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H. R. 3420

To improve and enhance substance use disorder programs for members of the Armed Forces, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JULY 30, 2009

Mr. KENNEDY (for himself, Mr. JONES, Mr. PIERLUISI, Ms. SCHAKOWSKY, Mr. LOEBSACK, Mr. BISHOP of New York, Mr. TONKO, and Mr. GRIJALVA) introduced the following bill; which was referred to the Committee on Armed Services

A BILL

To improve and enhance substance use disorder programs for members of the Armed Forces, and for other purposes.

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. SHORT TITLE.**

4 This Act may be cited as the “Supporting Uniformed
5 Personnel by Providing Oversight and Relevant Treatment
6 for Substance Use Disorders Act” or the “SUPPORT for
7 Substance Use Disorders Act”.

8 **SEC. 2. FINDINGS.**

9 Congress makes the following findings:

1 (1) The Armed Forces is comprised of more
2 than 1,400,000 members in the regular components
3 and more than 1,080,000 members in the Reserves.
4 More than 1,800,000 members of the Armed Forces
5 have been deployed in Operation Iraqi Freedom, Op-
6 eration Enduring Freedom, and the Global War on
7 Terrorism since 2001.

8 (2) Substance use disorders are chronic dis-
9 eases that can be prevented, treated, and managed
10 effectively. Failure to prevent or treat these condi-
11 tions results in severe and widespread consequences,
12 including increased risk of suicide, exacerbation of
13 mental and physical health disorders, increased risk
14 of domestic violence and family discord, and in-
15 creased risk of unemployment and homelessness.

16 (3) According to the 2005 Department of De-
17 fense Survey of Health Related Behaviors Among
18 Active Duty Personnel, 24 percent of the members
19 of the Armed Forces surveyed reported symptoms of
20 alcohol dependence and nearly 11 percent of the
21 members surveyed reported use of an illicit drug.
22 Misuse of controlled prescription drugs, particularly
23 narcotic painkillers, is a significant and growing
24 problem among members of the Armed Forces as
25 well.

1 (4) Substance abuse disorders often co-occur
2 with other health problems. According to the 2007
3 Report of the Department of Defense Task Force on
4 Mental Health, 17 percent of soldiers from brigade
5 combat teams are at risk of developing clinically sig-
6 nificant symptoms of post-traumatic stress disorder,
7 major depression, or anxiety after deployment, and
8 an even higher percentage of such soldiers, 28 per-
9 cent, would experience symptoms based upon broad-
10 er screening criteria. The prevalence of post-trau-
11 matic stress disorder within a year of combat de-
12 ployment was estimated to range from 10 to 25 per-
13 cent.

14 (5) According to the 2007 Report of the De-
15 partment of Defense Task Force on Mental Health,
16 symptoms of disorders such as post-traumatic stress
17 disorder often include complex disinhibitory behav-
18 iors such as self-medicating with alcohol, other medi-
19 cations, or illicit drugs in an attempt to return to
20 “normalcy”.

21 (6) According to the 2007 Report of the De-
22 partment of Defense Task Force on Mental Health,
23 of the 686,306 veterans separated from active duty
24 between 2002 and December 2006 who were eligible
25 for care from the Department of Veterans Affairs,

1 229,015 (or 33 percent) accessed care at a Depart-
2 ment facility. Of those veterans who accessed such
3 care since 2002, 83,889 (or 37 percent) were diag-
4 nosed with or were evaluated for a mental disorder,
5 including post-traumatic stress disorder (39,243 or
6 17 percent), nondependent abuse of drugs (33,099
7 or 14 percent), and depressive disorder (27,023 or
8 12 percent).

9 (7) According to the 2007 Report of the De-
10 partment of Defense Task Force on Mental Health,
11 20 percent of married soldiers planned to separate
12 or divorce.

13 (8) According to the 2007 Report of the De-
14 partment of Defense Task Force on Mental Health,
15 relationship problems are the top risk factor for sui-
16 cide. Mental disorders, alcohol and substance use
17 disorders, and significant stress are other significant
18 risk factors for suicide. The National Violent Death
19 Reporting System of the Centers for Disease Control
20 and Prevention determined that, of a group of
21 former or current military personnel who died by
22 suicide in 2005, 17.2 percent had an alcohol problem
23 and 7.7 percent had a problem with other sub-
24 stances. The suicide prevention action network
25 (SPAN) reports a 20 percent increase in suicide

1 among members of the Armed Forces on active duty,
2 89 suicides in 2007 with 32 deaths under investiga-
3 tion, and a rise of attempted suicides by soldiers by
4 6 times higher than it was at the start of Operation
5 Iraqi Freedom.

