

109TH CONGRESS
1ST SESSION

H. R. 1588

To improve programs for the identification and treatment of post-deployment mental health conditions, including post-traumatic stress disorder, in veterans and members of the Armed Forces, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

APRIL 13, 2005

Mr. EVANS (for himself, Mr. FILNER, Mr. GUTIERREZ, Ms. CORRINE BROWN of Florida, Mr. MICHAUD, Ms. HERSETH, Mr. STRICKLAND, Ms. BERKLEY, Mr. UDALL of New Mexico, Mrs. DAVIS of California, Mr. BISHOP of Georgia, Mr. DEFazio, Mr. LYNCH, Ms. DELAURO, Mr. GRIJALVA, Mr. VAN HOLLEN, Ms. EDDIE BERNICE JOHNSON of Texas, Mr. McDERMOTT, Mr. SCHIFF, Mr. ABERCROMBIE, Mr. CASE, Mr. McGOVERN, Mr. PETERSON of Minnesota, Mrs. JONES of Ohio, Ms. BORDALLO, Mr. ORTIZ, Mr. GEORGE MILLER of California, Mr. ANDREWS, Mr. BAIRD, Mr. KENNEDY of Rhode Island, Mr. LANGEVIN, Mr. KUCINICH, Mr. EMANUEL, and Mr. TAYLOR of Mississippi) introduced the following bill; which was referred to the Committee on Veterans' Affairs, and in addition to the Committee on Armed Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To improve programs for the identification and treatment of post-deployment mental health conditions, including post-traumatic stress disorder, in veterans and 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,*

1 **SECTION 1. SHORT TITLE.**

2 (a) SHORT TITLE.—This Act may be cited as the
 3 “Comprehensive Assistance for Veterans Exposed to
 4 Traumatic Stressors Act of 2005”.

5 (b) TABLE OF CONTENTS.—The table of contents for
 6 this Act is as follows:

Sec. 1. Short title.

Sec. 2. Definition.

TITLE I—VETERANS OF PAST DEPLOYMENTS

Sec. 101. Six-year extension of eligibility for readjustment counseling services for Vietnam-era veterans.

TITLE II—MILITARY ISSUES

Sec. 201. Department of Veterans Affairs-Department of Defense Health Care Sharing Incentive Fund.

Sec. 202. Collection of data from pre- and post-deployment health assessments.

Sec. 203. Preventative maintenance post-deployment intervention.

TITLE III—PREVENTION, EARLY DETECTION, AND TREATMENT FOR RETURNING TROOPS

Sec. 301. Study to identify factors that decrease the likelihood of the development of chronic PTSD despite combat exposure.

Sec. 302. Extension of period of enhanced eligibility for VA health services for veterans who served in combat theaters of operations.

Sec. 303. Demonstration project to station Department of Veterans Affairs psychologists and psychiatrists at major demobilization sites and military treatment facilities.

Sec. 304. Model programs for post-deployment mental health practice.

Sec. 305. Performance measures for Department of Veterans Affairs health care administrators.

TITLE IV—DEPARTMENT OF DEFENSE/DEPARTMENT OF VETERANS AFFAIRS COUNCIL ON POST-DEPLOYMENT MENTAL HEALTH

Sec. 401. Establishment of Council.

Sec. 402. Duties of Council.

TITLE V—CAPACITY BUILDING IN DEPARTMENT OF VETERANS AFFAIRS

Sec. 501. Plan for expansion of Department of Veterans Affairs system to expand access to specialized PTSD care.

Sec. 502. Additional Department of Veterans Affairs resources.

TITLE VI—FAMILY THERAPY

Sec. 601. Eligibility for family counseling and bereavement counseling.

TITLE VII—EDUCATIONAL INITIATIVES

Sec. 701. Training program for health-care providers.

Sec. 702. Curriculum and protocols for cross-training of Department of Veterans Affairs clinicians.

Sec. 703. Publication of state-of-the-art post-deployment mental health problems diagnosis and treatment.

Sec. 704. Protocols for pain management for PTSD and war-related pain.

Sec. 705. Protocols for treatment of substance use disorders.

Sec. 706. Protocols for diagnosis of post-traumatic stress disorder.

TITLE VIII—NATIONAL STEERING COMMITTEE ON PTSD EDUCATION

Sec. 801. National steering committee.

Sec. 802. Funding support for National Center for PTSD.

Sec. 803. Continuing education to mental health providers.

Sec. 804. Web-based curriculum to sponsor clinician training initiatives.

