general population."; and

(2) in subsection (c), in the matter preceding paragraph (1), by striking "nine" and inserting "31".

SEC. 733. CLARIFICATION OF MEMBERSHIP REQUIREMENTS AND COMPENSATION AUTHORITY FOR INDEPENDENT SUICIDE PREVENTION AND RESPONSE REVIEW COMMITTEE.

Section 738 of the National Defense Authorization Act for Fiscal Year 2022 (Public Law 117–81; 135 Stat. 1801) is amended—

(1) in subsection (b)(3), by striking "none of whom may be" and all that follows through the closing period and inserting "none of whom may be—"

"(A) a member of an Armed Force; or

"(B) a civilian employee of the Department of Defense, unless the individual is a former member of an Armed Force.".

(2) by redesignating subsections (f) through (h) as subsections (g) through (i), respectively; and

(3) by inserting after subsection (e) the following new subsection (f):

"(f) COMPENSATION.—

"(1) IN GENERAL.—Except as provided in paragraph (2), the Secretary may compensate members of the committee established under subsection (a) for the work of such members for the committee.

"(2) EXCEPTION.—A member of the committee established under subsection (a) who is a civilian employee of the Department of Defense and a former member of an Armed Force may not receive compensation under paragraph (1).

"(3) TREATMENT OF COMPENSATION.—A member of the committee established under subsection (a) who receives compensation under paragraph (1) shall not be considered a civilian employee of the Department of Defense for purposes of subsection (b)(3)(B).".

SEC. 734. TERMINATION OF VETERANS' ADVISORY BOARD ON RADIATION DOSE RECONSTRUCTION.

Section 601 of the Veterans Benefit Act of 2003 (Public Law 108–183; 38 U.S.C. 1154 note) is amended—

(1) in subsection (b), by striking ", including the establishment of the advisory board required by subsection (c)"; and

(2) by striking subsection (c).

10 USC 1071 note.

SEC. 735. BRAIN HEALTH INITIATIVE OF DEPARTMENT OF DEFENSE.

(a) IN GENERAL.—The Secretary of Defense, in consultation with the Secretaries concerned, shall establish a comprehensive initiative for brain health to be known as the "Warfighter Brain Health Initiative" (in this section referred to as the "Initiative") for the purpose of unifying efforts and programs across the Department of Defense to improve the cognitive performance and brain health of members of the Armed Forces.

(b) OBJECTIVES.—The objectives of the Initiative shall be the following:

(1) To enhance, maintain, and restore the cognitive performance of members of the Armed Forces through education, training, prevention, protection, monitoring, detection, diagnosis, treatment, and rehabilitation, including through the following activities:

(A) The establishment of a program to monitor cognitive brain health across the Department of Defense, with the goal of detecting any need for cognitive enhancement

or restoration resulting from potential brain exposures of members of Armed Forces, to mitigate possible evolution of injury or disease progression.

(B) The identification and dissemination of thresholds for blast pressure safety and associated emerging scientific evidence.

(C) The modification of high-risk training and operational activities to mitigate the negative effects of repetitive blast exposure.

(D) The identification of individuals who perform high-risk training or occupational activities, for purposes of increased monitoring of the brain health of such individuals.

(E) The development and operational fielding of non-invasive, portable, point-of-care medical devices, to inform the diagnosis and treatment of traumatic brain injury.

(F) The establishment of a standardized monitoring program that documents and analyzes blast exposures that may affect the brain health of members of the Armed Forces.

(G) The consideration of the findings and recommendations of the report of the National Academies of Science, Engineering, and Medicine titled "Traumatic Brain Injury: A Roadmap for Accelerating Progress" and published in 2022 (relating to the acceleration of progress in traumatic brain injury research and care), or any successor report, in relation to the activities of the Department relating to brain health, as applicable.

(2) To harmonize and prioritize the efforts of the Department of Defense into a single approach to brain health.

(c) ANNUAL BUDGET JUSTIFICATION DOCUMENTS.—In the budget justification materials submitted to Congress in support of the Department of Defense budget for each of fiscal years 2025 through 2029 (as submitted with the budget of the President under section 1105(a) of title 31, United States Code), the Secretary of Defense shall include a budget justification display that includes all activities of the Department relating to the Initiative. Time period.

(d) PILOT PROGRAM RELATING TO MONITORING OF BLAST COVERAGE.—

(1) AUTHORITY.—The Director of the Defense Health Agency may conduct, as part of the Initiative, a pilot program under which the Director shall monitor blast overpressure exposure through the use of commercially available, off-the-shelf, wearable sensors, and document and evaluate data collected as a result of such monitoring.

(2) LOCATIONS.—Monitoring activities under a pilot program conducted pursuant to paragraph (1) shall be carried out in each training environment that the Director determines poses a risk for blast overpressure exposure. Determination.

(3) DOCUMENTATION AND SHARING OF DATA.—If the Director conducts a pilot program pursuant to paragraph (1), the Director shall—

(A) ensure that any data collected pursuant to such pilot program that is related to the health effects of the blast overpressure exposure of a member of the Armed Forces who participated in the pilot program is documented

and maintained by the Secretary of Defense in an electronic health record for the member; and

(B) to the extent practicable, and in accordance with applicable provisions of law relating to data privacy, make data collected pursuant to such pilot program available to other academic and medical researchers for the purpose of informing future research and treatment options.

(e) STRATEGY AND IMPLEMENTATION PLAN.—Not later than one year after the date of the enactment of this Act, the Secretary of Defense shall submit to the Committees on Armed Services of the House of Representatives and the Senate a report setting forth a strategy and implementation plan of the Department of Defense to achieve the objectives of the Initiative under subsection (b).

(f) ANNUAL BRIEFINGS.—Not later than January 31, 2024, and annually thereafter until January 31, 2027, the Secretary of Defense shall provide to the Committees on Armed Services of the House of Representatives and the Senate a report on the Initiative that includes the following:

(1) A description of the activities taken under the Initiative and resources expended under the Initiative during the prior fiscal year.

Summary.

(2) A summary of the progress made during the prior fiscal year with respect to the objectives of the Initiative under subsection (b).

(g) SECRETARY CONCERNED DEFINED.—In this section, the term "Secretary concerned" has the meaning given that term in section 101 of title 10, United States Code.

10 USC 1071 note.

SEC. 736. ESTABLISHMENT OF PARTNERSHIP PROGRAM BETWEEN UNITED STATES AND UKRAINE FOR MILITARY TRAUMA CARE AND RESEARCH.

