

118TH CONGRESS  
2D SESSION

**H. R.** \_\_\_\_\_

To amend title 10, United States Code, to clarify roles and responsibilities within the Department of Defense relating to subconcussive and concussive brain injuries and to improve brain health initiatives of the Department of Defense, and for other purposes.

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IN THE HOUSE OF REPRESENTATIVES

Mr. KHANNA introduced the following bill; which was referred to the  
Committee on \_\_\_\_\_

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**A BILL**

To amend title 10, United States Code, to clarify roles and responsibilities within the Department of Defense relating to subconcussive and concussive brain injuries and to improve brain health initiatives of the Department of Defense, 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 “Blast Overpressure  
5       Safety Act”.

1 **SEC. 2. ROLES AND RESPONSIBILITIES FOR COMPONENTS**  
2 **OF THE OFFICE OF THE SECRETARY OF DE-**  
3 **FENSE RELATING TO BRAIN INJURIES FROM**  
4 **CONCUSSIVE AND SUBCONCUSSIVE BLASTS.**

5 (a) FINDINGS AND SENSE OF CONGRESS.—

6 (1) FINDINGS.—Congress finds the following:

7 (A) Research conducted by the Depart-  
8 ment of Defense underscores that concussive  
9 and subconcussive brain injuries can arise not  
10 only from combat scenarios but also from rou-  
11 tine training exercises.

12 (B) Even when adhering to established  
13 safety guidelines, the act of firing or being ex-  
14 posed to the firing of heavy weapons, grenades,  
15 and breaching during training sessions can po-  
16 tentially lead to cognitive impairments, particu-  
17 larly affecting aspects such as delayed verbal  
18 memory, visual-spatial memory, and executive  
19 function.

20 (C) Traumatic brain injuries have become  
21 the signature wound of members of the Armed  
22 Forces from the Global War on Terrorism gen-  
23 eration.

24 (D) Special Warfare Operator 1st Class  
25 Ryan Larkin and Sergeant First Class Michael  
26 Froede both suffered traumatic brain injuries

1 during their rigorous training and multiple  
2 combat deployments and were tragically lost to  
3 suicide as a result of their wounds. Their sto-  
4 ries highlight the critical issues surrounding  
5 traumatic brain injury within the military and  
6 the subsequent risk of suicide among affected  
7 individuals.

8 (E) This Act honors the sacrifices of Spe-  
9 cial Warfare Operator 1st Class Ryan Larkin  
10 and Sergeant First Class Michael Froede, as  
11 well as the thousands of affected members of  
12 the Armed Forces by expediting the efforts of  
13 the Department of Defense to mitigate, iden-  
14 tify, and treat traumatic brain injuries within  
15 the Armed Forces.

16 (2) SENSE OF CONGRESS.—It is the sense of  
17 Congress that—

18 (A) Congress commends the Department  
19 of Defense for its efforts to implement meas-  
20 ures consistent with modern science to limit the  
21 occurrence of concussive and subconcussive  
22 brain injuries among members of the Armed  
23 Forces and facilitate the rehabilitation of those  
24 recovering from service-related traumatic brain  
25 injuries; and

1 (B) the Secretary of Defense should sus-  
2 tain those efforts while also enhancing overall  
3 knowledge and protection against brain injuries.

4 (b) ESTABLISHMENT OF ROLES.—The Secretary of  
5 Defense shall establish the roles and responsibilities of  
6 components of the Office of the Secretary of Defense for  
7 the mitigation, identification, and treatment of concussive  
8 and subconcussive brain injuries and the monitoring and  
9 documentation of blast overpressure exposure as follows:

10 (1) The Under Secretary of Defense for Per-  
11 sonnel and Readiness shall be responsible for, not  
12 later than one year after the date of the enactment  
13 of this Act—

14 (A) establishing a baseline neurocognitive  
15 assessment to be conducted during the acces-  
16 sion process of members of the Armed Forces  
17 before the beginning of training;

18 (B) establishing annual neurocognitive as-  
19 sessments to monitor the cognitive function of  
20 such members to be conducted—

21 (i) at least every three years as part  
22 of the periodic health assessment of such  
23 members;

24 (ii) as part of the post-deployment  
25 health assessment of such members; and

1 (iii) prior to separation from service  
2 in the Armed Forces;

3 (C) ensuring all neurocognitive assess-  
4 ments of such members, including those re-  
5 quired under subparagraphs (A) and (B), are  
6 maintained in the electronic medical record of  
7 such member;

8 (D) establishing a process for annual re-  
9 view of blast overpressure exposure and trau-  
10 matic brain injury logs specified in paragraph  
11 (2)(A) for each member of the Armed Forces  
12 during the periodic health assessment of such  
13 member for cumulative exposure in order to  
14 refer members with recurrent and prolonged ex-  
15 posure to specialty care; and

16 (E) establishing standards for recurrent  
17 and prolonged exposure.

18 (2) The Assistant Secretary of Defense for  
19 Readiness shall be responsible for, not later than one  
20 year after the date of the enactment of this Act, the  
21 following:

22 (A) Establishing and maintaining blast  
23 overpressure exposure logs and traumatic brain  
24 injury logs for every member of the Armed  
25 Forces.

1 (B) Integrating those logs into the Indi-  
2 vidual Longitudinal Exposure Record (as de-  
3 fined in section 1171(b) of title 38, United  
4 States Code) for such member.

5 (C) Including in those logs at least the fol-  
6 lowing:

7 (i) The number of previous exposures  
8 to blast overpressure, including the number  
9 of exposures per unit of time, date, blast  
10 overpressure in pounds per square inch,  
11 and number of times the member of the  
12 Armed Forces fires, uses, or is exposed to  
13 weapons that cause blast overpressure.

14 (ii) Any residual physical, mental, or  
15 emotional effects resulting from such expo-  
16 sure.

17 (iii) The source of the exposure, activ-  
18 ity when the exposure occurred, whether it  
19 occurred during training or deployment,  
20 and any other relevant context of such ex-  
21 posure.

