

110TH CONGRESS
1ST SESSION

H. R. 1538

AN ACT

To amend title 10, United States Code, to improve the management of medical care, personnel actions, and quality of life issues for members of the Armed Forces who are receiving medical care in an outpatient status, 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,*

1 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

2 (a) **SHORT TITLE.**—This Act may be cited as the
3 “Wounded Warrior Assistance Act of 2007”.

4 (b) **TABLE OF CONTENTS.**—The table of contents of
5 this Act is as follows:

Sec. 1. Short title; table of contents.

Sec. 2. Definitions.

TITLE I—WOUNDED WARRIOR ASSISTANCE

Sec. 101. Improvements to medical and dental care for members of the Armed Forces assigned to hospitals in an outpatient status.

Sec. 102. Establishment of a Department of Defense-wide Ombudsman Office.

Sec. 103. Establishment of toll-free hot line for reporting deficiencies in medical-related support facilities and expedited response to reports of deficiencies.

Sec. 104. Notification to Congress of hospitalization of combat wounded service members.

Sec. 105. Independent medical advocate for members before medical evaluation boards.

Sec. 106. Training and workload for physical evaluation board liaison officers.

Sec. 107. Standardized training program and curriculum for Department of Defense disability evaluation system.

Sec. 108. Improved training for health care professionals, medical care case managers, and service member advocates on particular conditions of recovering service members.

Sec. 109. Pilot program to establish an Army Wounded Warrior Battalion at an appropriate active duty base.

Sec. 110. Criteria for removal of member from temporary disability retired list.

Sec. 111. Improved transition of members of the Armed Forces to Department of Veterans Affairs upon retirement or separation.

Sec. 112. Establishment of Medical Support Fund for support of members of the Armed Forces returning to military service or civilian life.

Sec. 113. Oversight Board for Wounded Warriors.

Sec. 114. Option for members of reserve components to use military medical treatment facilities closest to home for certain injuries.

Sec. 115. Plans and research for reducing post traumatic stress disorder.

TITLE II—STUDIES AND REPORTS

Sec. 201. Annual report on military medical facilities.

Sec. 202. Access of recovering service members to adequate outpatient residential facilities.

Sec. 203. Evaluation and report on Department of Defense and Department of Veterans Affairs disability evaluation systems.

Sec. 204. Study and report on support services for families of recovering service members.

Sec. 205. Report on traumatic brain injury classifications.

Sec. 206. Evaluation of the Polytrauma Liaison Officer/Non-Commissioned Officer Program.

- Sec. 207. Study and report on waiting periods for appointments at Department of Veterans Affairs medical facilities.
- Sec. 208. Study and report on standard soldier patient tracking system.

TITLE III—GENERAL PROVISIONS

- Sec. 301. Moratorium on conversion to contractor performance of Department of Defense functions at military medical facilities.
- Sec. 302. Prohibition on transfer of resources from medical care.
- Sec. 303. Increase in physicians at hospitals of the Department of Veterans Affairs.
- Sec. 304. Veterans beneficiary travel program.

1 **SEC. 2. DEFINITIONS.**

2 In this Act:

3 (1) CONGRESSIONAL DEFENSE COMMITTEES.—

4 The term “congressional defense committees” has
5 the meaning given that term in section 101(a)(16)
6 of title 10, United States Code.

7 (2) DISABILITY EVALUATION SYSTEM.—The
8 term “disability evaluation system” means the De-
9 partment of Defense system or process for evalu-
10 ating the nature of and extent of disabilities affect-
11 ing members of the armed forces (other than the
12 Coast Guard) and comprised of medical evaluation
13 boards, physical evaluation boards, counseling of
14 members, and final disposition by appropriate per-
15 sonnel authorities, as operated by the Secretaries of
16 the military departments, and, in the case of the
17 Coast Guard, a similar system or process operated
18 by the Secretary of Homeland Security.

19 (3) FAMILY MEMBER.—The term “family mem-
20 ber”, with respect to a recovering service member,

1 has the meaning given that term in section 411h(b)
2 of title 37, United States Code.

3 (4) RECOVERING SERVICE MEMBER.—The term
4 “recovering service member” means a member of the
5 Armed Forces, including a member of the National
6 Guard or a Reserve, who is undergoing medical
7 treatment, recuperation, or therapy, or is otherwise
8 in medical hold or holdover status, for an injury, ill-
9 ness, or disease incurred or aggravated while on ac-
10 tive duty in the Armed Forces.

11 (5) MEDICAL CARE.—The term “medical care”
12 includes mental health care.

13 **TITLE I—WOUNDED WARRIOR** 14 **ASSISTANCE**

15 **SEC. 101. IMPROVEMENTS TO MEDICAL AND DENTAL CARE** 16 **FOR MEMBERS OF THE ARMED FORCES AS-** 17 **SIGNED TO HOSPITALS IN AN OUTPATIENT** 18 **STATUS.**

19 (a) MEDICAL AND DENTAL CARE OF MEMBERS AS-
20 SIGNED TO HOSPITALS IN AN OUTPATIENT STATUS.—

21 (1) IN GENERAL.—Chapter 55 of title 10,
22 United States Code, is amended by inserting after
23 section 1074k the following new section:

1 **“§ 1074I. Management of medical and dental care:**
2 **members assigned to receive care in an**
3 **outpatient status**

4 “(a) MEDICAL CARE CASE MANAGERS.—(1) A mem-
5 ber in an outpatient status at a military medical treatment
6 facility shall be assigned a medical care case manager.

7 “(2)(A) The duties of the medical care case manager
8 shall include the following with respect to the member (or
9 the member’s immediate family if the member is incapable
10 of making judgments about personal medical care):

11 “(i) To assist in understanding the member’s
12 medical status.

13 “(ii) To assist in receiving prescribed medical
14 care.

15 “(iii) To conduct a review, at least once a week,
16 of the member’s medical status.

17 “(B) The weekly medical status review described in
18 subparagraph (A)(iii) shall be conducted in person with
19 the member. If such a review is not practicable, the med-
20 ical care case manager shall provide a written statement
21 to the case manager’s supervisor indicating why an in-per-
22 son medical status review was not possible.

23 “(3)(A) Except as provided in subparagraph (B),
24 each medical care case manager shall be assigned to man-
25 age not more than 17 members in an outpatient status.

1 “(B) The Secretary concerned may waive for up to
2 120 days the requirement of subparagraph (A) if required
3 due to unforeseen circumstances.

4 “(4)(A) The medical care case manager office at each
5 facility shall be headed by a commissioned officer of appro-
6 priate rank and appropriate military occupation specialty,
7 designator, or specialty code.

8 “(B) For purposes of subparagraph (A), an appro-
9 priate military occupation specialty, designator, or spe-
10 cialty code includes membership in the Army Medical
11 Corps, Army Medical Service Corps, Army Nurse Corps,
12 Navy Medical Corps, Navy Medical Service Corps, Navy
13 Nurse Corps, Air Force Medical Service, or other corps
14 comprised of health care professionals at the discretion of
15 the Secretary of Defense.

16 “(5) The Secretary of Defense shall establish a stand-
17 ard training program and curriculum for medical care case
18 managers. Successful completion of the training program
19 is required before a person may assume the duties of a
20 medical care case manager.

21 “(6) The Secretary concerned shall ensure that med-
22 ical care case managers have the resources necessary to
23 ensure that they expeditiously carry out the responsibil-
24 ities and duties of their position.

1 “(b) SERVICE MEMBER ADVOCATE.—(1) A member
2 in an outpatient status shall be assigned a service member
3 advocate.

4 “(2) The duties of the service member advocate shall
5 include—

6 “(A) communicating with the member and with
7 the member’s family or other individuals designated
8 by the member;

9 “(B) assisting with oversight of the member’s
10 welfare and quality of life; and

11 “(C) assisting the member in resolving prob-
12 lems involving financial, administrative, personnel,
13 transitional, and other matters.