Not later than February 24, 2023, the Secretary of Defense shall seek to enter into a partnership with the appropriate counterpart from the Government of Ukraine for the establishment of a joint program on military trauma care and research. Such program shall consist of the following:

(1) The sharing of relevant lessons learned from the Russo-Ukraine War.

(2) The conduct of relevant joint conferences and exchanges with military medical professionals from Ukraine and the United States.

(3) Collaboration with the armed forces of Ukraine on matters relating to health policy, health administration, and medical supplies and equipment, including through knowledge exchanges.

(4) The conduct of joint research and development on the health effects of new and emerging weapons.

Contracts.

(5) The entrance into agreements with military medical schools of Ukraine for reciprocal education programs under which students at the Uniformed Services University of the Health Sciences receive specialized military medical instruction at the such military medical schools of Ukraine and military medical personnel of Ukraine receive specialized military medical instruction at the Uniformed Services University of the Health Sciences, pursuant to section 2114(f) of title 10, United States Code.

(6) The provision of support to Ukraine for the purpose of facilitating the establishment in Ukraine of a program substantially similar to the Wounded Warrior Program in the United States.

(7) The provision of training to the armed forces of Ukraine in the following areas:

(A) Health matters relating to chemical, biological, radiological, nuclear and explosive weapons.

(B) Preventive medicine and infectious disease.

(C) Post traumatic stress disorder.

(D) Suicide prevention.

(8) The maintenance of a list of medical supplies and equipment needed. List.

(9) Such other elements as the Secretary of Defense may determine appropriate.

SEC. 737. IMPROVEMENTS RELATING TO BEHAVIORAL HEALTH CARE AVAILABLE UNDER MILITARY HEALTH SYSTEM.

(a) STUDY RELATING TO UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCE.—

(1) STUDY.—The Secretary of Defense shall conduct a study on the feasibility and advisability of the following:

(A) Establishing graduate degree-granting programs in counseling and social work at the Uniformed Services University of the Health Sciences.

(B) Expanding the clinical psychology graduate program of the Uniformed Services University of the Health Sciences.

(2) MATTERS.—The study under paragraph (1) shall include a description of—

(A) the process by which, as a condition of enrolling in a degree-granting program specified in such paragraph, a civilian student would be required to commit to post-award employment obligations; and

(B) the processes and consequences that would apply if such obligations are not met.

(3) REPORT.—Not later than one year after the date of the enactment of this Act, the Secretary shall submit to the Committees on Armed Services of the House of Representatives and the Senate a report containing the findings of the study under paragraph (1).

(b) PILOT PROGRAM ON SCHOLARSHIP-FOR-SERVICE FOR CIVILIAN BEHAVIORAL HEALTH PROVIDERS.— 10 USC note prec. 2001.

(1) PILOT PROGRAM.—Not later than two years after the date of the enactment of this Act, the Secretary of Defense shall commence the conduct of a pilot program under which—

(A) the Secretary may provide—

(i) scholarships to cover tuition and related fees at an institution of higher education to an individual enrolled in a program of study leading to a graduate degree in clinical psychology, social work, counseling, or a related field (as determined by the Secretary); and

(ii) student loan repayment assistance to a credentialed behavioral health provider who has a graduate degree in clinical psychology, social work,

counseling, or a related field (as determined by the Secretary); and

(B) in exchange for such assistance, the recipient shall commit to work as a covered civilian behavioral health provider in accordance with paragraph (2).

(2) POST-AWARD EMPLOYMENT OBLIGATIONS.—

Contracts.

(A) IN GENERAL.—Subject to subparagraph (B), as a condition of receiving assistance under paragraph (1), the recipient of such assistance shall enter into an agreement with the Secretary of Defense pursuant to which the recipient agrees to work on a full-time basis as a covered civilian behavioral health provider for a period of a duration that is at least equivalent to the period during which the recipient received assistance under such paragraph.

Determination.

(B) OTHER TERMS AND CONDITIONS.—An agreement entered into pursuant to subparagraph (A) may include such other terms and conditions as the Secretary of Defense may determine necessary to protect the interests of the United States or otherwise appropriate for purposes of this section, including terms and conditions providing for limited exceptions from the post-award employment obligation specified in such subparagraph.

(3) REPAYMENT.—

(A) IN GENERAL.—An individual who receives assistance under paragraph (1) and does not complete the employment obligation required under the agreement entered into pursuant to paragraph (2) shall repay to the Secretary of Defense a prorated portion of the financial assistance received by the individual under paragraph (1).

(B) DETERMINATION OF AMOUNT.—The amount of any repayment required under subparagraph (A) shall be determined by the Secretary.

(4) DURATION.—The authority to carry out the pilot program under paragraph (1) shall terminate on the date that is 10 years after the date on which such pilot program commences.

(5) IMPLEMENTATION PLAN.—Not later than one year after the date of the enactment of this Act, the Secretary of Defense shall submit to the Committees on Armed Services of the House of Representatives and the Senate a plan for the implementation of this section.

(6) REPORTS.—

(A) IN GENERAL.—Not later than each of one year and five years after the commencement of the pilot program under paragraph (1), the Secretary of Defense shall submit to the Committees on Armed Services of the House of Representative and the Senate a report on the pilot program.

(B) ELEMENTS.—Each report under subparagraph (A) shall include, with respect to the pilot program under subsection (1), the following:

(i) The number of students receiving scholarships under the pilot program.

(ii) The institutions of higher education at which such students are enrolled.

(iii) The total amount of financial assistance expended under the pilot program per academic year.

(iv) The average scholarship amount per student under the pilot program.

(v) The number of students hired as covered behavioral health providers pursuant to the pilot program.

(vi) Any recommendations for terminating the pilot program, extending the pilot program, or making the pilot program permanent. Recommendations.

(c) REPORT ON BEHAVIORAL HEALTH WORKFORCE.—

(1) REPORT.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Defense shall conduct an analysis of the behavioral health workforce under the direct care component of the military health system and submit to the Committees on Armed Services of the House of Representatives and the Senate a report containing the results of such analysis. Such report shall include, with respect to such workforce, the following: Analysis.

(A) The number of positions authorized for military behavioral health providers within such workforce, and the number of such positions filled, disaggregated by the professions described in paragraph (2).

(B) The number of positions authorized for civilian behavioral health providers within such workforce, and the number of such positions filled, disaggregated by the professions described in paragraph (2).

(C) For each military department, the ratio of military behavioral health providers assigned to military medical treatment facilities compared to civilian behavioral health providers so assigned, disaggregated by the professions described in paragraph (2).