TITLE IX—BENEFITS

Sec. 901. Identification of deficiencies in PTSD disability examinations.

Sec. 902. Criteria for determining medical conditions associated with PTSD.

TITLE X—PUBLIC AWARENESS

Sec. 1001. Public awareness program.

Sec. 1002. Web site and materials for general campaign of awareness of PTSD.

1 **SEC. 2. DEFINITION.**

2 In this Act, the term “PTSD” means post-traumatic
3 stress disorder.

4 **TITLE I—VETERANS OF PAST** 5 **DEPLOYMENTS**

6 **SEC. 101. SIX-YEAR EXTENSION OF ELIGIBILITY FOR READ-** 7 **JUSTMENT COUNSELING SERVICES FOR** 8 **VIETNAM-ERA VETERANS.**

9 Section 1712A(a)(1)(B)(ii) of title 38, United States
10 Code, is amended by striking “January 1, 2004” and in-
11 serting “January 1, 2010”.

1 **TITLE II—MILITARY ISSUES**

2 **SEC. 201. DEPARTMENT OF VETERANS AFFAIRS-DEPART-**
3 **MENT OF DEFENSE HEALTH CARE SHARING**
4 **INCENTIVE FUND.**

5 (a) IN GENERAL.—The Secretary of Veterans Affairs
6 and the Secretary of Defense shall jointly take such steps
7 as necessary to implement the proposal of the Center for
8 the Study of Traumatic Stress at the Uniformed Services
9 University of the Health Sciences for a Department of
10 Veterans Affairs-Department of Defense Health Care
11 Sharing Incentive Fund.

12 (b) TELECOMMUNICATIONS SUPPORT.—As part of
13 the implementation of the proposal referred to in sub-
14 section (a), the two Secretaries shall provide for a system
15 of telecommunications to support the following:

16 (1) Continuing education and support for front-
17 line (forward-deployed) providers of health-care serv-
18 ices.

19 (2) Enhanced treatment capacity for addressing
20 acute episodes of PTSD and other mental health
21 disorders in combat theaters, including—

22 (A) real-time access to clinical specialty
23 support;

1 (B) web-based information on state-of-the-
2 art protocols for the treatment and diagnosis of
3 PTSD and other mental health disorders; and
4 (C) educational programs concerning
5 PTSD and other mental health disorders com-
6 monly associated with deployment.

7 **SEC. 202. COLLECTION OF DATA FROM PRE- AND POST-DE-**
8 **PLOYMENT HEALTH ASSESSMENTS.**

9 (a) DATA COLLECTION.—The Secretary of Defense
10 shall take appropriate steps to assist the Secretary of Vet-
11 erans Affairs with the collection of data from pre- and
12 post-deployment health assessments of members of the
13 Armed Forces that may be relevant for identification and
14 treatment by the Secretary of Veterans Affairs of PTSD
15 and other post-deployment mental health issues. The Sec-
16 retary of Defense may provide such information in aggre-
17 gate, unidentified format and may provide such informa-
18 tion on a monthly basis or on such other schedule as the
19 two Secretaries may agree to.

20 (b) CONSENT FORMS.—The Secretary of Defense
21 shall develop forms for use in obtaining the written con-
22 sent of members of the Armed Forces to allow the Depart-
23 ment of Veterans Affairs to collect data contained on pre-
24 deployment and post-deployment health assessment forms
25 with relevant treatment information concerning PTSD

1 and other mental health problems that may be associated
2 with combat stress or readjustment to civilian life from
3 those members of the Armed Forces to be discharged or
4 demobilized within 90 days. Such consent forms shall be
5 developed and made available for use by members of the
6 Armed Forces covered by the preceding sentence not later
7 than 60 days after the date of the enactment of this Act.

8 (c) IDENTIFICATION OF SUBSTANCE USE DIS-
9 ORDERS.—The Secretary of Defense shall include in pre-
10 deployment and post-deployment health assessments ques-
11 tions to assist in identification of existing or potential sub-
12 stance use disorders among members of the Armed
13 Forces.

14 **SEC. 203. PREVENTATIVE MAINTENANCE POST-DEPLOY-**
15 **MENT INTERVENTION.**

16 (a) IN GENERAL.—The Secretary of Veterans Affairs
17 shall conduct routine preventative maintenance interven-
18 tion for all members of the Armed Forces returning from
19 deployment in a combat theater. Such intervention shall
20 be conducted between 90 and 180 days after such mem-
21 bers return from such deployment.