14 “(3)(A) Except as provided in subparagraph (B),
15 each service member advocate shall be assigned to not
16 more than 30 members in an outpatient status.

17 “(B) The Secretary concerned may waive for up to
18 120 days the requirement of subparagraph (A) if required
19 due to unforeseen circumstances.

20 “(4) The service member advocate office at each facil-
21 ity shall be headed by a commissioned officer of appro-
22 priate rank and appropriate military occupation specialty,
23 designator, or specialty code in order to handle service-
24 specific personnel and financial issues.

1 “(5) The Secretary of Defense shall establish a stand-
2 ard training program and curriculum for service member
3 advocates. Successful completion of the training program
4 is required before a person may assume the duties of a
5 service member advocate.

6 “(6) A service member advocate shall continue to per-
7 form the duties described in paragraph (2) with respect
8 to a member until the member is returned to duty or sepa-
9 rated or retired from the armed forces.

10 “(7) The Secretary concerned shall ensure that serv-
11 ice member advocates have the resources necessary to en-
12 sure that they expeditiously carry out the responsibilities
13 and duties of their position.

14 “(c) OUTREACH.—The Secretary of Defense shall
15 make available to each member in an outpatient status
16 at a military medical treatment facility, and to the family
17 members of all such members, information on the avail-
18 ability of services provided by the medical care case man-
19 agers and service member advocates, including informa-
20 tion on how to contact such managers and advocates and
21 how to use their services.

22 “(d) SEMIANNUAL SURVEYS BY SECRETARIES CON-
23 CERNED.—The Secretary concerned shall conduct a semi-
24 annual survey of members in an outpatient status at in-
25 stallations under the Secretary’s supervision. The survey

1 shall include, at a minimum, the members' assessment of
2 the quality of medical care at the facility, the timeliness
3 of medical care at the facility, the adequacy of living facili-
4 ties and other quality of life programs, the adequacy of
5 case management support, and the fairness and timeliness
6 of the physical disability evaluation system. The survey
7 shall be conducted in coordination with installation med-
8 ical commanders and authorities, and shall be coordinated
9 with such commanders and authorities before submission
10 to the Secretary.

11 “(e) DEFINITIONS.—In this section:

12 “(1) The term ‘member in an outpatient status’
13 means a member of the armed forces assigned to a
14 military medical treatment facility as an outpatient
15 or to a unit established for the purpose of providing
16 command and control of members receiving medical
17 care as outpatients.

18 “(2) The term ‘disability evaluation system’
19 means the Department of Defense system or process
20 for evaluating the nature of and extent of disabilities
21 affecting members of the armed forces (other than
22 the Coast Guard) and comprised of medical evalua-
23 tion boards, physical evaluation boards, counseling
24 of members, and final disposition by appropriate
25 personnel authorities, as operated by the Secretaries

1 of the military departments, and, in the case of the
2 Coast Guard, a similar system or process operated
3 by the Secretary of Homeland Security.”.

4 (2) CLERICAL AMENDMENT.—The table of sec-
5 tions at the beginning of such chapter is amended
6 by adding at the end the following new item:

“1074l. Management of medical and dental care: members assigned to receive
care in an outpatient status.”.

7 (b) EFFECTIVE DATE.—Section 1074l of title 10,
8 United States Code, as added by subsection (a), shall take
9 effect 180 days after the date of the enactment of this
10 Act.

11 **SEC. 102. ESTABLISHMENT OF A DEPARTMENT OF DE-**
12 **FENSE-WIDE OMBUDSMAN OFFICE.**

13 (a) ESTABLISHMENT.—The Secretary of Defense
14 shall establish a Department of Defense-wide Ombudsman
15 Office (in this section referred to as the “Ombudsman Of-
16 fice”) within the Office of the Secretary of Defense.

17 (b) FUNCTIONS.—

18 (1) IN GENERAL.—The functions of the Om-
19 budsman Office are to provide policy guidance to,
20 and oversight of, the ombudsman offices in the mili-
21 tary departments.

22 (2) POLICY GUIDANCE.—The Ombudsman Of-
23 fice shall develop policy guidance with respect to the
24 following:

1 (A) Providing assistance to and answering
2 questions from recovering service members and
3 their families regarding—

4 (i) administrative processes, financial
5 matters, and non-military related services
6 available to the members and their families
7 throughout the member's evaluation, treat-
8 ment, and recovery;

9 (ii) transfer to the care of the Vet-
10 erans Administration; and

11 (iii) support services available upon
12 the member's return home.

13 (B) Accountability standards, including—

14 (i) creating and maintaining case files
15 for individual specific questions received,
16 and initiating inquiries and tracking re-
17 sponses for all such questions;

18 (ii) setting standards for timeliness of
19 responses; and

20 (iii) setting standards for account-
21 ability to recovering service members and
22 their families, including requirements for
23 daily updates to the members and their
24 families about steps being taken to allevi-

1 ate problems and concerns until problems
2 are addressed.

3 (c) STATUS REPORTS.—The ombudsman office in
4 each military department shall submit status reports of
5 actions taken to address individual concerns to the Om-
6 budsman Office, at such times as the Ombudsman Office
7 considers appropriate.

8 (d) RESPONSES FROM OTHER OFFICES.—The Sec-
9 retary of Defense shall ensure that all other offices within
10 the Department of Defense and the military departments
11 respond in a timely manner to resolve questions and re-
12 quests from the Ombudsman Office on behalf of recov-
13 ering service members and their families, including offices
14 responsible for medical matters (including medical hold-
15 over processes), financial and accounting matters, legal
16 matters, human resources matters, reserve component
17 matters, installation and management matters, and phys-
18 ical disability matters.

19 (e) STAFF OF THE OFFICE.—The staff of the Om-
20 budsman Office shall include representatives from each
21 military department, including persons with experience in
22 medical holdover processes and other medical matters.

1 **SEC. 103. ESTABLISHMENT OF TOLL-FREE HOT LINE FOR**
2 **REPORTING DEFICIENCIES IN MEDICAL-RE-**
3 **LATED SUPPORT FACILITIES AND EXPEDITED**
4 **RESPONSE TO REPORTS OF DEFICIENCIES.**

5 (a) ESTABLISHMENT.—Chapter 80 of title 10,
6 United States Code, is amended by adding at the end the
7 following new section:

8 **“§ 1567. Identification and investigation of defi-**
9 **ciencies in adequacy, quality, and state of**
10 **repair of medical-related support facili-**
11 **ties**

12 “(a) TOLL-FREE HOT LINE.—The Secretary of De-
13 fense shall establish and maintain a toll-free telephone
14 number (commonly referred to as a ‘hot line’) at which
15 personnel are accessible at all times to collect, maintain,
16 and update information regarding possible deficiencies in
17 the adequacy, quality, and state of repair of medical-re-
18 lated support facilities. The Secretary shall widely dissemi-
19 nate information regarding the existence and availability
20 of the toll-free telephone number to members of the armed
21 forces and their dependents.

22 “(b) CONFIDENTIALITY.—(1) Individuals who seek to
23 provide information through use of the toll-free telephone
24 number under subsection (a) shall be notified, immediately
25 before they provide such information, of their option to

1 elect, at their discretion, to have their identity remain con-
2 fidential.

3 “(2) In the case of information provided through use
4 of the toll-free telephone number by an individual who
5 elects to maintain the confidentiality of his or her identity,
6 any individual who, by necessity, has had access to such
7 information for purposes of conducting the investigation
8 or executing the response plan required by subsection (c)
9 may not disclose the identity of the individual who pro-
10 vided the information.

11 “(c) INVESTIGATION AND RESPONSE PLAN.—Not
12 later than 96 hours after a report of deficiencies in the
13 adequacy, quality, or state of repair of a medical-related
14 support facility is received by way of the toll-free telephone
15 number or other source, the Secretary of Defense shall
16 ensure that—

17 “(1) the deficiencies referred to in the report
18 are investigated; and

19 “(2) if substantiated, a plan of action for reme-
20 diation of the deficiencies is developed and imple-
21 mented.