6 (9) While some commands and facilities in the
7 Armed Forces provide outstanding services for mem-
8 bers of the Armed Forces for substance use dis-
9 orders, the prevention, diagnosis, mitigation, treat-
10 ment, and management of, and research on, sub-
11 stance use disorders in members of the Armed
12 Forces is inconsistent in availability, structure, and
13 success among the various Armed Forces.

14 **SEC. 3. COMPREHENSIVE PLAN ON PREVENTION, DIAG-**
15 **NOSIS, MITIGATION, TREATMENT, AND MAN-**
16 **AGEMENT OF SUBSTANCE USE DISORDERS IN**
17 **MEMBERS OF THE ARMED FORCES.**

18 (a) REVIEW AND ASSESSMENT OF CURRENT CAPA-
19 BILITIES.—

20 (1) IN GENERAL.—Not later than 180 days
21 after the date of the enactment of this Act, the Sec-
22 retary of Defense shall, in consultation with the Sec-
23 retaries of the military departments and the Sec-
24 retary of Veterans Affairs, conduct a comprehensive
25 review of the programs and activities of the Depart-

1 ment of Defense for the prevention, diagnosis, miti-
2 gation, treatment, and management of, and research
3 on, substance use disorders in members of the
4 Armed Forces.

5 (2) ELEMENTS.—The review conducted under
6 paragraph (1) shall include, at a minimum, an as-
7 sessment of each of the following:

8 (A) The current state and effectiveness of
9 the programs of the Department of Defense
10 and the military departments relating to the
11 prevention, diagnosis, mitigation, treatment,
12 and management of, and research on, substance
13 use disorders in members of the Armed Forces.

14 (B) The adequacy of the availability of and
15 access to care for substance use disorders in
16 military medical treatment facilities and under
17 the TRICARE program.

18 (C) The adequacy of oversight by the De-
19 partment of programs relating to the preven-
20 tion, diagnosis, mitigation, treatment, and man-
21 agement of substance use disorders in members
22 of the Armed Forces.

23 (D) The adequacy and appropriateness of
24 current credentials and other requirements for
25 healthcare professionals treating members of

1 the Armed Forces with substance use disorders,
2 including an assessment of the advisability of
3 adopting uniform credentials and requirements
4 for such treatment for healthcare professionals
5 who are members of organizations such as the
6 Association for Addiction Professionals
7 (NAADAC), the American Society of Addiction
8 Medicine (ASAM), the American Psychiatric
9 Association (APA), and the National Board for
10 Certified Counselors (NBCC).

11 (E) The advisable ratio of physician and
12 non-physician care providers for substance use
13 disorders to members of the Armed Forces with
14 such disorders.

15 (F) The adequacy and appropriateness of
16 protocols for the diagnosis, treatment, and
17 management of substance use disorders in
18 members of the Armed Forces.

19 (G) The adequacy of the availability of and
20 access to care for substance use disorders for
21 members of the reserve components of the
22 Armed Forces when compared with the avail-
23 ability of and access to care for substance use
24 disorders for members of the regular compo-
25 nents of the Armed Forces, including an identi-

1 fication of any obstacles that are unique to the
2 prevention, diagnosis, mitigation, treatment,
3 and management of substance use disorders in
4 members of the reserve components of the
5 Armed Forces.

6 (H) The adequacy of the prevention, diag-
7 nosis, mitigation, treatment, and management
8 of substance use disorders and related distress
9 in dependent family members of members of the
10 Armed Forces, whether such family members
11 suffer from their own substance use disorder or
12 because of the substance use disorder of a
13 member of the Armed Forces.

14 (I) Any gaps in the current capabilities of
15 the Department of Defense for the prevention,
16 diagnosis, mitigation, treatment, and manage-
17 ment of, and research on, substance use dis-
18 orders in members of the Armed Forces.