22 (b) PERSONNEL.—For purposes of such intervention,
23 the Secretary of Veterans Affairs may use—

24 (1) staff of the Department of Veterans Affairs,
25 including readjustment counseling staff; and

1 (2) persons trained by the Department of Vet-
2 erans Affairs, including volunteers from military
3 unit associations, veteran service organizations, or
4 other nonprofit organizations.

5 (c) SIZE.—Such intervention shall be conducted with
6 no more than six returning servicemembers at a time.

7 (d) PURPOSE.—The purpose of such intervention
8 shall be the following:

9 (1) To identify and distinguish symptoms of
10 “common” acute stress reactions from those of
11 chronic and severe post-traumatic stress disorder.

12 (2) To discuss concerns of combat personnel
13 and those expressed by their family members.

14 (3) To refer returning servicemembers to ap-
15 propriate services, as necessary.

16 (4) To disseminate educational materials about
17 post-deployment mental health issues, including
18 PTSD to servicemembers.

19 (5) To provide follow-up educational materials
20 by mail to family members.

21 (6) To provide information concerning home-
22 lessness, including risk factors, awareness assess-
23 ment, and contact information for preventative as-
24 sistance associated with homelessness.

1 (e) VA PARTICIPATION IN ADDITIONAL DEMOBILIZA-
2 TION ACTIVITIES.—The Secretary of Defense shall provide
3 for the Secretary of Veterans Affairs to participate in ad-
4 ditional demobilization activities, including the Transi-
5 tional Assistance Program, that are conducted within the
6 Department of Defense for the purposes specified in sub-
7 section (d).

8 **TITLE III—PREVENTION, EARLY**
9 **DETECTION, AND TREAT-**
10 **MENT FOR RETURNING**
11 **TROOPS**

12 **SEC. 301. STUDY TO IDENTIFY FACTORS THAT DECREASE**
13 **THE LIKELIHOOD OF THE DEVELOPMENT OF**
14 **CHRONIC PTSD DESPITE COMBAT EXPOSURE.**

15 (a) STUDY.—The Secretary of Veterans Affairs shall
16 provide for a study, to be conducted by an entity other
17 than the Department of Veterans Affairs and the Depart-
18 ment of Defense, to identify factors that decrease the like-
19 lihood of the development of chronic post-traumatic stress
20 disorder (PTSD) in servicemembers and veterans who
21 have had combat exposure, including exposure to guerilla
22 warfare.

23 (b) REPORT.—The Secretary shall provide for the en-
24 tity conducting the study under subsection (a) to submit
25 a report on the results of the study to the Secretary and

1 the Congress not later than one year after the date of the
2 enactment of this Act.

3 **SEC. 302. EXTENSION OF PERIOD OF ENHANCED ELIGI-**
4 **BILITY FOR VA HEALTH SERVICES FOR VET-**
5 **ERANS WHO SERVED IN COMBAT THEATERS**
6 **OF OPERATIONS.**

7 Section 1710(e)(3)(C) of title 38, United States
8 Code, is amended by striking “2 years” and inserting “five
9 years”.

10 **SEC. 303. DEMONSTRATION PROJECT TO STATION DEPART-**
11 **MENT OF VETERANS AFFAIRS PSYCHOLO-**
12 **GISTS AND PSYCHIATRISTS AT MAJOR DEMO-**
13 **BILIZATION SITES AND MILITARY TREAT-**
14 **MENT FACILITIES.**

15 (a) DEMONSTRATION PROJECT.—The Secretary of
16 Defense and the Secretary of Veterans Affairs shall jointly
17 provide for the conduct of a demonstration project under
18 which Department of Veterans Affairs psychologists and
19 psychiatrists are stationed at major demobilization sites
20 and military treatment facilities.

21 (b) PURPOSE.—The purposes of the demonstration
22 project shall be as follows:

- 23 (1) Identify, on an aggregate level, need for
24 mental health services among active-duty, Reserve,
25 and National Guard members.

1 (2) Provide such services or refer members for
2 necessary services.

3 (3) Advise servicemembers of the need for con-
4 tinuous services.

5 (4) Identify the obstacles servicemembers have
6 in seeking appropriate mental health care.

7 (c) FUNDING.—There is authorized to be appro-
8 priated such sums as may be necessary for each of fiscal
9 years 2006, 2007, and 2008 for the conduct of the dem-
10 onstration project. Amounts for the conduct of the project
11 shall be provided equally by the Secretary of Veterans Af-
12 fairs and the Secretary of Defense.

