



FY2024 NDAA: Military Mental Health Care and Research Provisions

September 19, 2023

Background

Congress authorizes, through the annual National Defense Authorization Act (NDAA), Department of Defense (DOD) [mental health programs and services](#) that support servicemembers, military retirees, and their families. DOD administers mental health programs that offer education; awareness; crisis prevention resources; clinical treatment; nonclinical support and counseling services; and research and development.

[DOD has estimated](#) that 456,293 active duty servicemembers were diagnosed with at least one mental health disorder from 2016 through 2020. Mental health disorders also accounted for the highest number of hospital bed days and were the second most common reason for outpatient visits among servicemembers. During the same time period, [adjustment disorders](#), [anxiety disorders](#), and [depressive disorders](#) composed the majority (64%) of mental health diagnoses.

DOD has made a range of efforts to address the wide range of mental health issues, and potential opportunities for improvement have been highlighted by the [Government Accountability Office \(GAO\)](#), [DOD Inspector General \(DODIG\)](#), and other [observers](#) of military health. **Table 1** lists the military mental health care and research-related provisions included in the House-passed (H.R. 2670) and Senate-passed (S. 2226) versions of an FY2024 NDAA.

Table 1. FY2024 NDAA Legislative Proposals

House-passed H.R. 2670	Senate-passed S. 2226
Section 703 would amend 10 U.S.C. §1090b to exclude members of the Individual Ready Reserve from the process requirements for a self-initiated referral to mental health care.	No similar provision.

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IN12242

House-passed H.R. 2670	Senate-passed S. 2226
Section 710 would require the Secretary of Defense, in consultation with the Secretary of Veterans Affairs, to conduct a pilot program to study the health effects of marijuana use by certain servicemembers or veterans diagnosed with post-traumatic stress disorder, depression, anxiety, or for pain management.	No similar provision
Section 712 would require the Secretary of Defense to conduct initial and subsequent psychological evaluations to servicemembers who conducted military operations at Hamid Karzai International Airport in Kabul, Afghanistan, between August 15-29, 2021.	No similar provision.
Section 734 would require the Defense Health Agency (DHA) Director to waive, in certain instances, any requirements for a servicemember to receive a mental health intake screening at a military treatment facility (MTF) prior to receiving mental health care from a participating TRICARE provider.	No similar provision.
Section 744 would direct the Secretary of Defense to carry out a clinical study in military treatment facilities, not later than 90 days after enactment, on the effects of certain psychedelic substances on servicemembers who are diagnosed with post-traumatic stress disorder, traumatic brain injury, or chronic traumatic encephalopathy.	No similar provision.
Section 749 would require DOD, in collaboration with the Department of State and Department of Veterans Affairs, to award grants to certain entities for collaborative research with Israeli institutions on post-traumatic stress disorder.	No similar provision.
No similar provision.	Section 704 would codify in Chapter 55, Title 10 of the U.S. Code, a requirement to offer an intensive outpatient program to treat servicemembers suffering from post-traumatic stress disorder, traumatic brain injuries, and co-occurring disorders related to military sexual trauma.

Source: CRS analysis of legislation on Congress.gov.

Discussion

Mental Health Screening and Care

Since at least September 11, 2001, Congress has created requirements (see [10 U.S.C. §1074m](#), [§1074n](#), [§1090](#), and [§1090a](#)) for DOD to periodically screen and evaluate servicemembers for mental health issues and to provide necessary treatment. Congress has also established procedures for commanding officers and supervisors to refer servicemembers for mental health evaluation (see [10 U.S.C. §1090b](#)). In 2021, Congress enacted “[the Brandon Act](#)” as part of Section 704 of the FY2022 NDAA (P.L. 117-81). The Brandon Act established a self-initiated referral process for servicemembers to confidentially seek mental health care and reduce associated mental health stigma. In May 2023, [DOD issued a policy](#) that implements the self-initiated referral process, which is available to all servicemembers of the active and reserve components. Servicemembers may obtain clinical or nonclinical mental health services from a military treatment facility, TRICARE network providers, [embedded mental health providers](#) in their unit, [military family life counselors](#), or other resources that may be available.

Section 703 of the House-passed bill would amend [10 U.S.C. §1090b](#) to exclude members of the [Individual Ready Reserve](#) from the process requirements for a self-initiated referral to mental health.

Section 712 of the House-passed bill would require the Secretary of Defense to conduct initial and subsequent psychological evaluations of servicemembers who conducted [military operations at Hamid Karzai International Airport](#) in Kabul, Afghanistan, between August 15-29, 2021.

Section 734 of the House-passed bill would require the [DHA Director](#) to waive requirements, if any, for a servicemember to receive a mental health intake screening at an MTF prior to receiving mental health care from a [TRICARE-authorized provider](#). The waiver of requirements would apply when a servicemember requires “rapid provision” of a mental health service and that service is unavailable at an MTF within 48 hours.

Section 704 of the Senate-passed bill would codify in [Chapter 55, Title 10 of the U.S. Code](#), a requirement to offer an intensive outpatient program to treat servicemembers suffering from post-traumatic stress disorder, traumatic brain injuries, and co-occurring disorders related to [military sexual trauma](#).

Mental Health Research

Under [10 U.S.C. §4001](#), DOD administers a wide-range of research and development (R&D) programs, including biomedical research on psychological health, resilience, and emerging mental health treatments. Numerous DOD components (e.g., Defense Health Agency, Uniformed Services University of the Health Sciences, military services) perform or sponsor medical research funded through the [Defense Health Program](#), including the [Congressionally Directed Medical Research Programs](#). According to [DOD’s 2019 Strategic Medical Research Plan](#), the goal of medical R&D programs is to “advance the state of medical science in those areas of most pressing need and relevance to today’s battlefield experience and emerging threats.”

Section 710 of the House-passed bill would require the Secretary of Defense, in consultation with the Secretary of Veterans Affairs, to conduct a pilot program to study the health effects of marijuana use by certain servicemembers or veterans diagnosed with post-traumatic stress disorder, depression, anxiety, or for pain management.

Section 744 of the House-passed bill would direct the Secretary of Defense to carry out a clinical study in military treatment facilities, not later than 90 days after enactment, on the effects of certain psychedelic substances (i.e., [3,4-methylenedioxy-methamphetamine or MDMA](#), [psilocybin](#), [ibogaine](#), and [5-Methoxy-N,N-dimethyltryptamine or DMT](#)) on servicemembers who are diagnosed with post-traumatic stress disorder, traumatic brain injury, or [chronic traumatic encephalopathy](#).

Section 749 of the House-passed bill would direct the Secretary of Defense, in coordination with the Secretary of State and Secretary of Veterans Affairs, to award grants for a period of no more than seven years to academic or nonprofit entities for collaborative research between the United States and Israel on [post-traumatic stress disorder](#). The provision would also require DOD to provide a report to Congress, within 180 days after each grant-funded project is completed, that describes how funds were used and an evaluation on the project’s success.

For more on military mental health care, see CRS Insight IN11801, *FY2022 NDAA: Mental Health Care*, CRS In Focus IF10876, *Military Suicide Prevention and Response*, and CRS In Focus IF10951, *Substance Abuse Prevention, Treatment, and Research Efforts in the Military*.

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