

TITLE VII—HEALTH CARE PROVISIONS

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Subtitle A—TRICARE and Other Health Care Benefits

- Sec. 701. Eating disorders treatment for certain members of the Armed Forces and dependents.
- Sec. 702. Addition of preconception and prenatal carrier screening coverage as benefits under TRICARE program.
- Sec. 703. Revisions to TRICARE provider networks.
- Sec. 704. Self-initiated referral process for mental health evaluations of members of the Armed Forces.
- Sec. 705. Modifications to pilot program on health care assistance system.
- Sec. 706. Modification of pilot program on receipt of non-generic prescription maintenance medications under TRICARE pharmacy benefits program.
- Sec. 707. Improvement of postpartum care for members of the Armed Forces and dependents.

Subtitle B—Health Care Administration

- Sec. 711. Modification of certain Defense Health Agency organization requirements.
- Sec. 712. Requirement for consultations relating to military medical research and Defense Health Agency Research and Development.
- Sec. 713. Authorization of program to prevent fraud and abuse in the military health system.
- Sec. 714. Authority of Secretary of Defense and Secretary of Veterans Affairs to enter into agreements for planning, design, and construction of facilities to be operated as shared medical facilities.
- Sec. 715. Extension of authority for Joint Department of Defense-Department of Veterans Affairs Medical Facility Demonstration Fund.

- Sec. 716. Establishment of Department of Defense system to track and record information on vaccine administration.
- Sec. 717. Exemption from required physical examination and mental health assessment for certain members of the reserve components.
- Sec. 718. Authorization of provision of instruction at Uniformed Services University of the Health Sciences to certain Federal employees.
- Sec. 719. Removal of requirement for one year of participation in certain medical and lifestyle incentive programs of the Department of Defense to receive benefits under such programs.
- Sec. 720. Department of Defense standards for exemptions from mandatory COVID–19 vaccines.
- Sec. 721. Establishment of centers of excellence for enhanced treatment of ocular injuries.
- Sec. 722. Implementation of integrated product for management of population health across military health system.
- Sec. 723. Digital health strategy of Department of Defense.
- Sec. 724. Development and update of certain policies relating to military health system and integrated medical operations.
- Sec. 725. Mandatory training on health effects of burn pits.
- Sec. 726. Standardization of definitions used by the Department of Defense for terms related to suicide.

Subtitle C—Reports and Other Matters

- Sec. 731. Modifications and reports related to military medical manning and medical billets.
- Sec. 732. Access by United States Government employees and their family members to certain facilities of Department of Defense for assessment and treatment of anomalous health conditions.
- Sec. 733. Pilot program on cardiac screening at certain military service academies.
- Sec. 734. Pilot program on assistance for mental health appointment scheduling at military medical treatment facilities.
- Sec. 735. Prohibition on availability of funds for certain research connected to China.
- Sec. 736. Limitation on certain discharges solely on the basis of failure to obey lawful order to receive COVID–19 vaccine.
- Sec. 737. Independent analysis of Department of Defense Comprehensive Autism Care Demonstration program.
- Sec. 738. Independent review of suicide prevention and response at military installations.
- Sec. 739. Feasibility and advisability study on establishment of aeromedical squadron at Joint Base Pearl Harbor-Hickam.
- Sec. 740. Study on incidence of breast cancer among members of the Armed Forces serving on active duty.
- Sec. 741. GAO biennial study on Individual Longitudinal Exposure Record program.
- Sec. 742. Comptroller General study on implementation by Department of Defense of recent statutory requirements to reform the military health system.
- Sec. 743. Study to determine need for a joint fund for Federal Electronic Health Record Modernization Office.
- Sec. 744. Briefing on domestic production of critical active pharmaceutical ingredients for national security purposes.
- Sec. 745. Briefing on substance abuse in the Armed Forces.

Subtitle A—TRICARE and Other Health Care Benefits

SEC. 701. EATING DISORDERS TREATMENT FOR CERTAIN MEMBERS OF THE ARMED FORCES AND DEPENDENTS.

(a) EATING DISORDERS TREATMENT FOR CERTAIN DEPENDENTS.—Section 1079 of title 10, United States Code, is amended—

(1) in subsection (a), by adding at the end the following new paragraph:

“(18) Treatment for eating disorders may be provided in accordance with subsection (r).”; and

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

“(r)(1) The provision of health care services for an eating disorder under subsection (a)(18) may include the following services:

“(A) Outpatient services for in-person or telehealth care, including partial hospitalization services and intensive outpatient services.

“(B) Inpatient services, which shall include residential services only if medically indicated for treatment of a primary diagnosis of an eating disorder.

“(2) A dependent provided health care services for an eating disorder under subsection (a)(18) shall be provided such services without regard to—

“(A) the age of the dependent, except with respect to residential services under paragraph (1)(B), which may be provided only to a dependent who is not eligible for hospital insurance benefits under part A of title XVIII of the Social Security Act (42 U.S.C. 1395c et seq.); and

“(B) except as otherwise specified in paragraph (1)(B), whether the eating disorder is the primary or secondary diagnosis of the dependent.

Definition.

“(3) In this section, the term ‘eating disorder’ has the meaning given the term ‘feeding and eating disorders’ in the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (or successor edition), published by the American Psychiatric Association.”.

(b) LIMITATION WITH RESPECT TO RETIREES.—

(1) IN GENERAL.—Section 1086(a) of title 10, United States Code, is amended by inserting “and (except as provided in subsection (i)) treatments for eating disorders” after “eye examinations”.

(2) EXCEPTION.—Such section is further amended by adding at the end the following new subsection:

“(i) If, prior to October 1, 2022, a category of persons covered by this section was eligible to receive a specific type of treatment for eating disorders under a plan contracted for under subsection (a), the general prohibition on the provision of treatments for eating disorders specified in such subsection shall not apply with respect to the provision of the specific type of treatment to such category of persons.”.

(c) IDENTIFICATION AND TREATMENT OF EATING DISORDERS FOR MEMBERS OF THE ARMED FORCES.—

(1) IN GENERAL.—Chapter 55 of title 10, United States Code, is amended by—

(A) redesignating section 1090a as section 1090b; and

(B) inserting after section 1090 the following new section:

10 USC 1090a.

“§ 1090a. Identifying and treating eating disorders.

Regulations.
Procedures.

“(a) IDENTIFICATION, TREATMENT, AND REHABILITATION.—The Secretary of Defense, and the Secretary of Homeland Security with respect to the Coast Guard when it is not operating as a service in the Navy, shall prescribe regulations, implement procedures using each practical and available method, and provide necessary facilities to identify, treat, and rehabilitate members of the armed forces who have an eating disorder.

Definition.

“(b) FACILITIES AVAILABLE.—(1) In this section, the term ‘necessary facilities’ includes facilities that provide the services specified in section 1079(r)(1) of this title.

“(2) Consistent with section 1079(r)(1)(B) of this title, residential services shall be provided to a member pursuant to this section only if the member has a primary diagnosis of an eating disorder

and treatment at such facility is medically indicated for treatment of that eating disorder.

“(c) EATING DISORDER DEFINED.—In this section, the term ‘eating disorder’ has the meaning given that term in section 1079(r) of this title.”.

(2) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 55 of title 10, United States Code, is amended by striking the item relating to section 1090a and inserting the following new items:

10 USC 1071
prec.

“1090a. Identifying and treating eating disorders.

“1090b. Commanding officer and supervisor referrals of members for mental health evaluations.”.

(d) EFFECTIVE DATE.—The amendments made by this section shall take effect on October 1, 2022.

10 USC 1079
note.

SEC. 702. ADDITION OF PRECONCEPTION AND PRENATAL CARRIER SCREENING COVERAGE AS BENEFITS UNDER TRICARE PROGRAM.

Section 1079(a) of title 10, United States Code, as amended by section 701, is further amended by adding at the end the following new paragraph:

“(19) Preconception and prenatal carrier screening tests shall be provided to eligible covered beneficiaries, with a limit per beneficiary of one test per condition per lifetime, for the following conditions:

“(A) Cystic Fibrosis.

“(B) Spinal Muscular Atrophy.

“(C) Fragile X Syndrome.

“(D) Tay-Sachs Disease.

“(E) Hemoglobinopathies.

“(F) Conditions linked with Ashkenazi Jewish descent.”.

SEC. 703. REVISIONS TO TRICARE PROVIDER NETWORKS.

(a) TRICARE SELECT.—Section 1075 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) AUTHORITY FOR MULTIPLE NETWORKS IN THE SAME GEOGRAPHIC AREA.—(1) The Secretary may establish a system of multiple networks of providers under TRICARE Select in the same geographic area or areas.

“(2) Under a system established under paragraph (1), the Secretary may—

“(A) require a covered beneficiary enrolling in TRICARE Select to enroll in a specific provider network established pursuant to such system, in which case any provider not in that specific provider network shall be deemed an out-of-network provider with respect to the covered beneficiary (regardless of whether the provider is in a different TRICARE Select provider network) for purposes of this section or any other provision of law limiting the coverage or provision of health care services to those provided by network providers under the TRICARE program; and

Requirements.

“(B) include beneficiaries covered by subsection (c)(2).”.

(b) TRICARE PRIME.—Section 1097a of such title is amended—

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

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

“(e) **AUTHORITY FOR MULTIPLE NETWORKS IN THE SAME GEOGRAPHIC AREA.**—(1) The Secretary may establish a system of multiple networks of providers under TRICARE Prime in the same geographic area or areas.

Requirements.

“(2) Under a system established under paragraph (1), the Secretary may require a covered beneficiary enrolling in TRICARE Prime to enroll in a specific provider network established pursuant to such system, in which case any provider not in that specific provider network shall be deemed an out-of-network provider with respect to the covered beneficiary (regardless of whether the provider is in a different TRICARE Prime provider network) for purposes of this section or any other provision of law limiting the coverage or provision of health care services to those provided by network providers under the TRICARE program.”.

SEC. 704. SELF-INITIATED REFERRAL PROCESS FOR MENTAL HEALTH EVALUATIONS OF MEMBERS OF THE ARMED FORCES.

Section 1090a of title 10, United States Code, is amended—

(1) in subsection (c), by inserting “or is required to make such a referral pursuant to the process described in subsection (e)(1)(A)” after “mental health evaluation”;

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

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

“(e) **SELF-INITIATED REFERRAL PROCESS.**—(1) The regulations required by subsection (a) shall, with respect to a member of the armed forces—

“(A) provide for a self-initiated process that enables the member to trigger a referral for a mental health evaluation by requesting such a referral from a commanding officer or supervisor who is in a grade above E-5;

“(B) ensure the function of the process described in subparagraph (A) by—

Requirement.

