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(Original Signature of Member)

118TH CONGRESS
1ST SESSION

H. R.

To establish a task force of the Department of Defense on mental health.

IN THE HOUSE OF REPRESENTATIVES

Mr. KILMER introduced the following bill; which was referred to the
Committee on _____

A BILL

To establish a task force of the Department of Defense
on mental health.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. TASK FORCE OF THE DEPARTMENT OF DE-**
4 **FENSE ON MENTAL HEALTH.**

5 (a) ESTABLISHMENT.—The Secretary of Defense
6 shall establish a task force to examine matters relating
7 to the mental health of members of the Armed Forces.

8 (b) MEMBERSHIP.—

1 (1) QUALIFICATIONS.—The Secretary of De-
2 fense shall appoint to the task force individuals who
3 have demonstrated expertise in the following areas:

4 (A) National mental health policy.

5 (B) Military personnel policy.

6 (C) Research in the field of mental health.

7 (D) Clinical care in mental health.

8 (E) Military chaplain or pastoral care.

9 (2) NUMBER; COMPOSITION.—The Secretary
10 shall appoint not more than 15 individuals to the
11 task force in accordance with the following:

12 (A) DOD APPOINTEES.—One half of the
13 appointees shall include—

14 (i) at least one member of each of the
15 Army, Navy, Air Force, Marine Corps, and
16 the National Guard;

17 (ii) at least one surgeon general of an
18 Armed Force; and

19 (iii) at least one dependent of a mem-
20 ber of the Armed Forces who has experi-
21 ence working with military families.

22 (B) NON-DOD APPOINTEES .—One half of
23 the appointees shall be individuals who are not
24 members of the Armed Forces, civilian employ-

1 ees of the Department of Defense, or depend-
2 ents of such members, including—

3 (i) an officer or employee of the De-
4 partment of Veterans Affairs; and

5 (ii) an officer or employee of the Sub-
6 stance Abuse and Mental Health Services
7 Administration of the Department of
8 Health and Human Services.

9 (C) DEADLINE.—The Secretary of Defense
10 shall appoint all members not later than 90
11 days after the date of the enactment of this
12 Act.

13 (D) CO-CHAIRS.—There shall be two co-
14 chairs of the task force, one of the whom shall
15 be designated by the Secretary at the time of
16 appointment from among the individuals ap-
17 pointed under subparagraph (A). The other co-
18 chair shall be selected from among the members
19 appointed under subparagraph (B) by members
20 so appointed.

21 (c) ASSESSMENT AND RECOMMENDATIONS ON MEN-
22 TAL HEALTH SERVICES.—

23 (1) IN GENERAL.—Not later than 12 months
24 after the date on which all members of the task
25 force have been appointed, the task force shall sub-

1 mit to the Secretary a report containing an assess-
2 ment of, and recommendations for improving, the ef-
3 ficacy of mental health services provided to members
4 of the Armed Forces by the Department of Defense.

5 (2) UTILIZATION OF OTHER EFFORTS.—In pre-
6 paring the report, the task force shall take into con-
7 sideration completed and ongoing efforts by the Sec-
8 retary of Defense and the Secretary of Veterans Af-
9 fairs to improve the efficacy of mental health care
10 provided to members of the Armed Forces.

11 (3) ELEMENTS.—The assessment and rec-
12 ommendations (including recommendations for legis-
13 lative or administrative action) shall include meas-
14 ures to improve the following:

15 (A) The awareness of the potential for
16 mental health conditions of members of the
17 Armed Forces.

18 (B) The access to, and efficacy of, existing
19 programs (include telehealth programs) in pri-
20 mary care and mental health care to prevent,
21 identify, and treat mental health conditions of
22 members of the Armed Forces, including pro-
23 grams for—

24 (i) forward-deployed troops;

1 (ii) members of the reserve compo-
2 nents; and

3 (iii) members assigned to remote or
4 austere duty locations.

5 (C) The access to adequate telehealth re-
6 sources including for members described in sub-
7 paragraph (B), including access to equipment,
8 bandwidth, and platforms used to deliver care.

9 (D) The assessment of disruptions to men-
10 tal health care as a result of frequent changes
11 to TRICARE eligibility and coverage for mem-
12 bers of the National Guard, as well as potential
13 benefits of more consistent care.

14 (E) Analysis of the potential effect on ac-
15 cess and outcomes for members serving on ac-
16 tive duty as a result of proposed cuts to mili-
17 tary end strengths regarding members with
18 medical military occupational specialties.

19 (F) The access to and programs for family
20 members of members of the Armed Forces, in-
21 cluding family members overseas.

22 (G) Access to, and quality of, private men-
23 tal health care received by members through
24 TRICARE.

1 (H) The reduction or elimination of bar-
2 riers to care, including the stigma associated
3 with mental health conditions, by measures in-
4 cluding enhanced confidentiality for members
5 who seek care for such conditions.

6 (I) The awareness of mental health serv-
7 ices available to dependents of members.

8 (J) The adequacy of outreach, education,
9 and support programs on mental health matters
10 for families of members.

11 (K) The early identification and treatment
12 of mental health and substance abuse problems
13 through the use of internal mass media commu-
14 nications (including radio, and television, social
15 media) and other education tools to change atti-
16 tudes within the Armed Forces regarding men-
17 tal health and substance abuse treatment.

