



FY2024 NDAA: Military Mental Health Care and Research Provisions

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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 proposed and enacted military mental health care and research-related provisions included in the House-passed (H.R. 2670), Senate-passed (S. 2226), and enacted (P.L. 118-31) versions of the FY2024 NDAA.

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Table I. FY2024 NDAA Legislative Proposals

House-passed H.R. 2670	Senate-passed S. 2226	Enacted Legislation (P.L. 118-31)
<p>Section 703 would have amended 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.</p>	<p>No similar provision.</p>	<p>Section 705 adopts the House provision with an amendment clarifying the applicability of the self-initiated mental health referral process to Selected Reserve members in a duty status.</p>
<p>Section 710 would have required 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.</p>	<p>No similar provision</p>	<p>Not adopted.</p>
<p>Section 712 would have required 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.</p>	<p>No similar provision.</p>	<p>Not adopted.</p>
<p>Section 734 would have required 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.</p>	<p>No similar provision.</p>	<p>Not adopted.</p>
<p>Section 744 would have directed 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.</p>	<p>No similar provision.</p>	<p>Section 723 adopts the House provision with an amendment that clarifies the timeline, process, and research entities that the Secretary of Defense may fund to carry out the clinical studies for post-traumatic stress disorder or traumatic brain injury.</p>
<p>Section 749 would have required 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.</p>	<p>No similar provision.</p>	<p>Not adopted.</p>

House-passed H.R. 2670	Senate-passed S. 2226	Enacted Legislation (P.L. 118-31)
No similar provision.	Section 704 would have codified in Title 10, Chapter 55, of the <i>U.S. Code</i> , 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.	Not adopted.

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 705 of the enacted bill adopts House Section 703, which amends [10 U.S.C. §1090b](#) to exclude members of the [Individual Ready Reserve](#) and [Selected Reserve](#) (when not in a duty status) from the process requirements for a self-initiated referral to mental health.

The enacted bill did not adopt House Section 712, which would have required 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. In the conference report, the [conferees encouraged](#) these servicemembers to voluntarily “seek mental health care, without reservation, at the earliest possible time.”

The enacted bill did not adopt House Section 734, which would have required 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 have applied when a servicemember requires “rapid provision” of a mental health service and that service is unavailable at an MTF within 48 hours.

The enacted bill did not adopt Senate Section 704, which would have codified in [Title 10, Chapter 55, of the U.S. Code](#), a requirement to offer an intensive outpatient program (IOP) to treat servicemembers suffering from post-traumatic stress disorder, traumatic brain injuries, and co-occurring disorders related to [military sexual trauma](#). The [conferees directed](#) the Secretary of Defense to provide a briefing to the armed services committees, no later than April 1, 2024, on the “feasibility and advisability” of establishing an IOP as proposed in the provision.

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 723 of the enacted bill adopts House Section 744 language and directs the Secretary of Defense, not later than 180 days after enactment, to designate a lead administrator and to establish a process to fund “eligible entities” to conduct research on the effects of certain psychedelic substances (i.e., [3,4-methylenedioxy-methamphetamine or MDMA](#), [psilocybin](#), [ibogaine](#), [5-Methoxy-N,N-dimethyltryptamine or DMT](#), and “qualified plant-based alternative therapies”) on servicemembers who are diagnosed with post-traumatic stress disorder or traumatic brain injury.

The enacted bill did not adopt House Section 710, which would have required 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.

The enacted bill did not adopt House Section 749, which would have directed 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 also would have required DOD to provide a report to Congress that describes how funds were used and an evaluation on the project’s success. The [conferees noted](#) that “the United States and Israel have cooperated in the field of medical research since 1978, to include post-traumatic stress disorder.”

For more on military mental health care, see

- CRS Insight IN12263, *FY2024 NDAA: Military Mental Health Strategy Development and Program Assessment Provisions*;
- CRS Insight IN12268, *FY2024 NDAA: Military Mental Health Workforce Provisions*;
- 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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