“(i) requiring the commanding officer or supervisor of the member to refer the member to a mental health provider for a mental health evaluation as soon as practicable following the request of the member (including by providing to the mental health provider the name and contact information of the member and providing to the member the date, time, and place of the scheduled mental health evaluation); and

“(ii) ensure the member may request a referral pursuant to subparagraph (A) on any basis (including on the basis of a concern relating to fitness for duty, occupational requirements, safety issues, significant changes in performance, or behavioral changes that may be attributable to possible changes in mental status); and

“(C) ensure that the process described in subparagraph (A)—

“(i) reduces stigma in accordance with subsection (b), including by treating referrals for mental health evaluations made pursuant to such process in a manner similar to referrals for other medical services, to the maximum extent practicable; and

“(ii) protects the confidentiality of the member to the maximum extent practicable, in accordance with requirements for the confidentiality of health information under the Health Insurance Portability and Accountability Act of 1996 (Public Law 104–191) and applicable privacy laws.

“(2) In making a referral for an evaluation of a member of the armed forces triggered by a request made pursuant to the process described in paragraph (1)(A), if the member has made such a request on the basis of a concern that the member is a potential or imminent danger to self or others, the commanding officer or supervisor of the member shall observe the following principles:

“(A) With respect to safety, if the commander or supervisor determines the member is exhibiting dangerous behavior, the first priority of the commander or supervisor shall be to ensure that precautions are taken to protect the safety of the member, and others, prior to the arrival of the member at the location of the evaluation.

Determination.

“(B) With respect to communication, prior to such arrival, the commander or supervisor shall communicate to the provider to which the member is being referred (in a manner and to an extent consistent with paragraph (1)(C)(ii)), information on the circumstances and observations that led to—

“(i) the member requesting the referral; and

“(ii) the commander or supervisor making such referral based on the request.

“(f) ANNUAL TRAINING REQUIREMENT.—On an annual basis, each Secretary concerned shall provide to the members of the Armed Forces under the jurisdiction of such Secretary a training on how to recognize personnel who may require mental health evaluations on the basis of the individual being an imminent danger to self or others, as demonstrated by the behavior or apparent mental state of the individual.”

SEC. 705. MODIFICATIONS TO PILOT PROGRAM ON HEALTH CARE ASSISTANCE SYSTEM.

Section 731(d) of the National Defense Authorization Act for Fiscal Year 2018 (10 U.S.C. 1075 note) is amended—

(1) in the matter preceding paragraph (1), by striking “January 1, 2021” and inserting “November 1, 2022”;

(2) in paragraph (1), by striking “; and” and inserting a semicolon;

(3) in paragraph (2), by striking the period and inserting “; and”; and

(4) by adding at the end the following new paragraph:
 “(3) input from covered beneficiaries who have participated in the pilot program regarding their satisfaction with, and any benefits attained from, such participation.”

SEC. 706. MODIFICATION OF PILOT PROGRAM ON RECEIPT OF NON-GENERIC PRESCRIPTION MAINTENANCE MEDICATIONS UNDER TRICARE PHARMACY BENEFITS PROGRAM.

Section 706 of the William M. (Mac) Thornberry National Defense Authorization Act for Fiscal Year 2021 (Public Law 116–283) is amended—

(1) in subsection (a)(1), by striking “may carry out” and inserting “shall carry out”;

10 USC 1074g note.

(2) in subsection (b), by striking “March 1, 2021” and inserting “March 1, 2022”;

(3) by redesignating subsections (e), (f), and (g) as subsections (f), (g), and (h), respectively;

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

“(e) REIMBURSEMENT.—If the Secretary carries out the pilot program under subsection (a)(1), reimbursement of retail pharmacies for medication under the pilot program may not exceed the amount of reimbursement paid to the national mail-order pharmacy program under section 1074g of title 10, United States Code, for the same medication, after consideration of all manufacturer discounts, refunds, rebates, pharmacy transaction fees, and other costs.”; and

(5) in subsection (f), as redesignated by paragraph (3)—

(A) by striking paragraph (1) and inserting the following new paragraph (1):

Deadline.

“(1) BRIEFING.—Not later than 90 days after the date of the enactment of the National Defense Authorization Act for Fiscal Year 2022, the Secretary shall provide to the Committees on Armed Services of the House of Representatives and the Senate a briefing on the implementation of the pilot program under subsection (a)(1) or on the determination of the Secretary under subsection (a)(2) that the Secretary is not permitted to carry out the pilot program.”; and

(B) in paragraph (3)(A), by striking “March 1, 2024” and inserting “March 1, 2025”.

Deadlines.
10 USC 1071
note.

SEC. 707. IMPROVEMENT OF POSTPARTUM CARE FOR MEMBERS OF THE ARMED FORCES AND DEPENDENTS.

(a) CLINICAL PRACTICE GUIDELINES FOR POSTPARTUM CARE IN MILITARY MEDICAL TREATMENT FACILITIES.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Defense shall establish clinical practice guidelines for the provision of postpartum care in military medical treatment facilities. Such guidelines shall take into account the recommendations of established professional medical associations and address the following matters:

Assessments.

(1) Postpartum mental health assessments, including the appropriate intervals for furnishing such assessments and screening questions for such assessments (including questions relating to postpartum anxiety and postpartum depression).

Evaluations.
Consultations.

(2) Pelvic health evaluation and treatment, including the appropriate timing for furnishing a medical evaluation for pelvic health, considerations for providing consultations for physical therapy for pelvic health (including pelvic floor health), and the appropriate use of telehealth services.

(3) Pelvic health rehabilitation services.

(4) Obstetric hemorrhage treatment, including through the use of pathogen reduced resuscitative products.

(b) POLICY ON SCHEDULING OF APPOINTMENTS FOR POSTPARTUM HEALTH CARE SERVICES.—

(1) POLICY REQUIRED.—Not later than 180 days after the date of the enactment of this Act, the Secretary shall establish a policy for the scheduling of appointments for postpartum health care services in military medical treatment facilities. In developing the policy, the Secretary shall consider the extent

to which it is appropriate to facilitate concurrent scheduling of appointments for postpartum care with appointments for well-baby care.

(2) **PILOT PROGRAM AUTHORIZED.**—The Secretary may carry out a pilot program in one or more military medical treatment facilities to evaluate the effect of concurrent scheduling, to the degree clinically appropriate, of the appointments specified in paragraph (1). Evaluation.

(c) **POLICY ON POSTPARTUM PHYSICAL FITNESS TESTS AND BODY COMPOSITION ASSESSMENTS.**—Not later than 180 days after the date of enactment of this Act, the Secretary shall establish a policy, which shall be standardized across each Armed Force to the extent practicable, for the time periods after giving birth that a member of the Armed Forces (including the reserve components) may be excused from, or provided an alternative to, a physical fitness test or a body composition assessment.

(d) **BRIEFING.**—Not later than 270 days after the date of 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 implementation of the requirements under this section.

Subtitle B—Health Care Administration

SEC. 711. MODIFICATION OF CERTAIN DEFENSE HEALTH AGENCY ORGANIZATION REQUIREMENTS.

Section 1073c(c)(5) of title 10, United States Code, is amended by striking “paragraphs (1) through (4)” and inserting “paragraph (3) or (4)”.

SEC. 712. REQUIREMENT FOR CONSULTATIONS RELATING TO MILITARY MEDICAL RESEARCH AND DEFENSE HEALTH AGENCY RESEARCH AND DEVELOPMENT.

(a) **CONSULTATIONS REQUIRED.**—Section 1073c of title 10, United States Code, as amended by section 711, is further amended—

(1) by redesignating subsections (f) and (g) as subsections (g) and (h), respectively; and

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

“(f) **CONSULTATIONS ON MEDICAL RESEARCH OF MILITARY DEPARTMENTS.**—In establishing the Defense Health Agency Research and Development pursuant to subsection (e)(1), and on a basis that is not less frequent than semiannually thereafter, the Secretary of Defense shall carry out recurring consultations with each military department regarding the plans and requirements for military medical research organizations and activities of the military department.”. Time period.
Plans.

(b) **REQUIREMENTS FOR CONSULTATIONS.**—The Secretary of Defense shall ensure that consultations are carried out under section 1073c(f) of title 10, United States Code (as added by subsection (a)), to include the plans of each military department to ensure a comprehensive transition of any military medical research organizations of the military department with respect to the establishment of the Defense Health Agency Research and Development. Plans.
10 USC 1073c
note.

(c) DEADLINE FOR INITIAL CONSULTATIONS.—Initial consultations shall be carried out under section 1073c(f) of title 10, United States Code (as added by subsection (a)), with each military department by not later than March 1, 2022.

SEC. 713. AUTHORIZATION OF PROGRAM TO PREVENT FRAUD AND ABUSE IN THE MILITARY HEALTH SYSTEM.

(a) IN GENERAL.—Chapter 55 of title 10, United States Code, is amended by inserting after section 1073e the following new section:

10 USC 1073f.

“§ 1073f. Health care fraud and abuse prevention program

“(a) PROGRAM AUTHORIZED.—(1) The Secretary of Defense may carry out a program under this section to prevent and remedy fraud and abuse in the health care programs of the Department of Defense.

“(2) At the discretion of the Secretary, such program may be administered jointly by the Inspector General of the Department of Defense and the Director of the Defense Health Agency.

“(3) In carrying out such program, the authorities granted to the Secretary of Defense and the Inspector General of the Department of Defense under section 1128A(m) of the Social Security Act (42 U.S.C. 1320a–7a(m)) shall be available to the Secretary and the Inspector General.

Applicability.

“(b) CIVIL MONETARY PENALTIES.—(1) Except as provided in paragraph (2), the provisions of section 1128A of the Social Security Act (42 U.S.C. 1320a–7a) shall apply with respect to any civil monetary penalty imposed in carrying out the program authorized under subsection (a).

“(2) Consistent with section 1079a of this title, amounts recovered in connection with any such civil monetary penalty imposed—

“(A) shall be credited to appropriations available as of the time of the collection for expenses of the health care program of the Department of Defense affected by the fraud and abuse for which such penalty was imposed; and

“(B) may be used to support the administration of the program authorized under subsection (a), including to support any interagency agreements entered into under subsection (d).

Contracts.