22 (iv) The treatment that the member  
23 sought and received in connection with  
24 such exposure.

1 (v) The number of concussive and  
2 subconcussive brain injuries, including  
3 traumatic brain injuries, sustained.

4 (vi) The severity of concussive and  
5 subconcussive brain injuries, including  
6 traumatic brain injuries, sustained.

7 (vii) Other head trauma, regardless of  
8 whether it requires the treatment of a  
9 medical provider.

10 (3) The Inspector General of the Department of  
11 Defense shall be responsible for—

12 (A) not later than two years after the date  
13 of the enactment of this Act, submitting to  
14 Congress a report (in unclassified form, but  
15 with a classified annex as necessary) evaluating  
16 the establishment and maintenance of the logs  
17 required under paragraph (2), including the cu-  
18 mulative exposure annotated in the blast over-  
19 pressure exposure logs and traumatic brain in-  
20 jury logs, as well as the compliance of the De-  
21 partment of Defense with Department policies  
22 to address the brain health of members of the  
23 Armed Forces;

24 (B) not later than 10 days after submit-  
25 ting the report under subparagraph (A), mak-

1 ing available to the public the unclassified por-  
2 tion of the report; and

3 (C) beginning on the date that is three  
4 years after the date of the enactment of this  
5 Act—

6 (i) evaluating the continued fulfill-  
7 ment by the Department of the require-  
8 ments under paragraph (2), including the  
9 cumulative exposure annotated in the blast  
10 overpressure exposure logs and traumatic  
11 brain injury logs, as well as the compliance  
12 of the Department with Department poli-  
13 cies to address the brain health of mem-  
14 bers of the Armed Forces;

15 (ii) not later than December 31 of  
16 each year, submitting to Congress a report  
17 (in unclassified form, but with a classified  
18 annex as necessary) containing the results  
19 of such evaluation; and

20 (iii) not later than 10 days after sub-  
21 mitting each report under clause (ii), mak-  
22 ing available to the public the unclassified  
23 portion of such report.

24 (4) The Under Secretary of Defense for Acqui-  
25 sition and Sustainment shall be responsible for, not



1 later than one year after the date of enactment of  
2 this Act, the following:

3 (A) Establishing the minimization of expo-  
4 sure to blast overpressure as a performance pa-  
5 rameter when drafting requirements for new  
6 weapons systems that produce blast over-  
7 pressure for the Department of Defense.

8 (B) Establishing a requirement that any  
9 entity under contractual agreement with the  
10 Department as part of the defense weapons ac-  
11 quisition process shall provide to the Depart-  
12 ment blast overpressure measurements and  
13 safety data for any weapons system that  
14 produce blast overpressure and exceed the de-  
15 partment set maximum exposure limit procured  
16 from such entity.

17 (C) Establishing a requirement that any  
18 test plan for a weapons system incorporate test-  
19 ing for blast overpressure measurements and  
20 safety data.

21 (D) Not later than December 31 of each  
22 year, publishing on a publicly available website,  
23 including govinfo.gov or successor website, a re-  
24 port that includes—

1 (i) blast overpressure measurements  
2 and safety data for weapons systems of the  
3 Department, including how those systems  
4 have been tested and in what environ-  
5 ments; and

6 (ii) plans to improve protection for ex-  
7 posure by members of the Armed Forces to  
8 in-use weapons systems with unsafe levels  
9 of blast overpressure and exposure.

10 (c) COORDINATION.—The officials specified in para-  
11 graphs (1), (2), (3), and (4) of subsection (b) shall coordi-  
12 nate and align their plans and activities to implement such  
13 subsection among themselves and with the Secretaries of  
14 the military departments.

15 (d) BRIEFINGS AND REPORTS.—

16 (1) IMPLEMENTATION BRIEFING.—Not later  
17 than 180 days after the date of the enactment of  
18 this Act, and every 180 days thereafter, the Sec-  
19 retary of Defense shall provide to the congressional  
20 defense committees a briefing on the plans, associ-  
21 ated timelines, and activities conducted to implement  
22 subsection (a).

23 (2) REPORT ON CONCUSSIVE AND SUBCONCUS-  
24 SIVE BRAIN INJURIES.—

1 (A) IN GENERAL.—Not later than 180  
2 days after the date of the enactment of this  
3 Act, and annually thereafter, the Secretary of  
4 Defense shall submit to the congressional de-  
5 fense committees a report on—

6 (i) concussive and subconcussive brain  
7 injuries caused during military operations,  
8 including combat operations, among mem-  
9 bers of the Armed Forces, including infor-  
10 mation on—

11 (I) the Armed Force of the mem-  
12 ber;

13 (II) the name of the operation;

14 (III) the location within the area  
15 of responsibility;

16 (IV) the number of concussive  
17 and subconcussive brain injuries  
18 caused;

19 (V) the severity of concussive and  
20 subconcussive brain injuries caused;

21 (VI) the treatment received for a  
22 concussive or subconcussive brain in-  
23 jury;

24 (VII) whether a member of the  
25 Armed Forces was medically retired

1 from service due to a concussive or  
2 subconcussive brain injury;

3 (VIII) whether a member of the  
4 Armed Forces died by suicide after  
5 sustaining a concussive or subconcus-  
6 sive brain injury; and

7 (IX) the source of the injury, in-  
8 cluding the activity conducted when  
9 the injury occurred; and

10 (ii) concussive and subconcussive  
11 brain injuries caused during training  
12 events among members of the Armed  
13 Forces, including information on—

14 (I) the Armed Force of the mem-  
15 ber;

16 (II) the type of training;

17 (III) the location of the training;

18 (IV) the number of concussive  
19 and subconcussive brain injuries  
20 caused;

21 (V) the severity of concussive and  
22 subconcussive brain injuries caused;

23 (VI) the treatment received for a  
24 concussive or subconcussive brain in-  
25 jury;

1 (VII) whether a member of the  
2 Armed Forces was medically retired  
3 from service due to a concussive or  
4 subconcussive brain injury;

5 (VIII) whether a member of the  
6 Armed Forces died by suicide after  
7 sustaining a concussive or subconcus-  
8 sive brain injury; and

9 (IX) the source of the injury, in-  
10 cluding the activity conducted when  
11 the injury occurred.