(D) For each military department, the number of military behavioral health providers authorized to be embedded within an operational unit, and the number of such positions filled, disaggregated by the professions described in paragraph (2).

(E) Data on the historical demand for behavioral health services by members of the Armed Forces. Data.

(F) An estimate of the number of health care providers necessary to meet the demand by such members for behavioral health care services under the direct care component of the military health system, disaggregated by provider type. Estimate.

(G) An identification of any shortfall between the estimated number under subparagraph (F) and the total number of positions for behavioral health providers filled within such workforce.

(H) Such other information as the Secretary may determine appropriate.

(2) PROVIDER TYPES.—The professions described in this paragraph are as follows:

(A) Clinical psychologists.

(B) Social workers.

(C) Counselors.

(D) Such other professions as the Secretary may determine appropriate.

(3) BEHAVIORAL HEALTH WORKFORCE AT REMOTE LOCATIONS.—In conducting the analysis of the behavioral health workforce under paragraph (1), the Secretary of Defense shall

ensure such behavioral health workforce at remote locations (including Guam and Hawaii) and any shortfalls thereof, is taken into account.

(d) PLAN TO ADDRESS SHORTFALLS IN BEHAVIORAL HEALTH WORKFORCE.—Not later than one year after the date on which the report under subsection (c) is submitted, the Secretary of Defense shall submit to the Committees on Armed Services of the House of Representatives and the Senate a plan to address any shortfall of the behavioral health workforce identified under paragraph (1)(G) of such subsection. Such plan shall address the following:

(1) With respect to any such shortfall of military behavioral health providers (addressed separately with respect to such providers assigned to military medical treatment facilities and such providers assigned to be embedded within operational units), the recruitment, accession, retention, special pay and other aspects of compensation, workload, role of the Uniformed Services University of the Health Sciences and the Armed Forces Health Professions Scholarship Program under chapter 105 of title 10, United States Code, any additional authorities or resources necessary for the Secretary to increase the number of such providers, and such other considerations as the Secretary may consider appropriate.

(2) With respect to addressing any such shortfall of civilian behavioral health providers, the recruitment, hiring, retention, pay and benefits, workload, educational scholarship programs, any additional authorities or resources necessary for the Secretary to increase the number of such providers, and such other considerations as the Secretary may consider appropriate.

Recommendations.

(3) A recommendation as to whether the number of military behavioral health providers in each military department should be increased, and if so, by how many.

(4) A plan to ensure that remote installations are prioritized for the assignment of military behavioral health providers.

Standards.

(5) Updated access standards for behavioral health care under the military health system, taking into account—

(A) the duration of time between a patient receiving a referral for such care and the patient receiving individualized treatment (following an initial intake assessment) from a behavioral health provider; and

(B) the frequency of regular follow-up appointments subsequent to the first appointment at which a patient receives such individualized treatment.

(6) A plan to expand access to behavioral health care under the military health system using telehealth.

10 USC note prec. 2001.

(e) DEFINITIONS.—In this section:

(1) The term "behavioral health" includes psychiatry, clinical psychology, social work, counseling, and related fields.

(2) The term "civilian behavioral health provider" means a behavioral health provider who is a civilian employee of the Department of Defense.

(3) The term "counselor" means an individual who holds—

(A) a master's or doctoral degree from an accredited graduate program in—

(i) marriage and family therapy; or

(ii) clinical mental health counseling; and

(B) a current license or certification from a State that grants the individual the authority to provide counseling services as an independent practitioner in the respective field of the individual.

(4) The term "covered civilian behavioral health provider" means a civilian behavioral health provider whose employment by the Secretary of Defense involves the provision of behavioral health services at a military medical treatment facility.

(5) The term "institution of higher education" has the meaning given that term in section 101 of the Higher Education Act of 1965 (20 U.S.C. 1001).

(6) The term "military behavioral health provider" means a behavioral health provider who is a member of the Armed Forces.

(7) The term "military installation" has the meaning given that term in section 2801 of title 10, United States Code.

(8) The term "military medical treatment facility" means a facility specified in section 1073d of such title.

(9) The term "remote installation" means a military installation that the Secretary determines to be in a remote location.

(10) The term "State" means each of the several States, the District of Columbia, and each commonwealth, territory or possession of the United States.

SEC. 738. CERTIFICATION PROGRAM IN PROVISION OF MENTAL HEALTH SERVICES TO MEMBERS OF THE ARMED FORCES AND MILITARY FAMILIES.

10 USC 2113 note.

(a) IN GENERAL.—The Secretary of Defense, in consultation with the President of the Uniformed Services University of the Health Sciences, shall develop a curriculum and certification program to provide civilian mental health professionals and students in mental health-related disciplines with the specialized knowledge and skills necessary to address the unique mental health needs of members of the Armed Forces and military families.

(b) IMPLEMENTATION.—Not later than 90 days after completing the development of the curriculum and certification program under subsection (a), the Secretary of Defense shall implement such curriculum and certification program in the Uniformed Services University of the Health Sciences.

(c) AUTHORITY TO DISSEMINATE BEST PRACTICES.—The Secretary of Defense may disseminate best practices based on the curriculum and certification program developed and implemented under this section to other institutions of higher education, as such term is defined in section 102 of the Higher Education Act of 1965 (20 U.S.C. 1002).

(d) TERMINATION.—The authority to carry out the curriculum and certification program under this section shall terminate on the date that is five years after the date of the enactment of this Act.

(e) BRIEFING.—Not later than 180 days after the termination date specified in subsection (d), the Secretary of Defense shall provide to the Committees on Armed Services of the House of Representatives and the Senate a briefing on the results of the curriculum and certification program developed and implemented under this section.

10 USC note prec. 501.

SEC. 739. STANDARDIZATION OF POLICIES RELATING TO SERVICE IN ARMED FORCES BY INDIVIDUALS DIAGNOSED WITH HBV.

(a) IN GENERAL.—Not later than one year after the date of the enactment of this Act, the Secretary of Defense, in coordination with the Secretaries concerned, shall—

Review. Guidance.

(1) review regulations, establish policies, and issue guidance relating to service in the Armed Forces by individuals diagnosed with HBV, consistent with the health care standards and clinical guidelines of the Department of Defense; and

(2) identify areas where the regulations, policies, and guidance of the Department relating to individuals diagnosed with HBV (including with respect to enlistments, assignments, deployments, and retention standards) may be standardized across the Armed Forces.