“(c) INTERAGENCY AGREEMENTS.—The Secretary of Defense may enter into agreements with the Secretary of Health and Human Services, the Attorney General, or the heads of other Federal agencies, for the effective and efficient implementation of the program authorized under subsection (a).

“(d) RULE OF CONSTRUCTION.—Joint administration of the program authorized under subsection (a) may not be construed as limiting the authority of the Inspector General of the Department of Defense under any other provision of law.

“(e) FRAUD AND ABUSE DEFINED.—In this section, the term ‘fraud and abuse’ means any conduct specified in subsection (a) or (b) of section 1128A of the Social Security Act (42 U.S.C. 1320a–7a).”.

10 USC 1071
prec.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 1073e the following new item:

“1073f. Health care fraud and abuse prevention program.”.

SEC. 714. AUTHORITY OF SECRETARY OF DEFENSE AND SECRETARY OF VETERANS AFFAIRS TO ENTER INTO AGREEMENTS FOR PLANNING, DESIGN, AND CONSTRUCTION OF FACILITIES TO BE OPERATED AS SHARED MEDICAL FACILITIES.

(a) AUTHORITY OF SECRETARY OF DEFENSE.—

(1) IN GENERAL.—Chapter 55 of title 10, United States Code, is amended by inserting after section 1104 the following new section:

“§ 1104a. Shared medical facilities with Department of Veterans Affairs

10 USC 1104a.

“(a) AGREEMENTS.—Secretary of Defense may enter into agreements with the Secretary of Veterans Affairs for the planning, design, and construction of facilities to be operated as shared medical facilities.

Contracts.

“(b) TRANSFER OF FUNDS BY SECRETARY OF DEFENSE.—(1) The Secretary of Defense may transfer to the Secretary of Veterans Affairs amounts as follows:

“(A) For the construction of a shared medical facility, amounts not in excess of the amount authorized under subsection (a)(2) of section 2805 of this title, if—

“(i) the amount of the share of the Department of Defense for the estimated cost of the project does not exceed the amount authorized under such subsection; and

“(ii) the other requirements of such section have been met with respect to funds identified for transfer.

“(B) For the planning, design, and construction of space for a shared medical facility, amounts appropriated for the Defense Health Program.

“(2) The authority to transfer funds under this section is in addition to any other authority to transfer funds available to the Secretary of Defense.

“(3) Section 2215 of this title does not apply to a transfer of funds under this subsection.

“(c) TRANSFER OF FUNDS TO SECRETARY OF DEFENSE.—(1) Any amount transferred to the Secretary of Defense by the Secretary of Veterans Affairs for necessary expenses for the planning, design, and construction of a shared medical facility, if the amount of the share of the Department of Defense for the cost of such project does not exceed the amount specified in section 2805(a)(2) of this title, may be credited to accounts of the Department of Defense available for the construction of a shared medical facility.

“(2) Any amount transferred to the Secretary of Defense by the Secretary of Veterans Affairs for the purpose of the planning and design of space for a shared medical facility may be credited to accounts of the Department of Defense available for such purposes, and may be used for such purposes.

“(3) Using accounts credited with transfers from the Secretary of Veterans Affairs under paragraph (1), the Secretary of Defense may carry out unspecified minor military construction projects, if the share of the Department of Defense for the cost of such project does not exceed the amount specified in section 2805(a)(2) of this title.

“(d) MERGER OF AMOUNTS TRANSFERRED.—Any amount transferred to the Secretary of Veterans Affairs under subsection (b) and any amount transferred to the Secretary of Defense under subsection (c) shall be merged with and available for the same

purposes and the same period as the appropriation or fund to which transferred.

“(e) APPROPRIATION IN ADVANCE.—Amounts may be transferred pursuant to the authority under this section only to the extent and in the amounts provided in advance in appropriations Acts.

“(f) SHARED MEDICAL FACILITY DEFINED.—In this section, the term ‘shared medical facility’—

“(1) means a building or buildings, or a campus, intended to be used by both the Department of Veterans Affairs and the Department of Defense for the provision of health care services, whether under the jurisdiction of the Secretary of Veterans Affairs or the Secretary of Defense, and whether or not located on a military installation or on real property under the jurisdiction of the Secretary of Veterans Affairs; and

“(2) includes any necessary building and auxiliary structure, garage, parking facility, mechanical equipment, abutting and covered sidewalks, and accommodations for attending personnel.”.

10 USC 1071
prec.

(2) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 55 of such title is amended by inserting after the item relating to section 1104 the following new item:

“1104a. Shared medical facilities with Department of Veterans Affairs.”.

(b) AUTHORITY OF SECRETARY OF VETERANS AFFAIRS.—

(1) IN GENERAL.—Chapter 81 of title 38, United States Code, is amended by inserting after section 8111A the following new section:

38 USC 8111B.

“§ 8111B. Shared medical facilities with Department of Defense

Contracts.

“(a) AGREEMENTS.—The Secretary of Veterans Affairs may enter into agreements with the Secretary of Defense for the planning, design, and construction of facilities to be operated as shared medical facilities.

“(b) TRANSFER OF FUNDS BY SECRETARY OF VETERANS AFFAIRS.—(1) The Secretary of Veterans Affairs may transfer to the Department of Defense amounts appropriated to the Department of Veterans Affairs for ‘Construction, minor projects’ for use for the planning, design, or construction of a shared medical facility if the estimated share of the project costs of the Department of Veterans Affairs does not exceed the amount specified in section 8104(a)(3)(A) of this title.

“(2) The Secretary of Veterans Affairs may transfer to the Department of Defense amounts appropriated to the Department of Veterans Affairs for ‘Construction, major projects’ for use for the planning, design, or construction of a shared medical facility if—

“(A) the estimated share of the project costs of the Department of Veterans Affairs exceeds the amount specified in section 8104(a)(3)(A) of this title; and

“(B) the other requirements of section 8104 of this title have been met with respect to amounts identified for transfer.

“(c) TRANSFER OF FUNDS TO SECRETARY OF VETERANS AFFAIRS.—(1) Any amount transferred to the Secretary of Veterans Affairs by the Secretary of Defense for necessary expenses for the planning, design, or construction of a shared medical facility, if the estimated share of the project costs of the Department of

Veterans Affairs does not exceed the amount specified in section 8104(a)(3)(A) of this title, may be credited to the ‘Construction, minor projects’ account of the Department of Veterans Affairs and used for the necessary expenses of constructing such shared medical facility.

“(2) Any amount transferred to the Secretary of Veterans Affairs by the Secretary of Defense for necessary expenses for the planning, design, or construction of a shared medical facility, if the estimated share of the project costs of the Department of Veterans Affairs exceeds the amount specified in section 8104(a)(3)(A) of this title, may be credited to the ‘Construction, major projects’ account of the Department of Veterans Affairs and used for the necessary expenses of constructing such shared medical facility if the other requirements of section 8104 of this title have been met with respect to amounts identified for transfer.

“(d) MERGER OF AMOUNTS TRANSFERRED.—Any amount transferred to the Secretary of Defense under subsection (b) and any amount transferred to the Secretary of Veterans Affairs under subsection (c) shall be merged with and available for the same purposes and the same period as the appropriation or fund to which transferred.

“(e) APPROPRIATION IN ADVANCE.—Amounts may be transferred pursuant to the authority under this section only to the extent and in the amounts provided in advance in appropriations Acts.

“(f) SHARED MEDICAL FACILITY DEFINED.—In this section, the term ‘shared medical facility’—

“(1) means a building or buildings, or a campus, intended to be used by both the Department of Veterans Affairs and the Department of Defense for the provision of health care services, whether under the jurisdiction of the Secretary of Veterans Affairs or the Secretary of Defense, and whether or not located on a military installation or on real property under the jurisdiction of the Secretary of Veterans Affairs; and

“(2) includes any necessary building and auxiliary structure, garage, parking facility, mechanical equipment, abutting and covered sidewalks, and accommodations for attending personnel.”.

(2) CLERICAL AMENDMENT.—The table of sections at the beginning of subchapter I of chapter 81 of such title is amended by inserting after the item relating to section 8111A the following new item:

38 USC 8010
prec.

“8111B. Shared medical facilities with Department of Defense.”.

SEC. 715. EXTENSION OF AUTHORITY FOR JOINT DEPARTMENT OF DEFENSE-DEPARTMENT OF VETERANS AFFAIRS MEDICAL FACILITY DEMONSTRATION FUND.

Section 1704(e) of the National Defense Authorization Act for Fiscal Year 2010 (Public Law 111–84; 123 Stat. 2567), as most recently amended by section 743 of the William M. (Mac) Thornberry National Defense Authorization Act for Fiscal Year 2021 (Public Law 116–283), is amended by striking “September 30, 2022” and inserting “September 30, 2023”.

134 Stat. 3708.

SEC. 716. ESTABLISHMENT OF DEPARTMENT OF DEFENSE SYSTEM TO TRACK AND RECORD INFORMATION ON VACCINE ADMINISTRATION.

(a) ESTABLISHMENT OF SYSTEM.—Section 1110 of title 10, United States Code, is amended—

(1) by redesignating subsections (a) and (b) as subsections (b) and (c), respectively; and

(2) by inserting after the heading the following new subsection:

Consultation.
Coordination.

“(a) OVERALL SYSTEM TO TRACK AND RECORD VACCINE INFORMATION.—(1) The Secretary of Defense, in consultation with the Director of the Defense Health Agency and in coordination with the Secretaries of the military departments, shall establish a system to track and record the following information:

“(A) Each vaccine administered by a health care provider of the Department of Defense to a member of an armed force under the jurisdiction of the Secretary of a military department.

“(B) Any adverse reaction of the member related to such vaccine.

“(C) Each refusal by such a member of any vaccine that is being so administered, including vaccines licensed by the Food and Drug Administration under section 351 of the Public Health Service Act (42 U.S.C. 262) and vaccines otherwise approved or authorized.

“(D) Each refusal by such a member of a vaccine on the basis that the vaccine is being administered by a health care provider of the Department pursuant to an emergency use authorization granted by the Commissioner of Food and Drugs under section 564 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360bbb–3).

“(E) Each refusal by such a member of an investigational new drug or a drug unapproved for its applied use that is being administered pursuant to a request or requirement of the Secretary of Defense and with respect to which the President has granted a waiver of the prior consent requirement pursuant to section 1107(f)(1) of this title.

“(2) In carrying out paragraph (1), the Secretary of Defense shall ensure that—

Updates.