12 (B) FORM.—Each report submitted under  
13 subparagraph (A) shall be submitted in unclas-  
14 sified form, but may include a classified annex.

15 (C) PUBLIC AVAILABILITY.—Not later  
16 than 10 days after submitting a report under  
17 subparagraph (A), the Secretary of Defense  
18 shall make the unclassified portion of the report  
19 available to the public, including by publishing  
20 the report on the govinfo.gov website, or suc-  
21 cessor website.

22 (3) REPORT ON DISCHARGES RELATED TO CON-  
23 CUSSIVE AND SUBCONCUSSIVE BRAIN INJURIES.—

24 (A) IN GENERAL.—Not later than 180  
25 days after the date of the enactment of this

1 Act, and annually thereafter, the officials speci-  
2 fied in paragraphs (1) and (2) of subsection (b)  
3 and the Secretary of Defense shall submit to  
4 the congressional defense committees a report  
5 on members of the Armed Forces who were dis-  
6 charged administratively or punitively and had  
7 a concussive or subconcussive brain injury, in-  
8 cluding a traumatic brain injury, including in-  
9 formation on—

10 (i) whether the injury or injuries oc-  
11 curred during combat operations or train-  
12 ing and the associated combat operations  
13 or training incident;

14 (ii) the severity of the injury or inju-  
15 ries;

16 (iii) if any such injury was combat re-  
17 lated, the name of the operation;

18 (iv) the treatment sought and received  
19 for the injury or injuries;

20 (v) the number of discharge upgrade  
21 requests in connection with such an injury  
22 or injuries that have been made; and

23 (vi) the number of such discharge up-  
24 grade requests that have been approved.

1 (B) FORM.—Each report submitted under  
2 subparagraph (A) shall be submitted in unclas-  
3 sified form, but may include a classified annex.

4 (C) PUBLIC AVAILABILITY.—Not later  
5 than 10 days after submitting a report under  
6 subparagraph (A), the Secretary of Defense  
7 shall make the unclassified portion of the report  
8 available to the public, including by publishing  
9 the report on the govinfo.gov website, or suc-  
10 cessor website.

11 (4) REPORT ON MEDICAL PROVIDERS TRAINED  
12 IN CONCUSSIVE AND SUBCONCUSSIVE BRAIN INJU-  
13 RIES.—

14 (A) IN GENERAL.—Not later than 180  
15 days after the date of the enactment of this  
16 Act, and annually thereafter, the Secretary of  
17 Defense shall submit to the congressional de-  
18 fense committees a report on medical providers  
19 within the Defense Health Agency who are  
20 trained in traumatic brain injury or concussive  
21 and subconcussive brain injuries as a sub-spe-  
22 cialty of neurology, including information on—

23 (i) the number of such providers,  
24 disaggregated by location;

25 (ii) the billets of such personnel;

1 (iii) the number of medical personnel  
2 currently participating in training or a fel-  
3 lowship relating to traumatic brain injury  
4 or concussive and subconcussive brain inju-  
5 ries; and

6 (iv) the strategy of the Department of  
7 Defense to increase the number of medical  
8 providers trained in traumatic brain injury  
9 or concussive and subconcussive brain inju-  
10 ries as a sub-specialty of neurology.

11 (B) PUBLIC AVAILABILITY.—Not later  
12 than 10 days after submitting a report under  
13 subparagraph (A), the Secretary of Defense  
14 shall make the report available to the public, in-  
15 cluding by publishing the report on the  
16 govinfo.gov website, or successor website.

17 (5) REPORT ON EFFORTS TO COORDINATE  
18 WITH ALLIES AND PARTNERS.—

19 (A) IN GENERAL.—Not later than 180  
20 days after the date of the enactment of this  
21 Act, and annually thereafter, the Secretary of  
22 Defense shall submit to the congressional de-  
23 fense committees a report on the efforts of the  
24 Department of Defense to share and coordinate  
25 on blast injury and subconcussive and concus-



1           sive brain injury research efforts with allies and  
2           partners of the United States, which shall in-  
3           clude information on—

4                   (i) the activities coordinated with such  
5                   allies and partners to better prevent, miti-  
6                   gate, and treat injuries from blast expo-  
7                   sure; and

8                   (ii) recommendations to improve fu-  
9                   ture collaboration with such allies and  
10                  partners, including administrative and data  
11                  structures.

12                (B) PUBLIC AVAILABILITY.—Not later  
13                than 10 days after submitting a report under  
14                subparagraph (A), the Secretary of Defense  
15                shall make the report available to the public, in-  
16                cluding by publishing the report on the  
17                govinfo.gov website, or successor website.

18           (e) DEFINITIONS.—In this section:

19                   (1) CONGRESSIONAL DEFENSE COMMITTEES.—  
20                The term “congressional defense committees” has  
21                the meaning given that term in section 101(a)(16)  
22                of title 10, United States Code.

23                   (2) CONTRACTUAL AGREEMENT.—The term  
24                “contractual agreement” includes a contract, grant,

1 cooperative agreement, and any other similar trans-  
2 action or relationship.

3 (3) NEUROCOGNITIVE ASSESSMENT.—The term  
4 “neurocognitive assessment” means a standardized  
5 cognitive and behavioral evaluation using validated  
6 and normed testing performed in a formal environ-  
7 ment that uses specifically designated tasks to meas-  
8 ure cognitive function known to be linked to a par-  
9 ticular brain structure or pathway, which may in-  
10 clude a measurement of intellectual functioning, at-  
11 tention, new learning or memory, intelligence, proc-  
12 essing speed, and executive functioning.

13 (4) TRAUMATIC BRAIN INJURY.—The term  
14 “traumatic brain injury” means a traumatically in-  
15 duced structural injury or physiological disruption of  
16 brain function as a result of an external force that  
17 is indicated by new onset or worsening of at least  
18 one of the following clinical signs immediately fol-  
19 lowing the event:

20 (A) Alteration in mental status, including  
21 confusion, disorientation, or slowed thinking.

