

109TH CONGRESS
2^D SESSION

S. 3984

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 SENATE OF THE UNITED STATES

SEPTEMBER 28, 2006

Mr. HARKIN (for himself, Mr. LEAHY, Ms. MIKULSKI, and Mr. KERRY) introduced the following bill; which was read twice and referred to the Committee on Veterans' Affairs

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,*

3 **SECTION 1. SHORT TITLE.**

4 (a) **SHORT TITLE.**—This Act may be cited as the
5 “Comprehensive Assistance for Veterans Exposed to
6 Traumatic Stressors Act of 2006”.

7 (b) **TABLE OF CONTENTS.**—The table of contents for
8 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. Peer counseling program.

Sec. 305. Model programs for post-deployment mental health practice.

Sec. 306. 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”.

12 **TITLE II—MILITARY ISSUES**

13 **SEC. 201. DEPARTMENT OF VETERANS AFFAIRS-DEPART-**
 14 **MENT OF DEFENSE HEALTH CARE SHARING**
 15 **INCENTIVE FUND.**

16 (a) IN GENERAL.—The Secretary of Veterans Affairs
 17 and the Secretary of Defense shall jointly take such steps
 18 as necessary to implement the proposal of the Center for

1 the Study of Traumatic Stress at the Uniformed Services
2 University of the Health Sciences for a Department of
3 Veterans Affairs-Department of Defense Health Care
4 Sharing Incentive Fund.

5 (b) TELECOMMUNICATIONS SUPPORT.—As part of
6 the implementation of the proposal referred to in sub-
7 section (a), the two Secretaries shall provide for a system
8 of telecommunications to support the following:

9 (1) Continuing education and support for front-
10 line (forward-deployed) providers of health-care serv-
11 ices.

12 (2) Enhanced treatment capacity for addressing
13 acute episodes of PTSD and other mental health
14 disorders in combat theaters, including—

15 (A) real-time access to clinical specialty
16 support;

17 (B) web-based information on state-of-the-
18 art protocols for the treatment and diagnosis of
19 PTSD and other mental health disorders; and

20 (C) educational programs concerning
21 PTSD and other mental health disorders com-
22 monly associated with deployment.

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

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

14 (b) CONSENT FORMS.—The Secretary of Defense
15 shall develop forms for use in obtaining the written con-
16 sent of members of the Armed Forces to allow the Depart-
17 ment of Veterans Affairs to collect data contained on pre-
18 deployment and post-deployment health assessment forms
19 with relevant treatment information concerning PTSD
20 and other mental health problems that may be associated
21 with combat stress or readjustment to civilian life from
22 those members of the Armed Forces to be discharged or
23 demobilized within 90 days. Such consent forms shall be
24 developed and made available for use by members of the
25 Armed Forces covered by the preceding sentence not later
26 than 60 days after the date of the enactment of this Act.

1 (c) IDENTIFICATION OF SUBSTANCE USE DIS-
2 ORDERS.—The Secretary of Defense shall include in pre-
3 deployment and post-deployment health assessments ques-
4 tions to assist in identification of existing or potential sub-
5 stance use disorders among members of the Armed
6 Forces.

7 **SEC. 203. PREVENTATIVE MAINTENANCE POST-DEPLOY-**
8 **MENT INTERVENTION.**

9 (a) IN GENERAL.—The Secretary of Veterans Affairs
10 shall conduct routine preventative maintenance interven-
11 tion for all members of the Armed Forces returning from
12 deployment in a combat theater. Such intervention shall
13 be conducted between 90 and 180 days after such mem-
14 bers return from such deployment.

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

17 (1) staff of the Department of Veterans Affairs,
18 including readjustment counseling staff; and

19 (2) persons trained by the Department of Vet-
20 erans Affairs, including volunteers from military
21 unit associations, veteran service organizations, or
22 other nonprofit organizations.

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

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

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

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

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

10 (4) To disseminate educational materials about
11 post-deployment mental health issues, including
12 PTSD to servicemembers.

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

15 (6) To provide information concerning home-
16 lessness, including risk factors, awareness assess-
17 ment, and contact information for preventative as-
18 sistance associated with homelessness.

19 (e) VA PARTICIPATION IN ADDITIONAL DEMOBILIZA-
20 TION ACTIVITIES.—The Secretary of Defense shall provide
21 for the Secretary of Veterans Affairs to participate in ad-
22 ditional demobilization activities, including the Transi-
23 tional Assistance Program, that are conducted within the
24 Department of Defense for the purposes specified in sub-
25 section (d).