“(A) any electronic health record maintained by the Secretary for a member of an armed force under the jurisdiction of the Secretary of a military department is updated with the information specified in such paragraph with respect to the member;

Determination.

“(B) any collection, storage, or use of such information is conducted through means involving such cyber protections as the Secretary determines necessary to safeguard the personal information of the member; and

“(C) the system established under such paragraph is interoperable and compatible with the electronic health record system known as ‘MHS GENESIS’, or such successor system.”.

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

(1) in the heading, by striking “**Anthrax vaccine immunization program; procedures for exemptions and monitoring reactions**” and inserting “**System for tracking and recording vaccine information; anthrax vaccine immunization program**”;

(2) in subsection (b), as redesignated by subsection (a)(1)—

(A) in the heading, by inserting “FROM ANTHRAX VACCINE IMMUNIZATION PROGRAM” after “EXEMPTIONS” ; and

(B) by striking “Secretary of Defense” and inserting “Secretary”; and

(3) in the heading of subsection (c), as redesignated by subsection (a)(1), by inserting “TO ANTHRAX VACCINE” after “REACTIONS”.

(c) CLERICAL AMENDMENT.—The table of sections for chapter 55 of title 10, United States Code, is amended by striking the item relating to section 1110 and inserting the following new item: 10 USC 1071 prec.

“1110. System for tracking and recording vaccine information; anthrax vaccine immunization program.”.

(d) DEADLINE FOR ESTABLISHMENT OF SYSTEM.—The Secretary of Defense shall establish the system under section 1110 of title 10, United States Code, as added by subsection (a), by not later than January 1, 2023. 10 USC 1110 note.

(e) REPORT.—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 on the administration of vaccines to members of the Armed Forces under the jurisdiction of the Secretary of a military department and on the status of establishing the system under section 1110(a) of title 10, United States Code (as added by subsection (a)). Such report shall include information on the following:

(1) The process by which such members receive vaccines, and the process by which the Secretary tracks, records, and reports on, vaccines received by such members (including with respect to any transfers by a non-Department provider to the Department of vaccination records or other medical information of the member related to the administration of vaccines by the non-Department provider).

(2) The storage of information related to the administration of vaccines in the electronic health records of such members, and the cyber protections involved in such storage, as required under such section 1110(a)(2) of title 10, United States Code.

(3) The general process by which medical information of beneficiaries under the TRICARE program is collected, tracked, and recorded, including the process by which medical information from providers contracted by the Department or from a State or local department of health is transferred to the Department and associated with records maintained by the Secretary.

(4) Any gaps or challenges relating to the vaccine administration process of the Department and any legislative or budgetary recommendations to address such gaps or challenges. Recommendations.

(f) DEFINITIONS.—In this section:

(1) The term “military departments” has the meaning given such term in section 101 of title 10, United States Code.

(2) The term “TRICARE program” has the meaning given such term in section 1072 of such title.

SEC. 717. EXEMPTION FROM REQUIRED PHYSICAL EXAMINATION AND MENTAL HEALTH ASSESSMENT FOR CERTAIN MEMBERS OF THE RESERVE COMPONENTS.

Section 1145(a)(5) of title 10, United States Code is amended—

(1) in subparagraph (A), by striking “The Secretary” and inserting “Except as provided in subparagraph (D), the Secretary”; and

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

“(D) The requirement for a physical examination and mental health assessment under subparagraph (A) shall not apply with respect to a member of a reserve component described in paragraph (2)(B) unless the member is retiring, or being discharged or dismissed, from the armed forces.”.

SEC. 718. AUTHORIZATION OF PROVISION OF INSTRUCTION AT UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES TO CERTAIN FEDERAL EMPLOYEES.

Section 2114(h) of title 10, United States Code, is amended—

(1) by striking “The Secretary of Defense” and inserting “(1) The Secretary of Defense, in coordination with the Secretary of Health and Human Services and the Secretary of Veterans Affairs,”; and

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

“(2)(A) A covered employee whose employment or service with the Department of Veterans Affairs, Public Health Service, or Coast Guard (as applicable) is in a position relevant to national security or health sciences may receive instruction at the University within the scope of such employment or service.

Reimbursement.

“(B) If a covered employee receives instruction at the University pursuant to subparagraph (A), the head of the Federal agency concerned shall reimburse the University for the cost of providing such instruction to the covered employee. Amounts received by the University under this subparagraph shall be retained by the University to defray the costs of such instruction.

Determination.

“(C) Notwithstanding subsections (b) through (e) and subsection (i), the head of the Federal agency concerned shall determine the service obligations of the covered employee receiving instruction at the University pursuant to subparagraph (A) in accordance with applicable law.

Definitions.

“(D) In this paragraph—

“(i) the term ‘covered employee’ means an employee of the Department of Veterans Affairs, a civilian employee of the Public Health Service, a member of the commissioned corps of the Public Health Service, a member of the Coast Guard, or a civilian employee of the Coast Guard; and

“(ii) the term ‘head of the Federal agency concerned’ means the head of the Federal agency that employs, or has jurisdiction over the uniformed service of, a covered employee permitted to receive instruction at the University under subparagraph (A) in the relevant position described in such subparagraph.”.

SEC. 719. REMOVAL OF REQUIREMENT FOR ONE YEAR OF PARTICIPATION IN CERTAIN MEDICAL AND LIFESTYLE INCENTIVE PROGRAMS OF THE DEPARTMENT OF DEFENSE TO RECEIVE BENEFITS UNDER SUCH PROGRAMS.

Section 729 of the National Defense Authorization Act for Fiscal Year 2017 (Public Law 114–328; 10 U.S.C. 1073 note) is amended—

(1) in subsection (a)(1), by striking “in the previous year”;

(2) in subsection (b), by striking “in the previous year”;

and

(3) in subsection (c), by striking “in the previous year”.

SEC. 720. DEPARTMENT OF DEFENSE STANDARDS FOR EXEMPTIONS FROM MANDATORY COVID-19 VACCINES. 10 USC 1110 note.

(a) **STANDARDS.**—The Secretary of Defense shall establish uniform standards under which covered members may be exempted from receiving an otherwise mandated COVID-19 vaccine for administrative, medical, or religious reasons.

(b) **DEFINITIONS.**—In this section:

(1) The term “covered member” means a member of an Armed Force under the jurisdiction of the Secretary of a military department.

(2) The term “COVID-19 vaccine” means any vaccine for the coronavirus disease 2019 (COVID-19), including any subsequent booster shot for COVID-19.

SEC. 721. ESTABLISHMENT OF CENTERS OF EXCELLENCE FOR ENHANCED TREATMENT OF OCULAR INJURIES. Deadlines. 10 USC 1073d note.

(a) **IN GENERAL.**—Not later than October 1, 2023, the Secretary of Defense, acting through the Director of the Defense Health Agency, shall establish within the Defense Health Agency not fewer than four regional centers of excellence for the enhanced treatment of—

(1) ocular wounds or injuries; and

(2) vision dysfunction related to traumatic brain injury.

(b) **LOCATION OF CENTERS.**—Each center of excellence established under subsection (a) shall be located at a military medical center that provides graduate medical education in ophthalmology and related subspecialties and shall be the primary center for providing specialized medical services for vision for members of the Armed Forces in the region in which the center of excellence is located.

(c) **POLICIES FOR REFERRAL OF BENEFICIARIES.**—Not later than October 1, 2023, the Director of the Defense Health Agency shall publish on a publicly available internet website of the Department of Defense policies for the referral of eligible beneficiaries of the Department to centers of excellence established under subsection (a) for evaluation and treatment.

Public information.
Web posting.

(d) **IDENTIFICATION OF MEDICAL PERSONNEL BILLETS AND STAFFING.**—The Secretary of each military department, in conjunction with the Joint Staff Surgeon and the Director of the Defense Health Agency, shall identify specific medical personnel billets essential for the evaluation and treatment of ocular sensory injuries and ensure that centers of excellence established under subsection (a) are staffed with such personnel at the level required for the enduring medical support of each such center.

(e) **BRIEFING.**—Not later than December 31, 2023, the Secretary of Defense shall provide to the Committees on Armed Services of the Senate and the House of Representatives a briefing that—

(1) describes the establishment of each center of excellence established under subsection (a), to include the location, capability, and capacity of each such center;

(2) describes the referral policy published by the Defense Health Agency under subsection (c);

(3) identifies the medical personnel billets identified under subsection (d); and

(4) provides a plan for the staffing of personnel at such centers to ensure the enduring medical support of each such center.

Plan.

(f) **MILITARY MEDICAL CENTER DEFINED.**—In this section, the term “military medical center” means a medical center described in section 1073d(b) of title 10, United States Code.

Data.
10 USC 1071
note.

SEC. 722. IMPLEMENTATION OF INTEGRATED PRODUCT FOR MANAGEMENT OF POPULATION HEALTH ACROSS MILITARY HEALTH SYSTEM.

(a) **INTEGRATED PRODUCT.**—The Secretary of Defense shall develop and implement an integrated product for the management of population health across the military health system. Such integrated product shall serve as a repository for the health care, demographic, and other relevant data of all covered beneficiaries, including with respect to data on health care services furnished to such beneficiaries through the purchased care and direct care components of the TRICARE program, and shall—

(1) be compatible with the electronic health record system maintained by the Secretary for members of the Armed Forces;

(2) enable the collection and stratification of data from multiple sources to measure population health goals, facilitate disease management programs of the Department, improve patient education, and integrate wellness services across the military health system; and

(3) enable predictive modeling to improve health outcomes for patients and to facilitate the identification and correction of medical errors in the treatment of patients, issues regarding the quality of health care services provided, and gaps in health care coverage.

Coordination.

(b) **CONSIDERATIONS IN DEVELOPMENT.**—In developing the integrated product under subsection (a), the Secretary shall harmonize such development with any policies of the Department relating to a digital health strategy (including the digital health strategy under section 723), coordinate with improvements to the electronic health record system specified in subsection (a)(1) to ensure the compatibility required under such subsection, and consider methods to improve beneficiary interface.

(c) **DEFINITIONS.**—In this section:

(1) The terms “covered beneficiary” and “TRICARE program” have the meanings given such terms in section 1072 of title 10, United States Code.

(2) The term “integrated product” means an electronic system of systems (or solutions or products) that provides for the integration and sharing of data to meet the needs of an end user in a timely and cost-effective manner.

Deadlines.

SEC. 723. DIGITAL HEALTH STRATEGY OF DEPARTMENT OF DEFENSE.

