

113TH CONGRESS
2D SESSION

S. 2300

To amend title 10, United States Code, to require the Secretary of Defense to conduct periodic mental health assessments for members of the Armed Forces and to submit reports with respect to mental health, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MAY 7, 2014

Mr. DONNELLY (for himself and Mr. WICKER) introduced the following bill;
which was read twice and referred to the Committee on Armed Services

A BILL

To amend title 10, United States Code, to require the Secretary of Defense to conduct periodic mental health assessments for members of the Armed Forces and to submit reports with respect to mental health, 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 “Jacob Sexton Military
5 Suicide Prevention Act of 2014”.

1 **SEC. 2. ANNUAL MENTAL HEALTH ASSESSMENTS FOR MEM-**
2 **BERS OF THE ARMED FORCES.**

3 (a) MENTAL HEALTH ASSESSMENTS.—

4 (1) IN GENERAL.—Chapter 55 of title 10,
5 United States Code, is amended by inserting after
6 section 1074m the following new section:

7 **“§ 1074n. Annual mental health assessments for mem-**
8 **bers of the armed forces**

9 “(a) MENTAL HEALTH ASSESSMENTS.—Subject to
10 subsection (d), not less frequently than once each calendar
11 year, the Secretary of Defense shall provide a person-to-
12 person mental health assessment for—

13 “(1) each member of the armed forces on active
14 duty; and

15 “(2) each member of the Ready Reserve of an
16 armed force.

17 “(b) PURPOSE.—The purpose of a mental health as-
18 sessment provided pursuant to this section shall be to
19 identify mental health conditions among members of the
20 armed forces in order to determine which such members
21 are in need of additional care, treatment, or other services
22 for such health conditions.

23 “(c) ELEMENTS.—The mental health assessments
24 provided pursuant to this section shall—

25 “(1) be conducted in accordance with the re-
26 quirements of subsection (c)(1) of section 1074m of

1 this title with respect to a mental health assessment
2 provided pursuant to such section; and

3 “(2) include a review of the health records of
4 the member that are related to each previous health
5 assessment or other relevant activities of the mem-
6 ber while serving in the armed forces, as determined
7 by the Secretary.

8 “(d) SUFFICIENCY OF OTHER MENTAL HEALTH AS-
9 SESSMENTS.—(1) The Secretary is not required to provide
10 a mental health assessment pursuant to this section to an
11 individual in a calendar year in which the individual has
12 received a mental health assessment pursuant to section
13 1074m of this title.

14 “(2) The Secretary may treat periodic health assess-
15 ments and other person-to-person assessments that are
16 provided to members of the armed forces, including exami-
17 nations under section 1074f of this title, as meeting the
18 requirements for mental health assessments required
19 under this section if the Secretary determines that such
20 assessments and person-to-person assessments meet the
21 requirements for mental health assessments established by
22 this section.

23 “(e) REPORTS.—(1) Not less frequently than once
24 each year, the Secretary of Defense shall submit to the
25 Committee on Armed Services of the Senate and the Com-

1 mittee on Armed Services of the House of Representatives
2 a report on the annual mental health assessments of mem-
3 bers of the armed forces conducted pursuant to this sec-
4 tion.

5 “(2) Each report required by paragraph (1) shall in-
6 clude, with respect to assessments conducted pursuant to
7 this section during the one-year period preceding the date
8 of the submittal of such report, the following:

9 “(A) The number of members who received an
10 assessment.

11 “(B) A description of the tools and processes
12 used to provide such assessments, including—

13 “(i) whether such tools and processes are
14 evidenced-based; and

15 “(ii) the process by which such tools and
16 processes have been approved for use in pro-
17 viding mental health assessments.

18 “(C) A description of the mental health condi-
19 tions detected through such assessments.

20 “(D) The number of members referred for care
21 and services based on mental health conditions de-
22 tected through such assessments.

23 “(E) Such recommendations for improving the
24 monitoring and reporting of the number of members

1 who receive care and services based on such referrals
 2 as the Secretary considers appropriate.

3 “(F) Such recommendations for improving the
 4 tools and processes used to conduct such assess-
 5 ments, including tools that may address the under-
 6 reporting of mental health conditions, as the Sec-
 7 retary considers appropriate.

8 “(3) No personally identifiable information may be
 9 included in any report under paragraph (1).

10 “(f) PRIVACY MATTERS.—Any medical or other per-
 11 sonal information obtained under this section shall be pro-
 12 tected from disclosure or misuse in accordance with the
 13 laws on privacy applicable to such information.