1 **TITLE III—PREVENTION, EARLY**
2 **DETECTION, AND TREAT-**
3 **MENT FOR RETURNING**
4 **TROOPS**

5 **SEC. 301. STUDY TO IDENTIFY FACTORS THAT DECREASE**
6 **THE LIKELIHOOD OF THE DEVELOPMENT OF**
7 **CHRONIC PTSD DESPITE COMBAT EXPOSURE.**

8 (a) **STUDY.**—The Secretary of Veterans Affairs shall
9 provide for a study, to be conducted by an entity other
10 than the Department of Veterans Affairs and the Depart-
11 ment of Defense, to identify factors that decrease the like-
12 lihood of the development of chronic post-traumatic stress
13 disorder (PTSD) in servicemembers and veterans who
14 have had combat exposure, including exposure to guerilla
15 warfare.

16 (b) **REPORT.**—The Secretary shall provide for the en-
17 tity conducting the study under subsection (a) to submit
18 a report on the results of the study to the Secretary and
19 the Congress not later than one year after the date of the
20 enactment of this Act.

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

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

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

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

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

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

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

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

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

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

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

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

1 **SEC. 304. PEER COUNSELING PROGRAM.**

2 (a) PROGRAM REQUIRED.—The Secretary of Vet-
3 erans Affairs shall carry out a program to facilitate the
4 provision by veterans of peer counseling services to other
5 veterans on mental health matters.

6 (b) PEER COUNSELING AS SUPPLEMENTAL SERV-
7 ICE.—Any support provided by peer counseling under the
8 program required by subsection (a) shall be in addition
9 to any other mental health services provided by the De-
10 partment of Veterans Affairs, including any services pro-
11 vided under other provisions of this Act.

12 **SEC. 305. MODEL PROGRAMS FOR POST-DEPLOYMENT MEN-**
13 **TAL HEALTH PRACTICE.**

14 (a) MODEL PROGRAMS.—The Secretary of Veterans
15 Affairs, in consultation with the Secretary of Defense,
16 shall develop model programs to respond to a variety of
17 mental health disorders prevalent among veterans of serv-
18 ice in Operation Iraqi Freedom and Operation Enduring
19 Freedom. The program shall be implemented at three sites
20 selected by the Secretary, of which—

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

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

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

3 (1) Development of training protocols for in-
4 volved clinicians.

5 (2) Identification of medical conditions which
6 may be associated with post-deployment mental
7 health problems including PTSD.

8 (3) Identification of “best practices” for treat-
9 ment of post-deployment mental health problems in-
10 cluding PTSD.

11 (4) Dissemination of results to the Veterans
12 Health Administration and the Veterans Benefits
13 Administration of the Department of Veterans Af-
14 fairs.

15 (c) AUTHORIZATION.—There is authorized to be ap-
16 propriated for the purposes of subsection (a) the amount
17 of \$5,000,000 for each of fiscal years [2006, 2007, and
18 2008].

19 **SEC. 306. PERFORMANCE MEASURES FOR DEPARTMENT OF**
20 **VETERANS AFFAIRS HEALTH CARE ADMINIS-**
21 **TRATORS.**

22 (a) PERFORMANCE MEASURES.—The Secretary of
23 Defense and the Secretary of Veterans Affairs, acting
24 through the Department of Defense/Department of Vet-
25 erans Affairs Council on Post-Deployment Mental Health

1 established under section 401, shall develop performance
2 measures for Department of Veterans Affairs regional
3 health-care directors (referred to as VISN directors) and
4 Department of Defense TRICARE regional managers to
5 ensure the appropriate deployment of resources to imple-
6 ment the treatment protocols referred to as “Iraq War
7 Clinical Practice Guidelines”.

8 (b) USE OF PERFORMANCE MEASURES.—The per-
9 formance measures under subsection (a) shall be designed
10 to assess—

11 (1) access and availability of PTSD treatment
12 for servicemembers returned from deployment in a
13 combat theater; and

14 (2) implementation of protocols referred to in
15 subsection (a).