(a) **DIGITAL HEALTH STRATEGY.**—

(1) **STRATEGY.**—Not later than April 1, 2022, the Secretary of Defense shall develop a digital health strategy of the Department of Defense to incorporate new and emerging technologies and methods (including three-dimensional printing, virtual reality, wearable devices, big data and predictive analytics, distributed ledger technologies, and other innovative methods that leverage new or emerging technologies) in the provision of clinical care within the military health system.

(2) **ELEMENTS.**—The strategy under paragraph (1) shall address, with respect to future use within the military health system, the following:

(A) Emerging technology to improve the delivery of clinical care and health services.

(B) Emerging technology to improve the patient experience in matters relating to medical case management, appointing, and referrals in both the direct care and purchased care components of the TRICARE program, as such term is defined in section 1072 of title 10, United States Code.

(C) Design thinking to improve the delivery of clinical care and health services.

(D) Advanced clinical decision support systems.

(E) Simulation technologies for clinical training (including through simulation immersive training) and clinical education, and for the training of health care personnel in the adoption of emerging technologies for clinical care delivery.

(F) Wearable devices.

(G) Three-dimensional printing and related technologies.

(H) Data-driven decision making, including through the use of big data and predictive analytics, in the delivery of clinical care and health services.

(b) BRIEFING.—Not later than July 1, 2022, the Secretary shall provide to the Committees on Armed Services of the House of Representatives and the Senate a briefing setting forth—

(1) the strategy under subsection (a); and

(2) a plan to implement such strategy, including the estimated timeline and cost for such implementation.

Plan.
Timeline.
Cost estimates.
Deadlines.
10 USC 1096
note.

SEC. 724. DEVELOPMENT AND UPDATE OF CERTAIN POLICIES RELATING TO MILITARY HEALTH SYSTEM AND INTEGRATED MEDICAL OPERATIONS.

(a) IN GENERAL.—By not later than October 1, 2022, the Secretary of Defense, in coordination with the Secretaries of the military departments and the Chairman of the Joint Chiefs of Staff, shall develop and update certain policies relating to the military health system and integrated medical operations of the Department of Defense as follows:

Coordination.

(1) UPDATED PLAN ON INTEGRATED MEDICAL OPERATIONS IN CONTINENTAL UNITED STATES.—The Secretary of Defense shall develop an updated plan on integrated medical operations in the continental United States and update the Department of Defense Instruction 6010.22, titled “National Disaster Medical System (NDMS)” (or such successor instruction) accordingly. Such updated plan shall—

(A) be informed by the operational plans of the combatant commands and by 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);

(B) include an updated bed plan, to include bed space available through the military health system and through hospitals participating in the National Disaster Medical System established pursuant to section 2812 of the Public Health Service Act (42 U.S.C. 300hh–11);

(C) include a determination as to whether combat casualties should receive medical care under the direct care

Determination.
Risk analysis.

or purchased care component of the military health system and a risk analysis in support of such determination;

(D) identify the manning levels required to furnish medical care under the updated plan, including with respect to the levels of military personnel, civilian employees of the Department, and contractors of the Department; and

Cost estimate.

(E) include a cost estimate for the furnishment of such medical care.

(2) UPDATED PLAN ON GLOBAL PATIENT MOVEMENT.—The Secretary of Defense shall develop an updated plan on global patient movement and update the Department of Defense Instruction 5154.06, relating to medical military treatment facilities and patient movement (or such successor instruction) accordingly. Such updated plan shall—

(A) be informed by the operational plans of the combatant commands and by 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);

Risk assessment.

(B) include a risk assessment with respect to patient movement compared against overall operational plans;

(C) include a description of any capabilities-based assessment of the Department that informed the updated plan or that was in progress during the time period in which the updated plan was developed;

(D) identify the manning levels, equipment and consumables, and funding levels, required to carry out the updated plan; and

(E) address airlift capability, medical evacuation capability, and access to ports of embarkation.

(3) ASSESSMENT OF BIOSURVEILLANCE AND MEDICAL RESEARCH CAPABILITIES.—The Secretary of Defense shall conduct an assessment of the biosurveillance and medical research capabilities of the Department of Defense. Such assessment shall include the following:

(A) An identification of the location and strategic value of the overseas medical laboratories and overseas medical research programs of the Department.

(B) An assessment of the current capabilities of such laboratories and programs with respect to force health protection and evidence-based medical research.

Determination.

(C) A determination as to whether such laboratories and programs have the capabilities, including as a result of the geographic location of such laboratories and programs, to provide force health protection and evidence-based medical research, including by actively monitoring for future pandemics, infectious diseases, and other potential health threats to members of the Armed Forces.

(D) The current biosurveillance and medical research capabilities of the Department.

(E) The current manning levels of the biosurveillance and medical research entities of the Department, including an assessment of whether such entities are manned at a level necessary to support the missions of the combatant commands (including with respect to missions related to pandemic influenza or homeland defense).

(F) The current funding levels of such entities, including a risk assessment as to whether such funding is sufficient to sustain the manning levels necessary to support missions as specified in subparagraph (E).

(b) **INTERIM BRIEFING.**—Not later than April 1, 2022, the Secretary of Defense, in coordination with the Secretaries of the military departments and the Chairman of the Joint Chiefs of Staff, shall provide to the Committees on Armed Services of the House of Representatives and the Senate an interim briefing on the progress of implementation of the plans and assessment required under subsection (a).

Coordination.

(c) **REPORT.**—Not later than December 1, 2022, the Secretary of Defense shall submit to the Committees on Armed Services of the House of Representatives and the Senate a report describing each updated plan and assessment required under subsection (a).

SEC. 725. MANDATORY TRAINING ON HEALTH EFFECTS OF BURN PITS.

10 USC 1071
note.

The Secretary of Defense shall provide to each medical provider of the Department of Defense mandatory training with respect to the potential health effects of burn pits.

SEC. 726. STANDARDIZATION OF DEFINITIONS USED BY THE DEPARTMENT OF DEFENSE FOR TERMS RELATED TO SUICIDE.

Deadlines.
10 USC 101 note.

(a) **STANDARDIZATION OF DEFINITIONS.**—Not later than 120 days after the date of the enactment of this Act, the Secretary of Defense, in coordination with the Secretaries of the military departments, shall develop standardized definitions for the following terms:

Coordination.

- (1) “Suicide”.
- (2) “Suicide attempt”.
- (3) “Suicidal ideation”.

(b) **REQUIRED USE OF STANDARDIZED DEFINITIONS.**—Not later than 180 days after the date of the enactment of this Act, the Secretary shall issue policy guidance requiring the exclusive and uniform use across the Department of Defense and within each military department of the standardized definitions developed under subsection (a) for the terms specified in such subsection.

(c) **BRIEFING.**—Not later than 180 days 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 that sets forth the standardized definitions developed under subsection (a) and includes—

- (1) a description of the process that was used to develop such definitions;
- (2) a description of the methods by which data shall be collected on suicide, suicide attempts, and suicidal ideations (as those terms are defined pursuant to such definitions) in a standardized format across the Department and within each military department; and
- (3) an implementation plan to ensure the use of such definitions as required pursuant to subsection (b).

Plan.

Subtitle C—Reports and Other Matters

SEC. 731. MODIFICATIONS AND REPORTS RELATED TO MILITARY MEDICAL MANNING AND MEDICAL BILLETS.

(a) **MILITARY MEDICAL MANNING AND MEDICAL BILLETS.**—

(1) MODIFICATIONS TO LIMITATION ON REDUCTION OR REALIGNMENT.—Section 719 of the National Defense Authorization Act for Fiscal Year 2020 (Public Law 116–92; 133 Stat. 1454), as amended by section 717 of the William M. (Mac) Thornberry National Defense Authorization Act for Fiscal Year 2021 (Public Law 116–283), is further amended—

134 Stat. 3695.

(A) in subsection (a), by striking “180 days following the date of the enactment of the William M. (Mac) Thornberry National Defense Authorization Act for Fiscal Year 2021” and inserting “the year following the date of the enactment of the National Defense Authorization Act for Fiscal Year 2022”; and

(B) in subsection (b)(1), by inserting “, including any billet validation requirements determined pursuant to estimates provided in the joint medical estimate under section 732 of the John S. McCain National Defense Authorization Act for Fiscal Year 2019 (Public Law 115–232),” after “requirements of the military department of the Secretary”.

(2) GAO REPORT ON REDUCTION OR REALIGNMENT OF MILITARY MEDICAL MANNING AND MEDICAL BILLETS.—

(A) REPORT.—Not later than one year after the date of the enactment of this Act, the Comptroller General of the United States shall submit to the Committees on Armed Services of the House of Representatives and the Senate a report on 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.

Assessments.

(B) ELEMENTS.—The report under subparagraph (A) shall include the following:

Analysis.
Determination.

(i) An analysis of the use of 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) and war-time scenarios to determine military medical manpower requirements, including with respect to pandemic influenza and homeland defense missions.

(ii) An assessment of whether the Secretaries of the military departments have used the processes under section 719(b) of the National Defense Authorization Act for Fiscal Year 2020 (Public Law 116–92; 133 Stat. 1454) to ensure that a sufficient combination of skills, specialties, and occupations are validated and filled prior to the transfer of any medical billets of a military department to fill other military medical manpower needs.

(iii) An assessment of the effect of the reduction or realignment of such billets on local health care networks and whether the Director of the Defense Health Agency has conducted such an assessment in coordination with the Secretaries of the military departments.

(b) ASSIGNMENT OF MEDICAL AND DENTAL PERSONNEL OF THE MILITARY DEPARTMENTS TO MILITARY MEDICAL TREATMENT FACILITIES.—

10 USC 1073c
note.

(1) DEADLINE FOR ASSIGNMENT.—The Secretaries of the military departments shall ensure that the Surgeons General

of the Armed Forces carry out fully the requirements of section 712(b)(3) of the John S. McCain National Defense Authorization Act for Fiscal Year 2019 (Public Law 115–232; 10 U.S.C. 1073c note) by not later than September 30, 2022.

(2) **ADDITIONAL REQUIREMENT FOR WALTER REED NATIONAL MILITARY MEDICAL CENTER.**—

(A) **ASSIGNMENT OF MILITARY PERSONNEL.**—For fiscal years 2023 through 2027, except as provided in subparagraph (B), the Secretary of Defense shall ensure that the Secretaries of the military departments assign to the Walter Reed National Military Medical Center sufficient military personnel to meet not less than 85 percent of the joint table of distribution in effect for such facility on December 23, 2016. Time period.