22 “(d) RELOCATION.—If the Secretary of Defense de-
23 termines, on the basis of the investigation conducted in
24 response to a report of deficiencies at a medical-related
25 support facility, that conditions at the facility violate

1 health and safety standards, the Secretary shall relocate
2 the occupants of the facility while the violations are cor-
3 rected.

4 “(e) MEDICAL-RELATED SUPPORT FACILITY DE-
5 FINED.—In this section, the term ‘medical-related support
6 facility’ means any facility of the Department of Defense
7 that provides support to any of the following:

8 “(1) Members of the armed forces admitted for
9 treatment to a military medical treatment facility.

10 “(2) Members of the armed forces assigned to
11 a military medical treatment facility as an out-
12 patient.

13 “(3) Family members accompanying any mem-
14 ber described in paragraph (1) or (2) as a nonmed-
15 ical attendant.”.

16 (b) CLERICAL AMENDMENT.—The table of sections
17 at the beginning of such chapter is amended by adding
18 at the end the following new item:

“1567. Identification and investigation of deficiencies in adequacy, quality, and
state of repair of medical-related support facilities.”.

19 (c) EFFECTIVE DATE.—The toll-free telephone num-
20 ber required to be established by section 1567 of title 10,
21 United States Code, as added by subsection (a), shall be
22 fully operational not later than 180 days after the date
23 of the enactment of this Act.

1 **SEC. 104. NOTIFICATION TO CONGRESS OF HOSPITALIZA-**
2 **TION OF COMBAT WOUNDED SERVICE MEM-**
3 **BERS.**

4 (a) NOTIFICATION REQUIRED.—Chapter 55 of title
5 10, United States Code, is further amended by inserting
6 after section 1074l the following new section:

7 **“§ 1074m. Notification to Congress of hospitalization**
8 **of combat wounded members**

9 “(a) NOTIFICATION REQUIRED.—The Secretary con-
10 cerned shall provide notification of the hospitalization of
11 any member of the armed forces evacuated from a theater
12 of combat to the appropriate Members of Congress.

13 “(b) APPROPRIATE MEMBERS.—In this section, the
14 term ‘appropriate Members of Congress’, with respect to
15 the member of the armed forces about whom notification
16 is being made, means the Senators and the Members of
17 the House of Representatives representing the States or
18 districts, respectively, that include the member’s home of
19 record and, if different, the residence of the next of kin,
20 or a different location as provided by the member.

21 “(c) CONSENT OF MEMBER REQUIRED.—The notifi-
22 cation under subsection (a) may be provided only with the
23 consent of the member of the armed forces about whom
24 notification is to be made. In the case of a member who
25 is unable to provide consent, information and consent may
26 be provided by next of kin.”.

1 (b) CLERICAL AMENDMENT.—The table of sections
 2 at the beginning of such chapter is amended by adding
 3 at the end the following new item:

“1074m. Notification to Congress of hospitalization of combat wounded mem-
 bers.”.

4 **SEC. 105. INDEPENDENT MEDICAL ADVOCATE FOR MEM-**
 5 **BERS BEFORE MEDICAL EVALUATION**
 6 **BOARDS.**

7 (a) ASSIGNMENT OF INDEPENDENT MEDICAL ADVO-
 8 CATE.—Section 1222 of title 10, United States Code, is
 9 amended by adding at the end the following new sub-
 10 section:

11 “(d) INDEPENDENT MEDICAL ADVOCATE FOR MEM-
 12 BERS BEFORE MEDICAL EVALUATION BOARDS.—(1) The
 13 Secretary of each military department shall ensure, in the
 14 case of any member of the armed forces being considered
 15 by a medical evaluation board under that Secretary’s su-
 16 pervision, that the member has access to a physician or
 17 other appropriate health care professional who is inde-
 18 pendent of the medical evaluation board.

19 “(2) The physician or other health care professional
 20 assigned to a member shall—

21 “(A) serve as an advocate for the best interests
 22 of the member; and

23 “(B) provide the member with advice and coun-
 24 sel regarding the medical condition of the member

1 and the findings and recommendations of the med-
2 ical evaluation board.”.

3 (b) CLERICAL AMENDMENTS.—

4 (1) SECTION HEADING.—The heading of such
5 section is amended to read as follows:

6 “§ 1222. **Physical evaluation boards and medical eval-
7 uation boards**”.

8 (2) TABLE OF SECTIONS.—The table of sections
9 at the beginning of chapter 61 of such title is
10 amended by striking the item relating to section
11 1222 and inserting the following new item:

“1222. Physical evaluation boards and medical evaluation boards.”.

12 (c) EFFECTIVE DATE.—Subsection (d) of section
13 1222 of title 10, United States Code, as added by sub-
14 section (a), shall apply with respect to medical evaluation
15 boards convened after the end of the 180-day period begin-
16 ning on the date of the enactment of this Act.

17 **SEC. 106. TRAINING AND WORKLOAD FOR PHYSICAL EVAL-
18 UATION BOARD LIAISON OFFICERS.**

19 (a) REQUIREMENTS.—Section 1222(b) of title 10,
20 United States Code, is amended—

21 (1) in paragraph (1)—

22 (A) by striking “establishing—” and all
23 that follows through “a requirement” and in-
24 serting “establishing a requirement”; and

1 (B) by striking “that Secretary; and” and
2 all that follows through the end of subpara-
3 graph (B) and inserting “that Secretary. A
4 physical evaluation board liaison officer may
5 not be assigned more than 20 members at any
6 one time, except that the Secretary concerned
7 may authorize the assignment of additional
8 members, for not more than 120 days, if re-
9 quired due to unforeseen circumstances.”;

10 (2) in paragraph (2), by inserting after “(2)”
11 the following new sentences: “The Secretary of De-
12 fense shall establish a standardized training program
13 and curriculum for physical evaluation board liaison
14 officers. Successful completion of the training pro-
15 gram is required before a person may assume the
16 duties of a physical evaluation board liaison offi-
17 cer.”; and

18 (3) by adding at the end the following new
19 paragraph:

20 “(3) In this subsection, the term ‘physical evaluation
21 board liaison officer’ includes any person designated as,
22 or assigned the duties of, an assistant to a physical evalua-
23 tion board liaison officer.”.

24 (b) EFFECTIVE DATE.—The limitation on the max-
25 imum number of members of the Armed Forces who may

1 be assigned to a physical evaluation board liaison officer
2 shall take effect 180 days after the date of the enactment
3 of this Act. The training program and curriculum for
4 physical evaluation board liaison officers shall be imple-
5 mented not later than 180 days after the date of the en-
6 actment of this Act.

7 **SEC. 107. STANDARDIZED TRAINING PROGRAM AND CUR-**
8 **RICULUM FOR DEPARTMENT OF DEFENSE**
9 **DISABILITY EVALUATION SYSTEM.**

10 (a) TRAINING PROGRAM REQUIRED.—Section 1216
11 of title 10, United States Code, is amended by adding at
12 the end the following new subsection:

13 “(e)(1) The Secretary of Defense shall establish a
14 standardized training program and curriculum for persons
15 described in paragraph (2) who are involved in the dis-
16 ability evaluation system. The training under the program
17 shall be provided as soon as practicable in coordination
18 with other training associated with the responsibilities of
19 the person.

20 “(2) Persons covered by paragraph (1) include—

21 “(A) Commanders.

22 “(B) Enlisted members who perform super-
23 visory functions.

24 “(C) Health care professionals.

1 “(D) Others persons with administrative, pro-
2 fessional, or technical responsibilities in the dis-
3 ability evaluation system.

4 “(3) In this subsection, the term ‘disability evaluation
5 system’ means the Department of Defense system or pro-
6 cess for evaluating the nature of and extent of disabilities
7 affecting members of the armed forces (other than the
8 Coast Guard) and comprised of medical evaluation boards,
9 physical evaluation boards, counseling of members, and
10 final disposition by appropriate personnel authorities, as
11 operated by the Secretaries of the military departments,
12 and, in the case of the Coast Guard, a similar system or
13 process operated by the Secretary of Homeland Security.”.