16 **TITLE IV—DEPARTMENT OF DE-**
17 **FENSE/DEPARTMENT OF VET-**
18 **ERANS AFFAIRS COUNCIL ON**
19 **POST-DEPLOYMENT MENTAL**
20 **HEALTH**

21 **SEC. 401. ESTABLISHMENT OF COUNCIL.**

22 The Secretary of Defense and the Secretary of Vet-
23 erans Affairs shall jointly establish a council to be known
24 as the Department of Defense/Department of Veterans Af-
25 fairs Council on Post-Deployment Mental Health. The

1 council shall be composed of leadership of the two depart-
2 ments in the areas of mental health, PTSD, substance
3 abuse, and military sexual trauma. The council shall be
4 established not later than 120 days after the date of the
5 enactment of this Act.

6 **SEC. 402. DUTIES OF COUNCIL.**

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

10 (1) Review of the continuum of care between
11 the Department of Defense and the Department of
12 Veterans Affairs for mental health, PTSD, sub-
13 stance abuse, and military sexual trauma.

14 (2) Identification of gaps in the treatment capa-
15 bility of the health-care systems of the Department
16 of Defense and Department of Veterans Affairs for
17 mental health, PTSD, substance abuse, and military
18 sexual trauma and expected gaps in such continuum,
19 with emphasis on access to services in rural areas,
20 to meet the expected demand from current users and
21 servicemembers returning from Operation Iraqi
22 Freedom and Operation Enduring Freedom and
23 other deployments.

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

4 (4) Development of outcome monitors and qual-
5 ity improvement instruments to ensure that internal
6 policy regarding PTSD is implemented (including
7 TRICARE and VISN directors' performance meas-
8 ures under section 307).

9 (5) Recommendation of policies to reduce the
10 stigma associated with the seeking of mental health
11 care by active-duty, Reserve, and National Guard
12 members.

13 (6) Identification of the highest post-deploy-
14 ment mental health research priorities for the two
15 departments.

16 (7) Communications to inform active-duty
17 servicemembers and veterans of matters relating to
18 PTSD.

19 (b) ANNUAL MEETING WITH STAKEHOLDERS.—The
20 Council shall meet at least annually with stakeholder
21 groups comprised of veterans, veterans service organiza-
22 tions, and family members of veterans receiving care from
23 the Department of Veterans Affairs mental health pro-
24 grams, and mental health associations.

1 (c) REPORT.—The Council shall prepare a report
2 based on the reviews under paragraphs (1) and (2) of sub-
3 section (a) to identify the necessary resources to create
4 or enhance PTSD treatment capabilities. The report shall
5 be made available to the Secretary of both Departments
6 for comment. The Secretaries shall indicate recommenda-
7 tions in which they concur or disagree and include specific
8 plans for implementation of any recommendations accept-
9 ed. The report, with the comments and recommendations
10 of the two Secretaries shall be submitted to the Commit-
11 tees on Veterans' Affairs and the Committees on Armed
12 Services of the Senate and House of Representatives not
13 later than one year after the date of the enactment of this
14 Act. The report shall include priority listing of sites which
15 require investments according to the greatest perceived
16 need for PTSD services.

17 **TITLE V—CAPACITY BUILDING**
18 **IN DEPARTMENT OF VET-**
19 **ERANS AFFAIRS**

20 **SEC. 501. PLAN FOR EXPANSION OF DEPARTMENT OF VET-**
21 **ERANS AFFAIRS SYSTEM TO EXPAND ACCESS**
22 **TO SPECIALIZED PTSD CARE.**

23 (a) DEVELOPMENT OF PLAN.—Based upon the re-
24 port under section 402(b), the Secretary of Veterans Af-
25 fairs shall develop a plan for the Department of Veterans

1 Affairs to expand access to specialized PTSD care
2 through—

3 (1) Readjustment Counseling Service centers
4 operated under section 1712A of title 38, United
5 States Code;

6 (2) community-based outpatient clinics; and

7 (3) telemedicine.

8 (b) INSPECTOR GENERAL INVESTIGATION.—The In-
9 spector General of the Department of Veterans Affairs
10 shall investigate specialized programs of the Department
11 of Veterans Affairs for the treatment of post-traumatic
12 stress disorder in order to determine—

13 (1) the current workloads of those programs;

14 (2) staff associated with each of those pro-
15 grams;

16 (3) funds obligated for those programs; and

17 (4) any waiting times associated with those pro-
18 grams.