22 (B) Loss of memory for events imme-  
23 diately before or after the injury.

24 (C) Any period of loss of or decreased level  
25 of consciousness, observed or self-reported.

1 **SEC. 3. IMPROVEMENTS TO BRAIN HEALTH INITIATIVES OF**  
2 **DEPARTMENT OF DEFENSE.**

3 (a) BRAIN HEALTH INITIATIVES.—

4 (1) IN GENERAL.—Part II of subtitle A of title  
5 10, United States Code, is amended by inserting  
6 after chapter 55 the following new chapter:

7 **“CHAPTER 55A—BRAIN HEALTH**  
8 **INITIATIVES**

9 **“§ 1110n. Definition of traumatic brain injury**

10 “In this chapter, the term ‘traumatic brain injury’  
11 means a traumatically induced structural injury or physio-  
12 logical disruption of brain function as a result of an exter-  
13 nal force that is indicated by new onset or worsening of  
14 at least one of the following clinical signs immediately fol-  
15 lowing the event:

16 “(1) Alteration in mental status, including con-  
17 fusion, disorientation, or slowed thinking.

18 “(2) Loss of memory for events immediately be-  
19 fore or after the injury.

20 “(3) Any period of loss of or decreased level of  
21 consciousness, observed or self-reported.

22 **“§ 1110n–1. Warfighter Brain Health Initiative**

23 “(a) IN GENERAL.—The Secretary of Defense, in  
24 consultation with the Secretaries concerned, shall establish  
25 a comprehensive initiative for brain health to be known  
26 as the ‘Warfighter Brain Health Initiative’ (in this section

1 referred to as the ‘Initiative’) for the purpose of unifying  
2 efforts and programs across the Department of Defense  
3 to improve the cognitive performance and brain health of  
4 members of the armed forces.

5 “(b) OBJECTIVES.—The objectives of the Initiative  
6 shall be the following:

7 “(1) To enhance, maintain, and restore the cog-  
8 nitive performance of members of the armed forces  
9 through education, training, prevention, protection,  
10 monitoring, detection, diagnosis, treatment, and re-  
11 habilitation, including through the following activi-  
12 ties:

13 “(A) The establishment of a program to  
14 monitor cognitive brain health across the De-  
15 partment of Defense, with the goal of detecting  
16 any need for cognitive enhancement or restora-  
17 tion resulting from potential brain exposures of  
18 members of armed forces, to mitigate possible  
19 evolution of injury or disease progression.

20 “(B) The identification and dissemination  
21 of thresholds for blast exposure and blast over-  
22 pressure safety and associated emerging sci-  
23 entific evidence that—

24 “(i) cover brain injury, lung injury,  
25 and impulse noise;

1                   “(ii) measure impact over 24-hour,  
2                   72-hour to 96-hour, monthly, annual, and  
3                   lifetime periods;

4                   “(iii) ensure that the thresholds are  
5                   low enough that they are not associated  
6                   with cognitive deficits after firing;

7                   “(iv) include thresholds that account  
8                   for the firing of multiple types of heavy  
9                   weaponry and use of grenades in one pe-  
10                  riod of time;

11                  “(v) include minimum safe distances  
12                  and levels of exposure for observers and in-  
13                  structors; and

14                  “(vi) include limits for shoulder-fired  
15                  heavy weapons.

16                  “(C) The modification of high-risk training  
17                  and operational activities to mitigate the nega-  
18                  tive effects of repetitive blast exposure.

19                  “(D) The identification of individuals who  
20                  perform high-risk training or occupational ac-  
21                  tivities for purposes of increased monitoring of  
22                  the brain health of such individuals.

23                  “(E) The development and operational  
24                  fielding of non-invasive, portable, point-of-care

1 medical devices, to inform the diagnosis and  
2 treatment of traumatic brain injury.

3 “(F) The establishment of a standardized  
4 monitoring program that documents and ana-  
5 lyzes blast exposures that may affect the brain  
6 health of members of the armed forces.

7 “(G) The consideration of the findings and  
8 recommendations of the report of the National  
9 Academies of Science, Engineering, and Medi-  
10 cine published in 2022 and entitled ‘Traumatic  
11 Brain Injury: A Roadmap for Accelerating  
12 Progress’ (relating to the acceleration of  
13 progress in traumatic brain injury research and  
14 care), or any successor report, in relation to the  
15 activities of the Department relating to brain  
16 health.

17 “(H) The establishment of policies to en-  
18 courage members of the armed forces to seek  
19 support for brain health when needed, prevent  
20 retaliation against such members who seek care,  
21 and address other barriers to seeking help for  
22 brain health, including due to the impact of  
23 blast exposure, blast overpressure, traumatic  
24 brain injury, and other health matters.

1           “(I) The modification of existing weapons  
2           systems to reduce blast exposure of the indi-  
3           vidual using the weapon and those within the  
4           minimum safe distance.

5           “(2) To harmonize and prioritize the efforts of  
6           the Department of Defense into a single approach to  
7           brain health.

8           “(c) THRESHOLDS FOR BLAST EXPOSURE AND  
9           OVERPRESSURE SAFETY.—

10          “(1) DEADLINE.—

11               “(A) IN GENERAL.—Not later than two  
12               years after the date of the enactment of the  
13               Blast Overpressure Safety Act, the Secretary of  
14               Defense shall identify and disseminate the  
15               thresholds for blast exposure and blast over-  
16               pressure safety and associated emerging sci-  
17               entific evidence required under subsection  
18               (b)(1)(B).

19               “(B) UPDATE.—Not less frequently than  
20               every five years, the Secretary of Defense shall  
21               update the thresholds for blast exposure and  
22               blast overpressure safety and associated emerg-  
23               ing scientific evidence required under subsection  
24               (b)(1)(B).

