

**AMENDMENT TO**  
**RULES COMMITTEE PRINT 119-33**  
**OFFERED BY MR. PFLUGER OF TEXAS**

At the end of subtitle F of title X, insert the following:

1 **SEC. 10\_\_.** **PILOT PROGRAM FOR INTEGRATED**  
2 **WARFIGHTER COGNITIVE PERFORMANCE**  
3 **AND READINESS.**

4 (a) SENSE OF CONGRESS.—It is the sense of Con-  
5 gress that—

6 (1) long-term exposure to high-stress oper-  
7 ational environments compromises cognitive per-  
8 formance, sleep quality, and psychological resilience,  
9 creating conditions for reduced readiness, impaired  
10 decision-making, increased behavioral health risk,  
11 and greater potential for anxiety, depression, and  
12 other stress-related conditions among members of  
13 the Armed Forces;

14 (2) the Secretary of Defense’s May 6, 2026, di-  
15 rective establishing Warfighter Performance Optimi-  
16 zation as a core Department of Defense priority di-  
17 rects a data-driven, outcomes-focused approach to  
18 scaling proven human performance capabilities

1 across the force and mandates development of minimum standards for human performance programs;

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3 (3) commanders across multiple military services have independently invested in cognitive performance capabilities from local budgets due to existing programs have not consistently delivering measurable readiness outcomes, demonstrating demand for scalable, evidence-based solutions that bridge the gap between research and real-world military performance; and

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11 (4) commercially available, scientifically researched capabilities with documented real-world military performance, including measurable improvements in cognitive performance, sleep quality, stress resilience, and clinical care utilization, are immediately available for deployment and scaling through existing Federal acquisition pathways, with minimal cost or requirements to development of a new program, in direct support of the Department's warfighter performance optimization priorities.

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21 (b) ESTABLISHMENT OF PILOT PROGRAM.—Not  
22 later than March 1, 2027, the Secretary of Defense shall  
23 establish a pilot program to modernize existing military  
24 resilience and performance programs in support of the  
25 warfighter performance optimization priorities of the De-

1 partment of Defense. The program shall be designed to  
2 provide members of the Armed Forces and their depend-  
3 ents with an integrated cognitive performance and readi-  
4 ness capability that combines live performance training,  
5 cognitive training tools and technologies, always-on digital  
6 support, live coaching, care navigation, sleep optimization,  
7 and on-installation cognitive readiness infrastructure. In  
8 selecting capabilities for the pilot program, the Secretary  
9 shall give priority to commercially or federally available  
10 capabilities with documented success and prior perform-  
11 ance in military or high-stress operational environments.

12 (c) ELEMENTS.—The pilot program under subsection  
13 (b) shall be designed to include the following elements:

14 (1) The demonstration of a substantial body of  
15 scientifically researched and evidence-based pub-  
16 lished evidence of measurable improvements in cog-  
17 nitive performance outcomes, including sustained at-  
18 tention, reaction time under stress, and stress regu-  
19 lation, in military or high-stress operational popu-  
20 lations, including evidence derived from alpha-com-  
21 petitive and high-consequence operational environ-  
22 ments such as military aviation, special operations,  
23 and elite performance contexts, demonstrating real-  
24 world military efficacy.

1           (2) The demonstration of military cultural com-  
2           petence across all personnel delivering services, in-  
3           cluding coaches, facilitators, and support staff,  
4           through documented training requirements specific  
5           to military populations, operational environments,  
6           and families of members of the Armed Forces.

7           (3) Content and curriculum developed in part-  
8           nership with experts with documented service in  
9           military operational leadership roles, aligned to serv-  
10          ice-specific resilience and readiness frameworks and  
11          the unique demands of military life, deployment cy-  
12          cles, and family support, and continuously updated  
13          to reflect advances in cognitive performance science.

14          (4) The delivery of cognitive performance capa-  
15          bilities through—

16                (A) a holistic approach encompassing edu-  
17                cation, training, leadership development, and  
18                culture, providing tactical tools and skill sets  
19                applicable across the full spectrum of military  
20                service, any area of operations, and all phases  
21                of a member's career; and

22                (B) multiple complementary modalities in-  
23                cluding in-person instruction by certified  
24                facilitators, on-installation cognitive perform-  
25                ance environments, and always-on digital ac-

1           cess, ensuring continuity of support regardless  
2           of operational tempo, deployment status, or ge-  
3           ographic location.

4           (5) Interactive and contextualized live cognitive  
5           performance training—

6                   (A) provided by specialized training teams  
7                   with expert knowledge of cognitive performance  
8                   and how to apply skills across the phases of a  
9                   military career, focused on development of a  
10                  high-performance mindset to increase readiness,  
11                  warfighter lethality, and leadership under  
12                  stress, with certified facilitators embedded at  
13                  installations to sustain program culture and  
14                  common language within units between training  
15                  events; and

16                  (B) that is delivered in-person at installa-  
17                  tions when operationally feasible, with alter-  
18                  native delivery modalities available for deployed  
19                  or distributed environments.