19 (3) REPORT.—Not later than 180 days after
20 the date of the enactment of this Act, the Secretary
21 of Defense shall submit to the congressional defense
22 committees a report setting forth the findings and
23 recommendations of the Secretary as a result of the
24 review conducted under paragraph (1). The report
25 shall—

1 (A) set forth the findings and rec-
2 ommendations of the Secretary regarding each
3 element of the review set forth in paragraph
4 (2);

5 (B) set forth relevant statistics on the fre-
6 quency of substance use disorders in members
7 of the regular components of the Armed Forces,
8 members of the reserve component of the
9 Armed Forces, and dependents of such mem-
10 bers (including spouses and children); and

11 (C) include such other findings and rec-
12 ommendations on improvements to the current
13 capabilities of the Department of Defense for
14 the prevention, diagnosis, mitigation, treatment,
15 and management of, and research on, substance
16 use disorders in members of the Armed Forces
17 as the Secretary considers appropriate.

18 (b) PLAN FOR IMPROVEMENT AND ENHANCEMENT
19 OF PROGRAMS.—

20 (1) PLAN REQUIRED.—Not later than 180 days
21 after the date of the enactment of this Act, the Sec-
22 retary of Defense shall, in consultation with the Sec-
23 retaries of the military departments and the Sec-
24 retary of Veterans Affairs, submit to the congres-
25 sional defense committees a comprehensive plan for

1 the improvement and enhancement of the programs
2 and activities of the Department of Defense for the
3 prevention, diagnosis, mitigation, treatment, and
4 management of, and research on, substance use dis-
5 orders in members of the Armed Forces and their
6 dependent family members.

7 (2) BASIS.—The comprehensive plan required
8 by paragraph (1) shall take into account the fol-
9 lowing:

10 (A) The results of the review and assess-
11 ment conducted under subsection (a).

12 (B) Any preliminary results of the study
13 required by section 4.

14 (C) Similar initiatives of the Secretary of
15 Veterans Affairs to expand and improve care
16 for substance use disorders among veterans, in-
17 cluding the programs and activities conducted
18 under title I of the Veterans' Mental Health
19 and Other Care Improvements Act of 2008
20 (Public Law 110–387; 112 Stat. 4112).

21 (3) COMPREHENSIVE STATEMENT OF POLICY.—
22 The comprehensive plan required by paragraph (1)
23 shall include a comprehensive statement of the policy
24 of the Department of Defense regarding the preven-
25 tion, diagnosis, mitigation, treatment, and manage-

1 ment of, and research on, substance use disorders in
2 members of the Armed Forces and their dependent
3 family members.

4 (4) AVAILABILITY OF SERVICES AND TREAT-
5 MENT.—The comprehensive plan required by para-
6 graph (1) shall include mechanisms to ensure the
7 availability to members of the Armed Forces and
8 their dependent family members of services and
9 treatment for substance use disorders, including, but
10 not limited to, services and treatment as follows:

11 (A) Screening for substance use disorder in
12 all settings, including primary care settings.

13 (B) Short-term motivational counseling
14 services.

15 (C) Marital and family counseling.

16 (D) Inpatient, intensive outpatient, or
17 other residential care services.

18 (E) Private medical, psychiatric, and pro-
19 fessional counseling services.

20 (F) Relapse prevention services.

21 (G) Ongoing aftercare and outpatient
22 counseling services.

23 (H) Pharmacological treatments aimed at
24 treating substance use disorders, including
25 treating cravings for drugs and alcohol.

1 (I) Detoxification and stabilization serv-
2 ices.

3 (J) Coordination with groups providing
4 peer-to-peer counseling.

5 (K) Such other services as the Secretary
6 considers appropriate.

7 (5) PREVENTION AND REDUCTION OF DIS-
8 ORDERS.—The comprehensive plan required by para-
9 graph (1) shall include mechanisms to facilitate the
10 prevention and reduction of substance use disorders
11 in members of the Armed Forces through science-
12 based initiatives, including education programs, for
13 members of the Armed Forces and their families.

14 (6) SPECIFIC INSTRUCTIONS.—The comprehen-
15 sive plan required by paragraph (1) shall include
16 each of the following:

17 (A) SUBSTANCES OF ABUSE.—Instructions
18 on the prevention, diagnosis, mitigation, treat-
19 ment, and management of substance use dis-
20 orders in members of the Armed Forces, includ-
21 ing the abuse of alcohol, illicit drugs, and non-
22 medical use and abuse of prescription drugs (in-
23 cluding addiction to prescription drugs that is
24 an unintended consequence of otherwise re-

1 required and medically appropriate pain treat-
2 ment).