14 “(g) REGULATIONS.—The Secretary of Defense shall,
 15 in consultation with the other administering Secretaries,
 16 prescribe regulations for the administration of this sec-
 17 tion.”.

18 (2) CLERICAL AMENDMENT.—The table of sec-
 19 tions at the beginning of chapter 55 of such title is
 20 amended by inserting after the item relating to sec-
 21 tion 1074m the following new item:

“1074n. Annual mental health assessments for members of the armed forces.”.

22 (3) IMPLEMENTATION.—Not later than 180
 23 days after the date of the issuance of the regulations
 24 prescribed under section 1074n(g) of title 10, United
 25 States Code, as added by paragraph (1) of this sub-

1 section, the Secretary of Defense shall implement
 2 such regulations.

3 (b) CONFORMING AMENDMENT.—Section
 4 1074m(e)(1) of such title is amended by inserting “and
 5 section 1074n of this title” after “pursuant to this sec-
 6 tion”.

7 **SEC. 3. INTERAGENCY WORKING GROUP ON THE PROVI-**
 8 **SION OF MENTAL HEALTH SERVICES TO**
 9 **MEMBERS OF THE NATIONAL GUARD AND**
 10 **THE RESERVES.**

11 (a) ESTABLISHMENT.—Not later than 120 days after
 12 the date of the enactment of this Act, the Secretary of
 13 Defense shall, in consultation with the Secretaries of the
 14 military departments, the Assistant Secretary of Defense
 15 for Reserve Affairs, the Assistant Secretary of Defense for
 16 Health Affairs, the Chief of the National Guard Bureau,
 17 and the Secretary of Health and Human Services, convene
 18 an interagency working group to review and recommend
 19 collaborative approaches to improving the provision of
 20 mental health services to members of the National Guard
 21 and the Reserves.

22 (b) DUTIES.—The duties of the interagency working
 23 group convened pursuant to subsection (a) are as follows:

24 (1) To review existing programs that can be
 25 used to improve the provision of accessible, timely,

1 and high-quality mental health services to members
2 of the National Guard and the Reserves.

3 (2) To recommend new interagency programs
4 and partnerships to improve the provision of such
5 mental health services to such members.

6 (3) To recommend best practices for partner-
7 ships among the Armed Forces, the National Guard,
8 the Department of Health and Human Services,
9 States, and private and academic entities to improve
10 the provision of mental health care to members of
11 the National Guard and the Reserves.

12 (c) CONSULTATION.—In carrying out the duties
13 under subsection (b), the interagency working group may
14 consult with representatives of academia, industry, and
15 such other relevant agencies, organizations, and institu-
16 tions as the interagency working group considers appro-
17 priate.

18 (d) REPORT.—

19 (1) IN GENERAL.—Not later than one year
20 after the date of the enactment of this Act, the Sec-
21 retary of Defense shall submit to the appropriate
22 committees of Congress a report that includes the
23 findings and recommendations of the interagency
24 working group.

1 (2) APPROPRIATE COMMITTEES OF CON-
2 GRESS.—In this subsection, the term “appropriate
3 committees of Congress” means—

4 (A) the congressional defense committees,
5 as that term is defined in section 101(a)(16) of
6 title 10, United States Code;

7 (B) the Committee on Health, Education,
8 Labor, and Pensions of the Senate; and

9 (C) the Committee on Energy and Com-
10 merce of the House of Representatives.

11 (e) PRIVACY MATTERS.—

12 (1) IN GENERAL.—Any medical or other per-
13 sonal information obtained pursuant to any provi-
14 sion of this section shall be protected from disclosure
15 or misuse in accordance with the laws on privacy ap-
16 plicable to such information.

17 (2) EXCLUSION OF PERSONALLY IDENTIFIABLE
18 INFORMATION FROM REPORTS.—No personally iden-
19 tifiable information may be included in any report
20 required by subsection (d).

1 **SEC. 4. REPORT ON IMPROVEMENTS IN THE IDENTIFICA-**
2 **TION AND TREATMENT OF MENTAL HEALTH**
3 **CONDITIONS AND TRAUMATIC BRAIN INJURY**
4 **AMONG MEMBERS OF THE ARMED FORCES.**

5 (a) IN GENERAL.—Not later than one year after the
6 date of the enactment of this Act, the Secretary of Defense
7 shall submit to the Committee on Armed Services of the
8 Senate and the Committee on Armed Services of the
9 House of Representatives a report setting forth an evalua-
10 tion of specific tools, processes, and best practices to im-
11 prove the identification of and treatment by the Armed
12 Forces of mental health conditions and traumatic brain
13 injury among members of the Armed Forces.