(B) **EXCEPTION.**—Subparagraph (A) shall not apply to any fiscal year for which the Secretary of Defense certifies at the beginning of such fiscal year to the Committees on Armed Services of the Senate and the House of Representatives that notwithstanding the failure to meet the requirement under such paragraph, the Walter Reed National Military Medical Center is fully capable of carrying out all significant activities as the premier medical center of the military health system. Certification.

(3) **REPORTS.**—

(A) **IN GENERAL.**—Not later than September 30, 2022, each Secretary of a military department shall submit to the Committees on Armed Services of the Senate and the House of Representatives a report on the compliance of the military department concerned with this subsection. Each such report shall include— Compliance.

(i) an accounting of the number of uniformed personnel and civilian personnel assigned to a military medical treatment facility as of October 1, 2019; and

(ii) a comparable accounting as of September 30, 2022. Effective dates.

(B) **EXPLANATION.**—If the number specified in clause (ii) of subparagraph (A) is less than the number specified in clause (i) of such subparagraph, the Secretary concerned shall provide a full explanation for the reduction.

SEC. 732. ACCESS BY UNITED STATES GOVERNMENT EMPLOYEES AND THEIR FAMILY MEMBERS TO CERTAIN FACILITIES OF DEPARTMENT OF DEFENSE FOR ASSESSMENT AND TREATMENT OF ANOMALOUS HEALTH CONDITIONS. 10 USC 1071 note.

(a) **ASSESSMENT.**—The Secretary of Defense shall provide to employees of the United States Government and their family members who the Secretary determines are experiencing symptoms of certain anomalous health conditions, as defined by the Secretary for purposes of this section, timely access for medical assessment, subject to space availability, to the National Intrepid Center of Excellence, an Intrepid Spirit Center, or an appropriate military medical treatment facility, as determined by the Secretary. Determination.

(b) **TREATMENT.**—With respect to an individual described in subsection (a) diagnosed with an anomalous health condition or a related affliction, whether diagnosed under an assessment under subsection (a) or otherwise, the Secretary of Defense shall furnish to the individual treatment for the condition or affliction, subject

Consultation. Deadline.	to space availability, at the National Intrepid Center of Excellence, an Intrepid Spirit Center, or an appropriate military medical treatment facility, as determined by the Secretary.
Data.	<p>(c) DEVELOPMENT OF PROCESS.—The Secretary of Defense, in consultation with the heads of such Federal agencies as the Secretary considers appropriate, shall develop a process to ensure that employees from those agencies and their family members are afforded timely access to the National Intrepid Center of Excellence, an Intrepid Spirit Center, or an appropriate military medical treatment facility pursuant to subsection (a) by not later than 60 days after the date of the enactment of this Act.</p> <p>(d) MODIFICATION OF DEPARTMENT OF DEFENSE TRAUMA REGISTRY.—The Secretary of Defense shall modify the Trauma Registry of the Department of Defense to include data on the demographics, condition-producing event, diagnosis and treatment, and outcomes of anomalous health conditions experienced by employees of the United States Government and their family members assessed or treated under this section, subject to an agreement by the employing agency and the consent of the employee.</p>
10 USC 7431 note.	<p>SEC. 733. PILOT PROGRAM ON CARDIAC SCREENING AT CERTAIN MILITARY SERVICE ACADEMIES.</p> <p>(a) PILOT PROGRAM.—The Secretary of Defense shall establish a pilot program to furnish mandatory electrocardiograms to individuals who have been admitted to a covered military service academy in connection with the military accession screening process, at no cost to such candidates.</p> <p>(b) SCOPE.—The scope of the pilot program under subsection (a) shall include at least 25 percent of the incoming class of individuals who have been admitted to a covered military service academy during the first fall semester that follows the date of the enactment of this Act, and the pilot program shall terminate on the date on which the Secretary determines the military accession screening process for such class has concluded.</p> <p>(c) FURNISHING OF ELECTROCARDIOGRAMS.—In carrying out the pilot program under subsection (a), the Secretary shall furnish each mandatory electrocardiogram under the pilot program in a facility of the Department of Defense or by medical personnel within the military health system.</p> <p>(d) BRIEFING.—Not later than 180 days after the date on which the pilot program under subsection (a) terminates, the Secretary shall provide to the Committees on Armed Services of the Senate and the House of Representatives a briefing on the pilot program. Such briefing shall include the following:</p> <p>(1) The results of all electrocardiograms furnished to individuals under the pilot program, disaggregated by military service academy, race, and gender.</p> <p>(2) The rate of significant cardiac issues detected pursuant to electrocardiograms furnished under the pilot program, disaggregated by military service academy, race, and gender.</p> <p>(3) The cost of carrying out the pilot program.</p> <p>(4) The number of individuals, if any, who were disqualified from admission based solely on the result of an electrocardiogram furnished under the pilot program.</p> <p>(e) COVERED MILITARY SERVICE ACADEMY DEFINED.—In this section, the term “covered military service academy” does not</p>
Termination date. Determination.	
Deadline.	
Costs.	

include the United States Coast Guard Academy or the United States Merchant Marine Academy.

SEC. 734. PILOT PROGRAM ON ASSISTANCE FOR MENTAL HEALTH APPOINTMENT SCHEDULING AT MILITARY MEDICAL TREATMENT FACILITIES.

Deadlines.
10 USC 1073
note.

(a) **PILOT PROGRAM.**—Not later than 180 days after the date of the enactment of this Act, the Secretary of Defense shall commence a pilot program, to be carried out for at least a one-year period, to provide direct assistance for mental health appointment scheduling under the direct care and purchased care components of the TRICARE program, through facilities and clinics selected by the Secretary for participation in the pilot program in a number determined by the Secretary.

Time period.

(b) **BRIEFINGS.**—

(1) **FIRST BRIEFING.**—Not later than 180 days 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 nature of the pilot program under subsection (a).

(2) **FINAL BRIEFING.**—Not later than 90 days after the date on which the pilot program under subsection (a) terminates, the Secretary shall provide to the Committees on Armed Services of the House of Representatives and the Senate a briefing on the pilot program. Such briefing shall include an assessment of—

Assessments.

(A) the effectiveness of the pilot program with respect to improved access to mental health appointments; and

(B) any barriers to scheduling mental health appointments under the pilot program observed by health care professionals or other individuals involved in scheduling such appointments.

(c) **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. 735. PROHIBITION ON AVAILABILITY OF FUNDS FOR CERTAIN RESEARCH CONNECTED TO CHINA.

(a) **PROHIBITION.**—None of the funds authorized to be appropriated by this Act or otherwise made available for fiscal year 2022 for the Department of Defense may be obligated or expended to fund any work to be performed by EcoHealth Alliance, Inc. in China on research supported by the government of China.

(b) **WAIVER.**—The Secretary of Defense may waive the prohibition under subsection (a) if the Secretary—

(1) determines that the waiver is in the national security interests of the United States; and

Determination.

(2) not later than 14 days after granting the waiver, submits to the congressional defense committees a detailed justification for the waiver, including—

Deadline.

(A) an identification of the Department of Defense entity obligating or expending the funds;

(B) an identification of the amount of such funds;

(C) an identification of the intended purpose of such funds;

(D) an identification of the recipient or prospective recipient of such funds (including any third-party entity recipient, as applicable);

	(E) an explanation for how the waiver is in the national security interests of the United States; and
Determination.	(F) any other information the Secretary determines appropriate.
10 USC 1161 note prec.	SEC. 736. LIMITATION ON CERTAIN DISCHARGES SOLELY ON THE BASIS OF FAILURE TO OBEY LAWFUL ORDER TO RECEIVE COVID-19 VACCINE.
Time period.	(a) LIMITATION. —During the period of time beginning on August 24, 2021, and ending on the date that is two years after the date of the enactment of this Act, any administrative discharge of a covered member, on the sole basis that the covered member failed to obey a lawful order to receive a vaccine for COVID-19, shall be— <ol style="list-style-type: none"> (1) an honorable discharge; or (2) a general discharge under honorable conditions. (b) DEFINITIONS. —In this section: <ol style="list-style-type: none"> (1) The terms “Armed Forces” and “military departments” have the meanings given such terms in section 101 of title 10, United States Code. (2) The term “covered member” means a member of an Armed Force under the jurisdiction of the Secretary of a military department.
	SEC. 737. INDEPENDENT ANALYSIS OF DEPARTMENT OF DEFENSE COMPREHENSIVE AUTISM CARE DEMONSTRATION PROGRAM.
Contracts.	(a) AGREEMENT. — <ol style="list-style-type: none"> (1) IN GENERAL.—The Secretary of Defense shall seek to enter into an agreement with the National Academies of Sciences, Engineering, and Medicine (in this section referred to as the “National Academies”) for the National Academies to carry out the activities described in subsections (b) and (c).
Deadline.	(2) TIMING. —The Secretary shall seek to enter into the agreement described in paragraph (1) not later than 60 days after the date of the enactment of this Act.
Recommendations.	(b) ANALYSIS BY THE NATIONAL ACADEMIES. — <ol style="list-style-type: none"> (1) ANALYSIS.—Under an agreement between the Secretary and the National Academies entered into pursuant to subsection (a), the National Academies shall conduct an analysis of the effectiveness of the Department of Defense Comprehensive Autism Care Demonstration program (in this section referred to as the “demonstration program”) and develop recommendations for the Secretary based on such analysis. (2) ELEMENTS.—The analysis conducted and recommendations developed under paragraph (1) shall include the following: <ol style="list-style-type: none"> (A) An assessment of all methods used to assist in the assessment of domains related to autism spectrum disorder, including a determination as to whether the Secretary is applying such methods appropriately under the demonstration project. (B) An assessment of the methods used under the demonstration project to measure the effectiveness of applied behavior analysis in the treatment of autism spectrum disorder. (C) A review of any guidelines or industry standards of care adhered to in the provision of applied behavior
Assessment. Determination.	
Assessment.	
Reviews.	

analysis services under the demonstration program, including a review of the effects of such adherence with respect to dose-response or health outcomes for an individual who has received such services.

(D) A review of the health outcomes for an individual who has received applied behavior analysis treatments over time. Review.

(E) An analysis of the increased utilization of the demonstration program by beneficiaries under the TRICARE program, to improve understanding of such utilization.

(F) Such other analyses to measure the effectiveness of the demonstration program as may be determined appropriate by the National Academies.

(G) An analysis on whether the incidence of autism is higher among the children of military families.