(b) DEFINITIONS.—In this section:

(1) The term "HBV" means the Hepatitis B Virus.

(2) The term "Secretary concerned" has the meaning given that term in section 101 of title 10, United States Code.

10 USC 101 note.

SEC. 740. SUICIDE CLUSTER: STANDARDIZED DEFINITION FOR USE BY DEPARTMENT OF DEFENSE; CONGRESSIONAL NOTIFICATION.

(a) STANDARDIZATION OF DEFINITION.—Not later than one year after the date of the enactment of this Act, the Secretary of Defense, in consultation with the Secretaries concerned, shall develop, for use across the Armed Forces, a standardized definition for the term "suicide cluster".

Determination.

(b) NOTIFICATION REQUIRED.—Beginning not later than one year after the date of the enactment of this Act, whenever the Secretary determines the occurrence of a suicide cluster (as that term is defined pursuant to subsection (a)) among members of the Armed Forces, the Secretary shall submit to the Committees on Armed Services of the House of Representatives and the Senate a notification of such determination.

(c) BRIEFING.—Not later than April 1, 2023, the Secretary of Defense shall provide to the Committees on Armed Services of the House of Representatives and the Senate a briefing on the following:

(1) The methodology being used in the development of the definition under subsection (a).

(2) The progress made towards the development of the process for submitting required notifications under subsection (b).

Estimate. Timeline.

(3) An estimated timeline for the implementation of this section.

(d) COORDINATION REQUIRED.—In developing the definition under subsection (a) and the process for submitting required notifications under subsection (b), the Secretary of Defense shall coordinate with the Secretaries concerned.

(e) SECRETARY CONCERNED DEFINED.—In this section, the term "Secretary concerned" has the meaning given that term in section 101 of title 10, United States Codes.

SEC. 741. LIMITATION ON REDUCTION OF MILITARY MEDICAL MANNING END STRENGTH: CERTIFICATION REQUIREMENT AND OTHER REFORMS.

10 USC 129c note.

(a) LIMITATION.—

(1) IN GENERAL.—Except as provided in paragraph (2), and in addition to the limitation under section 719 of the National Defense Authorization Act for Fiscal Year 2020 (Public Law 116–92; 133 Stat. 1454), as most recently amended by section 731 of the National Defense Authorization Act for Fiscal Year 2022 (Public Law 117–81; 135 Stat. 1795), during the five-year period beginning on the date of the enactment of this Act, neither the Secretary of Defense nor a Secretary concerned may reduce military medical end strength authorizations, and following such period, neither may reduce such authorizations unless the Secretary of Defense issues a waiver pursuant to paragraph (6). Time period. Effective date.

(2) EXCEPTION.—The limitation under paragraph (1) shall not apply with respect to the following:

(A) Administrative billets of a military department that have remained unfilled since at least October 1, 2018.

(B) Billets identified as non-clinical in the budget of the President for fiscal year 2020 submitted to Congress pursuant to section 1105(a) of title 31, United States Code, except that the number of such billets may not exceed 1,700.

(C) Medical headquarters billets of the military departments not assigned to, or providing direct support to, operational commands.

(3) REPORT ON COMPOSITION OF MILITARY MEDICAL WORKFORCE REQUIREMENTS.—The Secretary of Defense, in coordination with the Secretaries of the military departments, shall conduct an assessment of current military medical manning requirements (taking into consideration factors including future operational planning, training, and beneficiary healthcare) and submit to the Committees on Armed Services of the House of Representatives and the Senate a report containing the findings of such assessment. Such assessment shall be informed by the following: Assessment.

(A) The National Defense Strategy submitted under section 113(g) of title 10, United States Code.

(B) The National Military Strategy prepared under section 153(b) of such title.

(C) The campaign plans of the combatant commands.

(D) Theater strategies.

(E) The joint medical estimate under section 732 of the John S. McCain National Defense Authorization Act for Fiscal Year 2019 (Public Law 115–232; 132 Stat. 1817).

(F) The plan of the Department of Defense on integrated medical operations, as updated pursuant to paragraph (1) of section 724(a) of the National Defense Authorization Act for Fiscal Year 2022 (Public Law 117–81; 135 Stat. 1793; 10 U.S.C. 1096 note).

(G) The plan of the Department of Defense on global patient movement, as updated pursuant to paragraph (2) of such section 724(a).

(H) The biosurveillance program of the Department of Defense established pursuant to Department of Defense Directive 6420.02 (relating to biosurveillance).

(I) Requirements for graduate medical education.

(J) The report of the COVID–19 Military Health System Review Panel under section 731 of the William

M. (Mac) Thornberry National Defense Authorization Act for Fiscal Year 2021 (Public Law 116–283; 134 Stat. 3698).

(K) The report of the Inspector General of the Department of Defense titled "Evaluation of Department of Defense Military Medical Treatment Facility Challenges During the Coronavirus Disease-2019 (COVID-19) Pandemic in Fiscal Year 2021 (DODIG-2022-081)" and published on April 5, 2022.

(L) Reports of the Comptroller General of the United States relating to military health system reforms undertaken on or after January, 1, 2017, including any such reports relating to military medical manning and force composition mix.

(M) Such other reports as may be determined appropriate by the Secretary of Defense.

(4) CERTIFICATION.—The Secretary of Defense shall submit to the Committees on Armed Services of the House of Representatives and the Senate a certification containing the following:

Review.

(A) A certification of the completion of a comprehensive review of military medical manning, including with respect to the medical corps (or other health- or medical-related component of a military department), designator, profession, occupation, and rating of medical personnel.

(B) A justification for any proposed increase, realignment, reduction, or other change to the specialty or occupational composition of military medical end strength authorizations, which may include compliance with a requirement or recommendation set forth in a strategy, plan, or other matter specified in paragraph (3).

(C) A certification that, in the case that any change to such specialty or occupational composition is required, a vacancy resulting from such change may not be filled with a position other than a health- or medical-related position until such time as there are no military medical billets remaining to fill the vacancy.

Risk analysis.

(D) A risk analysis associated with the potential realignment or reduction of any military medical end strength authorizations.

Plans.

(E) An identification of any plans of the Department to backfill military medical personnel positions with civilian personnel.

Plans.
Risk analysis.

(F) A plan to address persistent vacancies for civilian personnel in health- or medical-related positions, and a risk analysis associated with the hiring, onboarding, and retention of such civilian personnel, taking into account provider shortfalls across the United States.

Plans.

(G) A comprehensive plan to mitigate any risk identified pursuant to subparagraph (D) or (F), including with respect to funding necessary for such mitigation across fiscal years.

