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H. R. 6968

To require the Secretary of Defense to conduct a demonstration project regarding access to mental health services by members of the Armed Forces.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 18, 2008

Ms. MOORE of Wisconsin (for herself, Mr. MCGOVERN, Mr. GRIJALVA, Ms. BORDALLO, Ms. WOOLSEY, Mr. RUSH, Mr. FILNER, Ms. SCHAKOWSKY, Mr. KAGEN, Mr. ABERCROMBIE, Mr. SESTAK, Ms. LORETTA SANCHEZ of California, Mr. KUCINICH, and Mrs. NAPOLITANO) introduced the following bill; which was referred to the Committee on Armed Services

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A BILL

To require the Secretary of Defense to conduct a demonstration project regarding access to mental health services by members of the Armed Forces.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Helping Those Who Serve Act''.

SEC. 2. FINDINGS.

Congress finds the following:

(1) Increasing numbers of members of the Armed Forces serving in Afghanistan and Iraq are suffering from the significant injuries of the current conflict: post traumatic stress disorder and traumatic brain injury (hereafter in this Act referred to as ''PTSD'' and ''TBI'', respectively) .

(2) A recent report by the RAND Corporation estimated that of the 1.64 million individuals who have been deployed to Afghanistan and Iraq, approximately 300,000 individuals currently suffer from PTSD or major depression and that 320,000 report having a probable TBI during deployment.

(3) The need for mental health services is likely to increase because deployment lengths have increased in the last year, the number of troops who have served in multiple deployments is increasing, and the breaks between deployments have been infrequent.

(4) Several experts have noted the difficulties faced by members of the Armed Forces in getting screened, diagnosed, and treated for PTSD and TBI. The RAND report found that, of those who met diagnostic criteria for PTSD or major depression, only 53 percent had seen a physician or mental

health provider to seek help for a mental health problem in the past 12 months.

(5) Stigma remains a critical barrier to members of the Armed Forces who may be in need of psychological care, especially fears that seeking mental health care will lower the confidence of others in their abilities, threaten career advancement and security clearances, and possibly cause removal from their unit.

(6) Stigma may be greatest among those individuals with the greatest need for mental health services.

(7) To combat stigma, the Mental Health Task Force of the Department of Defense and others have noted the need for the Department to reexamine its policies, including those policies related to command notification or self-disclosure of psychological health issues that contribute to fears that seeking mental health care will negatively affect career opportunities or advancement.

(8) The Mental Health Task Force stated that this "widespread perception that seeking psychological health services is costly to an individual's career . . . must be challenged through thoughtful refinements in command notification policies, including

redefining the balance between the need to encourage those in need to seek help and the need for commanders to know in order to maintain force readiness''.

(9) Congress recognizes that much change is under way to implement numerous recommendations to address concerns that soldiers in need of mental health services for PTSD and other conditions are not receiving, including efforts led by the Department of Defense and the Department of Veterans Affairs.

(10) However, without addressing stigma at all levels, including structurally, these laudable efforts may not accomplish their goals.

(11) In its July 2007 report, the Mental Health Task Force called for ending overly conservative policies that have the unintentional consequence of fueling erroneous beliefs that seeking psychological health care invariably results in permanent damage to one's military career. For example, the Task Force called for allowing, in the case of alcohol use by a member of the Armed Forces, for the member to receive appropriate and non-prejudicial education and preventive services, without a requirement for command notification, when, in a clinician's judg-

ment, the alcohol use does not warrant a diagnosis of substance abuse or dependency or does not require entry into a formal treatment program.

(12) In May, responding to some of these concerns, Secretary of Defense Robert Gates reportedly approved a change in the Department's security clearance process to help remove the stigma associated with seeking mental health care. Under the change, members of the Armed Forces and employees of the Department of Defense who have received mental health care will no longer have to acknowledge that when they fill out standard security clearance forms, unless the treatment was court-ordered or involved violence.

(13) Congress encourages the Department to explore further changes to notification and other policies to further reduce stigma among members of the Armed Forces, especially as it relates to career opportunities.

SEC. 3. MENTAL HEALTH SERVICES ACCESS DEMONSTRATION PROJECT.

