

AMENDMENT TO RULES
COMMITTEE PRINT 118-36
OFFERED BY MR. KHANNA OF CALIFORNIA

At the end of subtitle A of title VII, insert the following:

1 **SEC. 7___.** **SPECIAL OPERATIONS BRAIN HEALTH AND**
2 **TRAUMA PROGRAM.**

3 (a) **IN GENERAL.**—Chapter 55 of title 10, United
4 States Code, is amended by inserting, after section 1074p
5 (as added by this Act), the following new section:

6 **“§ 1074q. Special operations brain health and trauma**
7 **program**

8 “(a) **IN GENERAL.**—The Commander of the United
9 States Special Operations Command (in this section re-
10 ferred to as the ‘Commander’), in coordination with the
11 Secretary of Defense, shall conduct an intensive, com-
12 prehensive brain health and trauma program (in this sec-
13 tion referred to as the ‘Program’) to provide coordinated,
14 integrated, multi-disciplinary specialist evaluations, treat-
15 ment initiation, and aftercare coordination in a highly con-
16 densed model for special operations forces.

17 “(b) **EVIDENCE-BASED TREATMENT.**—In carrying
18 out the Program, the Commander shall provide evidence-

1 based physical, mental, and behavioral health care and
2 counseling for traumatic brain injury, blast overpressure,
3 blast exposure, and psychological or neurological condi-
4 tions that are common among members of the special op-
5 erations forces.

6 “(c) POPULATION SERVED.—In carrying out the Pro-
7 gram, the Commander shall provide the health care and
8 counseling specified in subsection (b) to members of the
9 special operations forces and family members of such
10 members.

11 “(d) EVALUATION, TESTING, AND TREATMENT.—
12 The Program shall include the following:

13 “(1) Evaluations by health care providers in the
14 areas of brain injury medicine, neuropsychology,
15 clinical psychology, psychiatry, neuroendocrinology,
16 sports medicine, musculoskeletal medicine, vestibular
17 physical therapy, neuroimaging, and hormonal eval-
18 uation.

19 “(2) Metabolic testing, cardiovascular testing,
20 and cerebrovascular testing.

21 “(3) Treatment relating to headaches, sleep
22 interventions and medication, injection-based thera-
23 pies for musculoskeletal pain, cognitive rehab, vestib-
24 ular physical therapy, and exercise programming.

1 “(e) COORDINATION.—In carrying out the Program,
2 the Commander shall coordinate with private sector non-
3 profit healthcare organizations that have the capacity and
4 infrastructure to provide the care and services required
5 under the Program.

6 “(f) MEDICAL RECORDS.—In carrying out the Pro-
7 gram, the Commander shall coordinate with the Director
8 of the Defense Health Agency and the Secretaries of the
9 military departments to ensure that the treatment received
10 through the Program is documented in the medical
11 records of members of the armed forces.”.

12 (b) COMPTROLLER GENERAL REPORT AND BRIEF-
13 ING.—Not later than 180 days after the date of the enact-
14 ment of this Act, the Comptroller General of the United
15 States shall brief the Committee on Armed Services of the
16 Senate and the Committee on Armed Services of the
17 House of Representatives on the implementation of section
18 1074q of title 10, United States Code, as added by sub-
19 section (a), with a report to follow at a mutually agreed
20 upon date.

21 (c) REPORT.—

22 (1) IN GENERAL.—Not later than December 31,
23 2025, the Commander of the United States Special
24 Operations Command, in coordination with the Sec-
25 retary of Defense, shall submit to the Committee on

1 Armed Services of the Senate and the Committee on
2 Armed Services of the House of Representatives a
3 report on the special operations brain health and
4 trauma program under section 1074q of title 10,
5 United States Code, as added by subsection (a),
6 which shall include—

7 (A) the benefits of the program to mem-
8 bers of the Armed Forces and their families;

9 (B) the number of members assisted by
10 such program;

11 (C) the type of treatment received under
12 such program;

13 (D) the rate of members of the Armed
14 Forces returning to duty after receiving treat-
15 ment under such program;

16 (E) how the Commander is coordinating
17 with the Director of the Defense Health Agency
18 and the Secretaries of the military departments
19 to update records of members of the Armed
20 Forces with treatment received under such pro-
21 gram; and

22 (F) whether and how the program should
23 be expanded to include other vulnerable popu-
24 lations within the Armed Forces;

1 (2) PUBLIC AVAILABILITY.—The Secretary of
2 Defense shall make the information contained in the
3 report submitted under subparagraph (A) available
4 to the public, including on the govinfo.gov website,
5 or successor website, not later than 10 days after
6 the report is submitted under such subparagraph.