19 (c) REPORT.—The Inspector General shall submit to
20 the Committees on Veterans' Affairs of the Senate and
21 House of Representatives a report containing the Inspec-
22 tor General's findings under subsection (b), together with
23 an assessment of the ability of the Department of Vet-
24 erans Affairs to address such findings, along with rec-
25 ommendations for accommodating—

1 (1) the current workload of the Department in
2 specialized treatment program;

3 (2) 102 percent of the current workload of the
4 Department; and

5 (3) 110 percent of the current workload of the
6 Department.

7 **SEC. 502. ADDITIONAL DEPARTMENT OF VETERANS AF-**
8 **FAIRS RESOURCES.**

9 In order to improve access to mental health services,
10 the Secretary of Veterans Affairs shall provide the fol-
11 lowing:

12 (1) 100 additional full-time equivalent employ-
13 ees to Readjustment Counseling Service outstations.

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

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

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

21 (A) development of plans for meeting
22 PTSD and other post-deployment mental health
23 treatment needs consistent with the report
24 under section 402(b);

1 (B) assurance of implementation of clinical
2 practice guidelines throughout the VISN;

3 (C) liaison among all health-care sites in
4 the VISN and the Department Central Office
5 on matters relating to PTSD.

6 (5) A PTSD coordinator in each regional office
7 of the Readjustment Counseling Service whose du-
8 ties shall include liaison with regional office staff
9 and medical centers for veterans seeking service-con-
10 nection for PTSD.

11 **TITLE VI—FAMILY THERAPY**

12 **SEC. 601. ELIGIBILITY FOR FAMILY COUNSELING AND BE-** 13 **REAVEMENT COUNSELING.**

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

1 seling or mental health services under the preceding sen-
2 tence.”.

3 (b) BEREAVEMENT COUNSELING.—Section 1783 of
4 such title is amended—

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

7 (2) by redesignating subsection (c) as sub-
8 section (d); and

9 (3) by inserting after subsection (b) the fol-
10 lowing new subsection (c):

11 “(c) DURATION OF COUNSELING.—Counseling under
12 subsection (a) or with respect to the death of a veteran
13 or under subsection (b) with respect to the death of a
14 member who dies in the active military, naval, or air serv-
15 ice shall be provided to an individual eligible for such
16 counseling (if so requested by that individual) for a period
17 of two years from the date on which the individual first
18 receives counseling under this section with respect to that
19 death.”.

20 **TITLE VII—EDUCATIONAL**
21 **INITIATIVES**

22 **SEC. 701. TRAINING PROGRAM FOR HEALTH-CARE PRO-**
23 **VIDERS.**

24 (a) IN GENERAL.—The Secretary of Veterans Affairs
25 and the Secretary of Defense shall jointly develop a broad

1 training program for all health-care providers in the De-
2 partment of Veterans Affairs and the Department of De-
3 fense to familiarize those providers with mental health-
4 care issues that are likely to arise among persons deployed
5 to combat theaters during the five years after such a de-
6 ployment.

7 (b) FAMILY EDUCATION.—Training under the pro-
8 gram required by subsection (a) shall include training to
9 assist family members of veterans in—

10 (1) understanding issues that arise in the read-
11 justment of veterans to civilian life;

12 (2) identifying signs and symptoms of mental
13 health problems; and

14 (3) encouraging veterans to seek assistance for
15 such problems.

16 **SEC. 702. CURRICULUM AND PROTOCOLS FOR CROSS-**
17 **TRAINING OF DEPARTMENT OF VETERANS**
18 **AFFAIRS CLINICIANS.**

19 The Secretary of Veterans Affairs shall develop a cur-
20 riculum and required protocols for cross-training to allow
21 the following clinicians of the Department of Veterans Af-
22 fairs to screen for post-deployment mental health prob-
23 lems, including PTSD, and, as appropriate, provide infor-
24 mation and appropriate referral to—

25 (1) primary care providers;

1 (2) practitioners assigned as Gulf War points-
2 of-contact; and

3 (3) clinicians assigned as case managers.

4 **SEC. 703. PUBLICATION OF STATE-OF-THE-ART POST-DE-**
5 **PLOYMENT MENTAL HEALTH PROBLEMS DI-**
6 **AGNOSIS AND TREATMENT.**

7 The Secretary of Veterans Affairs and the Secretary
8 of Defense shall jointly develop a plan for the production
9 and dissemination of publications to advise clinicians on
10 state-of-the-art diagnosis and treatment of PTSD and
11 other mental health disorders experienced after deploy-
12 ment, including any medical conditions associated with
13 such disorders.

