

118TH CONGRESS
1ST SESSION

H. R. 3373

To direct the Secretary of the Navy to take certain actions relating to improved mental health care, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MAY 16, 2023

Mrs. KIGGANS of Virginia (for herself, Mr. WITTMAN, Mr. PANETTA, Mr. SCOTT of Virginia, Ms. TOKUDA, Mrs. MCCLELLAN, Mr. FITZPATRICK, and Mr. JOYCE of Ohio) introduced the following bill; which was referred to the Committee on Armed Services

A BILL

To direct the Secretary of the Navy to take certain actions relating to improved mental health care, 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 “Sailor Standard of
5 Care Act of 2023”.

6 **SEC. 2. ACTIONS BY SECRETARY OF THE NAVY RELATING**
7 **TO IMPROVED MENTAL HEALTH CARE.**

8 (a) REFORMS RELATING TO LIMITED DUTY.—

1 (1) ADDITIONAL RESOURCES.—The Secretary
2 of the Navy shall provide additional resources to any
3 unit with greater than 15 members of the Navy des-
4 ignated for limited duty at a given time, including
5 through the establishment of a new billet for a med-
6 ical officer, chaplain, and civilian employee of the
7 Department of Defense in a mental health position
8 for such unit.

9 (2) MENTAL HEALTH SCREENING.—The Sec-
10 retary of the Navy shall require that each member
11 of the Navy designated for limited duty receives,
12 upon such designation and once every 60 days there-
13 after for the duration of such designation, a mental
14 health screening by a mental health professional of
15 the Department.

16 (3) FRAMEWORK.—The Secretary of the Navy
17 shall establish a framework to ensure—

18 (A) centralized leadership for the manage-
19 ment of members of the Navy designated for
20 limited duty and centralized responsibility for
21 the well-being of such members while so des-
22 ignated; and

23 (B) a smooth transition for members of
24 the Navy who have suicidal ideations or other
25 mental health care needs during transfers be-

1 tween units or while designated for limited
2 duty.

3 (4) REPORT.—Not later than December 31,
4 2024, the Secretary of the Navy shall submit to the
5 Committees on Armed Services of the House of Rep-
6 resentatives and the Senate a report on—

7 (A) whether timeliness standards applica-
8 ble to the timing of appointments between med-
9 ical providers and members of the Navy des-
10 ignated for limited duty are sufficient, as deter-
11 mined by the Secretary of the Navy, and the ex-
12 tent to which such standards are complied with;
13 and

14 (B) the number of databases used to track
15 the status of such appointments and rec-
16 ommendations by the Secretary of the Navy re-
17 garding methods to simplify such tracking.

18 (5) BRIEFING.—Not later than January 31,
19 2024, the Secretary of the Navy shall provide to the
20 Committees on Armed Services of the House of Rep-
21 resentatives and the Senate a briefing on—

22 (A) the average number of days for the
23 medical separation of a member of the Navy
24 previously designated for limited duty; and

1 (B) recommendations for steps the Sec-
2 retary of the Navy may take to streamline and
3 expedite applicable processes to ensure such
4 separation is timely.

5 (b) RESOURCES DASHBOARD.—Not later than De-
6 cember 31, 2024, the Assistant Secretary of the Navy for
7 Manpower and Reserve Affairs shall establish and main-
8 tain a dashboard to track quality of life programs of the
9 Department of the Navy (including such programs relat-
10 ing to childcare, healthcare, education, housing, and
11 spouse employment) and the rate of usage of each such
12 program.

13 (c) BEST PRACTICES IN DEALING WITH MULTIPLE
14 SUICIDES.—

15 (1) STUDY.—The Secretary of the Navy shall
16 conduct a study on recent cases in which multiple
17 suicides occurred within 30 days of each other
18 among members assigned to the same unit or com-
19 mand of the Department of the Navy.