3 (B) HEALTHCARE PROFESSIONALS.—In-
4 structions on—

5 (i) appropriate training of healthcare
6 professionals in the prevention, screening,
7 diagnosis, mitigation, treatment, and man-
8 agement of substance use disorders in
9 members of the Armed Forces;

10 (ii) appropriate staffing levels for
11 healthcare professionals at military medical
12 treatment facilities for the prevention,
13 screening, diagnosis, mitigation, treatment,
14 and management of substance use dis-
15 orders in members of the Armed Forces;
16 and

17 (iii) such uniform training and
18 credentialing requirements for physician
19 and non-physician healthcare professionals
20 in the prevention, screening, diagnosis,
21 mitigation, treatment, and management of
22 substance use disorders in members of the
23 Armed Forces as the Secretary considers
24 appropriate.

1 (C) SERVICES FOR DEPENDENTS.—In-
2 structions on the availability of services for sub-
3 stance use disorders to military dependents (in-
4 cluding services for dependents suffering from
5 their own substance use disorder and depend-
6 ents suffering because of the substance use dis-
7 order of a member of the Armed Forces), in-
8 cluding instructions on making such services
9 available to such dependents to the maximum
10 extent practicable.

11 (D) PREVENTION MATERIALS.—Instruc-
12 tions on the dissemination of materials regard-
13 ing substance abuse prevention, including, at a
14 minimum, materials on the following:

15 (i) The dangers of alcohol abuse.

16 (ii) The risks of self-medication, and
17 the potential co-occurrence of drug use or
18 abuse with illnesses such as post-traumatic
19 stress disorder.

20 (iii) The risks associated with abuse
21 of prescription medications and the signs
22 of inadvertent addiction to prescription
23 medications that may occur as a con-
24 sequence of otherwise prescribed treatment
25 plans, as well as the need to properly se-

1 cure and dispose of such substances to
2 safeguard such substances from third par-
3 ties such as children.

4 (iv) The risks of substance abuse
5 faced by military dependents due to the
6 stresses of having a spouse or parent de-
7 ployed, as well as other factors relating to
8 substance abuse that are unique to mili-
9 tary families.

10 (v) Strategies for prevention of drug
11 and alcohol abuse among children of mili-
12 tary families, and suggestions for military
13 parents on how to intervene and find help
14 for a child with a substance use disorder.

15 (E) DIFFERENTIATION OF DISCIPLINARY
16 ACTION AND TREATMENT.—Instructions on the
17 separation of disciplinary actions from preven-
18 tion and treatment of substance use disorders
19 in members of the Armed Forces.

20 (F) CONFIDENTIALITY.—Instructions on
21 confidentiality for members of the Armed
22 Forces in seeking or receiving services or treat-
23 ment for substance use disorders.

24 (G) PARTICIPATION OF CHAIN OF COM-
25 MAND.—Instructions on appropriate consulta-

1 tion, reference to, and involvement of the chain
2 of command of members of the Armed Forces
3 in matters relating to the diagnosis, treatment,
4 and management of substance use disorders in
5 such members.

6 (H) CONSIDERATION OF GENDER.—In-
7 structions on gender specific requirements in
8 the prevention, diagnosis, mitigation, treatment,
9 and management of substance use disorders in
10 members of the Armed Forces, including gender
11 specific care and treatment requirements.

12 (I) COORDINATION WITH OTHER
13 HEALTHCARE INITIATIVES.—Instructions on the
14 integration of efforts on the prevention, diag-
15 nosis, mitigation, treatment, and management
16 of substance use disorders in members of the
17 Armed Forces with efforts to address co-occur-
18 ring health care disorders (including post-trau-
19 matic stress disorder and depression) and sui-
20 cide prevention.

21 (7) OTHER ELEMENTS.—In addition to the
22 matters specified in paragraph (3), the comprehen-
23 sive plan required by paragraph (1) shall include the
24 following:

1 (A) LEAD AGENT.—The designation by the
2 Assistant Secretary of Defense for Health Af-
3 fairs of a lead agent to coordinate implementa-
4 tion of the plan.

5 (B) MILESTONES AND SCHEDULES.—Mile-
6 stones and schedules for the achievement of the
7 goals of the plan, including goals relating to the
8 following:

9 (i) Enhanced education of members of
10 the Armed Forces regarding substance use
11 disorders.

12 (ii) Enhanced and improved identi-
13 fication and diagnosis of substance use dis-
14 orders in members of the Armed Forces.

15 (iii) Enhanced and improved access of
16 members of the Armed Forces to services
17 and treatment for and management of sub-
18 stance use disorders.