14 **SEC. 704. PROTOCOLS FOR PAIN MANAGEMENT FOR PTSD**
15 **AND WAR-RELATED PAIN.**

16 The Secretary of Veterans Affairs and the Secretary
17 of Defense shall jointly develop protocols for pain manage-
18 ment for PTSD and war-related pain.

19 **SEC. 705. PROTOCOLS FOR TREATMENT OF SUBSTANCE**
20 **USE DISORDERS.**

21 The Secretary of Defense shall develop appropriate
22 substance use disorder treatment protocols for assistance
23 in combat areas of operations and on return to the United
24 States.

1 **SEC. 706. PROTOCOLS FOR DIAGNOSIS OF POST-TRAU-**
2 **MATIC STRESS DISORDER.**

3 (a) FINDINGS.—Congress makes the following find-
4 ings:

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

8 (2) Some veterans with PTSD have co-
9 morbidities that may mask or compound the symp-
10 toms associated with PTSD.

11 (3) Correct diagnosis of PTSD and other dis-
12 orders is critical to effective treatment of those dis-
13 orders.

14 (b) CLINICAL PRACTICE GUIDELINES.—The Sec-
15 retary of Veterans Affairs shall develop clinical practice
16 guidelines to ensure that clinicians are able to effectively
17 distinguish between diagnoses with similar symptoms that
18 may manifest as post-traumatic stress disorder.

19 **TITLE VIII—NATIONAL STEER-**
20 **ING COMMITTEE ON PTSD**
21 **EDUCATION**

22 **SEC. 801. NATIONAL STEERING COMMITTEE.**

23 (a) ESTABLISHMENT.—There is a National Steering
24 Committee on PTSD Education, to be appointed by the
25 joint council established under section 401. The committee
26 shall be comprised of mental health and other health pro-

1 fessionals and health educators involved in the care of vet-
2 erans of a deployment to a theater of combat on or after
3 the date of the enactment of this Act.

4 (b) PURPOSE.—The committee shall review training
5 protocols for health-care providers and plans for dissemi-
6 nation of educational materials to veterans, their families,
7 and other relevant parties and shall identify the resources
8 available to provide for those purposes.

9 (c) MEETINGS.—The committee shall meet at least
10 once annually.

11 **SEC. 802. FUNDING SUPPORT FOR NATIONAL CENTER FOR**
12 **PTSD.**

13 There is authorized to be appropriated to the Sec-
14 retary of Veterans Affairs for the National Center for
15 PTSD to assist in carrying out a joint educational initia-
16 tive with the Uniformed Services University of the Health
17 Sciences the amount of \$5,000,000 for each of fiscal years
18 [2005 through 2014].

19 **SEC. 803. CONTINUING EDUCATION TO MENTAL HEALTH**
20 **PROVIDERS.**

21 The National Steering Committee established under
22 section 801 shall provide continuing education to mental
23 health providers in the Department of Veterans Affairs
24 and the Department of Defense.

1 **SEC. 804. WEB-BASED CURRICULUM TO SPONSOR CLINI-**
2 **CIAN TRAINING INITIATIVES.**

3 The National Steering Committee established under
4 section 801 shall develop a Web-based curriculum to spon-
5 sor clinician training initiatives.

6 **TITLE IX—BENEFITS**

7 **SEC. 901. IDENTIFICATION OF DEFICIENCIES IN PTSD DIS-**
8 **ABILITY EXAMINATIONS.**

9 (a) **EVALUATION OF ADJUDICATION OF CLAIMS.—**
10 The Secretary of Veterans Affairs, in consultation with the
11 National Center for PTSD, shall obtain an evaluation of
12 the quality and consistency of adjudication of claims for
13 PTSD, including the adequacy of service-connected com-
14 pensation examinations for rating purposes and the extent
15 to which veterans who are service-connected for PTSD are
16 actually employed and employable.

17 (b) **REPORT.—**Not later than 12 months after the
18 date of the enactment of this Act, the Secretary shall sub-
19 mit to the Committees on Veterans Affairs of the Senate
20 and House of Representatives a report that includes the
21 following information and recommendations:

22 (1) The types of evidence sufficient to confirm
23 combat experience for veterans filing claims for
24 PTSD based on combat.

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

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

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

12 (5) 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 grant-
15 ed and the rating which was initially awarded for
16 that claim.

