



AMENDMENT NO. _____ Calendar No. _____

Purpose: To improve mental health care provided by the Department of Defense and the Department of Veterans Affairs.

IN THE SENATE OF THE UNITED STATES—116th Cong., 1st Sess.

S.
(no.) 1790

To authorize appropriations for fiscal year 2020 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes.

Referred to the Committee on _____ and ordered to be printed

Ordered to lie on the table and to be printed

AMENDMENT intended to be proposed by Mr. TESTER *and Moran*

Viz:

- 1 At the appropriate place in title VII, insert the fol-
- 2 lowing:

AMENDMENT N^o 0271

By Tester

To: _____

S. 1790

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Page(s)

GPO: 2018 33-682 (mac)

1 **Subtitle _____—Mental Health Care**
2 **From Department of Defense**
3 **and Department of Veterans Af-**
4 **fairs**

5 **SEC. ____ . ESTABLISHMENT BY DEPARTMENT OF VET-**
6 **ERANS AFFAIRS AND DEPARTMENT OF DE-**
7 **FENSE OF CLINICAL PRACTICE GUIDELINES**
8 **FOR COMORBID MENTAL HEALTH CONDI-**
9 **TIONS.**

10 (a) IN GENERAL.—Not later than two years after the
11 date of the enactment of this Act, the Secretary of Vet-
12 erans Affairs, in consultation with the Secretary of De-
13 fense and the Secretary of Health and Human Services,
14 shall complete the development of clinical practice guide-
15 lines for the treatment of post-traumatic stress disorder,
16 military sexual trauma, and traumatic brain injury that
17 is comorbid with substance use disorder or chronic pain.

18 (b) WORK GROUP.—

19 (1) ESTABLISHMENT.—In carrying out sub-
20 section (a), the Secretary of Veterans Affairs, the
21 Secretary of Defense, and the Secretary of Health
22 and Human Services shall create a Trauma and Co-
23 morbid Substance Use Disorder or Chronic Pain
24 Work Group (in this section referred to as the
25 “Work Group”).

1 (2) MEMBERSHIP.—The Work Group shall be
2 comprised of individuals that represent Federal Gov-
3 ernment entities and non-Federal Government enti-
4 ties with expertise in the areas covered by the Work
5 Group, including the following:

6 (A) Academic institutions that specialize in
7 research for the treatment of conditions de-
8 scribed in subsection (a).

9 (B) The National Center for Posttraumatic
10 Stress Disorder of the Department of Veterans
11 Affairs.

12 (C) The Office of the Assistant Secretary
13 for Mental Health and Substance Use of the
14 Department of Health and Human Services.

15 (3) RELATION TO OTHER WORK GROUPS.—The
16 Work Group shall be created and conducted in the
17 same manner as other work groups for the develop-
18 ment of clinical practice guidelines for the Depart-
19 ment of Veterans Affairs and the Department of De-
20 fense.

21 (e) MATTERS INCLUDED.—In developing the clinical
22 practice guidelines under subsection (a), the Work Group,
23 in consultation with the Post Traumatic Stress Disorder
24 Work Group, Concussion-mTBI Work Group, Opioid
25 Therapy for Chronic Pain Work Group, and Substance

1 Use Work Group, shall ensure that the clinical practice
2 guidelines include the following:

3 (1) Guidance with respect to the following:

4 (A) The treatment of patients with post-
5 traumatic stress disorder who are also experi-
6 encing a substance use disorder or chronic pain.

7 (B) The treatment of patients experiencing
8 a mental health condition, including anxiety, de-
9 pression, or post-traumatic stress disorder as a
10 result of military sexual trauma who are also
11 experiencing a substance use disorder or chron-
12 ic pain.

13 (C) The treatment of patients with trau-
14 matic brain injury who are also experiencing a
15 substance use disorder or chronic pain.

16 (2) Guidance with respect to the following:

17 (A) Appropriate case management for pa-
18 tients experiencing post-traumatic stress dis-
19 order that is comorbid with substance use dis-
20 order or chronic pain who transition from re-
21 ceiving care while on active duty in the Armed
22 Forces to care from health care networks out-
23 side of the Department of Defense.