14 (b) EFFECTIVE DATE.—The standardized training
15 program and curriculum required by subsection (e) of sec-
16 tion 1216 of title 10, United States Code, as added by
17 subsection (a), shall be established not later than 180 days
18 after the date of the enactment of this Act.

19 **SEC. 108. IMPROVED TRAINING FOR HEALTH CARE PRO-**
20 **FSSIONALS, MEDICAL CARE CASE MAN-**
21 **AGERS, AND SERVICE MEMBER ADVOCATES**
22 **ON PARTICULAR CONDITIONS OF RECOV-**
23 **ERING SERVICE MEMBERS.**

24 (a) RECOMMENDATIONS.—Not later than 90 days
25 after the date of the enactment of this Act, the Secretary

1 of Defense shall submit to the appropriate congressional
2 committees a report setting forth recommendations for the
3 improvement of the training provided to health care pro-
4 fessionals, medical care case managers, and service mem-
5 ber advocates who provide care for or assistance to recov-
6 ering service members. The recommendations shall in-
7 clude, at a minimum, specific recommendations to ensure
8 that such health care professionals, medical care case
9 managers, and service member advocates are adequately
10 trained and able to detect early warning signs of post-
11 traumatic stress disorder (PTSD), suicidal tendencies,
12 and other mental health conditions among recovering serv-
13 ice members and make prompt notification to the appro-
14 priate health care professionals.

15 (b) ANNUAL REVIEW OF TRAINING.—Not later than
16 180 days after the date of the enactment of this Act and
17 annually thereafter throughout the global war on terror,
18 the Secretary shall submit to the appropriate congres-
19 sional committees a report on the following:

20 (1) The progress made in providing the training
21 recommended under subsection (a).

22 (2) The quality of training provided to health
23 care professionals, medical care case managers, and
24 service member advocates, and the number of such
25 professionals, managers, and advocates trained.

1 (3) The progress made in developing the track-
2 ing system under subsection (c) and the results of
3 the system.

4 (c) TRACKING SYSTEM.—Not later than 180 days
5 after the date of the enactment of this Act, the Secretary
6 shall develop a system to track the number of notifications
7 made by medical care case managers and service member
8 advocates to health care professionals regarding early
9 warning signs of post-traumatic stress disorder and sui-
10 cide in recovering service members assigned to the man-
11 agers and advocates.

12 **SEC. 109. PILOT PROGRAM TO ESTABLISH AN ARMY**
13 **WOUNDED WARRIOR BATTALION AT AN AP-**
14 **PROPRIATE ACTIVE DUTY BASE.**

15 (a) PILOT PROGRAM REQUIRED.—

16 (1) ESTABLISHMENT.—The Secretary of the
17 Army shall establish a pilot program, at an appro-
18 priate active duty base with a major medical facility,
19 based on the Wounded Warrior Regiment program
20 of the Marine Corps. The pilot program shall be
21 known as the Army Wounded Warrior Battalion.

22 (2) PURPOSE.—Under the pilot program, the
23 Battalion shall track and assist members of the
24 Armed Forces in an outpatient status who are still
25 in need of medical treatment through—

- 1 (A) the course of their treatment;
- 2 (B) medical and physical evaluation
- 3 boards;
- 4 (C) transition back to their parent units;
- 5 and
- 6 (D) medical retirement and subsequent
- 7 transition into the Department of Veterans Af-
- 8 fairs medical system.

9 (3) ORGANIZATION.—The commanding officer

10 of the Battalion shall be selected by the Army Chief

11 of Staff and shall be a post-command, at O-5 or O-

12 5 select, with combat experience in Operation Iraqi

13 Freedom or Operation Enduring Freedom. The

14 chain-of-command shall be filled by previously

15 wounded junior officers and non-commissioned offi-

16 cers when available and appropriate.

17 (4) FACILITIES.—The base selected for the

18 pilot program shall provide adequate physical infra-

19 structure to house the Army Wounded Warrior Bat-

20 talion. Any funds necessary for construction or ren-

21 ovation of existing facilities shall be allocated from

22 the Department of Defense Medical Support Fund

23 established under this Act.

24 (5) COORDINATION.—The Secretary of the

25 Army shall consult with appropriate Marine Corps

1 counterparts to ensure coordination of best practices
2 and lessons learned.

3 (6) PERIOD OF PILOT PROGRAM.—The pilot
4 program shall be in effect for a period of one year.

5 (b) REPORTING REQUIREMENT.—Not later than 90
6 days after the end of the one-year period for the pilot
7 project, the Secretary of the Army shall submit to Con-
8 gress a report containing—

9 (1) an evaluation of the results of the pilot
10 project;

11 (2) an assessment of the Army’s ability to es-
12 tablish Wounded Warrior Battalions at other major
13 Army bases.

14 (3) recommendations regarding—

15 (A) the adaptability of the Wounded War-
16 rior Battalion concept for the Army’s larger
17 wounded population; and

18 (B) closer coordination and sharing of re-
19 sources with counterpart programs of the Ma-
20 rine Corps.

21 (c) EFFECTIVE DATE.—The pilot program required
22 by this section shall be implemented not later than 180
23 days after the date of the enactment of this Act.

1 **SEC. 110. CRITERIA FOR REMOVAL OF MEMBER FROM TEM-**
2 **PORARY DISABILITY RETIRED LIST.**

3 (a) CRITERIA.—Section 1210(e) of title 10, United
4 States Code, is amended by inserting “of a permanent na-
5 ture and stable and is” after “physical disability is”.

6 (b) EFFECTIVE DATE.—The amendment made by
7 subsection (a) shall apply to any case received for consid-
8 eration by a physical evaluation board after the date of
9 the enactment of this Act.

10 **SEC. 111. IMPROVED TRANSITION OF MEMBERS OF THE**
11 **ARMED FORCES TO DEPARTMENT OF VET-**
12 **ERANS AFFAIRS UPON RETIREMENT OR SEP-**
13 **ARATION.**

14 (a) TRANSITION OF MEMBERS SEPARATED OR RE-
15 TIRED.—

16 (1) TRANSITION PROCESS.—Chapter 58 of title
17 10, United States Code, is amended by inserting
18 after section 1142 the following new section:

19 **“§ 1142a. Process for transition of members to health**
20 **care and physical disability systems of**
21 **Department of Veterans Affairs**

22 “(a) TRANSITION PLAN.—(1) The Secretary of De-
23 fense shall ensure that each member of the armed forces
24 who is being separated or retired under chapter 61 of this
25 title receives a written transition plan that—

1 “(A) specifies the recommended schedule and
2 milestones for the transition of the member from
3 military service; and

4 “(B) provides for a coordinated transition of
5 the member from the Department of Defense dis-
6 ability system to the Department of Veterans Af-
7 fairs.

8 “(2) A member being separated or retired under
9 chapter 61 of this title shall receive the transition plan
10 before the separation or retirement date of the member.

11 “(3) The transition plan for a member under this
12 subsection shall include information and guidance de-
13 signed to assist the member in understanding and meeting
14 the schedule and milestones for the member’s transition.

15 “(b) FORMAL TRANSITION PROCESS.—(1) The Sec-
16 retary of Defense, in cooperation with the Secretary of
17 Veterans Affairs, shall establish a formal process for the
18 transmittal to the Secretary of Veterans Affairs of the
19 records and other information described in paragraph (2)
20 as part of the separation or retirement of a member of
21 the armed forces under chapter 61 of this title.

22 “(2) The records and other information to be trans-
23 mitted under paragraph (1) with respect to a member
24 shall include, at a minimum, the following:

1 “(A) The member’s address and contact infor-
2 mation.

3 “(B) The member’s DD–214 discharge form,
4 which shall be transmitted electronically.

5 “(C) A copy of the member’s service record, in-
6 cluding medical records and any results of a Phys-
7 ical Evaluation Board.