(H) The development of a list of recommendations related to the measurement, effectiveness, and increased understanding of the demonstration program and its effect on beneficiaries under the TRICARE program. List.
Recommendations.

(c) **REPORT.**—Under an agreement entered into between the Secretary and the National Academies under subsection (a), the National Academies, not later than nine months after the date of the execution of the agreement, shall—

(1) submit to the congressional defense committees a report on the findings of the National Academies with respect to the analysis conducted and recommendations developed under subsection (b); and

(2) make such report available on a public website in unclassified form. Public
information.
Web posting.

SEC. 738. INDEPENDENT REVIEW OF SUICIDE PREVENTION AND RESPONSE AT MILITARY INSTALLATIONS.

(a) **ESTABLISHMENT OF COMMITTEE.**—Not later than 90 days after the date of the enactment of this Act, the Secretary of Defense shall establish an independent suicide prevention and response review committee. Deadline.

(b) **MEMBERSHIP.**—The committee established under subsection (a) shall be composed of not fewer than five individuals—

(1) designated by the Secretary;

(2) with expertise determined to be relevant by the Secretary, including at least one individual who is an experienced provider of mental health services; and

(3) none of whom may be a member of an Armed Force or a civilian employee of the Department of Defense. Designations.

(c) **SELECTION OF MILITARY INSTALLATIONS.**—

(1) **IN GENERAL.**—The Secretary shall select, for review by the committee established under subsection (a), at least one military installation under the jurisdiction of each military department. Review.

(2) **INCLUSION OF REMOTE INSTALLATION.**—The Secretary shall ensure that, of the total military installations selected for review under paragraph (1), at least one such installation is a remote installation of the Department of Defense located outside the contiguous United States.

(d) **DUTIES.**—The committee established under subsection (a) shall review the suicide prevention and response programs and other factors that may contribute to the incidence or prevention

of suicide at the military installations selected for review pursuant to subsection (c). Such review shall be conducted through means including—

- (1) a confidential survey;
- (2) focus groups; and
- (3) individual interviews.

(e) COORDINATION.—In carrying out this section, the Secretary shall ensure that the Director of the Office of People Analytics of the Department of Defense and the Director of the Office of Force Resiliency of the Department of Defense coordinate and cooperate with the committee established under subsection (a).

(f) REPORTS.—

Recommendations.

(1) REPORT TO SECRETARY.—Not later than 270 days after the date of the establishment of the committee under subsection (a), the committee shall submit to the Secretary a report containing the results of the reviews conducted by the committee and recommendations of the committee to reduce the incidence of suicide at the military installations reviewed.

(2) REPORT TO CONGRESS.—Not later than 330 days after the date of the establishment of the committee under subsection (a), the committee shall submit to the Committees on Armed Services of the House of Representatives and the Senate the report under paragraph (1).

(g) TERMINATION.—The committee established under subsection (a) shall terminate on a date designated by the Secretary as the date on which the work of the committee has been completed.

(h) NONAPPLICABILITY OF FACCA.—The Federal Advisory Committee Act (5 U.S.C. App.) shall not apply to the committee established under subsection (a).

Hawaii.
Deadlines.

SEC. 739. FEASIBILITY AND ADVISABILITY STUDY ON ESTABLISHMENT OF AEROMEDICAL SQUADRON AT JOINT BASE PEARL HARBOR-HICKAM.

Consultation.

(a) STUDY.—Not later than April 1, 2022, the Secretary of Defense, in consultation with the Chief of the National Guard Bureau and the Director of the Air National Guard, shall complete a study on the feasibility and advisability of establishing at Joint Base Pearl Harbor-Hickam an aeromedical squadron of the Air National Guard in Hawaii to support the aeromedical mission needs of the United States Indo-Pacific Command.

Assessments.

(b) ELEMENTS.—The study under subsection (a) shall assess the following:

(1) The manpower required for the establishment of an aeromedical squadron of the Air National Guard in Hawaii as specified in subsection (a).

Costs.

(2) The overall cost of such establishment.

(3) The length of time required for such establishment.

Requirements.

(4) The mission requirements for such establishment.

(5) Such other matters as may be determined relevant by the Secretary.

(c) BRIEFING.—Not later than April 1, 2022, the Secretary shall provide to the Committees on Armed Services of the House of Representatives and the Senate a briefing on the findings of the feasibility and advisability study under subsection (a), including with respect to each element specified in subsection (b).

SEC. 740. STUDY ON INCIDENCE OF BREAST CANCER AMONG MEMBERS OF THE ARMED FORCES SERVING ON ACTIVE DUTY.

(a) **STUDY.**—The Secretary of Defense shall conduct a study on the incidence of breast cancer among members of the Armed Forces serving on active duty.

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

(1) A determination of the number of members of the Armed Forces who served on active duty at any time during the period beginning on January 1, 2011, and ending on the date of the enactment of this Act who were diagnosed with breast cancer during such period. Determination.
Time period.

(2) A determination of demographic information regarding such members, including race, ethnicity, sex, age, military occupational specialty, and rank. Determination.

(3) A comparison of the rates of members of the Armed Forces serving on active duty who have breast cancer to civilian populations with comparable demographic characteristics.

(4) An identification of potential factors associated with service in the Armed Forces that could increase the risk of breast cancer for members of the Armed Forces serving on active duty.

(5) To the extent the data are available, an identification of overseas locations associated with airborne hazards, such as burn pits, and members of the Armed Forces diagnosed with breast cancer who served on active duty in such locations.

(6) An assessment of the effectiveness of outreach by the Department of Defense to members of the Armed Forces to identify risks of, prevent, detect, and treat breast cancer. Assessment.

(7) An assessment of the feasibility and advisability of changing the current mammography screening policy of the Department to incorporate all members of the Armed Forces who deployed overseas to an area associated with airborne hazards, such as burn pits. Assessment.

(8) An assessment of the feasibility and advisability of conducting digital breast tomosynthesis at facilities of the Department that provide mammography services. Assessment.

(9) Such recommendations as the Secretary may have for changes to policy or law that could improve the prevention, early detection, awareness, and treatment of breast cancer among members of the Armed Forces serving on active duty, including any additional resources needed. Recommendations.

(c) **REPORT.**—Not later than one year after the date of the enactment of this Act, the Secretary shall submit to the congressional defense committees a report on the findings and recommendations of the study under subsection (a), including a description of any further unique military research needed with respect to breast cancer.

SEC. 741. GAO BIENNIAL STUDY ON INDIVIDUAL LONGITUDINAL EXPOSURE RECORD PROGRAM.

(a) **STUDIES AND REPORTS REQUIRED.**—Not later than December 31, 2023, and once every two years thereafter until December 31, 2030, the Comptroller General of the United States shall— Deadline.
Time period.

(1) conduct a study on the implementation and effectiveness of the Individual Longitudinal Exposure Record program of

the Department of Defense and the Department of Veterans Affairs; and

(2) submit to the appropriate congressional committees a report containing the findings of the most recently conducted study.

Assessments.

(b) ELEMENTS.—The biennial studies under subsection (a) shall include an assessment of elements as follows:

(1) INITIAL STUDY.—The initial study conducted under subsection (a) shall assess, at a minimum, the following:

(A) Statistics relating to use of the Individual Longitudinal Exposure Record program, including the total number of individuals the records of whom are contained therein and the total number of records accessible under the program.

Costs.

(B) Costs associated with the program, including any cost overruns associated with the program.

(C) The capacity to expand the program to include the medical records of veterans who served prior to the establishment of the program.

(D) Any illness recently identified as relating to a toxic exposure (or any guidance relating to such an illness recently issued) by either the Secretary of Defense or the Secretary of Veterans Affairs, including any such illness or guidance that relates to open burn pit exposure.

(E) How the program has enabled (or failed to enable) the discovery, notification, and medical care of individuals affected by an illness described in subparagraph (D).

(F) Physician and patient feedback on the program, particularly feedback that relates to ease of use.

Data.

(G) Cybersecurity and privacy protections of patient data stored under the program, including whether any classified or restricted data has been stored under the program (such as data relating to deployment locations or duty stations).

Data.

(H) Any technical or logistical impediments to the implementation or expansion of the program, including any impediments to the inclusion in the program of databases or materials originally intended to be included.

Data.

(I) Any issues relating to read-only access to data under the program by veterans.

(J) Any issues relating to the interoperability of the program between the Department of Defense and the Department of Veterans Affairs.

(2) SUBSEQUENT STUDIES.—Except as provided in paragraph (3), each study conducted under subsection (a) following the initial study specified in paragraph (1) shall assess—

(A) statistics relating to use of the Individual Longitudinal Exposure Record program, including the total number of individuals the records of whom are contained therein and the total number of records accessible under the program; and

Determination.

(B) such other elements as the Comptroller General determines appropriate, which may include any other element specified in paragraph (1).

(3) FINAL STUDY.—The final study conducted under subsection (a) shall assess—

(A) the elements specified in subparagraphs (A), (B), (D), (E), (F), and (H) of paragraph (1); and

(B) such other elements as the Comptroller General determines appropriate, which may include any other element specified in paragraph (1). Determination.

(c) ACCESS BY COMPTROLLER GENERAL.—

(1) INFORMATION AND MATERIALS.—Upon request of the Comptroller General, the Secretary of Defense and the Secretary of Veterans Affairs shall make available to the Comptroller General any information or other materials necessary for the conduct of each biennial study under subsection (a).

(2) INTERVIEWS.—In addition to such other authorities as are available, the Comptroller General shall have the right to interview officials and employees of the Department of Defense and the Department of Veterans Affairs (including clinicians, claims adjudicators, and researchers) as necessary for the conduct of each biennial study under subsection (a).

(d) DEFINITIONS.—In this section:

(1) The term “appropriate congressional committees” means—

(A) the Committee on Armed Services and the Committee on Veterans’ Affairs of the House of Representatives; and

(B) the Committee on Armed Services and the Committee on Veterans’ Affairs of the Senate.

(2) The term “Secretary concerned” means—

(A) the Secretary of Defense, with respect to matters concerning the Department of Defense; and

(B) the Secretary of Veterans Affairs, with respect to matters concerning the Department of Veterans Affairs.

SEC. 742. COMPTROLLER GENERAL STUDY ON IMPLEMENTATION BY DEPARTMENT OF DEFENSE OF RECENT STATUTORY REQUIREMENTS TO REFORM THE MILITARY HEALTH SYSTEM.

(a) STUDY.—

(1) IN GENERAL.—The Comptroller General of the United States shall conduct a study on the implementation by the Department of Defense of statutory requirements to reform the military health system contained in a covered Act.