17 (6) The number of initial and subsequent
18 claims and average time to process claims for PTSD
19 which have been granted (including the rating as-
20 signed and any determination as to employability)
21 and denied for each regional office for a consecutive
22 six month period.

23 (7) The number and percentage of initial claims
24 for PTSD selected from a representative national
25 sample during a consecutive six month period which

1 had a compensation and pension examination con-
2 ducted in compliance with best practices for PTSD
3 examinations.

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

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

13 (10) The maximum, minimum and average time
14 based upon a representative national sample allo-
15 cated for completion of an initial compensation and
16 pension examination for PTSD.

17 (11) An assessment comparing the employment
18 of veterans rated for psychiatric impairments with
19 similar ratings based upon physical impairments in-
20 cluding, the number of veterans in each sample who
21 are employed on a full time or part time basis, the
22 average time such veterans have been unemployed
23 and a comparison of the amount of work lost from
24 employment due to disability and the average earn-
25 ings of veterans in each group.

1 (12) Taking into account criteria such as the
2 information in the Dictionary of Occupational Titles
3 (DOT), including its companion publication, the Se-
4 lected Characteristics of Occupations Defined in the
5 Revised Dictionary of Occupational Titles (SCO),
6 published by the Department of Labor, examples of
7 the types of employment that an average veteran
8 rated at 30 percent, at 50 percent, and at 70 per-
9 cent disabled for PTSD can be expected to obtain
10 and retain.

11 (13) The number of claims for PTSD appealed
12 to the Board of Veterans Appeals during fiscal year
13 **【2005】**, including the specific issue appealed (serv-
14 ice-connection, effective date, rating) and the results
15 of such appeals (affirmed, denied, remanded, other
16 disposition).

17 (14) Recommendations for improving the accu-
18 racy and consistency of PTSD examinations, claim
19 development and decisions.

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

22 (16) Recommendations for removing barriers to
23 employment for veterans who have been service-con-
24 nected for PTSD.

1 (17) Recommendations for legislative changes
2 which could improve the potential for vocational re-
3 habilitation and employment of persons service-con-
4 nected for PTSD.

5 **SEC. 902. CRITERIA FOR DETERMINING MEDICAL CONDI-**
6 **TIONS ASSOCIATED WITH PTSD.**

7 The Secretary of Veterans Affairs shall develop—

8 (1) criteria for determining those medical condi-
9 tions that are as likely as not to be associated with
10 PTSD; and

11 (2) standards for determining when secondary
12 service-connection should be granted for those condi-
13 tions.

14 **TITLE X—PUBLIC AWARENESS**

15 **SEC. 1001. PUBLIC AWARENESS PROGRAM.**

16 (a) PROGRAM REQUIRED.—The Secretary of Vet-
17 erans Affairs shall conduct an aggressive, comprehensive
18 outreach program to enhance the awareness of veterans,
19 and the public in general, of the symptoms of PTSD and
20 of the services available for veterans with those symptoms.
21 The Secretary of Defense shall provide the Secretary of
22 Veterans Affairs with such assistance as may be required
23 for the purposes of such program. To the extent prac-
24 ticable, the program shall be conducted through the joint
25 council established under section 401.

1 (b) PROGRAM ON DE-STIGMATIZATION OF MENTAL
2 HEALTH.—

3 (1) IN GENERAL.—The program required by
4 subsection (a) shall include a national mental health
5 campaign to increase awareness in the veteran com-
6 munity that mental health is essential to overall
7 health and that very effective modern treatments
8 can promote recovery from mental illness.

9 (2) ELEMENTS.—The campaign under this sub-
10 section may include the following:

11 (A) Activities targeted at veterans of Oper-
12 ation Iraqi Freedom and Operation Enduring
13 Freedom and the families of such veterans.

14 (B) Monthly messages on the Internet
15 website of the Department of Veterans Affairs
16 that express the theme that mental health is es-
17 sential to overall health.

18 (C) Inclusion of the theme described in
19 subparagraph (B) in public addresses, speeches,
20 and veterans service organization convention
21 addresses by the Secretary of Veterans Affairs
22 and other senior officials of the Department.

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

3 As part of the program under this title, the Secretary
4 of Veterans Affairs shall develop and continually update
5 a Web site and materials, including pamphlets, news re-
6 leases, fact sheets, and other materials, for the purposes
7 of a general campaign of awareness of post-traumatic
8 stress disorder.

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