8 “(D) Whether the member is entitled to transi-
9 tional health care, a conversion health policy, or
10 other health benefits through the Department of De-
11 fense under section 1145 of this title.

12 “(E) Any requests by the member for assist-
13 ance in enrolling in, or completed applications for
14 enrollment in, the health care system of the Depart-
15 ment of Veterans Affairs for health care benefits for
16 which the member may be eligible under laws admin-
17 istered by the Secretary of Veterans Affairs.

18 “(F) Any requests by the member for assist-
19 ance in applying for, or completed applications for,
20 compensation and vocational rehabilitation benefits
21 to which the member may be entitled under laws ad-
22 ministered by the Secretary of Veterans Affairs, if
23 the member is being medically separated or is being
24 retired under chapter 61 of this title.

1 “(3) The transmittal of information under paragraph
2 (1) may be subject to the consent of the member, as re-
3 quired by statute.

4 “(4) With the consent of the member, the member’s
5 address and contact information shall also be submitted
6 to the department or agency for veterans affairs of the
7 State in which the member intends to reside after the sep-
8 aration or retirement of the member.

9 “(c) MEETING.—(1) The formal process required by
10 subsection (b) for the transmittal of records and other in-
11 formation with respect to a member shall include a meet-
12 ing between representatives of the Secretary concerned
13 and the Secretary of Veterans Affairs, which shall take
14 place at a location designated by the Secretaries. The
15 member shall be informed of the meeting at least 30 days
16 in advance of the meeting, except that the member may
17 waive the notice requirement in order to accelerate trans-
18 mission of the member’s records and other information to
19 the Department of Veterans Affairs.

20 “(2) A member shall be given an opportunity to sub-
21 mit a written statement for consideration by the Secretary
22 of Veterans Affairs.

23 “(d) TIME FOR TRANSMITTAL OF RECORDS.—The
24 Secretary concerned shall provide for the transmittal to
25 the Department of Veterans Affairs of records and other

1 information with respect to a member at the earliest prac-
2 ticable date. In no case should the transmittal occur later
3 than the date of the separation or retirement of the mem-
4 ber.

5 “(e) ARMED FORCES.—In this section, the term
6 ‘armed forces’ means the Army, Navy, Air Force, and Ma-
7 rine Corps.”.

8 (2) TABLE OF SECTIONS.—The table of sections
9 at the beginning of such chapter is amended by in-
10 sserting after the item relating to section 1142 the
11 following new item:

“1142a. Process for transition of members to health care and physical disability
systems of Department of Veterans Affairs.”.

12 (b) UNIFORM SEPARATION AND EVALUATION PHYS-
13 ICAL.—Section 1145 of such title is amended—

14 (1) by redesignating subsections (d) and (e) as
15 subsections (e) and (f), respectively; and

16 (2) by inserting after subsection (c) the fol-
17 lowing new subsection:

18 “(d) UNIFORM SEPARATION AND EVALUATION PHYS-
19 ICAL.—The joint separation and evaluation physical, as
20 described in DD–2808 and DD–2697, shall be used by
21 the Secretary of Defense in connection with the medical
22 separation or retirement of all members of the armed
23 forces, including members separated or retired under
24 chapter 61 of this title. The Secretary of Veterans Affairs

1 shall adopt the same separation and evaluation physical
2 for use by the Department of Veterans Affairs.”.

3 (c) INTEROPERABILITY OF MEDICAL INFORMATION
4 SYSTEMS AND BI-DIRECTIONAL ACCESS.—The Secretary
5 of Defense and the Secretary of Veterans Affairs shall es-
6 tablish and implement a single medical information system
7 for the Department of Defense and the Department of
8 Veterans Affairs for the purpose of ensuring the complete
9 interoperability and bi-directional, real-time exchange of
10 critical medical information.

11 (d) CO-LOCATION OF VA BENEFIT TEAMS.—

12 (1) CO-LOCATION.—The Secretary of Defense
13 and the Secretary of Veterans Affairs shall jointly
14 determine the optimal locations for the deployment
15 of Department of Veterans Affairs benefits team to
16 support recovering service members assigned to mili-
17 tary medical treatment facilities, medical-related
18 support facilities, and community-based health care
19 organizations.

20 (2) MILITARY MEDICAL TREATMENT FACILITY
21 DEFINED.—In this subsection, the term “medical-re-
22 lated support facility” has the meaning given that
23 term in subsection (b) of section 490 of title 10,
24 United States Code, as added by section 201(a) of
25 this Act.

1 (e) REPEAL OF SUPERSEDED CHAPTER 61 MEDICAL
2 RECORD TRANSMITTAL REQUIREMENT.—

3 (1) REPEAL.—Section 1142 of such title is
4 amended by striking subsection (c).

5 (2) SECTION HEADING.—The heading of such
6 section is amended to read as follows:

7 **“§ 1142. Preseparation counseling”.**

8 (3) TABLE OF SECTIONS.—The table of sections
9 at the beginning of chapter 58 of such title is
10 amended by striking the item relating to section
11 1142 and inserting the following new item:

“1142. Preseparation counseling.”.

12 (f) EFFECTIVE DATES.—Section 1142a of title 10,
13 United States Code, as added by subsection (a), and sub-
14 section (d) of section 1145 of such title, as added by sub-
15 section (b), shall apply with respect to members of the
16 Armed Forces who are separated or retired from the
17 Armed Forces on or after the first day of the eighth month
18 beginning after the date of the enactment of this Act. The
19 requirements of subsections (c) and (d), and the amend-
20 ments made by subsection (e), shall take effect on the first
21 day of such eighth month.

1 **SEC. 112. ESTABLISHMENT OF MEDICAL SUPPORT FUND**
2 **FOR SUPPORT OF MEMBERS OF THE ARMED**
3 **FORCES RETURNING TO MILITARY SERVICE**
4 **OR CIVILIAN LIFE.**

5 (a) **ESTABLISHMENT AND PURPOSE.**—There is es-
6 tablished on the books of the Treasury a fund to be known
7 as the Department of Defense Medical Support Fund
8 (hereinafter in this section referred to as the “Fund”),
9 which shall be administered by the Secretary of the Treas-
10 ury.

11 (b) **PURPOSES.**—The Fund shall be used—

12 (1) to support programs and activities relating
13 to the medical treatment, care, rehabilitation, recov-
14 ery, and support of wounded and injured members
15 of the Armed Forces and their return to military
16 service or transition to civilian society; and

17 (2) to support programs and facilities intended
18 to support the families of wounded and injured
19 members of the Armed Forces.

20 (c) **ASSETS OF FUND.**—There shall be deposited into
21 the Fund any amount appropriated to the Fund, which
22 shall constitute the assets of the Fund.

23 (d) **TRANSFER OF FUNDS.**—

24 (1) **AUTHORITY TO TRANSFER.**—The Secretary
25 of Defense may transfer amounts in the Fund to ap-
26 propriations accounts for military personnel; oper-

1 ation and maintenance; procurement; research, de-
2 velopment, test, and evaluation; military construc-
3 tion; and the Defense Health Program. Amounts so
4 transferred shall be merged with and available for
5 the same purposes and for the same time period as
6 the appropriation account to which transferred.

7 (2) ADDITION TO OTHER AUTHORITY.—The
8 transfer authority provided in paragraph (1) is in
9 addition to any other transfer authority available to
10 the Department of Defense. Upon a determination
11 that all or part of the amounts transferred from the
12 Fund are not necessary for the purposes for which
13 transferred, such amounts may be transferred back
14 to the Fund.

15 (3) NOTIFICATION.—The Secretary of Defense
16 shall, not fewer than five days before making a
17 transfer from the Fund, notify the congressional de-
18 fense committees in writing of the details of the
19 transfer.

20 (e) WOUNDED WARRIOR REGIMENT PROGRAM.—The
21 Secretary of Defense shall ensure that \$10,000,000 for
22 fiscal year 2007 is transferred from the Medical Support
23 Fund to support programs, activities, and facilities associ-
24 ated with the Marine Corps Wounded Warrior Regiment
25 program, to be used as follows:

1 (1) \$6,550,000 for Case Management and Pa-
2 tient Support.