1           “(2) CENTRAL REPOSITORY.—Not later than  
2           two years after the date of the enactment of the  
3           Blast Overpressure Safety Act, the Secretary of De-  
4           fense shall establish a central repository of blast-re-  
5           lated characteristics, such as pressure profiles and  
6           common blast loads associated with specific systems  
7           and the environments in which they are used, that  
8           is available to members of the armed forces and the  
9           public and includes the information described in sub-  
10          section (b)(1)(B).

11          “(3) WAIVERS.—

12                 “(A) PROTOCOLS.—Not later than two  
13                 years after the date of the enactment of the  
14                 Blast Overpressure Safety Act, the Secretary of  
15                 Defense shall establish and implement protocols  
16                 to require waivers in cases in which members of  
17                 the armed forces must exceed the safety thresh-  
18                 olds described in subsection (b)(1)(B), which  
19                 shall include a justification for exceeding those  
20                 safety thresholds.

21                 “(B) TRACKING SYSTEM.—

22                         “(i) IN GENERAL.—Not later than  
23                         two years after the date of the enactment  
24                         of the Blast Overpressure Safety Act, the  
25                         Secretary of Defense shall establish a De-



1           partment of Defense-wide tracking system  
2           for waivers described in subparagraph (A),  
3           which shall include data contributed by  
4           each of the Secretaries concerned.

5           “(ii) REPORT.—

6                   “(I) IN GENERAL.—Not less fre-  
7                   quently than once each year by De-  
8                   cember 31 of that year following the  
9                   establishment of the tracking system  
10                  required under clause (i), the Sec-  
11                  retary of Defense shall submit to the  
12                  Committees on Armed Services of the  
13                  Senate and the House of Representa-  
14                  tives a report on waivers described in  
15                  subparagraph (A) that includes—

16                           “(aa) the number of waivers  
17                           issued, disaggregated by armed  
18                           force;

19                           “(bb) the justifications pro-  
20                           vided for each waiver;

21                           “(cc) a description of actions  
22                           taken by the Secretary concerned  
23                           to track the health effects on  
24                           members of the armed forces of  
25                           exceeding safety thresholds de-

1                   scribed in subsection (b)(1)(B),  
2                   document those effects in medical  
3                   records, and provide care to  
4                   those members; and

5                   “(dd) a description of the  
6                   medical care received by those  
7                   members in response to exceeding  
8                   these safety thresholds.

9                   “(II) PUBLIC AVAILABILITY.—  
10                  The Secretary of Defense shall make  
11                  the information contained in each re-  
12                  port submitted under subclause (I)  
13                  available to the public, including on  
14                  the govinfo.gov website, or successor  
15                  website, not later than 10 days after  
16                  the report is submitted under such  
17                  subclause.

18               “(d) FORMAL TRAINING REQUIREMENT.—

19               “(1) IN GENERAL.—The Secretary of Defense  
20               shall ensure that training described in paragraph (2)  
21               is required for members of the armed forces before  
22               training, deployment, or entering other environments  
23               determined to be high-risk by the Secretary con-  
24               cerned.

1           “(2) TRAINING DESCRIBED.—Training de-  
2       scribed in this paragraph is training on the fol-  
3       lowing:

4           “(A) Thresholds for blast exposure and  
5       blast overpressure safety and associated emerg-  
6       ing scientific evidence required under subsection  
7       (b)(1)(B).

8           “(B) Symptoms of exposure to blasts or  
9       blast overpressure.

10          “(C) Symptoms of traumatic brain injury.

11       “(e) STRATEGIES FOR MITIGATION AND PREVEN-  
12   TION OF BLAST EXPOSURE AND OVERPRESSURE RISK  
13   FOR HIGH-RISK INDIVIDUALS.—In carrying out the Initia-  
14   tive, not later than one year after the date of the enact-  
15   ment of the Blast Overpressure Safety Act, the Secretary  
16   of Defense shall establish strategies for mitigating and  
17   preventing blast exposure and blast overpressure risk for  
18   individuals most at risk for exposure to high-risk training  
19   or high-risk occupational activities, which shall include—

20          “(1) a timeline and process for implementing  
21       those strategies;

22          “(2) a determination of the frequency with  
23       which those strategies will be updated, at a rate of  
24       not less frequently than every five years; and

1           “(3) an assessment of how information regard-  
2           ing those strategies will be disseminated to such in-  
3           dividuals, including after those strategies are up-  
4           dated.

5           “(f) ANNUAL BUDGET JUSTIFICATION DOCU-  
6           MENTS.—In the budget justification materials submitted  
7           to Congress in support of the budget of the Department  
8           of Defense for each fiscal year (as submitted with the  
9           budget of the President under section 1105(a) of title 31),  
10          the Secretary of Defense shall include a budget justifica-  
11          tion display that includes all activities of the Department  
12          relating to the Initiative.

13          “(g) ANNUAL REPORTS.—

14                 “(1) IN GENERAL.—Not later than March 31,  
15                 2025, and not less frequently than annually there-  
16                 after, the Secretary of Defense shall submit to the  
17                 Committees on Armed Services of the Senate and  
18                 the House of Representatives a report that includes  
19                 the following:

20                         “(A) A description of the activities taken  
21                         under the Initiative and resources expended  
22                         under the Initiative during the prior fiscal year.

23                         “(B) The number of members of the  
24                         armed forces impacted by blast overpressure

1           and blast exposure in the prior fiscal year, in-  
2           cluding—

3                   “(i) the number of members who re-  
4                   ported adverse health effects from blast  
5                   overpressure or blast exposure;

6                   “(ii) the number of members exposed  
7                   to blast overpressure or blast exposure;

8                   “(iii) the number of members who re-  
9                   ceived treatment for injuries related to  
10                  blast overpressure or blast exposure, in-  
11                  cluding at facilities of the Department of  
12                  Defense and at facilities in the private sec-  
13                  tor;

14                  “(iv) regarding treatment for blast ex-  
15                  posure, blast overpressure, or subconcus-  
16                  sive or concussive brain injuries at the Na-  
17                  tional Intrepid Center of Excellence, an In-  
18                  trepid Spirit Center, or an appropriate  
19                  military medical treatment facility—

20                   “(I) the number of members on  
21                   the waitlist for such treatment;

22                   “(II) the average period of time  
23                   those members are on that waitlist;  
24                   and

1 “(III) the average number of  
2 days between when an appointment is  
3 requested and the actual appointment  
4 date; and

5 “(v) the type of care that members re-  
6 ceive from facilities of the Department of  
7 Defense and the type of care that members  
8 receive from facilities in the private sector.