13 (d) ELIGIBILITY CRITERIA.—Based on the results of
14 the demonstration project, the Secretaries shall identify
15 appropriate eligibility criteria for programs to best re-
16 spond to the needs of veterans, servicemembers, and their
17 families for post-deployment mental health services. The
18 criteria identified shall be included in the report under
19 subsection (e).

20 (e) REPORT.—The Secretary of Veterans Affairs
21 shall submit to the Committees on Veterans' Affairs of
22 the Senate and House of Representatives a report pro-
23 viding the results of the demonstration project. The report
24 shall be submitted not later than 18 months after the date
25 of the enactment of this Act.

1 **SEC. 304. MODEL PROGRAMS FOR POST-DEPLOYMENT MEN-**
2 **TAL HEALTH PRACTICE.**

3 (a) MODEL PROGRAMS.—The Secretary of Veterans
4 Affairs, in consultation with the Secretary of Defense,
5 shall develop model programs to respond to a variety of
6 mental health disorders prevalent among veterans of serv-
7 ice in Operation Iraqi Freedom and Operation Enduring
8 Freedom. The program shall be implemented at three sites
9 selected by the Secretary, of which—

10 (1) at least one site shall assign case managers
11 to veterans receiving care under such program; and

12 (2) at least one site shall use an integrated
13 mental health and primary care model for post-de-
14 ployment mental health practice.

15 (b) PURPOSE.—The purpose of the model program
16 shall be as follows:

17 (1) Development of training protocols for in-
18 volved clinicians.

19 (2) Identification of medical conditions which
20 may be associated with post-deployment mental
21 health problems including PTSD.

22 (3) Identification of “best practices” for treat-
23 ment of post-deployment mental health problems in-
24 cluding PTSD.

25 (4) Dissemination of results to the Veterans
26 Health Administration and the Veterans Benefits

1 Administration of the Department of Veterans Af-
2 fairs.

3 (c) AUTHORIZATION.—There is authorized to be ap-
4 propriated for the purposes of subsection (a) the amount
5 of \$5,000,000 for each of fiscal years 2006, 2007, and
6 2008.

7 **SEC. 305. PERFORMANCE MEASURES FOR DEPARTMENT OF**
8 **VETERANS AFFAIRS HEALTH CARE ADMINIS-**
9 **TRATORS.**

10 (a) PERFORMANCE MEASURES.—The Secretary of
11 Defense and the Secretary of Veterans Affairs, acting
12 through the Department of Defense/Department of Vet-
13 erans Affairs Council on Post-Deployment Mental Health
14 established under section 401, shall develop performance
15 measures for Department of Veterans Affairs regional
16 health-care directors (referred to as VISN directors) and
17 Department of Defense TRICARE regional managers to
18 ensure the appropriate deployment of resources to imple-
19 ment the treatment protocols referred to as “Iraq War
20 Clinical Practice Guidelines”.

21 (b) USE OF PERFORMANCE MEASURES.—The per-
22 formance measures under subsection (a) shall be designed
23 to assess—

1 (1) access and availability of PTSD treatment
2 for servicemembers returned from deployment in a
3 combat theater; and

4 (2) implementation of protocols referred to in
5 subsection (a).

6 **TITLE IV—DEPARTMENT OF DE-**
7 **FENSE/DEPARTMENT OF VET-**
8 **ERANS AFFAIRS COUNCIL ON**
9 **POST-DEPLOYMENT MENTAL**
10 **HEALTH**

11 **SEC. 401. ESTABLISHMENT OF COUNCIL.**

12 The Secretary of Defense and the Secretary of Vet-
13 erans Affairs shall jointly establish a council to be known
14 as the Department of Defense/Department of Veterans Af-
15 fairs Council on Post-Deployment Mental Health. The
16 council shall be composed of leadership of the two depart-
17 ments in the areas of mental health, PTSD, substance
18 abuse, and military sexual trauma. The council shall be
19 established not later than 120 days after the date of the
20 enactment of this Act.

21 **SEC. 402. DUTIES OF COUNCIL.**

22 (a) DUTIES.—The Department of Defense/Depart-
23 ment of Veterans Affairs Council on Post-Deployment
24 Mental Health shall have the following duties:

1 (1) Review of the continuum of care between
2 the Department of Defense and the Department of
3 Veterans Affairs for mental health, PTSD, sub-
4 stance abuse, and military sexual trauma.