20 (2) ELEMENTS.—The study under paragraph
21 (1) shall include an assessment of the following:

22 (A) Any underlying quality of life issues
23 that may have been prevalent among the unit
24 or command leading up to the initial suicide.

1 (B) The culture of the unit or command
2 prior to such initial suicide.

3 (C) The actions taken immediately fol-
4 lowing such initial suicide and preceding any
5 subsequent suicides.

6 (D) Whether the individuals who completed
7 suicide had previously expressed suicide ideation
8 and whether such individuals engaged with
9 mental health resources available prior to com-
10 pleting suicide.

11 (E) The mental health resources that were
12 available to such individuals prior to the initial
13 suicide, after the initial suicide, and after any
14 subsequent suicides.

15 (3) REPORT.—Not later than 180 days after
16 the date of the enactment of this Act, the Secretary
17 of the Navy shall submit to the Committees on
18 Armed Services of the House of Representatives and
19 the Senate a report containing the findings of the
20 study under paragraph (1) and a standard operating
21 procedure of the Department of the Navy for re-
22 sponding to multiple suicides.

23 (d) REPORT ON MENTAL HEALTH CARE UNDER
24 TRICARE.—Not later than 180 days after the date of
25 the enactment of this Act, the Secretary of Defense shall

1 submit to the Committees on Armed Services of the House
2 of Representatives and the Senate a report containing the
3 following:

4 (1) An analysis of the average timeline to cre-
5 dential potential mental health care providers under
6 the TRICARE program as compared to the timeline
7 under Medicare and other major insurance networks,
8 including quantitative data regarding, with respect
9 to individuals applying for credentialing as mental
10 health care providers under the TRICARE program,
11 the following:

12 (A) The denial of such applications.

13 (B) The method and frequency of notifica-
14 tions regarding the application provided to such
15 applicants.

16 (C) With respect to denied applications,
17 the method of feedback provided to such appli-
18 cants, and the resolution processes available to
19 such applicants.

20 (2) The number of current and projected men-
21 tal health care providers under the TRICARE pro-
22 gram, as compared to the number of civilian mental
23 health care providers outside of such program, and
24 a description of any capacity shortfalls with respect
25 to mental health care providers under the TRICARE

1 program, taking into account the mental health cri-
2 sis within the Armed Forces.

3 (3) An analysis of the reimbursement rates for
4 mental health care providers under the TRICARE
5 program, disaggregated by TRICARE provider net-
6 work region, as compared to the average reimburse-
7 ment rates for such providers under private health
8 insurance plans and Medicare.

9 (4) An assessment of—

10 (A) whether the Secretary of Defense, in
11 carrying out the TRICARE program, has used
12 the methods outlined in part 199.14 of title 32,
13 Code of Federal Regulations, to increase reim-
14 bursement rates in certain geographic locations;
15 and

16 (B) what, if any, corrective measures have
17 been taken since the publication by the Comp-
18 troller General of the United States of the re-
19 port titled “Defense Health Care: TRICARE
20 Multiyear Surveys Indicate Problems with Ac-
21 cess to Care for Nonenrolled Beneficiaries
22 (GAO 13–364)” on April 2, 2013, and in par-
23 ticular, corrective measures addressing the find-
24 ing of such report dealing with civilian mental
25 health care providers and reimbursement rates.

1 (5) The status of implementing the rec-
2 ommendations contained in the report of the Inspec-
3 tor General of the Department of Defense published
4 August 10, 2020, titled “Evaluation of Access to
5 Mental Health Care in the Department of Defense
6 (DODIG–2020–112)” (or any successor report) and
7 the estimated implementation date for any such rec-
8 ommendations that have not been implemented as of
9 the date of the submission of the report.

10 (6) An assessment of what, if any, additional
11 authorities and resources may be needed by the De-
12 partment of Defense to effectively address the issue
13 of timely access to mental healthcare for members of
14 the Armed Forces on active duty and the dependents
15 thereof.

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