3 (2) \$1,200,000 for Wounded Warrior Interim
4 Regimental Headquarters Building conversion.

5 (3) \$1,300,000 for Case Management System
6 Development.

7 (4) \$95,000 for Support Equipment.

8 (f) AUTHORIZATION.—There is hereby authorized to
9 be appropriated to the Medical Support Fund, from an
10 emergency supplemental appropriation for fiscal year
11 2007 or 2008, \$50,000,000, to remain available through
12 September 30, 2008.

13 **SEC. 113. OVERSIGHT BOARD FOR WOUNDED WARRIORS.**

14 (a) ESTABLISHMENT.—There is hereby established a
15 board to be known as the Oversight Board for Wounded
16 Warriors (in this section referred to as the “Oversight
17 Board”).

18 (b) COMPOSITION.—The Oversight Board shall be
19 composed of 12 members, of whom—

20 (1) two shall be appointed by the majority lead-
21 er of the Senate;

22 (2) two shall be appointed by the minority lead-
23 er of the Senate;

24 (3) two shall be appointed by the Speaker of
25 the House of Representatives;

1 (4) two shall be appointed by the minority lead-
2 er of the House of Representatives;

3 (5) two shall be appointed by the Secretary of
4 Veterans Affairs; and

5 (6) two shall be appointed by the Secretary of
6 Defense.

7 (c) QUALIFICATIONS.—All members of the Oversight
8 Board shall have sufficient knowledge of, or experience
9 with, the military healthcare system, the disability evalua-
10 tion system, or the experience of a recovering service mem-
11 ber or family member of a recovering service member.

12 (d) APPOINTMENT.—

13 (1) TERM.—Each member of the Oversight
14 Board shall be appointed for a term of three years.
15 A member may be reappointed for one or more addi-
16 tional terms.

17 (2) VACANCIES.—Any vacancy in the Oversight
18 Board shall be filled in the same manner in which
19 the original appointment was made.

20 (e) DUTIES.—

21 (1) ADVICE AND CONSULTATION.—The Over-
22 sight Board shall provide advice and consultation to
23 the Secretary of Defense and the Committees on
24 Armed Services of the Senate and the House of Rep-
25 resentatives regarding—

1 (A) the process for streamlining the dis-
2 ability evaluation systems of the military de-
3 partments;

4 (B) the process for correcting and improv-
5 ing the ratios of case managers and service
6 member advocates to recovering service mem-
7 bers;

8 (C) the need to revise Department of De-
9 fense policies to improve the experience of re-
10 covering service members while under Depart-
11 ment of Defense care;

12 (D) the need to revise Department of De-
13 fense policies to improve counseling, outreach,
14 and general services provided to family mem-
15 bers of recovering service members;

16 (E) the need to revise Department of De-
17 fense policies regarding the provision of quality
18 lodging to recovering service members; and

19 (F) such other matters relating to the eval-
20 uation and care of recovering service members,
21 including evaluation under disability evaluation
22 systems, as the Board considers appropriate.

23 (2) VISITS TO MILITARY MEDICAL TREATMENT
24 FACILITIES.—In carrying out its duties, each mem-
25 ber of the Oversight Board shall visit not less than

1 three military medical treatment facilities each year,
2 and the Board shall conduct each year one meeting
3 of all the members of the Board at a military med-
4 ical treatment facility.

5 (f) STAFF.—The Secretary shall make available the
6 services of at least two officials or employees of the De-
7 partment of Defense to provide support and assistance to
8 members of the Oversight Board.

9 (g) TRAVEL EXPENSES.—Members of the Oversight
10 Board shall be allowed travel expenses, including per diem
11 in lieu of subsistence, at rates authorized for employees
12 of agencies under subchapter I of chapter 57 of title 5,
13 United States Code, while away from their homes or reg-
14 ular places of business in the performance of service for
15 the Oversight Board.

16 (h) ANNUAL REPORTS.—The Oversight Board shall
17 submit to the Secretary of Defense and the Committees
18 on Armed Services of the Senate and the House of Rep-
19 resentatives each year a report on its activities during the
20 preceding year, including any findings and recommenda-
21 tions of the Oversight Board as a result of such activities.

1 **SEC. 114. OPTION FOR MEMBERS OF RESERVE COMPO-**
2 **NENTS TO USE MILITARY MEDICAL TREAT-**
3 **MENT FACILITIES CLOSEST TO HOME FOR**
4 **CERTAIN INJURIES.**

5 The Secretary of Defense shall provide that, in the
6 case of members of the reserve components returning from
7 a combat theater, if a member requires treatment on an
8 outpatient basis for injuries or wounds sustained in the
9 ater, the member may be provided treatment at the mili-
10 tary medical treatment facility closest to the member's
11 home rather than closest to the base from which the mem-
12 ber was deployed.

13 **SEC. 115. PLANS AND RESEARCH FOR REDUCING POST**
14 **TRAUMATIC STRESS DISORDER.**

15 (a) **PLANS FOR REDUCING POST TRAUMATIC STRESS**
16 **DISORDER.—**

17 (1) **PLAN FOR PREVENTION.—**

18 (A) **IN GENERAL.—**The Secretary of De-
19 fense shall develop a plan to incorporate evi-
20 dence-based preventive and early-intervention
21 measures, practices, or procedures that reduce
22 the likelihood that personnel in combat will de-
23 velop post-traumatic stress disorder or other
24 stress-related psychopathologies (including sub-
25 stance use conditions) into—

- 1 (i) basic and pre-deployment training
2 for enlisted members of the Armed Forces,
3 noncommissioned officers, and officers;
4 (ii) combat theater operations; and
5 (iii) post-deployment service.

6 (B) UPDATES.—The Secretary of Defense
7 shall update the plan under subparagraph (A)
8 periodically to incorporate, as the Secretary
9 considers appropriate, the results of relevant re-
10 search, including research conducted pursuant
11 to subsection (b).

12 (2) RESEARCH.—Subject to subsection (b), the
13 Secretary of Defense shall develop a plan, in con-
14 sultation with the Department of Veterans Affairs,
15 the National Institutes of Health, and the National
16 Academy of Sciences, to conduct such research as is
17 necessary to develop the plan described in paragraph
18 (1).

19 (b) EVIDENCE-BASED RESEARCH AND TRAINING.—

20 (1) WORKING GROUP.—The Secretary of De-
21 fense shall conduct a study, in coordination with the
22 Department of Veterans Affairs, the National Insti-
23 tutes of Health, and the National Academy of
24 Sciences' Institute of Medicine, to determine the fea-
25 sibility of establishing a working group tasked with

1 researching and developing evidence-based measures,
2 practices, or procedures that reduce the likelihood
3 that personnel in combat will develop post-traumatic
4 stress disorder or other stress-related psychological
5 pathologies (including substance use conditions).
6 The working group shall include personnel with ex-
7 perience in a combat theater, and behavioral health
8 personnel who have experience providing treatment
9 to individuals with experience in a combat theater.

10 (2) PEER-REVIEWED RESEARCH PROGRAM.—

11 Not later than 180 days after the date of the enact-
12 ment of this Act, the Secretary of Defense shall sub-
13 mit to Congress a plan for a peer-reviewed research
14 program within the Defense Health Program’s re-
15 search and development function to research and de-
16 velop evidence-based preventive and early interven-
17 tion measures, practices, or procedures that reduce
18 the likelihood that personnel in combat will develop
19 post-traumatic stress disorder or other stress-related
20 psychopathologies (including substance use condi-
21 tions).

22 (c) REPORT.—The Secretary of Defense shall submit
23 to Congress annually a report on the plans and studies
24 required under this section.