5 (2) Identification of gaps in the treatment capa-
6 bility of the health-care systems of the Department
7 of Defense and Department of Veterans Affairs for
8 mental health, PTSD, substance abuse, and military
9 sexual trauma and expected gaps in such continuum,
10 with emphasis on access to services in rural areas,
11 to meet the expected demand from current users and
12 servicemembers returning from Operation Iraqi
13 Freedom and Operation Enduring Freedom and
14 other deployments.

15 (3) Promotion, within both systems, of an edu-
16 cational program to implement the jointly developed
17 Iraq War Clinical Practice Guidelines.

18 (4) Development of outcome monitors and qual-
19 ity improvement instruments to ensure that internal
20 policy regarding PTSD is implemented (including
21 TRICARE and VISN directors' performance meas-
22 ures under section 307).

23 (5) Recommendation of policies to reduce the
24 stigma associated with the seeking of mental health

1 care by active-duty, Reserve, and National Guard
2 members.

3 (6) Identification of the highest post-deploy-
4 ment mental health research priorities for the two
5 departments.

6 (7) Communications to inform active-duty
7 servicemembers and veterans of matters relating to
8 PTSD.

9 (b) ANNUAL MEETING WITH STAKEHOLDERS.—The
10 Council shall meet at least annually with stakeholder
11 groups comprised of veterans, veterans service organiza-
12 tions, and family members of veterans receiving care from
13 the Department of Veterans Affairs mental health pro-
14 grams, and mental health associations.

15 (c) REPORT.—The Council shall prepare a report
16 based on the reviews under paragraphs (1) and (2) of sub-
17 section (a) to identify the necessary resources to create
18 or enhance PTSD treatment capabilities. The report shall
19 be made available to the Secretary of both Departments
20 for comment. The Secretaries shall indicate recommenda-
21 tions in which they concur or disagree and include specific
22 plans for implementation of any recommendations accept-
23 ed. The report, with the comments and recommendations
24 of the two Secretaries shall be submitted to the Commit-
25 tees on Veterans' Affairs and the Committees on Armed

1 Services of the Senate and House of Representatives not
2 later than one year after the date of the enactment of this
3 Act. The report shall include priority listing of sites which
4 require investments according to the greatest perceived
5 need for PTSD services.

6 **TITLE V—CAPACITY BUILDING**
7 **IN DEPARTMENT OF VET-**
8 **ERANS AFFAIRS**

9 **SEC. 501. PLAN FOR EXPANSION OF DEPARTMENT OF VET-**
10 **ERANS AFFAIRS SYSTEM TO EXPAND ACCESS**
11 **TO SPECIALIZED PTSD CARE.**

12 (a) DEVELOPMENT OF PLAN.—Based upon the re-
13 port under section 402(b), the Secretary of Veterans Af-
14 fairs shall develop a plan for the Department of Veterans
15 Affairs to expand access to specialized PTSD care
16 through—

17 (1) Readjustment Counseling Service centers
18 operated under section 1712A of title 38, United
19 States Code;

20 (2) community-based outpatient clinics; and

21 (3) telemedicine.

22 (b) INSPECTOR GENERAL INVESTIGATION.—The In-
23 spector General of the Department of Veterans Affairs
24 shall investigate specialized programs of the Department

1 of Veterans Affairs for the treatment of post-traumatic
2 stress disorder in order to determine—

- 3 (1) the current workloads of those programs;
- 4 (2) staff associated with each of those pro-
5 grams;
- 6 (3) funds obligated for those programs; and
- 7 (4) any waiting times associated with those pro-
8 grams.

9 (c) REPORT.—The Inspector General shall submit to
10 the Committees on Veterans' Affairs of the Senate and
11 House of Representatives a report containing the Inspec-
12 tor General's findings under subsection (b), together with
13 an assessment of the ability of the Department of Vet-
14 erans Affairs to address such findings, along with rec-
15 ommendations for accommodating—

- 16 (1) the current workload of the Department in
17 specialized treatment program;
- 18 (2) 102 percent of the current workload of the
19 Department; and
- 20 (3) 110 percent of the current workload of the
21 Department.

1 **SEC. 502. ADDITIONAL DEPARTMENT OF VETERANS AF-**
2 **FAIRS RESOURCES.**

3 In order to improve access to mental health services,
4 the Secretary of Veterans Affairs shall provide the fol-
5 lowing:

6 (1) 100 additional full-time equivalent employ-
7 ees to Readjustment Counseling Service outstations.

