

TITLE VII—HEALTH CARE PROVISIONS

ITEMS OF SPECIAL INTEREST

Adult Residential Treatment for Eating Disorders

The committee is concerned that eating disorders are a significant problem in society as well as in military beneficiaries. Treatment of eating disorders is challenging and usually requires a multidisciplinary, long-term approach that includes treatment in a variety of settings, like residential treatment for adults with eating disorders, which is currently not covered by TRICARE for beneficiaries over the age of 18. The committee notes there is a growing body of evidence depicting the effectiveness of residential treatment for eating disorders. The inclusion of residential treatment for adults under TRICARE would provide an additional avenue of treatment for this challenging group of mental illnesses. Eating disorders often co-occur with other disorders, both mental health and physical, thus facilitating treatment even if the eating disorder is not the primary disorder is consistent with high-quality health care. Unfortunately, the failure to treat a co-occurring eating disorder can reduce the effectiveness of treatment for the other, primary disorder.

Therefore, the committee directs the Secretary of Defense to submit a letter to the Committees on Armed Services of the Senate and the House of Representatives, not later than December 1, 2020, on the feasibility of including residential treatment for adults with eating disorders as a TRICARE benefit, similar to the Department of Defense's actions for residential substance abuse treatment for adults, and the projected cost to the Department as well as prohibited authorities precluding the Secretary from including this benefit under TRICARE.

Behavioral Health Requirements of the Department of Defense

The committee recognizes the shortage of behavioral health providers nationwide and continues to be concerned with the impact on the military. The committee believes the ability to address the behavioral health demands of the military has a major impact on readiness, whether it is through the military treatment facility, the TRICARE network, or through telehealth. The committee notes that the ability for the Department of Defense to properly fill its force structure requirements is tied to resources and not necessarily the demand for behavioral health services for all impacted by the rigors of a military lifestyle. Therefore, the committee directs the Secretary of Defense to submit a report to the Committees on Armed Services of the Senate and the House of Representatives, not later than March 1, 2021, that:

(1) identifies the number and types of military, civilian, direct contract, and managed care support contract behavioral health professionals required to treat