(2) ELEMENTS.—The study required by paragraph (1) shall include the following elements:

(A) A compilation of a list of, and citation for, each statutory requirement on reform of the military health system contained in a covered Act. List.

(B) An assessment of the extent to which such requirement was implemented, or is currently being implemented. Assessment.

(C) An evaluation of the actions taken by the Department of Defense to assess and determine the effectiveness of actions taken pursuant to such requirement. Evaluation.

(D) Such other matters in connection with the implementation of such requirement as the Comptroller General considers appropriate.

(b) BRIEFING AND REPORT.—

(1) BRIEFING.—Not later than May 1, 2022, the Comptroller General shall brief the Committees on Armed Services of the Deadline.

Senate and the House of Representatives on the status of the study conducted under subsection (a).

(2) **REPORT.**—Not later than May 1, 2023, the Comptroller General shall submit to the Committees on Armed Services of the Senate and the House of Representatives a report on the study conducted under subsection (a) that includes the elements specified in paragraph (2) of such subsection.

(c) **COVERED ACT DEFINED.**—In this section, the term “covered Act” means any of the following:

(1) The William M. (Mac) Thornberry National Defense Authorization Act for Fiscal Year 2021 (Public Law 116–283).

(2) The National Defense Authorization Act for Fiscal Year 2020 (Public Law 116–92).

(3) The John S. McCain National Defense Authorization Act for Fiscal Year 2019 (Public Law 115–232).

(4) The National Defense Authorization Act for Fiscal Year 2018 (Public Law 115–91).

(5) The National Defense Authorization Act for Fiscal Year 2017 (Public Law 114–328).

(6) The National Defense Authorization Act for Fiscal Year 2016 (Public Law 114–92).

(7) The Carl Levin and Howard P. “Buck” McKeon National Defense Authorization Act for Fiscal Year 2015 (Public Law 113–291).

(8) The National Defense Authorization Act for Fiscal Year 2014 (Public Law 113–66).

(9) The National Defense Authorization Act for Fiscal Year 2013 (Public Law 112–239).

(10) The National Defense Authorization Act for Fiscal Year 2012 (Public Law 112–81).

SEC. 743. STUDY TO DETERMINE NEED FOR A JOINT FUND FOR FEDERAL ELECTRONIC HEALTH RECORD MODERNIZATION OFFICE.

Coordination.

(a) **STUDY.**—The Secretary of Defense, in coordination with the Secretary of Veterans Affairs, shall conduct a study to determine—

(1) whether there is a validated need or military requirement for the development of a joint fund of the Department of Defense and the Department of Veterans Affairs for the Federal Electronic Health Record Modernization Office; and

(2) whether the operations of the Federal Electronic Health Record Modernization Office since its establishment, including how the Office has supported the implementation of the Individual Longitudinal Exposure Record program of the Department of Defense and the Department of Veterans Affairs, justify the development of a potential joint fund.

Assessments.

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

(1) Justifications for the development of the joint fund.

(2) The potential resource allocation and funding commitments for the Department of Defense and Department of Veterans Affairs with respect to the joint fund.

(3) Options for the governance structure of the joint fund, including how accountability would be divided between the Department of Defense and the Department of Veterans Affairs.

(4) The anticipated contents of the joint fund, including the anticipated process for annual transfers to the joint fund from the Department of Defense and the Department of Veterans Affairs, respectively.

(5) An estimated timeline for the potential establishment of the joint fund. Timeline.

(6) The progress and accomplishments of the Federal Electronic Health Record Modernization Office during fiscal year 2021 in fulfilling the purposes specified in subparagraphs (C) through (R) of section 1635(b)(2) of the Wounded Warrior Act (title XVI of Public Law 110–181; 10 U.S.C. 1071 note).

(c) REPORT.—Not later than July 1, 2022, the Secretary of Defense, in coordination with the Secretary of Veterans Affairs, shall submit to the appropriate congressional committees a report on the findings of the study under subsection (a), including recommendations on the development of the joint fund specified in such subsection. Such recommendations shall address— Coordination. Recommendations.

(1) the purpose of the joint fund; and

(2) requirements related to the joint fund. Requirements.

(d) DEFINITIONS.—In this section:

(1) The term “appropriate congressional committees” means—

(A) the Committees on Armed Services of the House of Representatives and the Senate; and

(B) the Committees on Veterans’ Affairs of the House of Representatives and the Senate.

(2) The term “Electronic Health Record Modernization Program” has the meaning given such term in section 503(e) of the Veterans Benefits and Transition Act of 2018 (Public Law 115–407; 132 Stat. 5376).

(3) The term “Federal Electronic Health Record Modernization Office” means the Office established under section 1635(b) of the Wounded Warrior Act (title XVI of Public Law 110–181; 10 U.S.C. 1071 note).

SEC. 744. BRIEFING ON DOMESTIC PRODUCTION OF CRITICAL ACTIVE PHARMACEUTICAL INGREDIENTS FOR NATIONAL SECURITY PURPOSES.

Not later than April 1, 2022, the Secretary of Defense shall provide to the Committees on Armed Services of the House of Representatives and the Senate a briefing on the development of a capability for the domestic production of critical active pharmaceutical ingredients and drug products in finished dosage form for national security purposes. Such briefing shall include a description of the following: Deadline.

(1) The anticipated cost over the period covered by the most recent future-years defense program submitted under section 221 of title 10, United States Code (as of the date of the briefing), to develop such a domestic production capability for critical active pharmaceutical ingredients. Costs.

(2) The cost of producing critical active pharmaceutical ingredients through such a domestic production capability, as compared with the cost of standard manufacturing processes used by the pharmaceutical industry. Costs.

(3) The average time to produce critical active pharmaceutical ingredients through such a domestic production capability, as compared with the average time to produce such

ingredients through standard manufacturing processes used by the pharmaceutical industry.

(4) Any intersections between the development of such a domestic production capability, the military health system, and defense-related medical research or operational medical requirements.

(5) Lessons learned from the progress made in developing such a domestic production capability as of the date of the briefing, including from any contracts entered into by the Secretary with respect to such a domestic production capability.

(6) Any critical active pharmaceutical ingredients that are under consideration by the Secretary for future domestic production as of the date of the briefing.

Plan.

(7) The plan of the Secretary regarding the future use of such a domestic production capability for critical active pharmaceutical ingredients.

SEC. 745. BRIEFING ON SUBSTANCE ABUSE IN THE ARMED FORCES.

Deadline.

(a) **BRIEFING.**—Not later than June 1, 2022, the Under Secretary of Defense for Personnel and Readiness shall provide to the Committees on Armed Services of the Senate and the House of Representatives a briefing on substance abuse policy, strategy, and programs within the Department of Defense.

(b) **ELEMENTS.**—The briefing required under subsection (a) shall include each of the following elements:

(1) With respect to policy, an overview of the policies of the Department of Defense and the military departments with respect to substance abuse, including for covered beneficiaries, and how each such policy is synchronized, including any definitions of the term “substance abuse”.

Analyses.
Time periods.
Determinations.

(2) With respect to background data—

(A) an analysis of the trends in substance abuse across the active and reserve components of the Armed Forces over the preceding 10-year period, including the types of care (residential, outpatient, or other), any variation in such trends for demographics or geographic locations of members who have been deployed, and any other indicators that the Under Secretary determines may allow for further understanding of substance abuse programs; and

(B) an analysis of trends in substance abuse for covered beneficiaries over the preceding 10-year period, including any variation in such trends for demographics, geographic location, or other indicators that the Under Secretary determines may allow for further understanding of substance abuse programs.

(3) With respect to strategic communication, an overview of the strategic communication plan on substance abuse, including different forms of media and initiatives being undertaken.

(4) With respect to treatment—

(A) a description of the treatment options available and prescribed for substance abuse for members of the Armed Forces and covered beneficiaries, including the different environments of care, such as hospitals, residential treatment facilities, outpatient care, and other care as appropriate;

(B) a description of any non-catchment area care which resulted in the nonavailability of military medical treatment facility or military installation capabilities for substance use disorder treatment and the costs associated with sending members of the Armed Forces and covered beneficiaries to non-catchment areas for such treatment;

(C) a description of the synchronization between substance abuse programs, mental health treatment, and case management, where appropriate;

(D) a description of how substance abuse treatment clinical practice guidelines are used and how frequently such guidelines are updated; and

(E) the metrics and outcomes that are used to determine whether substance abuse treatments are effective.

(5) The funding lines and the amount of funding the Secretary of Defense and the Secretary of each of the military departments have obligated for substance abuse programs for each of the preceding 10 fiscal years.

Time period.

(c) DEFINITIONS.—In this section:

(1) The term “catchment area” means the approximately 40-mile radius surrounding a military medical treatment facility or military installation, as the case may be.

(2) The term “covered beneficiary” has the meaning given such term in section 1072 of title 10, United States Code.

TITLE VIII—ACQUISITION POLICY, ACQUISITION MANAGEMENT, AND RELATED MATTERS

TITLE VIII—ACQUISITION POLICY, ACQUISITION MANAGEMENT, AND RELATED MATTERS

Subtitle A—Acquisition Policy and Management

Sec. 801. Acquisition workforce educational partnerships.

Sec. 802. Prohibition on acquisition of personal protective equipment from non-allied foreign nations.

Sec. 803. Authority to acquire innovative commercial products and commercial services using general solicitation competitive procedures.

Sec. 804. Modifications to contracts subject to cost or pricing data certification.

Sec. 805. Two-year extension of Selected Acquisition Report requirement.

Sec. 806. Annual report on highest and lowest performing acquisition programs of the Department of Defense.

Sec. 807. Assessment of impediments and incentives to improving the acquisition of commercial products and commercial services.

Sec. 808. Briefing on transparency for certain domestic procurement waivers.

Sec. 809. Report on violations of certain domestic preference laws.

Subtitle B—Amendments to General Contracting Authorities, Procedures, and Limitations

Sec. 811. Certain multiyear contracts for acquisition of property: budget justification materials.

Sec. 812. Extension of demonstration project relating to certain acquisition personnel management policies and procedures.

Sec. 813. Office of Corrosion Policy and Oversight employee training requirements.

Sec. 814. Modified condition for prompt contract payment eligibility.

Sec. 815. Modification to procurement of services: data analysis and requirements validation.

Sec. 816. Limitation on procurement of welded shipboard anchor and mooring chain for naval vessels.

Sec. 817. Repeal of preference for fixed-price contracts.