(5) PROCESS REQUIRED.—The Secretaries of the military departments, in coordination with the Secretary of Defense and the Chairman of the Joint Chiefs of Staff, shall develop and submit to the Committees on Armed Services of the House of Representatives and the Senate a process for the authorization of proposed modifications to the composition of the medical

manning force mix across the military departments while maintaining compliance with the limitation under paragraph (1). Such process shall—

(A) take into consideration the funding required for any such proposed modification; and

(B) include distinct processes for proposed increases and proposed decreases, respectively, to the medical manning force mix of each military department.

(6) WAIVER.—

(A) IN GENERAL.—Following the conclusion of the five-year period specified in paragraph (1), the Secretary of Defense may waive the prohibition under such subsection if—

(i) the report requirement under paragraph (3), the certification requirement under paragraph (4), and the process requirement under paragraph (5) have been completed;

(ii) the Secretary determines that the waiver is necessary and in the interests of the national security of the United States; and Determination.

(iii) the waiver is issued in writing.

(B) NOTIFICATION TO CONGRESS.—Not later than five days after issuing a waiver under subparagraph (A), the Secretary of Defense shall submit to the Committees on Armed Services of the House of Representatives and the Senate a notification of the waiver (including the text of the waiver and a justification for the waiver) and provide to such committees a briefing on the components of the waiver. Deadline. Briefing.

(b) TEMPORARY SUSPENSION OF IMPLEMENTATION OF PLAN FOR RESTRUCTURE OR REALIGNMENT OF MILITARY MEDICAL TREATMENT FACILITIES.—The Secretary of Defense may not implement the plan under section 703(d)(1) of the National Defense Authorization Act for Fiscal Year 2017 (Public Law 114–328; 130 Stat. 2199) until the later of the following:

(1) The date that is one year after the date of the enactment of this Act.

(2) The date on which the Secretary of Defense completes the following:

(A) A risk analysis for each military medical treatment facility to be realigned, restructured, or otherwise affected under the implementation plan under such section 703(d)(1), including an assessment of the capacity of the TRICARE network of providers in the area of such military medical treatment facility to provide care to the TRICARE Prime beneficiaries that would otherwise be assigned to such military medical treatment facility. Risk analysis. Assessment.

(B) An identification of the process by which the assessment conducted under subsection (a)(3) and the certification required under subsection (a)(4) shall be linked to any restructuring or realignment of military medical treatment facilities.

(c) BRIEFINGS; FINAL REPORT.—

(1) INITIAL BRIEFING.—Not later than April 1, 2023, the Secretary of Defense shall provide to the Committees on Armed Services of the House of Representatives and the Senate a briefing on—

(A) the method by which the Secretary plans to meet the report requirement under subsection (a)(3), the certification requirement under subsection (a)(4), and the process requirement under subsection (a)(5); and

(B) the matters specified in subparagraphs (A) and (B) of subsection (b)(2).

(2) BRIEFING ON PROGRESS.—Not later than two years after the date of the enactment of this Act, the Secretary of Defense shall provide to the Committees on Armed Services of the House of Representatives and the Senate a briefing on the progress made towards completion of the requirements specified in paragraph (1)(A).

(3) FINAL BRIEFING.—Not later than three years after the date of the enactment of this Act, the Secretary of Defense shall provide to the Committees on Armed Services of the House of Representatives and the Senate a final briefing on the completion of such requirements.

(4) FINAL REPORT.—Not later than three years after the date of the enactment of this Act, the Secretary of Defense shall submit to the Committees on Armed Services of the House of Representatives and the Senate a final report on the completion of such requirements. Such final report shall be in addition to the report, certification, and process submitted under paragraphs (3), (4), and (5) of subsection (a), respectively.

10 USC 129c note.

(d) DEFINITIONS.—In this section:

(1) The term "medical personnel" has the meaning given such term in section 115a(e) of title 10, United States Code.

(2) The term "Secretary concerned" has the meaning given that term in section 101(a) of such title.

(3) The term "theater strategy" means an overarching construct outlining the vision of a combatant commander for the integration and synchronization of military activities and operations with other national power instruments to achieve the strategic objectives of the United States.

SEC. 742. FEASIBILITY STUDY ON ESTABLISHMENT OF DEPARTMENT OF DEFENSE INTERNSHIP PROGRAMS RELATING TO CIVILIAN BEHAVIORAL HEALTH PROVIDERS.

(a) FEASIBILITY STUDY.—The Secretary of Defense shall conduct a study on the feasibility of establishing paid pre-doctoral and post-doctoral internship programs for the purpose of training clinical psychologists to work as covered civilian behavioral health providers.

Assessments.

(b) ELEMENTS.—The feasibility study under subsection (a) shall assess, with respect to the potential internship programs specified in such subsection, the following:

Contracts.

(1) A model under which, as a condition of participating in such an internship program, the participant would enter into an agreement with the Secretary under which the participant agrees to work on a full-time basis as a covered civilian behavioral health provider for a period of a duration that is at least equivalent to the period of participation in such internship program.

Determination. Requirement.

(2) Methods by which the Secretary may address scenarios in which an individual who participates in such an internship program does not complete the employment obligation required under the agreement referred to in paragraph (1), including

by requiring the individual to repay to the Secretary a prorated portion of the cost of administering such program (to be determined by the Secretary) with respect to such individual and of any payment received by the individual under such program.

(3) The methods by which the Secretary may adjust the workload and staffing of behavioral health providers in military medical treatment facilities to ensure sufficient capacity to supervise participants in such internship programs.

(c) REPORT.—Not later than one year after the date of the enactment of this Act, the Secretary shall submit to the Committees on Armed Services of the House of Representatives and the Senate a report containing the findings of the feasibility study under subsection (a).

(d) DEFINITIONS.—In this section:

(1) The term "behavioral health" includes psychiatry, clinical psychology, social work, counseling, and related fields.

(2) The term "behavioral health provider" includes the following:

(A) A licensed professional counselor.

(B) A licensed mental health counselor.

(C) A licensed clinical professional counselor.

(D) A licensed professional clinical counselor of mental health.

(E) A licensed clinical mental health counselor.

(F) A licensed mental health practitioner.

(3) The term "covered civilian behavioral health provider" means a civilian behavioral health provider whose employment by the Secretary of Defense involves the provision of behavioral health services at a military medical treatment facility.

(4) The term "civilian behavioral health provider" means a behavioral health provider who is a civilian employee of the Department of Defense.