19 (iv) Appropriate staffing of military
20 medical treatment facilities and other fa-
21 cilities for the treatment of substance use
22 disorders in members of the Armed Forces.

23 (C) BEST PRACTICES.—The incorporation
24 of evidence-based best practices utilized in cur-
25 rent military and civilian approaches to the pre-

1 vention, diagnosis, mitigation, treatment, and
2 management of substance use disorders.

3 (D) AVAILABLE RESEARCH.—The incorpo-
4 ration of applicable results of available studies,
5 research, and academic reviews on the preven-
6 tion, diagnosis, mitigation, treatment, and man-
7 agement of substance use disorders.

8 (8) UPDATE IN LIGHT OF INDEPENDENT
9 STUDY.—Upon the completion of the study required
10 by section 4, the Secretary of Defense shall—

11 (A) in consultation with the Secretaries of
12 the military departments and the Secretary of
13 the Department of Veterans Affairs, make such
14 modifications and improvements to the com-
15 prehensive plan required by paragraph (1) as
16 the Secretary of Defense considers appropriate
17 in light of the findings and recommendations of
18 the study; and

19 (B) submit to the congressional defense
20 committees a report setting forth the com-
21 prehensive plan as modified and improved
22 under subparagraph (A).

1 **SEC. 4. INDEPENDENT REPORT ON SUBSTANCE USE DIS-**
2 **ORDERS IN MEMBERS OF THE ARMED**
3 **FORCES.**

4 (a) **STUDY REQUIRED.**—The Secretary of Defense
5 shall provide for a study on substance use disorders in
6 members of the Armed Forces to be conducted by the In-
7 stitute of Medicine of the National Academies of Sciences
8 or such other independent entity as the Secretary shall
9 select for purposes of the study.

10 (b) **ELEMENTS.**—The study required by subsection
11 (a) shall include a review and assessment of the following:

12 (1) The current state and effectiveness of the
13 programs of the Department of Defense and the
14 military departments relating to the prevention, di-
15 agnosis, mitigation, treatment, and management of,
16 and research on, substance use disorders in members
17 of the Armed Forces.

18 (2) The adequacy of the availability of and ac-
19 cess to care for substance use disorders in military
20 medical treatment facilities and under the
21 TRICARE program.

22 (3) The adequacy of the oversight by the De-
23 partment of Defense of programs related to the pre-
24 vention, diagnosis, mitigation, treatment, and man-
25 agement of substance use disorders in members of
26 the Armed Forces.

1 (4) The adequacy and appropriateness of cur-
2 rent credentials and other requirements for physi-
3 cian and non-physician healthcare professionals
4 treating members of the Armed Forces with sub-
5 stance use disorders.

6 (5) The advisable ratio of physician and non-
7 physician care providers for substance use disorders
8 to members of the Armed Forces with such dis-
9 orders.

10 (6) The adequacy and appropriateness of proto-
11 cols for the diagnosis, treatment, and management
12 of substance use disorders in members of the Armed
13 Forces.

14 (7) The adequacy of the availability of and ac-
15 cess to care for substance use disorders for members
16 of the reserve components of the Armed Forces
17 when compared with the availability of and access to
18 care for substance use disorders for members of the
19 regular components of the Armed Forces.

20 (8) The adequacy of the prevention, diagnosis,
21 mitigation, treatment, and management of substance
22 use disorders in dependent family members of mem-
23 bers of the Armed Forces, whether such family
24 members suffer from their own substance use dis-

1 order or because of the substance use disorder of a
2 member of the Armed Forces.

3 (9) The need for and appropriate provision of
4 confidentiality for members of the Armed Forces
5 who seek services or treatment for a substance use
6 disorder.

7 (10) Such other matters as the Secretary con-
8 siders appropriate for purposes of the study.

9 (c) REPORT.—Not later than one year after the date
10 of the enactment of this Act, the entity conducting the
11 study required by subsection (a) shall submit to the Sec-
12 retary of Defense and the congressional defense commit-
13 tees a report on the results of the study. The report shall
14 set forth the findings and recommendations of the entity
15 as a result of the study.

16 **SEC. 5. CENTER OF EXCELLENCE IN THE PREVENTION, DI-**
17 **AGNOSIS, MITIGATION, TREATMENT, AND**
18 **MANAGEMENT OF SUBSTANCE USE DIS-**
19 **ORDERS.**

20 (a) IN GENERAL.—The Secretary of Defense shall es-
21 tablish within the Department of Defense a Center of Ex-
22 cellence in the Prevention, Diagnosis, Mitigation, Treat-
23 ment, and Management of Substance Use Disorders.