18 (L) The transition from mental health care
19 furnished by the Secretary of Defense to such
20 care furnished by the Secretary of Veterans Af-
21 fairs.

22 (M) The availability of long-term follow-up
23 and access to care for mental health conditions
24 for members of the Individual Ready Reserve
25 and the Selected Reserve and for discharged,

1 separated, or retired members of the Armed
2 Forces.

3 (N) Collaboration between agencies of the
4 Department of Defense with responsibility for,
5 or jurisdiction over, the provision of mental
6 health services.

7 (O) Coordination between the Department
8 of Defense and civilian communities, including
9 State, local, Tribal, and territorial governments,
10 and local support organizations, with respect to
11 mental health services.

12 (P) Coordination between the Department
13 of Defense and relevant Federal stakeholders,
14 including the Substance Abuse and Mental
15 Health Administration, National Institutes of
16 Health, and the Centers for Disease Control.

17 (Q) The scope and efficacy of curricula
18 and training on mental health matters for com-
19 manders in the Armed Forces.

20 (R) The efficiency and effectiveness of pre-
21 and post-deployment mental health screenings,
22 including mental health screenings for members
23 of the Armed Forces.

1 (S) The effectiveness of mental health pro-
2 grams provided in languages other than
3 English.

4 (T) Tracking the use of behavioral health
5 services and related outcomes, including wait
6 times, continuity of care, symptom resolution,
7 and maintenance of improvements resulting
8 from treatment.

9 (U) Other matters the task force deter-
10 mines appropriate.

11 (d) ADMINISTRATIVE MATTERS.—

12 (1) COMPENSATION.—Each member of the task
13 force who is a member of the Armed Forces or a ci-
14 vilian officer or employee of the United States shall
15 serve without compensation (other than compensa-
16 tion to which entitled as a member of the Armed
17 Forces or an officer or employee of the United
18 States, as the case may be). Other members of the
19 task force shall be treated for purposes of section
20 3161 of title 5, United States Code, as having been
21 appointed under subsection (b) of such section.

22 (2) OVERSIGHT.—The Under Secretary of De-
23 fense for Personnel and Readiness shall oversee the
24 activities of the task force.

1 (3) ADMINISTRATIVE SUPPORT.—The Wash-
2 ington Headquarters Services of the Department of
3 Defense shall provide the task force with personnel,
4 facilities, and other administrative support as nec-
5 essary for the performance of the duties of the task
6 force.

7 (4) ACCESS TO FACILITIES.—The Under Sec-
8 retary of Defense for Personnel and Readiness shall,
9 in coordination with the Secretaries of the military
10 departments, ensure appropriate access by the task
11 force to military installations and facilities for pur-
12 poses of the discharge of the duties of the task force.

13 (e) REPORT.—

14 (1) SUBMISSION TO SECRETARY OF DE-
15 FENSE.—The task force shall submit to the Sec-
16 retary of Defense a report on its activities under this
17 section. The report shall include—

18 (A) a description of the activities of the
19 task force;

20 (B) the assessment and recommendations
21 required by subsection (c); and

22 (C) other matters that the task force de-
23 termines appropriate.

24 (2) SUBMISSION TO CONGRESS.—Not later than
25 90 days after receipt of the report under paragraph

1 (1), the Secretary shall submit to the Committees on
2 Armed Services, and on Veterans' Affairs, of the
3 Senate and the House of Representatives, a copy
4 such report. The Secretary may include in such sub-
5 mission comments on the report the Secretary deter-
6 mines appropriate.

7 (f) TERMINATION.—The task force shall terminate
8 90 days after the date on which the report of the task
9 force is submitted to Congress under subsection (e)(2).

10 (g) PLAN OF THE SECRETARY.—Not later than six
11 months after receipt of the report from the task force
12 under subsection (e), the Secretary of Defense shall de-
13 velop a plan based on the recommendations of the task
14 force and submit the plan to the congressional defense
15 committees.

16 (h) REPORTS BY THE SECRETARY.—For each of the
17 five years following the submission of the report from the
18 Department of Defense Task Force on Mental Health, the
19 Secretary of Defense shall submit to the congressional de-
20 fense committees a report on the recommendations made
21 by the Department of Defense Task Force on Mental
22 Health with respect to the Determinations. Department
23 of Defense. Each such report shall include—

1 (1) for each such recommendation, the deter-
2 mination of the Secretary of Defense whether to im-
3 plement the recommendation;

4 (2) in the case of a recommendation the Sec-
5 retary intends to implement, the intended timeline
6 for implementation, a description of any additional
7 resources or authorities required for such implemen-
8 tation, and the plan for such implementation;

9 (3) in the case of a recommendation the Sec-
10 retary determines is not advisable or feasible, the
11 analysis and justification of the Secretary in making
12 that determination; and

13 (4) in the case of a recommendation the Sec-
14 retary determines the Department is already imple-
15 menting, the analysis and justification of the Sec-
16 retary in making that determination.

17 (i) BRIEFINGS BY THE SECRETARY.—Not less than
18 once each of the five years following the submission of the
19 report, the Secretary of Defense shall provide to the con-
20 gressional defense committees a briefing on—

21 (1) the progress of the Secretary in analyzing
22 and implementing the recommendations made by the
23 task force;

- 1 (2) any programs, projects, or other activities of
- 2 the Department of Defense that are being carried
- 3 out to implement such recommendations; and
- 4 (3) the amount of funding provided for such
- 5 programs, projects, and activities.