(a) DEMONSTRATION PROJECT REQUIRED.—The Secretary of Defense shall conduct a demonstration project designed to develop and test options for the following:

(1) Increasing access of members of the Armed Forces returning from deployment abroad, and family members of such members, to accessible, safe, and confidential mental health counseling.

(2) Reducing stigma and perceived career repercussions associated with such members seeking such services.

(3) Making high quality mental health services more user friendly and accessible for members of the Armed Forces and their family members, including making services available outside standard working hours.

(b) PURPOSE.—The purpose of the demonstration project is to provide high-quality treatment, using (to the extent practicable) evidence-based treatment, for a broad range of mental health conditions, including post-traumatic stress disorder and depression, with the goal of early intervention to promote effective coping and resilience.

(c) DURATION OF PROJECT.—The demonstration project authorized by this section shall be implemented for a period of three years beginning not later than one year after the date of the enactment of this Act.

SEC. 4. SPECIAL WORKING GROUP ON CONFIDENTIALITY.

(a) ESTABLISHMENT.—The Secretary of Defense, acting through the Assistant Secretary of Defense for

Health Affairs, shall establish a Special Working Group, which shall be composed of mental health professionals from each of the Armed Forces, officials from the Surgeon General Offices at each Armed Force, members of the Armed Forces who have been deployed in support of Operation Enduring Freedom or Operation Iraqi Freedom, and other members as determined appropriated by the Assistant Secretary.

(b) APPOINTMENT.—The Secretary shall make every effort to appoint members of the working group not later than 60 days after the date of the enactment of this Act.

(c) PURPOSE.—The Special Working Group shall develop guidelines and make recommendations about regulations to ensure that confidentiality is protected to the maximum extent possible for members of the Armed Forces participating in the demonstration project.

(d) SPECIFIC DUTIES.—In addition to such other duties as the Secretary may assign to the Working Group, the duties of the Working Group shall include the following:

(1) REVIEW OF REQUIREMENTS FOR DOCUMENTATION OF HEALTH CARE VISITS.—The review of current policies, questionnaires, and other relevant documents that require official documentation of health care visits by a member of the Armed

Forces seeking mental health services, including when access to such services must be documented in the personnel record of a member.

(2) CRITERIA FOR CHANGES TO COMMAND NOTIFICATION.—The development of guidelines and criteria for the demonstration project to address any needed changes to military command notification requirements to ensure that a visit to an off-base treatment site by a member of the Armed Forces for mental health services is not recorded on any military medical or other record of the member, except in accordance with guidelines developed under paragraph (3).

(3) GUIDELINES FOR BREACH OF CONFIDENTIALITY.—The development of guidelines for the demonstration project to address the circumstances under which the confidentiality protections afforded to a member of the Armed Forces participating in the demonstration project may be breached and notification to military commanders and documentation in personnel records may be made. Such guidelines shall provide, in general, that confidentiality may be broken only if a mental health professional determines that the member is a threat to the member or to another person.

(4) CRITERIA TO LIMIT ACCESS TO TREATMENT RECORDS.—The development of criteria for the demonstration project for limiting access to the treatment records of members of the Armed Forces treated at the demonstration locations, including when to allow, if appropriate, appropriate access and notification to military commanders consistent with guidelines developed under paragraph (3).

(5) CRITERIA FOR FITNESS FOR DUTY.—The development of criteria for determining fitness for duty and deployment for a member of the Armed Forces that does not depend solely on the number of visits to mental health providers by the member.

(6) GUIDELINES FOR PAYMENT.—The development of guidelines for ensuring that demonstration sites under the demonstration project receive payment from the Department of Defense for treating members of the Armed Forces notwithstanding any requirements of the Department that prohibit such payments without certain commander notification or personnel documentation requirements.

(7) CHANGES RELATED TO DISCLOSURE OF SERVICES RECEIVED UNDER PROJECT.—The provision of changes as necessary to ensure that those receiving care at demonstration locations are not re-

quired to reveal any services they receive at these locations on any military form or questionnaire, except to comply with any guidelines developed under paragraph (3).

(8) STANDARDS TO ASSESS EFFECTIVENESS OF PROJECT.—The development of evaluation standards and criteria to use to assess the effectiveness of the demonstration project in increasing access to care, decreasing stigma, and improving high quality mental health care provided to members of the Armed Forces. As appropriate, the evaluation should be structured to include both pre- and post-demonstration assessments of changes in—

(A) access and utilization of care;

(B) costs of care;

(C) outcomes of care;

(D) member satisfaction with access to and quality of care; and

(E) impact on the ability of military commanders to determine member fitness for duty and deployability.