(5) The term "military medical treatment facility" means a facility specified in section 1073d of title 10, United States Code.

SEC. 743. UPDATES TO PRIOR FEASIBILITY STUDIES ON ESTABLISHMENT OF NEW COMMAND ON DEFENSE HEALTH.

(a) UPDATES.—The Secretary of Defense shall update prior studies regarding the feasibility of establishing a new defense health command under which the Defense Health Agency would be a joint component. In conducting such updates, the Secretary shall consider for such new command each of the following potential structures:

(1) A unified combatant command.

(2) A specified combatant command.

(3) Any other command structure the Secretary determines is appropriate for consideration.

Assessments.

(b) MATTERS.—The updates under subsection (a) shall include, with respect to the new command specified in such subsection, the following:

(1) An assessment of the potential organizational structure of the new command sufficient for the new command to carry out the responsibilities described in subsection (c), including a description of the following:

(A) The potential reporting relationship between the commander of the new command, the Assistant Secretary

of Defense for Health Affairs, and the Under Secretary of Defense for Personnel and Readiness.

(B) The potential relationship of the new command to the military departments, the combatant commands, and the Joint Staff.

(C) The potential responsibilities of the commander of the new command and how such responsibilities would differ from the responsibilities of the Director of the Defense Health Agency.

(D) The potential chain of command between such commander and the Secretary of Defense.

(E) The potential roles of the Surgeons General of the Army, Navy, and Air Force, with respect to such commander.

(F) Any organizations that support the Defense Health Agency, such as the medical departments and medical logistics organizations of each military department.

(G) The potential organizational structure of the new command, including any subordinate commands.

(H) The geographic location, or multiple such locations, of the headquarters of the new command and any subordinate commands.

(I) How the Defense Health Agency currently serves as a provider of optimally trained and clinically proficient health care professionals to support combatant commands.

(J) How the new command may further serve as a provider of optimally trained and clinically proficient health care professionals to support combatant commands.

(2) An assessment of any additional funding necessary to establish the new command.

(3) An assessment of any additional legislative authorities necessary to establish the new command, including with respect to the executive leadership and direction of the new command.

(4) An assessment of the required resourcing of the executive leadership of the new command.

Timeline. (5) If the Secretary makes the determination to establish the new command, a timeline for such establishment.

Timeline. (6) If the Secretary defers such determination pending further implementation of other organizational reforms to the military health system, a timeline for such future determination.

(7) Such other matters relating to the establishment, operations, or activities of the new command as the Secretary may determine appropriate.

(c) RESPONSIBILITIES DESCRIBED.—The responsibilities described in this subsection are as follows:

(1) The conduct of health operations among operational units of the Armed Forces.

(2) The administration of military medical treatment facilities.

(3) The administration of the TRICARE program.

(4) Serving as the element of the Armed Forces with the primary responsibility for the following:

(A) Medical treatment, advanced trauma management, emergency surgery, and resuscitative care.

(B) Emergency and specialty surgery, intensive care, medical specialty care, and related services.

(C) Preventive, acute, restorative, curative, rehabilitative, and convalescent care.

(5) Collaboration with medical facilities participating in the National Disaster Medical System established pursuant to section 2812 of the Public Health Service Act (42 U.S.C. 300hh–11), the Veterans Health Administration, and such other Federal departments and agencies and nongovermental organizations as may be determined appropriate by the Secretary, including with respect to the care services specified in paragraph (4)(C).

(6) The conduct of existing research and education activities of the Department of Defense in the field of health sciences.

(7) The conduct of public health and global health activities not otherwise assigned to the Armed Forces.

(8) The administration of the Defense Health Program Account under section 1100 of title 10, United States Code.

(d) INTERIM BRIEFING.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Defense shall provide to the Committees on Armed Services of the House of Representatives and the Senate a briefing on the method by which the Secretary intends to update prior studies as required pursuant to subsection (a).

(e) FINAL BRIEFING; REPORT.—Not later than one year after the date of the enactment of this Act, the Secretary of Defense shall—

(1) provide to the Committees on Armed Services of the House of Representatives and the Senate a final briefing on the implementation of this section; and

(2) submit to the Committees on Armed Services of the House of Representatives and the Senate a report containing the updates to prior studies required pursuant to subsection (a), including each of the elements specified in subsection (b).

SEC. 744. CAPABILITY ASSESSMENT AND ACTION PLAN WITH RESPECT TO EFFECTS OF EXPOSURE TO OPEN BURN PITS AND OTHER ENVIRONMENTAL HAZARDS.

(a) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Defense shall—

(1) conduct a capability assessment of potential improvements to activities of the Department of Defense to reduce the effects of environmental exposures with respect to members of the Armed Forces; and

(2) develop an action plan to implement such improvements assessed under paragraph (1) as the Secretary considers appropriate.

(b) ELEMENTS.—The capability assessment required by subsection (a)(1) shall include the following elements: Evaluations.

(1) With respect to the conduct of periodic health assessments, the following:

(A) An assessment of the feasibility and advisability of adding additional screening questions relating to environmental and occupational exposures to current health assessments of members of the Armed Forces conducted by the Secretary of Defense, including pre- and post-deployment assessments and pre-separation assessments.

(B) An assessment of the potential value and feasibility of regularly requiring spirometry or other pulmonary function testing pre- and post-deployment for all members, or selected members, of the Armed Forces.

(2) With respect to the conduct of outreach and education, the following:

(A) An evaluation of clinician training on the health effects of airborne hazards and how to document exposure information in health records maintained by the Department of Defense and the Department of Veterans Affairs.

(B) An assessment of the adequacy of current actions by the Secretary of Defense and the Secretary of Veterans Affairs to increase awareness among members of the Armed Forces and veterans of the purposes and uses of the Airborne Hazards and Open Burn Pit Registry and the effect of a potential requirement that individuals meeting applicable criteria be automatically enrolled in the registry unless such individuals opt out of enrollment.

(C) An assessment of operational plans for deployment with respect to the adequacy of educational activities for, and evaluations of, performance of command authorities, medical personnel, and members of the Armed Forces on deployment on anticipated environmental exposures and potential means to minimize and mitigate any adverse health effects of such exposures, including through the use of monitoring, personal protective equipment, and medical responses.

(D) An evaluation of potential means to improve the education of health care providers of the Department of Defense with respect to the diagnosis and treatment of health conditions associated with environmental exposures.

(3) With respect to the monitoring of exposure during deployment operations, the following:

(A) An evaluation of potential means to strengthen tactics, techniques, and procedures used in deployment operations to document—

(i) specific locations where members of the Armed Forces served;

(ii) environmental exposures in such locations; and

(iii) any munitions involved during such service in such locations.