9 “(C) A summary of the progress made  
10 during the prior fiscal year with respect to the  
11 objectives of the Initiative under subsection (b).

12 “(D) A description of the steps the Sec-  
13 retary is taking to ensure that activities under  
14 the Initiative are being implemented across the  
15 Department of Defense and the military depart-  
16 ments.

17 “(2) PUBLIC AVAILABILITY.—The Secretary of  
18 Defense shall make the information contained in  
19 each report submitted under paragraph (1) available  
20 to the public, including on the govinfo.gov website,  
21 or successor website, not later than 10 days after  
22 the report is submitted under such paragraph.”.

23 (b) CONFORMING AND CLERICAL AMENDMENTS.—

24 (1) CLERICAL AMENDMENT.—The table of sec-  
25 tions at the beginning of title 10, United States

1 Code, is amended by inserting before the item relat-  
2 ing to chapter 56 the following new items:

“CHAPTER 55A—BRAIN HEALTH INITIATIVES

“Sec.

“1110n. Definition of traumatic brain injury.

“1110n–1. Warfighter Brain Health Initiative.”.

3 (2) CONFORMING REPEAL.—Section 735 of the  
4 James M. Inhofe National Defense Authorization  
5 Act for Fiscal Year 2023 (Public Law 117–263; 10  
6 U.S.C. 1071 note) is repealed.

7 (c) INITIAL BRIEFING AND REPORT ON NATIONAL  
8 INTREPID CENTER OF EXCELLENCE.—

9 (1) IN GENERAL.—Not later than 150 days  
10 after the date of the enactment of this Act, the Sec-  
11 retary of Defense shall provide to the congressional  
12 defense committees a briefing and submit to the con-  
13 gressional defense committees a report on the pa-  
14 rameters of the program of record established under  
15 section 1110n–3 of title 10, United States Code, as  
16 added by subsection (a).

17 (2) CONGRESSIONAL DEFENSE COMMITTEES  
18 DEFINED.—In this subsection, the term “congres-  
19 sional defense committees” has the meaning given  
20 that term in section 101(a)(16) of title 10, United  
21 States Code.

1   **SEC. 4. PILOT PROGRAM RELATING TO MONITORING OF**  
2                   **BLAST COVERAGE.**

3           (a) **AUTHORITY.**—The Secretary concerned may con-  
4   duct, as part of the initiative established under section  
5   1110n–1 of title 10, United States Code, as added by sec-  
6   tion 3, a pilot program under which the Secretary con-  
7   cerned shall monitor blast overpressure exposure through  
8   the use of commercially available, off-the-shelf, remote  
9   measurements, and document and evaluate data collected  
10  as a result of such monitoring.

11          (b) **LOCATIONS.**—Monitoring activities under a pilot  
12  program conducted pursuant to subsection (a) shall be  
13  carried out in each training environment that the Sec-  
14  retary concerned determines poses a risk for blast over-  
15  pressure exposure.

16          (c) **DOCUMENTATION AND SHARING OF DATA.**—If  
17  the Secretary concerned conducts a pilot program pursu-  
18  ant to subsection (a), the Secretary concerned shall—

19               (1) ensure that any data collected pursuant to  
20           such pilot program that is related to the health ef-  
21           fects of the blast overpressure exposure of a member  
22           of the armed forces who participated in the pilot  
23           program is documented and maintained by the Sec-  
24           retary of Defense in an electronic health record for  
25           the member; and



1 (2) to the extent practicable, and in accordance  
2 with applicable provisions of law relating to data pri-  
3 vacy, make data collected pursuant to such pilot pro-  
4 gram available to other academic and medical re-  
5 searchers for the purpose of informing future re-  
6 search and treatment options.

7 (d) DEFINITION OF SECRETARY CONCERNED.—In  
8 this section, the term “Secretary concerned” has the  
9 meaning given such term in section 101 of title 10, United  
10 States Code.

11 **SEC. 5. SPECIAL OPERATIONS BRAIN HEALTH AND TRAUMA**  
12 **PROGRAM.**

13 (a) IN GENERAL.—Chapter 55A of title 10, United  
14 States Code, as added by section 3, is amended by adding  
15 at the end the following new section:

16 **“§ 1110n–2. Special operations brain health and trau-**  
17 **ma program**

18 “(a) IN GENERAL.—The Commander of the United  
19 States Special Operations Command (in this section re-  
20 ferred to as the ‘Commander’), in coordination with the  
21 Secretary of Defense, shall conduct an intensive, com-  
22 prehensive brain health and trauma program (in this sec-  
23 tion referred to as the ‘Program’) to provide coordinated,  
24 integrated, multi-disciplinary specialist evaluations, treat-

1 ment initiation, and aftercare coordination in a highly con-  
2 densed model for special operations forces.

3 “(b) EVIDENCE-BASED TREATMENT.—In carrying  
4 out the Program, the Commander shall provide evidence-  
5 based physical, mental, and behavioral health care and  
6 counseling for traumatic brain injury, blast overpressure,  
7 blast exposure, and psychological or neurological condi-  
8 tions that are common among members of the special op-  
9 erations forces.

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

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

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

23 “(2) Metabolic testing, cardiovascular testing,  
24 and cerebrovascular testing.

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

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

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

16          (b) CLERICAL.—The table of sections at the begin-  
17          ning of chapter 55A of such title, as amended by section  
18          3, is amended by adding at the end the following new item:

          “1110n-2. Special operations brain health and trauma program.”.