24 (b) PARTNERSHIPS.—The Secretary of Defense shall
25 ensure that the Center collaborates to the maximum ex-

1 tent practicable with the Department of Veterans Affairs,
2 institutions of higher education, and other appropriate
3 public and private entities (including international enti-
4 ties) to carry out the responsibilities specified in sub-
5 section (c).

6 (c) RESPONSIBILITIES.—The Center shall have re-
7 sponsibilities as follows:

8 (1) To implement the comprehensive plan of the
9 Department of Defense for the prevention, diagnosis,
10 mitigation, treatment, and management of substance
11 use disorders under section 3, including the perform-
12 ance of research on gender and ethnic group-specific
13 health needs related to substance use disorders.

14 (2) To provide for the development, testing, and
15 dissemination within the Department of evidence-
16 based best practices for the prevention, diagnosis,
17 mitigation, treatment, and management of substance
18 use disorders.

19 (3) To provide guidance for healthcare profes-
20 sionals and support service staff of the health sys-
21 tem of the Department in providing quality health
22 care for members of the Armed Forces with sub-
23 stance use disorders, and their dependents, when
24 possible, who are suffering from the effects of sub-
25 stance use disorders.

1 (4) To provide guidance for healthcare profes-
2 sionals and support service staff to make members
3 of the Armed Forces receiving prescription pain
4 medications aware of the potential for abuse of or
5 addiction to such substances, and to provide such
6 members education on ways of properly securing
7 such substances and disposing of such substances
8 when no longer needed.

9 (5) To recommend uniform credentials and
10 other requirements for healthcare professionals and
11 support service staff who provide care and support
12 for members of the Armed Forces and their depend-
13 ents who suffer from substance use disorders.

14 (6) To establish, implement, and oversee a uni-
15 form and comprehensive program to train physician
16 and non-physician healthcare professionals and sup-
17 port staff in the Department in the screening, inter-
18 vention, treatment, and management of substance
19 use disorders.

20 (7) To coordinate research, data collection, and
21 data dissemination on the prevention, diagnosis,
22 mitigation, treatment, and management of substance
23 use disorders, and to maintain a database of infor-
24 mation for that purpose.

1 (8) To facilitate advancements in the study of
2 the short-term and long-term physical and psycho-
3 logical effects of substance use disorders.

4 (9) To disseminate evidence-based best prac-
5 tices within the military medical treatment facilities
6 for training healthcare professionals and support
7 staff with respect to substance use disorders.

8 (10) To conduct basic science and translational
9 research on substance use disorders in members of
10 the Armed Forces for the purposes of understanding
11 the etiology of substance use disorders and devel-
12 oping preventive interventions and new treatments.

13 (11) To develop programs and outreach strate-
14 gies for families of members of the Armed Forces
15 with substance use disorders to address and to miti-
16 gate the impact of substance use disorders on such
17 family members and to support the recovery of such
18 members from substance use disorders.

19 (12) To conduct research on the health needs of
20 families of members of the Armed Forces with sub-
21 stance use disorders and develop protocols to ad-
22 dress any needs identified through such research.

23 (13) To disseminate information to families of
24 members of the Armed Forces regarding ways to
25 help prevent alcohol and drug abuse among their

1 children, as well as educational materials to address
2 how situations unique to military families, such as
3 having a parent deployed, can increase stress levels
4 and put a child at increased risk of abusing drugs
5 or alcohol.

6 (14) To develop and oversee a long-term plan to
7 increase the number of healthcare professionals and
8 support personnel within the Department in order to
9 facilitate the meeting by the Department of the
10 needs of members of the Armed Forces with sub-
11 stance use disorders while they remain on active
12 duty and until their transition to care and treatment
13 from the Department of Veterans Affairs.

14 (15) To develop and deploy an education and
15 awareness training initiative designed to reduce the
16 negative stigma associated with substance use dis-
17 orders and treatment.

18 (16) Such other responsibilities as the Secretary
19 shall specify.

20 **SEC. 6. CONGRESSIONAL DEFENSE COMMITTEES DEFINED.**

21 In this Act, the term “congressional defense commit-
22 tees” means—

23 (1) the Committee on Armed Services and the
24 Committee on Appropriations of the Senate; and

1 (2) the Committee on Armed Services and the
2 Committee on Appropriations of the House of Rep-
3 resentatives.

○