8 (2) A PTSD clinical team at every medical cen-
9 ter of the Veterans Health Administration.

10 (3) A family therapist at each Vet Center under
11 section 1712A of title 38, United States Code.

12 (4) A PTSD coordinator in each regional net-
13 work referred to as a Veterans Integrated Service
14 Network (VISN) whose duties shall include—

15 (A) development of plans for meeting
16 PTSD and other post-deployment mental health
17 treatment needs consistent with the report
18 under section 402(b);

19 (B) assurance of implementation of clinical
20 practice guidelines throughout the VISN;

21 (C) liaison among all health-care sites in
22 the VISN and the Department Central Office
23 on matters relating to PTSD.

24 (5) A PTSD coordinator in each regional office
25 of the Readjustment Counseling Service whose du-
26 ties shall include liaison with regional office staff

1 and medical centers for veterans seeking service-con-
2 nection for PTSD.

3 **TITLE VI—FAMILY THERAPY**

4 **SEC. 601. ELIGIBILITY FOR FAMILY COUNSELING AND BE-**
5 **REAVEMENT COUNSELING.**

6 (a) COUNSELING FOR FAMILY MEMBERS OF VET-
7 ERANS BEING TREATED FOR SERVICE-CONNECTED DIS-
8 ABILITIES.—Section 1782(a) of title 38, United States
9 Code, is amended by adding at the end the following new
10 sentence: “In addition, the Secretary shall provide to an
11 individual described in subsection (c) such professional
12 counseling and mental health services as are necessary as
13 a consequence of a disability of a veteran described in the
14 preceding sentence. Counseling and mental health services
15 under the preceding sentence shall be provided (if so re-
16 quested by the individual) for a period of two years from
17 the date on which the individual first receives such coun-
18 seling or mental health services under the preceding sen-
19 tence.”.

20 (b) BEREAVEMENT COUNSELING.—Section 1783 of
21 such title is amended—

22 (1) by striking “may provide” in subsections (a)
23 and (b) and inserting “shall, upon request, provide”;
24 and

1 (2) by adding at the end the following new sub-
2 section:

3 “(d) DURATION OF COUNSELING.—Counseling under
4 subsection (a) or with respect to the death of a veteran
5 or under subsection (b) with respect to the death of a
6 member who dies in the active military, naval, or air serv-
7 ice shall be provided to an individual eligible for such
8 counseling (if so requested by that individual) for a period
9 of two years from the date on which the individual first
10 receives counseling under this section with respect to that
11 death.”.

12 **TITLE VII—EDUCATIONAL**
13 **INITIATIVES**

14 **SEC. 701. TRAINING PROGRAM FOR HEALTH-CARE PRO-**
15 **VIDERS.**

16 The Secretary of Veterans Affairs and the Secretary
17 of Defense shall jointly develop a broad training program
18 for all health-care providers in the Department of Vet-
19 erans Affairs and the Department of Defense to famil-
20 iarize those providers with mental health-care issues that
21 are likely to arise among persons deployed to combat thea-
22 ters during the five years after such a deployment.

1 **SEC. 702. CURRICULUM AND PROTOCOLS FOR CROSS-**
2 **TRAINING OF DEPARTMENT OF VETERANS**
3 **AFFAIRS CLINICIANS.**

4 The Secretary of Veterans Affairs shall develop a cur-
5 riculum and required protocols for cross-training to allow
6 the following clinicians of the Department of Veterans Af-
7 fairs to screen for post-deployment mental health prob-
8 lems, including PTSD, and, as appropriate, provide infor-
9 mation and appropriate referral to—

- 10 (1) primary care providers;
11 (2) practitioners assigned as Gulf War points-
12 of-contact; and
13 (3) clinicians assigned as case managers.

14 **SEC. 703. PUBLICATION OF STATE-OF-THE-ART POST-DE-**
15 **PLOYMENT MENTAL HEALTH PROBLEMS DI-**
16 **AGNOSIS AND TREATMENT.**

17 The Secretary of Veterans Affairs and the Secretary
18 of Defense shall jointly develop a plan for the production
19 and dissemination of publications to advise clinicians on
20 state-of-the-art diagnosis and treatment of PTSD and
21 other mental health disorders experienced after deploy-
22 ment, including any medical conditions associated with
23 such disorders.

1 **SEC. 704. PROTOCOLS FOR PAIN MANAGEMENT FOR PTSD**
2 **AND WAR-RELATED PAIN.**

3 The Secretary of Veterans Affairs and the Secretary
4 of Defense shall jointly develop protocols for pain manage-
5 ment for PTSD and war-related pain.