1 **TITLE II—STUDIES AND**
2 **REPORTS**

3 **SEC. 201. ANNUAL REPORT ON MILITARY MEDICAL FACILI-**
4 **TIES.**

5 (a) IN GENERAL.—

6 (1) REPORT REQUIREMENT.—Chapter 23 of
7 title 10, United States Code, is amended by adding
8 at the end the following new section:

9 **“§ 490. Annual report on military medical facilities**

10 “(a) ANNUAL REPORT.—Not later than the date on
11 which the President submits the budget for a fiscal year
12 to Congress pursuant to section 1105 of title 31, the Sec-
13 retary of Defense shall submit to the Committees on
14 Armed Services of the Senate and the House of Represent-
15 atives a report on the adequacy, suitability, and quality
16 of medical facilities and medical-related support facilities
17 at each military installation within the Department of De-
18 fense.

19 “(b) RESPONSE TO HOT-LINE INFORMATION.—The
20 Secretary of Defense shall include in each report informa-
21 tion regarding—

22 “(1) any deficiencies in the adequacy, quality,
23 or state of repair of medical-related support facilities
24 raised as a result of information received during the
25 period covered by the report through the toll-free hot

1 line maintained pursuant to section 1567 of this
2 title; and

3 “(2) the investigations conducted and plans of
4 action prepared under such section to respond to
5 such deficiencies.

6 “(c) **MEDICAL-RELATED SUPPORT FACILITY.**—In
7 this section, the term ‘medical-related support facility’ is
8 any facility of the Department of Defense that provides
9 support to any of the following:

10 “(1) Members of the armed forces admitted for
11 treatment to military medical treatment facilities.

12 “(2) Members of the armed forces assigned to
13 military medical treatment facilities as an out-
14 patient.

15 “(3) Family members accompanying any mem-
16 ber described in paragraph (1) or (2) as a nonmed-
17 ical attendant.”.

18 (2) **CLERICAL AMENDMENT.**—The table of sec-
19 tions at the beginning of such chapter is amended
20 by adding at the end the following new item:

“490. Annual report on military medical facilities.”.

21 (b) **EFFECTIVE DATE.**—The first report under sec-
22 tion 490 of title 10, United States Code, as added by sub-
23 section (a), shall be submitted not later than the date of
24 submission of the budget for fiscal year 2009.

1 **SEC. 202. ACCESS OF RECOVERING SERVICE MEMBERS TO**
2 **ADEQUATE OUTPATIENT RESIDENTIAL FA-**
3 **CILITIES.**

4 (a) **REQUIRED INSPECTIONS OF FACILITIES.**—All
5 quarters of the United States and housing facilities under
6 the jurisdiction of the Armed Forces that are occupied by
7 recovering service members shall be inspected on a semi-
8 annual basis for the first two years after the enactment
9 of this Act and annually thereafter by the inspectors gen-
10 eral of the regional medical commands.

11 (b) **INSPECTOR GENERAL REPORTS.**—The inspector
12 general for each regional medical command shall—

13 (1) submit a report on each inspection of a fa-
14 cility conducted under subsection (a) to the post
15 commander at such facility, the commanding officer
16 of the hospital affiliated with such facility, the sur-
17 geon general of the military department that oper-
18 ates such hospital, the Secretary of the military de-
19 partment concerned, the Assistant Secretary of De-
20 fense for Health Affairs, the Oversight Board for
21 Wounded Warriors established pursuant to section
22 112, and the appropriate congressional committees;
23 and

24 (2) post each such report on the Internet
25 website of such regional medical command.

1 **SEC. 203. EVALUATION AND REPORT ON DEPARTMENT OF**
2 **DEFENSE AND DEPARTMENT OF VETERANS**
3 **AFFAIRS DISABILITY EVALUATION SYSTEMS.**

4 (a) **EVALUATION.**—The Secretary of Defense and the
5 Secretary of Veterans Affairs shall conduct a joint evalua-
6 tion of the disability evaluation systems used by the De-
7 partment of Defense and the Department of Veterans Af-
8 fairs for the purpose of—

9 (1) improving the consistency of the two dis-
10 ability evaluation systems; and

11 (2) evaluating the feasibility of, and potential
12 options for, consolidating the two systems.

13 (b) **RELATION TO VETERANS' DISABILITY BENEFITS**
14 **COMMISSION.**—In conducting the evaluation of the dis-
15 ability evaluation systems used by the Department of De-
16 fense and the Department of Veterans Affairs, the Sec-
17 retary of Defense and the Secretary of Veterans Affairs
18 shall consider the findings and recommendations of the
19 Veterans' Disability Benefits Commission established pur-
20 suant to title XV of the National Defense Authorization
21 Act for Fiscal Year 2004 (Public Law 108–136; 38 U.S.C.
22 1101 note).

23 (c) **REPORT.**—Not later than 180 days after the date
24 of the submission of the final report of the Veterans' Dis-
25 ability Benefits Commission, the Secretary of Defense and

1 the Secretary of Veterans Affairs shall submit to Congress
2 a report containing—

3 (1) the results of the evaluation; and

4 (2) the recommendations of the Secretaries for
5 improving the consistency of the two disability eval-
6 uation systems and such other recommendations as
7 the Secretaries consider appropriate.

8 **SEC. 204. STUDY AND REPORT ON SUPPORT SERVICES FOR**
9 **FAMILIES OF RECOVERING SERVICE MEM-**
10 **BERS.**

11 (a) **STUDY REQUIRED.**—The Secretary of Defense
12 shall conduct a study of the provision of support services
13 for families of recovering service members.

14 (b) **MATTERS COVERED.**—The study under sub-
15 section (a) shall include the following:

16 (1) A determination of the types of support
17 services that are currently provided by the Depart-
18 ment of Defense to family members described in
19 subsection (c), and the cost of providing such serv-
20 ices.

21 (2) A determination of additional types of sup-
22 port services that would be feasible for the Depart-
23 ment to provide to such family members, and the
24 costs of providing such services, including the fol-
25 lowing types of services:

1 (A) The provision of medical care at mili-
2 itary medical treatment facilities.

3 (B) The provision of job placement services
4 offered by the Department of Defense to any
5 family member caring for a recovering service
6 member for more than 45 days during a one-
7 year period.

8 (C) The provision of meals without charge
9 at military medical treatment facilities.

10 (3) A survey of military medical treatment fa-
11 cilities to estimate the number of family members to
12 whom the support services would be provided.

13 (4) A determination of any discrimination in
14 employment that such family members experience,
15 including denial of retention in employment, pro-
16 motion, or any benefit of employment by an em-
17 ployer on the basis of the person's absence from em-
18 ployment as described in subsection (c), and a deter-
19 mination, in consultation with the Secretary of
20 Labor, of the options available for such family mem-
21 bers.

22 (c) COVERED FAMILY MEMBERS.—A family member
23 described in this subsection is a family member of a recov-
24 ering service member who is—

1 (1) on invitational orders while caring for the
2 recovering service member;

3 (2) a non-medical attendee caring for the recov-
4 ering service member; or

5 (3) receiving per diem payments from the De-
6 partment of Defense while caring for the recovering
7 service member.

8 (d) REPORT.—Not later than 180 days after the date
9 of the enactment of this Act, the Secretary of Defense
10 shall submit to the Committees on Armed Services of the
11 Senate and the House of Representatives a report on the
12 results of the study, with such findings and recommenda-
13 tions as the Secretary considers appropriate.

14 **SEC. 205. REPORT ON TRAUMATIC BRAIN INJURY CLASSI-**
15 **FICATIONS.**

16 (a) INTERIM REPORT.—Not later than 90 days after
17 the date of the enactment of this Act, the Secretary of
18 Defense shall submit to the Committees on Armed Serv-
19 ices of the Senate and the House of Representatives an
20 interim report describing the changes undertaken within
21 the Department of Defense to ensure that traumatic brain
22 injury victims receive a proper medical designation con-
23 comitant with their injury as opposed to the current med-
24 ical designation which assigns a generic “organic psy-
25 chiatric disorder” classification.