(B) An assessment of potential improvements in the acquisition and use of wearable monitoring technology and remote sensing capabilities to record environmental exposures by geographic location.

Analysis.

(C) An analysis of the potential value and feasibility of maintaining a repository of frozen soil samples from each deployment location to be later tested as needed when concerns relating to environmental exposures are identified.

(4) With respect to the use of the Individual Longitudinal Exposure Record, the following:

(A) An assessment of feasibility and advisability of recording individual clinical diagnosis and treatment information in the Individual Longitudinal Exposure Record to be integrated with exposure data.

(B) An evaluation of—

(i) the progress toward making the Individual Longitudinal Exposure Record operationally capable and accessible to members of the Armed Forces and veterans by 2023; and

(ii) the integration of data from the Individual Longitudinal Exposure Record with the electronic health records of the Department of Defense and the Department of Veterans Affairs.

(C) An assessment of the feasibility and advisability of making such data accessible to the surviving family members of members of the Armed Forces and veterans.

(5) With respect to the conduct of research, the following: Analyses.

(A) An assessment of the potential use of the Airborne Hazards and Open Burn Pit Registry for research on monitoring and identifying the health consequences of exposure to open burn pits.

(B) An analysis of options for increasing the amount and the relevance of additional research into the health effects of open burn pits and effective treatments for such health effects.

(C) An evaluation of potential research of biomarker monitoring to document environmental exposures during deployment or throughout the military career of a member of the Armed Forces.

(D) An analysis of potential organizational strengthening with respect to the management of research on environmental exposure hazards, including the establishment of a joint program executive office for such management.

(E) An assessment of the findings and recommendations of the 2020 report by the National Academies of Science, Engineering, and Medicine titled "Respiratory Health Effects of Airborne Hazards Exposures in the Southwest Asia Theater of Military Operations".

(6) An evaluation of such other matters as the Secretary of Defense determines appropriate to ensure a comprehensive review of activities relating to the effects of exposure to open burn pits and other environmental hazards.

(c) SUBMISSION OF PLAN AND BRIEFING.—Not later than 240 days after the date of the enactment of this Act, the Secretary of Defense shall—

(1) submit to the Committees on Armed Services of the House of Representatives and the Senate the action plan required by subsection (a)(2); and

(2) provide to such committees a briefing on the results of the capability assessment required by subsection (a)(1).

(d) DEFINITIONS.—In this section:

(1) The term "Airborne Hazards and Open Burn Pit Registry" means the registry established under section 201 of the Dignified Burial and Other Veterans' Benefits Improvement Act of 2012 (Public Law 112–260; 38 U.S.C. 527 note).

(2) The term "environmental exposure" means an exposure to an open burn pit or other environmental hazard, as determined by the Secretary of Defense.

(3) The term "open burn pit" has the meaning given that term in section 201(c) of the Dignified Burial and Other Veterans' Benefits Improvement Act of 2012 (Public Law 112–260; 38 U.S.C. 527 note).

SEC. 745. KYLE MULLEN NAVY SEAL MEDICAL TRAINING REVIEW.

(a) REVIEW.—The Inspector General of the Department of Defense shall conduct a comprehensive review of the medical training for health care professionals furnishing medical care to individuals undergoing Navy Sea, Air, and Land (SEAL) training, the quality assurance mechanisms in place with respect to such care, and the efforts to mitigate health stress of individuals undergoing such training.

Assessments.

(b) ELEMENTS.—The review under subsection (a) shall include the following elements:

(1) A review of the policies for improved medical care of individuals undergoing Navy SEAL training and quality assurance with respect to such care.

(2) A review of sleep deprivation practices implemented with respect to Navy SEAL training, including an identification of when such practices were initially implemented and how frequently such practices are updated.

(3) An assessment of the policies and rules relating to the use of performance enhancing drugs by individuals undergoing Navy SEAL training.

(4) An assessment of the oversight of health care professionals (including enlisted and officer medical personnel, civilian employees of the Department of Defense, and contractors of the Department) with respect to the provision by such professionals of health care services to individuals undergoing Navy SEAL training.

Time period.

(5) A review and assessment of deaths, occurring during the twenty-year period preceding the date of the review, of individuals who were undergoing Navy SEAL training at the time of death.

(6) A review of ongoing efforts and initiatives to ensure the safety of individuals undergoing Navy SEAL training and to prevent the occurrence of long-term injury, illness, and death among such individuals.

(7) An assessment of the role of nutrition in Navy SEAL training.

(c) INTERIM BRIEFING.—Not later than March 1, 2023, the Inspector General of the Department of Defense shall provide to the Committees on Armed Services of the House of Representatives and the Senate a briefing on how the Inspector General plans to conduct the review under subsection (a), including with respect to each element specified in subsection (b).

Recommendations.

(d) FINAL REPORT.—Not later than one year after the date of the enactment of this Act, the Inspector General of the Department of Defense shall submit to the Committees on Armed Services of the House of Representatives and the Senate a final report on the completion of the review under subsection (a), including recommendations of the Inspector General developed as a result of such review.

SEC. 746. REPORTS ON COMPOSITION OF MEDICAL PERSONNEL OF EACH MILITARY DEPARTMENT AND RELATED MATTERS.

(a) REPORTS.—Not later than 180 days after the date of the enactment of this Act, and annually thereafter for three years, the Secretary of Defense, in coordination with the Secretaries of the military departments, shall submit to the Committees on Armed Services of the House of Representatives and the Senate a report on the composition of the medical personnel of each military department and related matters.

(b) ELEMENTS.—Each report under subsection (a) shall include the following: Assessments.

(1) With respect to each military department, the following:

(A) An identification of the number of medical personnel of the military department who are officers in a grade above O–6.

(B) An identification of the number of such medical personnel who are officers in a grade below O–7.

(C) A description of any plans of the Secretary to— Plans.

(i) reduce the total number of such medical personnel; or

(ii) eliminate any covered position for such medical personnel.

(D) A recommendation by the Secretary for the number of covered positions for such medical personnel that should be required for purposes of maximizing medical readiness (without regard to current statutory limitations, or potential future statutory limitations, on such number), presented as a total number for each military department and disaggregated by grade. Recommendations.

(2) An assessment of the grade for the position of the Medical Officer of the Marine Corps, including—

(A) a comparison of the effects of filling such position with an officer in the grade of O–6 versus an officer in the grade of O–7;

(B) an assessment of potential issues associated with the elimination of such position; and

(C) a description of any potential effects of such elimination with respect to medical readiness.