6 **SEC. 705. PROTOCOLS FOR TREATMENT OF SUBSTANCE**
7 **USE DISORDERS.**

8 The Secretary of Defense shall develop appropriate
9 substance use disorder treatment protocols for assistance
10 in combat areas of operations and on return to the United
11 States.

12 **SEC. 706. PROTOCOLS FOR DIAGNOSIS OF POST-TRAU-**
13 **MATIC STRESS DISORDER.**

14 (a) FINDINGS.—The Congress finds as follows:

15 (1) The symptoms of post-traumatic stress dis-
16 order are often similar to those of traumatic brain
17 injury and some neurological disorders.

18 (2) Some veterans with PTSD have co-
19 morbidities that may mask or compound the symp-
20 toms associated with PTSD.

21 (3) Correct diagnosis of PTSD and other dis-
22 orders is critical to effective treatment of those dis-
23 orders.

24 (b) CLINICAL PRACTICE GUIDELINES.—The Sec-
25 retary of Veterans Affairs shall develop clinical practice
26 guidelines to ensure that clinicians are able to effectively

1 distinguish between diagnoses with similar symptoms that
 2 may manifest as post-traumatic stress disorder.

3 **TITLE VIII—NATIONAL STEER-** 4 **ING COMMITTEE ON PTSD** 5 **EDUCATION**

6 **SEC. 801. NATIONAL STEERING COMMITTEE.**

7 (a) ESTABLISHMENT.—There is a National Steering
 8 Committee on PTSD Education, to be appointed by the
 9 joint council established under section 401. The committee
 10 shall be comprised of mental health and other health pro-
 11 fessionals and health educators involved in the care of vet-
 12 erans of a deployment to a theater of combat on or after
 13 the date of the enactment of this Act.

14 (b) PURPOSE.—The committee shall review training
 15 protocols for health-care providers and plans for dissemi-
 16 nation of educational materials to veterans, their families,
 17 and other relevant parties and shall identify the resources
 18 available to provide for those purposes.

19 (c) MEETINGS.—The committee shall meet at least
 20 once annually.

21 **SEC. 802. FUNDING SUPPORT FOR NATIONAL CENTER FOR** 22 **PTSD.**

23 There is authorized to be appropriated to the Sec-
 24 retary of Veterans Affairs for the National Center for
 25 PTSD to assist in carrying out a joint educational initia-

1 tive with the Uniformed Services University of the Health
2 Sciences the amount of \$5,000,000 for each of fiscal years
3 2005 through 2014.

4 **SEC. 803. CONTINUING EDUCATION TO MENTAL HEALTH**
5 **PROVIDERS.**

6 The National Steering Committee established under
7 section 801 shall provide continuing education to mental
8 health providers in the Department of Veterans Affairs
9 and the Department of Defense.

10 **SEC. 804. WEB-BASED CURRICULUM TO SPONSOR CLINI-**
11 **CIAN TRAINING INITIATIVES.**

12 The National Steering Committee established under
13 section 801 shall develop a Web-based curriculum to spon-
14 sor clinician training initiatives.

15 **TITLE IX—BENEFITS**

16 **SEC. 901. IDENTIFICATION OF DEFICIENCIES IN PTSD DIS-**
17 **ABILITY EXAMINATIONS.**

18 (a) EVALUATION OF ADJUDICATION OF CLAIMS.—
19 The Secretary of Veterans Affairs, in consultation with the
20 National Center for PTSD, shall obtain an evaluation of
21 the quality and consistency of adjudication of claims for
22 PTSD, including the adequacy of service-connected com-
23 pensation examinations for rating purposes and the extent
24 to which veterans who are service-connected for PTSD are
25 actually employed and employable.

1 (b) REPORT.—Not later than 12 months after the
2 date of the enactment of this Act, the Secretary shall sub-
3 mit to the Committees on Veterans Affairs of the Senate
4 and House of Representatives a report that includes the
5 following information and recommendations:

6 (1) The types of evidence sufficient to confirm
7 combat experience for veterans filing claims for
8 PTSD based on combat.

9 (2) The policies and procedures used to obtain
10 confirmation of a stressor, including documentation
11 of service in combat for claims based on PTSD.

12 (3) Based on a representative national sample,
13 the number and percentage of veterans for each pe-
14 riod of war whose claims for PTSD have been de-
15 nied based upon the lack of a credible stressor.