24 (B) Appropriate case management for pa-
25 tients experiencing a mental health condition,

1 including anxiety, depression, or post-traumatic
2 stress disorder as a result of military sexual
3 trauma that is comorbid with substance use dis-
4 order or chronic pain who transition from re-
5 ceiving care while on active duty in the Armed
6 Forces to care from health care networks out-
7 side of the Department of Defense.

8 (C) Appropriate case management for pa-
9 tients experiencing traumatic brain injury that
10 is comorbid with substance use disorder or
11 chronic pain who transition from receiving care
12 while on active duty in the Armed Forces to
13 care from health care networks outside of the
14 Department of Defense.

15 (3) Guidance with respect to the treatment of
16 patients who are still members of the Armed Forces
17 and are experiencing a mental health condition, in-
18 cluding anxiety, depression, or post-traumatic stress
19 disorder as a result of military sexual trauma that
20 is comorbid with substance use disorder or chronic
21 pain.

22 (4) Guidance with respect to the assessment by
23 the National Academies of Sciences, Engineering,
24 and Medicine of the potential overmedication of vet-
25 erans, as required pursuant to the Senate report ac-

1 companying S. 1557, 115th Congress (Senate Re-
2 port 115–130), under the heading “*Overprescription*
3 *Prevention Report*” under the heading “COMMITTEE
4 RECOMMENDATION”.

5 (d) **RULE OF CONSTRUCTION.**—Nothing in this sec-
6 tion shall be construed to prevent the Secretary of Vet-
7 erans Affairs and the Secretary of Defense from consid-
8 ering all relevant evidence, as appropriate, in creating the
9 clinical practice guidelines required under subsection (a)
10 or from ensuring that the final clinical practice guidelines
11 developed under such subsection and subsequently up-
12 dated, as appropriate, remain applicable to the patient
13 populations of the Department of Veterans Affairs and the
14 Department of Defense.

15 **SEC. ____ . UPDATE OF CLINICAL PRACTICE GUIDELINES**
16 **FOR ASSESSMENT AND MANAGEMENT OF PA-**
17 **TIENTS AT RISK FOR SUICIDE.**

18 (a) **IN GENERAL.**—Not later than two years after the
19 date of the enactment of this Act, the Secretary of Vet-
20 erans Affairs and the Secretary of Defense, through the
21 Assessment and Management of Patients at Risk for Sui-
22 cide Work Group (in this section referred to as the “Work
23 Group”), shall issue an update to the VA/DOD Clinical
24 Practice Guideline for Assessment and Management of
25 Patients at Risk for Suicide.

1 (b) MATTERS INCLUDED.—In carrying out the up-
2 date under subsection (a), the Work Group shall ensure
3 that the clinical practice guidelines updated under such
4 subsection includes the following:

5 (1) Enhanced guidance with respect to the fol-
6 lowing:

7 (A) Gender-specific risk factors for suicide
8 and suicidal ideation.

9 (B) Gender-specific treatment efficacy for
10 depression and suicide prevention.

11 (C) Gender-specific pharmacotherapy effi-
12 cacy.

13 (D) Gender-specific psychotherapy efficacy.

14 (2) Guidance with respect to the following:

15 (A) The efficacy of alternative therapies,
16 other than psychotherapy and
17 pharmacotherapy, including the following:

18 (i) Yoga therapy.

19 (ii) Meditation therapy.

20 (iii) Equine therapy.

21 (iv) Other animal therapy.

22 (v) Training and caring for service
23 dogs.

24 (vi) Agri-therapy.

25 (vii) Art therapy.

- 1 (viii) Outdoor sports therapy.
2 (ix) Music therapy.
3 (x) Any other alternative therapy that
4 the Work Group considers appropriate.

5 (3) Guidance with respect to the findings of the
6 Creating Options for Veterans' Expedited Recovery
7 Commission (commonly referred to as the "COVER
8 Commission") established under section 931 of the
9 Jason Simcakoski Memorial and Promise Act (title
10 IX of Public Law 114–198; 38 U.S.C. 1701 note).