19          (c) REPORT AND BRIEFING ON IMPLEMENTATION OF  
20          SPECIAL OPERATIONS TRAUMATIC BRAIN INJURY PRO-  
21          GRAM.—

22                 (1) REPORT ON PROGRAM.—

23                         (A) IN GENERAL.—Not later than Decem-  
24                         ber 31, 2025, the Commander of the United  
25                         States Special Operations Command, in coordi-

1 nation with the Secretary of Defense, shall sub-  
2 mit to the Committee on Armed Services of the  
3 Senate and the Committee on Armed Services  
4 of the House of Representatives a report on the  
5 special operations brain health and trauma pro-  
6 gram required under section 1110n-2 of title  
7 10, United States Code, as added by subsection  
8 (a), which shall include—

9 (i) the benefits of the program to  
10 members of the Armed Forces and their  
11 families;

12 (ii) the number of members assisted  
13 by such program;

14 (iii) the type of treatment received  
15 under such program;

16 (iv) the rate of members of the Armed  
17 Forces returning to duty after receiving  
18 treatment under such program;

19 (v) how the Commander is coordi-  
20 nating with the Director of the Defense  
21 Health Agency and the Secretaries of the  
22 military departments to update records of  
23 members of the Armed Forces with treat-  
24 ment received under such program; and

1 (vi) whether and how the program  
2 should be expanded to include other vul-  
3 nerable populations within the Armed  
4 Forces;

5 (B) PUBLIC AVAILABILITY.—The Secretary  
6 of Defense shall make the information con-  
7 tained in the report submitted under subpara-  
8 graph (A) available to the public, including on  
9 the govinfo.gov website, or successor website,  
10 not later than 10 days after the report is sub-  
11 mitted under such subparagraph.

12 (2) COMPTROLLER GENERAL REPORT AND  
13 BRIEFING.—Not later than 180 days after the date  
14 of the enactment of this Act, the Comptroller Gen-  
15 eral of the United States shall brief the Committee  
16 on Armed Services of the Senate and the Committee  
17 on Armed Services of the House of Representatives  
18 on the implementation of section 1110n–2 of title  
19 10, United States Code, as added by subsection (a),  
20 with a report to follow at a mutually agreed upon  
21 date.

22 **SEC. 6. NATIONAL INTREPID CENTER OF EXCELLENCE.**

23 (a) IN GENERAL.—Chapter 55A of title 10, United  
24 States Code, as added by section 3 and amended by sec-

tion 5, is further amended by adding at the end the following new section:

**“§ 1110n–3. National Intrepid Center of Excellence**

“(a) IN GENERAL.—Not later than 120 days after the date of the enactment of the Blast Overpressure Safety Act, the Secretary of Defense shall establish the National Intrepid Center of Excellence (in this section referred to as the ‘Center’) as a program of record subject to milestone reviews and compliance with the requirements under this section.

“(b) DUTIES.—The duties of the Center are as follows:

“(1) To provide interdisciplinary care to prevent, diagnose, treat, and rehabilitate members of the armed forces with traumatic brain injury, post-traumatic stress disorder, symptoms from blast overpressure or blast exposure, and other mental health conditions.

“(2) Support and conduct research and education on traumatic brain injury, post-traumatic stress disorder, blast overpressure or blast exposure, and other mental health conditions.

“(c) CHILDCARE.—Childcare services shall be made available for individuals seeking help through the National Intrepid Center of Excellence.

1 “(d) ANNUAL REPORT.—

2 “(1) IN GENERAL.—Not later than one year  
3 after the date of the enactment of the Blast Over-  
4 pressure Safety Act, and annually thereafter, the  
5 Secretary of Defense shall submit to the Committees  
6 on Armed Services of the Senate and the House of  
7 Representatives a report that shall include, for the  
8 year covered by the report—

9 “(A) the number of individuals to whom  
10 the Center has provided services;

11 “(B) the number of individuals who return  
12 to active duty in the armed forces after receiv-  
13 ing services from the Center, and the stage in  
14 their career at which they seek treatment at the  
15 Center;

16 “(C) the number of individuals whose fam-  
17 ilies are able to participate in programs pro-  
18 vided by the Center; and

19 “(D) the number of individuals on a  
20 waitlist for treatment at the Center and the av-  
21 erage period those individuals are on the  
22 waitlist.

23 “(2) PUBLIC AVAILABILITY.—The Secretary of  
24 Defense shall make the information contained in  
25 each report submitted under paragraph (1) available

1 to the public, including on the govinfo.gov website,  
2 or successor website, not later than 10 days after  
3 the report is submitted under such paragraph.”.

4 (b) CLERICAL.—The table of sections at the begin-  
5 ning of chapter 55A of such title, as amended by sections  
6 3 and 5, is amended by adding at the end the following  
7 new item:

“1110n–3. National Intrepid Center of Excellence.”.

8 **SEC. 7. MANDATORY TRAINING ON HEALTH EFFECTS OF**  
9 **CERTAIN BRAIN TRAUMA.**

10 (a) IN GENERAL.—Chapter 55A of title 10, United  
11 States Code, as added by section 3 and amended by sec-  
12 tions 5 and 6, is further amended by adding at the end  
13 the following new section:

14 **“§ 1110n–4. Mandatory training on health effects of**  
15 **certain brain trauma**

16 “Not less frequently than once every two years, the  
17 Secretary of Defense shall provide to each medical pro-  
18 vider and training manager of the Department of Defense  
19 mandatory training with respect to the potential health ef-  
20 fects of blast overpressure, blast exposure, and traumatic  
21 brain injury.”.

22 (b) CLERICAL.—The table of sections at the begin-  
23 ning of chapter 55A of such title, as amended by sections



1 3, 5, and 6, is amended by adding at the end the following  
2 new item:

“1110n–4. Mandatory training on health effects of certain brain trauma.”.