(3) An assessment of all covered positions for medical personnel of the military departments, including the following:

(A) The total number of authorizations for such covered positions, disaggregated by—

(i) whether the authorization is for a position in a reserve component; and

(ii) whether the position so authorized is filled or vacant.

(B) A description of any medical- or health-related specialty requirements for such covered positions.

(C) For each such covered position, an identification of the title and geographic location of, and a summary of the responsibility description for, the position.

(D) For each such covered position, an identification of the span of control of the position, including with respect to the highest grade at which each such position has been filled.

(E) An identification of any downgrading, upgrading, or other changes to such covered positions occurring during Time period.

the 10-year period preceding the date of the report, and an assessment of whether any such changes have resulted in the transfer of responsibilities previously assigned to such a covered position to—

(i) a position in the Senior Executive Service or another executive personnel position; or

(ii) a position other than a covered position.

(F) A description of any officers in a grade above O–6 assigned to the Defense Health Agency, the Office of the Assistant Secretary of Defense for Health Affairs, the Joint Staff, or any other position within the military health system.

(G) A description of the process by which the positions specified in subparagraph (F) are validated against military requirements or similar billet justification processes.

(H) A side-by-side comparison demonstrating, across the military departments, the span of control and the responsibilities of covered positions for medical personnel of each military department.

(c) DISAGGREGATION OF CERTAIN DATA.—The data specified in subparagraphs (A) and (B) of subsection (b)(1) shall be presented as a total number and disaggregated by each medical component of the respective military department.

(d) DEFINITIONS.—In this section:

(1) The term "covered position" means a position for an officer in a grade above O–6.

(2) The term "officer" has the meanings given that term in section 101(b) of title 10, United States Code.

(3) The term "medical component" means—

(A) in the case of the Army, the Medical Corps, Dental Corps, Nurse Corps, Medical Service Corps, Veterinary Corps, and Army Medical Specialist Corps;

(B) in the case of the Air Force, members designated as medical officers, dental officers, Air Force nurses, medical service officers, and biomedical science officers; and

(C) in the case of the Navy, the Medical Corps, Dental Corps, Nurse Corps, and Medical Service Corps.

(4) The term "medical personnel" has the meaning given such term in section 115a(e) of title 10, United States Code.

(5) The term "military department" has the meaning given that term in section 101(a) of such title.

SEC. 747. REPORT ON EFFECTS OF LOW RECRUITMENT AND RETENTION ON OPERATIONAL TEMPO AND PHYSICAL AND MENTAL HEALTH OF MEMBERS OF THE ARMED FORCES.

(a) REPORT.—Not later than one year after the date of the enactment of this Act, the Secretary of Defense, in coordination with the Secretaries of the military departments, shall submit to the Committees on Armed Services of the House of Representatives and the Senate a report on the effects of low recruitment and retention on the Armed Forces.

Assessments. Time period.

(b) MATTERS.—The report under subsection (a) shall include an assessment of the following:

(1) The effect of low recruitment on the tempo for operational units during the previous five years, including with respect to deployed units and units in pre-deployment training.

(2) Whether the rate of operational tempo during the pervious five years has affected the retention of members of the Armed Forces, including with respect to deployed units and units in pre-deployment training.

(3) How the rate of operational tempo during the previous five years has affected the number of mental health visits of members of the Armed Forces serving in such units.

(4) How the rate of operational tempo during the pervious five years has affected the number of suicides occurring within such units.

(5) Whether the rate of operational tempo during the pervious five years has affected the number of musculoskeletal and related injuries incurred by members of the Armed Forces serving in such units.

(6) The type or types of military occupational specialties most affected by low recruitment.

(7) Lessons learned in the process of gathering data for the report under this section.

(8) Any policy or legislative recommendations to mitigate the effect of low recruitment on the operational tempo of the Armed Forces.

Recommendations.

SEC. 748. GUIDANCE FOR ADDRESSING HEALTHY RELATIONSHIPS AND INTIMATE PARTNER VIOLENCE THROUGH TRICARE PROGRAM.

10 USC 1074 note.

(a) GUIDANCE.—The Secretary of Defense shall disseminate guidance on the implementation through the TRICARE program of—

(1) education on healthy relationships and intimate partner violence; and

(2) protocols for—

(A) the routine assessment of intimate partner violence and sexual assault; and

(B) the promotion of, and strategies for, trauma-informed care plans.

(b) BRIEFING.—Not later than one year after the date of the enactment of this Act, the Secretary of Defense shall provide to the Committees on Armed Services of the House of Representatives and the Senate a briefing on the implementation of this section.

SEC. 749. BRIEFING ON SUICIDE PREVENTION REFORMS FOR MEMBERS OF THE ARMED FORCES.

(a) IN GENERAL.—Not later than March 1, 2023, the Secretary of Defense shall provide to the Committees on Armed Services of the Senate and the House of Representatives a briefing on the following:

(1) The feasibility and advisability of implementing reforms related to suicide prevention among members of the Armed Forces as follows:

(A) Eliminating mental health history as a disqualifier for service in the Armed Forces, including by eliminating restrictions related to mental health history that are specific to military occupational specialties.

(B) Requiring comprehensive and in-person annual mental health assessments of members of the Armed Forces.

(C) Requiring behavioral health providers under the TRICARE program, including providers contracted through

such program, to undergo evidence-based and suicide-specific training.

(D) Requiring leaders at all levels of the Armed Forces to be trained on the following:

(i) Total wellness.

(ii) Suicide warning signs and risk factors.

(iii) Evidence-based, suicide-specific interventions.

(iv) Effectively communicating with medical and behavioral health providers.

(v) Communicating with family members, including extended family members who are not co-located with a member of the Armed Forces, on support and access to resources for members of the Armed Forces and the dependents thereof.

(E) Requiring mandatory referral to Warriors in Transition programs, or other transitional programs, for members of the Armed Forces who are eligible for such programs.

Recommendations.

(2) Recommendations for additional legislative actions necessary to further enhance or expand suicide prevention efforts of the Department of Defense.

(b) DEFINITIONS.—In this section—

(1) The term "TRICARE program" has the meaning given that term in section 1072 of title 10, United States Code.

(2) The term "Warriors in Transition program" has the meaning given that term in section 738(e) of the National Defense Authorization Act for Fiscal Year 2013 (Public Law 112–239; 10 U.S.C. 1071 note).