16 (4) Based on a representative national sample,
17 the number and percentage of veterans for each pe-
18 riod of war whose claims for PTSD have been de-
19 nied based upon the lack of a diagnosis of PTSD.

20 (5) Based on a representative national sample,
21 the number and percentage of veterans for each pe-
22 riod of war whose claims for PTSD have been grant-
23 ed and the rating which was initially awarded for
24 that claim.

1 (6) The number of initial and subsequent
2 claims and average time to process claims for PTSD
3 which have been granted (including the rating as-
4 signed and any determination as to employability)
5 and denied for each regional office for a consecutive
6 six month period.

7 (7) The number and percentage of initial claims
8 for PTSD selected from a representative national
9 sample during a consecutive six month period which
10 had a compensation and pension examination con-
11 ducted in compliance with best practices for PTSD
12 examinations.

13 (8) The number and percentage of examina-
14 tions selected from a representative national sample
15 during a consecutive six month period in which the
16 compensation and pension examinations for PTSD
17 were judged to be inadequate.

18 (9) The number and percentage of claims for
19 PTSD selected from a representative national sam-
20 ple during that consecutive six month period for
21 which the examination was returned as inadequate.

22 (10) The maximum, minimum and average time
23 based upon a representative national sample allo-
24 cated for completion of an initial compensation and
25 pension examination for PTSD.

1 (11) An assessment comparing the employment
2 of veterans rated for psychiatric impairments with
3 similar ratings based upon physical impairments in-
4 cluding, the number of veterans in each sample who
5 are employed on a full time or part time basis, the
6 average time such veterans have been unemployed
7 and a comparison of the amount of work lost from
8 employment due to disability and the average earn-
9 ings of veterans in each group.

10 (12) Taking into account criteria such as the
11 information in the Dictionary of Occupational Titles
12 (DOT), including its companion publication, the Se-
13 lected Characteristics of Occupations Defined in the
14 Revised Dictionary of Occupational Titles (SCO),
15 published by the Department of Labor, examples of
16 the types of employment that an average veteran
17 rated at 30 percent, at 50 percent, and at 70 per-
18 cent disabled for PTSD can be expected to obtain
19 and retain.

20 (13) The number of claims for PTSD appealed
21 to the Board of Veterans Appeals during fiscal year
22 2005, including the specific issue appealed (service-
23 connection, effective date, rating) and the results of
24 such appeals (affirmed, denied, remanded, other dis-
25 position).

1 (14) Recommendations for improving the accu-
 2 racy and consistency of PTSD examinations, claim
 3 development and decisions.

4 (15) Barriers to successful employment for vet-
 5 erans who have been service-connected for PTSD.

6 (16) Recommendations for removing barriers to
 7 employment for veterans who have been service-con-
 8 nected for PTSD.

9 (17) Recommendations for legislative changes
 10 which could improve the potential for vocational re-
 11 habilitation and employment of persons service-con-
 12 nected for PTSD.

13 **SEC. 902. CRITERIA FOR DETERMINING MEDICAL CONDI-**
 14 **TIONS ASSOCIATED WITH PTSD.**

15 The Secretary of Veterans Affairs shall develop—

16 (1) criteria for determining those medical condi-
 17 tions that are as likely as not to be associated with
 18 PTSD; and

19 (2) standards for determining when secondary
 20 service-connection should be granted for those condi-
 21 tions.

22 **TITLE X—PUBLIC AWARENESS**

23 **SEC. 1001. PUBLIC AWARENESS PROGRAM.**

24 The Secretary of Veterans Affairs shall conduct an
 25 aggressive, comprehensive outreach program to enhance

1 the awareness of veterans, and the public in general, of
2 the symptoms of PTSD and of the services available for
3 veterans with those symptoms. The Secretary of Defense
4 shall provide the Secretary of Veterans Affairs with such
5 assistance as may be required for the purposes of such
6 program. To the extent practicable, the program shall be
7 conducted through the joint council established under sec-
8 tion 401.

9 **SEC. 1002. WEB SITE AND MATERIALS FOR GENERAL CAM-**
10 **PAIGN OF AWARENESS OF PTSD.**

11 As part of the program under this title, the Secretary
12 of Veterans Affairs shall develop and continually update
13 a Web site and materials, including pamphlets, news re-
14 leases, fact sheets, and other materials, for the purposes
15 of a general campaign of awareness of post-traumatic
16 stress disorder.

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