11 (e) RULE OF CONSTRUCTION.—Nothing in this sec-
12 tion shall be construed to prevent the Secretary of Vet-
13 erans Affairs and the Secretary of Defense from consid-
14 ering all relevant evidence, as appropriate, in updating the
15 VA/DOD Clinical Practice Guideline for Assessment and
16 Management of Patients at Risk for Suicide, as required
17 under subsection (a), or from ensuring that the final clin-
18 ical practice guidelines updated under such subsection re-
19 main applicable to the patient populations of the Depart-
20 ment of Veterans Affairs and the Department of Defense.

21 **SEC. ____ . JOINT MENTAL HEALTH PROGRAMS BY DE-**
22 **PARTMENT OF VETERANS AFFAIRS AND DE-**
23 **PARTMENT OF DEFENSE.**

24 (a) REPORT ON MENTAL HEALTH PROGRAMS.—

1 (1) IN GENERAL.—Not later than 180 days
2 after the date of the enactment of this Act, and an-
3 nually thereafter, the Secretary of Veterans Affairs
4 and the Secretary of Defense shall submit to the
5 Committee on Armed Services and the Committee on
6 Veterans' Affairs of the Senate and the Committee
7 on Armed Services and the Committee on Veterans'
8 Affairs of the House of Representatives a report on
9 mental health programs of the Department of Vet-
10 erans Affairs and the Department of Defense and
11 joint programs of the Departments.

12 (2) ELEMENTS.—Each report required by para-
13 graph (1) shall include the following:

14 (A) A description of mental health pro-
15 grams operated by the Department of Veterans
16 Affairs, including the following:

17 (i) Transition assistance programs.

18 (ii) Clinical mental health initiatives,

19 including—

20 (I) the Million Veterans Pro-
21 gram; and

22 (II) centers of excellence of the
23 Department of Veterans Affairs for
24 traumatic brain injury and post-trau-
25 matic stress disorder.

1 (iii) Programs that may secondarily
2 improve mental health, including employ-
3 ment, housing assistance, and financial lit-
4 eracy programs.

5 (iv) Research into mental health
6 issues and conditions.

7 (B) A description of mental health pro-
8 grams operated by the Department of Defense,
9 including the following:

10 (i) Transition assistance programs.

11 (ii) Clinical mental health initiatives,
12 including the National Intrepid Center of
13 Excellence.

14 (iii) Programs that may secondarily
15 improve mental health, including employ-
16 ment, housing assistance, and financial lit-
17 eracy programs.

18 (iv) Research into mental health
19 issues and conditions.

20 (C) A description of mental health pro-
21 grams jointly operated by the Department of
22 Veterans Affairs and the Department of De-
23 fense, including the following:

24 (i) Transition assistance programs.

25 (ii) Clinical mental health initiatives.

1 (iii) Programs that may secondarily
2 improve mental health, including employ-
3 ment, housing assistance, and financial lit-
4 eracy programs.

5 (iv) Research into mental health
6 issues and conditions.

7 (D) Recommendations for coordinating
8 mental health programs of the Department of
9 Veterans Affairs and the Department of De-
10 fense to improve the effectiveness of those pro-
11 grams.

12 (E) Recommendations for novel joint pro-
13 gramming of the Department of Veterans Af-
14 fairs and the Department of Defense to improve
15 the mental health of members of the Armed
16 Forces and veterans.

17 (b) ESTABLISHMENT OF JOINT CENTER OF EXCEL-
18 LENCE.—

19 (1) IN GENERAL.—Not later than two years
20 after the date of the enactment of this Act, the Sec-
21 retary of Defense, in consultation with the Secretary
22 of Veterans Affairs, shall establish a center of excel-
23 lence to be known as the “Joint DOD/VA National
24 Intrepid Center of Excellence Intrepid Spirit Cen-
25 ter” (in this subsection referred to as the “Center”).

1 (2) DUTIES.—The Center shall conduct joint
2 mental health programs of the Department of Vet-
3 erans Affairs and the Department of Defense.

4 (3) LOCATION.—The Center shall be estab-
5 lished in a location that—

6 (A) is geographically distant from already
7 existing and planned Intrepid Spirit Centers of
8 the Department of Defense; and

9 (B) is in a rural or highly rural area (as
10 determined through the use of the Rural-Urban
11 Commuting Areas coding system of the Depart-
12 ment of Agriculture).