20           (6) Cognitive training tools and resources, in-  
21           cluding technologies and structured skill-building en-  
22           vironments, designed to improve resilience, focus, de-  
23           cision making, and recovery under pressure, with  
24           documented peer-reviewed evidence of measurable  
25           improvements in cognitive performance outcomes in-

1 including attention, stress regulation, and reaction  
2 time.

3 (7) A commercially available digital component  
4 with demonstrated adoption by millions of users  
5 across civilian and enterprise populations, providing  
6 continuous on-demand access to cognitive perform-  
7 ance support, sleep optimization, stress regulation,  
8 mental health and wellness content, and mental fit-  
9 ness resources, including content developed in part-  
10 nership with experts with documented service in  
11 military operational leadership roles, accessible to  
12 members of the Armed Force and their family  
13 members between and independent of scheduled  
14 training events, including in deployed environments.

15 (8) Evidence-based sleep optimization resources  
16 and interventions with documented peer-reviewed  
17 evidence of measurable improvements in sleep onset,  
18 sleep quality, and insomnia reduction, accessible to  
19 members of the Armed Forces and their families on  
20 demand.

21 (9) On-demand access, at any time during the  
22 day or night, to live subclinical coaching support  
23 with response times less than two minutes on aver-  
24 age as well as through scheduled video and text  
25 based sessions for members of the Armed Forces

1 and their families, with demonstrated rapid-access  
2 connection capability, with military cultural com-  
3 petence training required of all coaching personnel  
4 as a condition of employment.

5 (10) Validated assessments and structured care  
6 navigation connecting members of the Armed Forces  
7 to existing military and Department support re-  
8 sources, including base-level services, crisis path-  
9 ways, and clinical referral infrastructure aligned to  
10 co-created protocols, optimizing the use of existing  
11 investments rather than duplicating such invest-  
12 ments.

13 (11) Evidence-based cognitive readiness envi-  
14 ronments at participating installations using sensory  
15 and cognitive stimulation technologies with docu-  
16 mented peer-reviewed evidence of measurable im-  
17 provements in stress recovery and cognitive perform-  
18 ance outcomes following use.

19 (12) Outcome tracking and data collection ca-  
20 pabilities across its integrated components, including  
21 biometric, assessment-based, and clinical utilization  
22 measures of cognitive readiness, designed to support  
23 Department-wide warfighter performance reporting  
24 requirements.

1           (13)       Commercially       availability       and  
2       contractability under existing Federal acquisition  
3       pathways, with a preference for capabilities with  
4       documented prior performance in military environ-  
5       ments, to enable rapid deployment following pro-  
6       gram authorization without delay to execution.

7       (d) METRICS.—The Secretary shall evaluate the pilot  
8       program using the following metrics:

9           (1) Cognitive performance outcomes, including  
10       sustained attention, reaction time under stress, and  
11       validated measures of stress and resilience.

12          (2) Sleep quality indicators, including member  
13       survey data and sleep medication usage rates.

14          (3) Behavioral health referral and counseling  
15       center usage rates at participating installations.

16          (4) Related clinical care wait times and limited  
17       duty assignment rates attributable to stress and be-  
18       havioral health conditions.

19          (5) Use and results of cognitive training tools  
20       and technologies, including data on attention, focus,  
21       relaxation, and workload regulation.

22          (6) The level of engagement of members of the  
23       Armed Forces and their families, including number  
24       of sessions and average hours of substantive pro-  
25       gram use per active participant.

1           (7) Program cost efficiency indicators, including  
2           estimated reductions in clinical care use and behav-  
3           ioral health-related attrition.

4           (e) REPORT.—

5           (1) IN GENERAL.—Not later than one year  
6           after the commencement of the pilot program under  
7           subsection (b), the Secretary of Defense shall submit  
8           to the Committees on Armed Services of the Senate  
9           and House of Representatives a report on the imple-  
10          mentation and outcomes of the program. Such re-  
11          port shall include—

12                   (A) the evaluation of the pilot program  
13                   using the metrics under subsection (d);

14                   (B) an assessment of whether the program  
15                   reduced attrition and improved cognitive per-  
16                   formance and resilience among participating  
17                   members of the Armed Forces; and

18                   (C) a recommendation as to whether the  
19                   Department of Defense should expand the pro-  
20                   gram across additional installations or popu-  
21                   lations.

22          (2) FORM.—The report required under this  
23          subsection shall be submitted in unclassified form  
24          but may contain a classified annex.