3 **SEC. 8. ANNUAL BRIEFING ON INDIVIDUAL LONGITUDINAL**  
4 **EXPOSURE RECORD.**

5 (a) IN GENERAL.—Chapter 55 of title 10, United  
6 States Code, is amended by adding at the end the fol-  
7 lowing new section:

8 **“§ 1110c. Annual briefing on Individual Longitudinal**  
9 **Exposure Record**

10 “(a) IN GENERAL.—Not less frequently than annu-  
11 ally, the Secretary of Defense, in consultation with the  
12 Secretary of Veterans Affairs, shall provide the appro-  
13 priate committees of Congress a briefing on—

14 “(1) the quality of the databases of the Depart-  
15 ment of Defense that provide the information pre-  
16 sented in the Individual Longitudinal Exposure  
17 Record; and

18 “(2) the usefulness of the Individual Longitu-  
19 dinal Exposure Record in supporting members of the  
20 armed forces and veterans in receiving health care  
21 and benefits from the Department of Defense and  
22 the Department of Veterans Affairs.

23 “(b) ELEMENTS.—Each briefing required by sub-  
24 section (a) shall include, for the period covered by the re-  
25 port, the following:

1           “(1) An identification of potential exposures to  
2           occupational or environmental hazards, including  
3           blast overpressure and blast exposure, captured by  
4           the current systems of the Department of Defense  
5           for environmental, occupational, and health moni-  
6           toring, and recommendations for how to improve  
7           those systems.

8           “(2) An analysis of the quality and accuracy of  
9           the location data used by the Department of Defense  
10          in determining potential exposures to occupational or  
11          environmental hazards by members of the armed  
12          forces and veterans, including blast overpressure and  
13          blast exposure, and recommendations for how to im-  
14          prove the quality of such data if necessary.

15          “(c) DEFINITIONS.—In this section:

16               “(1) APPROPRIATE COMMITTEES OF CON-  
17               GRESS.—The term ‘ appropriate committees of Con-  
18               gress ’ means—

19                       “(A) the Committee on Armed Services  
20                       and the Committee on Veterans’ Affairs of the  
21                       Senate; and

22                       “(B) the Committee on Armed Services  
23                       and the Committee on Veterans’ Affairs of the  
24                       House of Representatives.

1           “(2) INDIVIDUAL LONGITUDINAL EXPOSURE  
2       RECORD.—The term ‘ Individual Longitudinal Expo-  
3       sure Record ’ has the meaning given such term in  
4       section 1171(b) of title 38.”.

5       (b) CLERICAL AMENDMENT.—The table of sections  
6       at the beginning of chapter 55 of title 10, United States  
7       Code, is amended by inserting after the item relating to  
8       section 1110b the following new item:

          “1110c. Annual briefing on Individual Longitudinal Exposure Record.”.

9       (c) CONFORMING REPEAL.—Section 802 of the Ser-  
10      geant First Class Heath Robinson Honoring our Promise  
11      to Address Comprehensive Toxics Act of 2022 (Public  
12      Law 117–168; 10 U.S.C. 1071 note) is repealed.

13   **SEC. 9. REVIEW OF BLAST-RELATED BRAIN INJURY RE-**  
14                   **SEARCH AND OTHER EFFORTS OF THE DE-**  
15                   **PARTMENT OF DEFENSE.**

16      (a) REVIEW.—

17           (1) IN GENERAL.—The Comptroller General of  
18      the United States shall conduct a review of the re-  
19      search and other efforts of the Department of De-  
20      fense on traumatic brain injury, including injuries  
21      related to blast overpressure or blast exposure.

22           (2) MATTERS TO BE INCLUDED.—The review  
23      required by paragraph (1) shall include the fol-  
24      lowing:

1 (A) A description of the research con-  
2 ducted by the Department of Defense on trau-  
3 matic brain injury, the entities involved in that  
4 research, and efforts to coordinate that research  
5 internally and externally.

6 (B) A description of any improvements  
7 identified by that research related to the pre-  
8 vention, diagnosis, and treatment of blast-re-  
9 lated brain injuries and an assessment of the  
10 implementation of those improvements.

11 (C) An evaluation of the efforts of the De-  
12 partment to protect members of the Armed  
13 Forces from retaliation for seeking care for the  
14 prevention, diagnosis, or treatment of traumatic  
15 brain injury, blast overpressure, or blast expo-  
16 sure, including any gaps in or barriers to those  
17 efforts.

18 (D) An evaluation of the list maintained by  
19 the Department of the military occupational  
20 specialties most at-risk for blast overpressure  
21 and blast exposure and whether additional at-  
22 risk occupational specialties should be included.

23 (E) Any other finding the Comptroller  
24 General considers relevant.

1 (b) BRIEFING AND REPORT.—Not later than 180  
2 days after the date of the enactment of this Act, the  
3 Comptroller General shall brief the Committee on Armed  
4 Services of the Senate and the Committee on Armed Serv-  
5 ices of the House of Representatives on the review re-  
6 quired under subsection (a), with a report to follow on  
7 a mutually agreed upon date.

8 (c) DEFINITION OF TRAUMATIC BRAIN INJURY.—In  
9 this section, the term “traumatic brain injury” means a  
10 traumatically induced structural injury or physiological  
11 disruption of brain function as a result of an external force  
12 that is indicated by new onset or worsening of at least  
13 one of the following clinical signs immediately following  
14 the event:

15 (1) Alteration in mental status, including confu-  
16 sion, disorientation, or slowed thinking.

17 (2) Loss of memory for events immediately be-  
18 fore or after the injury.

19 (3) Any period of loss of or decreased level of  
20 consciousness, observed or self-reported.

21 **SEC. 10. IMPLEMENTATION OF INSPECTOR GENERAL REC-**  
22 **COMMENDATIONS TO MANAGE TRAUMATIC**  
23 **BRAIN INJURY CARE.**

24 (a) IMPLEMENTATION.—Not later than December  
25 31, 2025, the Secretary of Defense shall implement the

1 recommendations contained in the report of the Inspector  
2 General of the Department of Defense entitled, “Evalua-  
3 tion of the DoD’s Management of Traumatic Brain In-  
4 jury” (DODIG–2023–059).

5 (b) BRIEFING.—Not later than April 1, 2025, the  
6 Secretary of Defense shall provide to the Committee on  
7 Armed Services of the Senate and the Committee on  
8 Armed Services of the House of Representatives a briefing  
9 on the progress of the Secretary in carrying out the imple-  
10 mentation required under subsection (a).