(e) SUBMISSION OF PLAN AND DEADLINE.—

(1) PLAN.—The Special Working Group shall submit to the Secretary of Defense a plan with details on the implementation and evaluation of the

demonstration project. After approval of the plan by the Secretary, the Special Working Group shall submit to Congress the plan.

(2) DEADLINE.—All duties of the Special Working group, including submission of the plan under paragraph (1), shall be completed before selection of any site of the demonstration project under section 3 but in no case shall the date of completion of such duties be later than one year after the date of the enactment of this Act.

(f) APPLICATION OF GUIDELINES AND RECOMMENDATIONS.—The guidelines and other recommendations, including changes and standards, developed by the Special Working Group under this section shall be applicable only to the demonstration project unless the Secretary of Defense determines otherwise.

SEC. 5. ADVISORY GROUP FOR OVERSIGHT OF DEMONSTRATION PROGRAM.

(a) ESTABLISHMENT.—The Secretary of Defense shall establish an advisory group of qualified individuals to oversee implementation of the demonstration project.

(b) DUTIES.—The advisory group shall—

(1) ensure that the demonstration project adheres to the guidelines developed by the Special Working Group under section 4;

(2) ensure that plans for implementing the demonstration at selected sites are developed and include—

(A) outreach strategies to ensure that participants in the project are informed about the availability of the programs being provided under the project; and

(B) a plan for training and certifying mental health providers as well as the development of strategies and settings, including settings that are not located at military treatment facilities, where care can be offered;

(3) ensure that the demonstration project has detailed evaluation plans, using the criteria and standards developed by the Special Working Group; and

(4) ensure that independent evaluations of the demonstration project are conducted in accordance with the guidelines developed by the Special Working Group, and that the results of those evaluations are provided to the Secretary of Defense.

SEC. 6. REPORTS ON DEMONSTRATION PROJECT.

(a) REPORTS REQUIRED.—

(1) IN GENERAL.—The Secretary of Defense shall submit to the Committees on Armed Services

of the Senate and the House of Representatives two reports on the demonstration project.

(2) FIRST REPORT.—The first report shall examine and assess the plan developed by the Special Working Group under section 4(e)(1) for implementation and evaluation of the demonstration project.

(3) SECOND REPORT.—The second report shall include the following:

(A) The results of the demonstration project, evaluated in accordance with the guidelines and other criteria, changes, and standards developed by the Special Working Group.

(B) Recommendations on whether any of the policy changes tested in the demonstration project should be adopted throughout the Department of Defense.

(C) A plan to ensure that each member of the Armed Forces participating in the demonstration project continues to have access to mental health services and providers after the conclusion of the demonstration project.

(b) DEADLINES.—The first report under this section shall be submitted not later than one year after the date the demonstration project begins to be implemented. The

second report shall be submitted at the completion of the demonstration project.

SEC. 7. STUDY AND REPORT ON RETENTION OF MILITARY MENTAL HEALTH PROFESSIONALS.

(a) STUDY.—The Secretary of Defense, in consultation with the Surgeon General of each branch of the Armed Forces, shall conduct a study to determine the reasons for attrition among military mental health professionals and to make recommendations to increase recruitment and retention of military mental health professionals, such as through scholarships, loan forgiveness, or updates in current recruiting bonuses.

(b) REPORT.—Not later than six months after the date of the enactment of this Act, the Secretary of Defense shall submit to Congress a report on the study conducted and recommendations made under subsection (a), including—

(1) the estimated cost of implementing each such recommendation;

(2) with respect to each branch of the Armed Forces, an estimate of the existing number of military mental health professionals and the estimated number of such professionals required to meet demand, including for future years, for mental health services; and

(3) any recommendations for legislative changes necessary to implement the recommendations made under such study.

(c) MILITARY MENTAL HEALTH PROFESSIONAL DEFINED.—For purposes of this section, the term ''military mental health professional'' means a mental health professional who provides mental health services to members of the Armed Forces, whether such professional is a member of the Armed Forces, an employee of the Department of Defense, or a contractor of the Department of Defense.

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