14 (b) ELEMENTS.—The report under subsection (a)
15 shall include the following:

16 (1) An evaluation of existing peer-to-peer iden-
17 tification and intervention programs in each of the
18 Armed Forces.

19 (2) An evaluation of the Star Behavioral Health
20 Providers program and similar programs that pro-
21 vide training and certification to health care pro-
22 viders that treat mental health conditions and trau-
23 matic brain injury in members of the Armed Forces.

24 (3) An evaluation of programs and services pro-
25 vided by the Armed Forces that provide training and
26 certification to providers of cognitive rehabilitation

1 and other rehabilitation for traumatic brain injury
2 to members of the Armed Forces.

3 (4) An evaluation of programs and services pro-
4 vided by the Armed Forces that target members of
5 the Armed Forces and family members affected by
6 suicides among members of the Armed Forces.

7 (5) An evaluation of tools and processes used
8 by the Armed Forces to identify traumatic brain in-
9 jury in members of the Armed Forces and to distin-
10 guish mental health conditions likely caused by trau-
11 matic brain injury from mental health conditions
12 caused by other factors.

13 (6) An evaluation of the unified effort of the
14 Armed Forces to promote mental health and prevent
15 suicide through the integration of clinical and non-
16 clinical programs of the Armed Forces.

17 (7) Recommendations with respect to improv-
18 ing, consolidating, expanding, and standardizing the
19 programs, services, tools, processes, and efforts de-
20 scribed in paragraphs (1) through (6).

21 (8) A description of existing efforts to reduce
22 the time from development and testing of new men-
23 tal health and traumatic brain injury tools and
24 treatments for members of the Armed Forces to

1 widespread dissemination of such tools and treat-
2 ments among the Armed Forces.

3 (9) Recommendations as to the feasibility and
4 advisability of establishing preliminary mental health
5 assessments and pre-discharge mental health assess-
6 ments for members of the Armed Forces, including
7 the utility of using tools and processes in such men-
8 tal health assessments that conform to those used in
9 other mental health assessments provided to mem-
10 bers of the Armed Forces.

11 (10) Recommendations on tracking changes in
12 the mental health assessment of a member of the
13 Armed Forces relating to traumatic brain injury,
14 post-traumatic stress disorder, depression, anxiety,
15 and other conditions.

16 (11) A description of the methodology used by
17 the Secretary in preparing the report required by
18 this section, including a description of the input pro-
19 vided by the entity and individuals consulted pursu-
20 ant to subsection (c).

21 (c) CONSULTATION.—The Secretary of Defense shall
22 carry out this section in consultation with the following:

23 (1) An advisory council composed of—

24 (A) behavioral health officers of the Public
25 Health Service; and

1 (B) mental health and other health pro-
2 viders who serve members of the regular and
3 reserve components of each Armed Force.

4 (2) The Assistant Secretary of Defense for
5 Health Affairs.

6 (3) The Assistant Secretary of Defense for Re-
7 serve Affairs.

8 (4) The Secretaries of the military departments.

9 (5) The Chief of the National Guard Bureau.

10 (6) The Secretary of Veterans Affairs.

11 (7) The Secretary of Health and Human Serv-
12 ices.

13 (8) The Director of the Centers for Disease
14 Control and Prevention.

15 (9) The Administrator of the Substance Abuse
16 and Mental Health Services Administration.

17 (10) The Director of the National Institutes of
18 Health.

19 (11) The President of the Institute of Medicine.

20 (d) PRIVACY MATTERS.—

21 (1) IN GENERAL.—Any medical or other per-
22 sonal information obtained pursuant to any provi-
23 sion of this section shall be protected from disclosure
24 or misuse in accordance with the laws on privacy ap-
25 plicable to such information.

1 (2) EXCLUSION OF PERSONALLY IDENTIFIABLE
2 INFORMATION FROM REPORTS.—No personally iden-
3 tifiable information may be included in any report
4 required by subsection (a).

5 (e) DEFINITIONS.—In this section:

6 (1) PRELIMINARY MENTAL HEALTH ASSESS-
7 MENT.—The term “preliminary mental health as-
8 sessment” means a mental health assessment con-
9 ducted with respect to an individual before the indi-
10 vidual enlists in the Armed Forces or is commis-
11 sioned as an officer in the Armed Forces.

12 (2) PRE-DISCHARGE MENTAL HEALTH ASSESS-
13 MENT.—The term “pre-discharge mental health as-
14 sessment” means a mental health assessment con-
15 ducted with respect to an individual during the 90-
16 day period preceding the date of discharge or release
17 of the individual from the Armed Forces.

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