1 (b) FINAL REPORT.—Not later than 180 days after
2 the date of the enactment of this Act, the Secretary of
3 Defense shall submit to the Committees on Armed Serv-
4 ices of the Senate and the House of Representatives a
5 final report concerning traumatic brain injury classifica-
6 tions and an explanation and justification of the Depart-
7 ment’s use of the international classification of disease
8 (ICD) 9 designation, recommendations for transitioning to
9 ICD 10 or 11, and the benefits the civilian community
10 experiences from using ICD 10.

11 **SEC. 206. EVALUATION OF THE POLYTRAUMA LIAISON OF-**
12 **FICER/NON-COMMISSIONED OFFICER PRO-**
13 **GRAM.**

14 (a) EVALUATION REQUIRED.—The Secretary of De-
15 fense shall conduct an evaluation of the Polytrauma Liai-
16 son Officer/Non-Commissioned Officer program, which is
17 the program operated by each of the military departments
18 and the Department of Veterans Affairs for the purpose
19 of—

20 (1) assisting in the seamless transition of mem-
21 bers of the Armed Forces from the Department of
22 Defense health care system to the Department of
23 Veterans Affairs system; and

1 (2) expediting the flow of information and com-
2 munication between military treatment facilities and
3 the Veterans Affairs Polytrauma Centers.

4 (b) MATTERS COVERED.—The evaluation of the
5 Polytrauma Liaison Officer/Non-Commissioned Officer
6 program shall include evaluating the following areas:

7 (1) The program’s effectiveness in the following
8 areas:

9 (A) Handling of military patient transfers.

10 (B) Ability to access military records in a
11 timely manner.

12 (C) Collaboration with Polytrauma Center
13 treatment teams.

14 (D) Collaboration with Veteran Service Or-
15 ganizations.

16 (E) Functioning as the Polytrauma Cen-
17 ter’s subject-matter expert on military issues.

18 (F) Supporting and assisting family mem-
19 bers.

20 (G) Providing education, information, and
21 referrals to members of the Armed Forces and
22 their family members.

23 (H) Functioning as uniformed advocates
24 for members of the Armed Forces and their
25 family members.

1 (I) Inclusion in Polytrauma Center meet-
2 ings.

3 (J) Completion of required administrative
4 reporting.

5 (K) Ability to provide necessary adminis-
6 trative support to all members of the Armed
7 Forces.

8 (2) Manpower requirements to effectively carry
9 out all required functions of the Polytrauma Liaison
10 Officer/Non-Commissioned Officer program given
11 current and expected case loads.

12 (3) Expansion of the program to incorporate
13 Navy and Marine Corps officers and senior enlisted
14 personnel.

15 (c) REPORTING REQUIREMENT.—Not later than 90
16 days after the date of the enactment of this Act, the Sec-
17 retary of Defense shall submit to Congress a report con-
18 taining—

19 (1) the results of the evaluation; and

20 (2) recommendations for any improvements in
21 the program.

1 **SEC. 207. STUDY AND REPORT ON WAITING PERIODS FOR**
2 **APPOINTMENTS AT DEPARTMENT OF VET-**
3 **ERANS AFFAIRS MEDICAL FACILITIES.**

4 (a) **STUDY REQUIRED.**—The Secretary of Veterans
5 Affairs shall conduct a study on the average length of time
6 between the desired date for which a veteran seeks to
7 schedule an appointment for health care at a Department
8 of Veterans Affairs medical facility and the date on which
9 such appointment is completed.

10 (b) **FOCUS OF STUDY.**—In conducting the study
11 under subsection (a), the Secretary shall focus on appoint-
12 ments scheduled and completed at Department medical fa-
13 cilities located in both rural and urban areas.

14 (c) **REPORT.**—Not later than 180 days after the date
15 of the enactment of this Act, the Secretary shall submit
16 a report to Congress containing the findings of the study
17 under subsection (a) and recommendations for decreasing
18 the waiting time between the desired date of an appoint-
19 ment and the completion of the appointment to a max-
20 imum of 15 days.

21 **SEC. 208. STUDY AND REPORT ON STANDARD SOLDIER PA-**
22 **TIENT TRACKING SYSTEM.**

23 (a) **STUDY REQUIRED.**—The Secretary of Defense
24 shall conduct a study on the feasibility of developing a
25 joint soldier tracking system for recovering service mem-
26 bers.

1 (b) MATTERS COVERED.—The study under sub-
2 section (a) shall include the following:

3 (1) Review of the feasibility of allowing each re-
4 covering service member, each family member of
5 such a member, each commander of a military in-
6 stallation retaining medical holdover patients, each
7 patient navigator, and ombudsman office personnel,
8 at all times, to be able to locate and understand ex-
9 actly where a recovering service member is in the
10 medical holdover process.

11 (2) A determination of whether the tracking
12 system can be designed to ensure that—

13 (A) the commander of each military med-
14 ical facility where recovering service members
15 are located is able to track appointments of
16 such members to ensure they are meeting time-
17 liness and other standards that serve the mem-
18 ber; and

19 (B) each recovering service member is able
20 to know when his appointments and other med-
21 ical evaluation board or physical evaluation
22 board deadlines will be and that they have been
23 scheduled in a timely and accurate manner.

1 (3) Any other information needed to conduct
2 oversight of care of the member through out the
3 medical holdover process.

4 (c) REPORT.—Not later than 180 days after the date
5 of the enactment of this Act, the Secretary of Defense
6 shall submit to the Committees on Armed Services of the
7 Senate and the House of Representatives a report on the
8 results of the study, with such findings and recommenda-
9 tions as the Secretary considers appropriate.

10 **TITLE III—GENERAL** 11 **PROVISIONS**

12 **SEC. 301. MORATORIUM ON CONVERSION TO CONTRACTOR** 13 **PERFORMANCE OF DEPARTMENT OF DE-** 14 **FENSE FUNCTIONS AT MILITARY MEDICAL** 15 **FACILITIES.**

16 (a) FINDINGS.—Congress finds the following:

17 (1) The conduct of public-private competitions
18 for the performance of Department of Defense func-
19 tions, based on Office of Management and Budget
20 Circular A-76, can lead to dramatic reductions in
21 the workforce, undermining an agency's ability to
22 perform its mission.

23 (2) The Army Garrison commander at the Wal-
24 ter Reed Army Medical Center has stated that the
25 extended A-76 competition process contributed to

1 the departure of highly skilled administrative and
2 maintenance personnel, which led to the problems at
3 the Walter Reed Army Medical Center.

4 (b) MORATORIUM.—During the one-year period be-
5 ginning on the date of the enactment of this Act, no study
6 or competition may be begun or announced pursuant to
7 section 2461 of title 10, United States Code, or otherwise
8 pursuant to Office of Management and Budget Circular
9 A-76 relating to the possible conversion to performance
10 by a contractor of any Department of Defense function
11 carried out at a military medical facility .

12 (c) REPORT REQUIRED.—Not later than 180 days
13 after the date of the enactment of this Act, the Secretary
14 of Defense shall submit to the Committee on Armed Serv-
15 ices of the Senate and the Committee on Armed Services
16 of the House of Representatives a report on the public-
17 private competitions being conducted for Department of
18 Defense functions carried out at military medical facilities
19 as of the date of the enactment of this Act by each military
20 department and defense agency. Such report shall in-
21 clude—

22 (1) for each such competition—

23 (A) the cost of conducting the public-pri-
24 vate competition;

1 (B) the number of military personnel and
2 civilian employees of the Department of De-
3 fense affected;

4 (C) the estimated savings identified and
5 the savings actually achieved;

6 (D) an evaluation whether the anticipated
7 and budgeted savings can be achieved through
8 a public-private competition; and

9 (E) the effect of converting the perform-
10 ance of the function to performance by a con-
11 tractor on the quality of the performance of the
12 function;

13 (2) a description of any public-private competi-
14 tion the Secretary would conduct if the moratorium
15 under subsection (b) were not in effect; and

16 (3) an assessment of whether any method of
17 business reform or reengineering other than a pub-
18 lic-private competition could, if implemented in the
19 future, achieve any anticipated or budgeted savings.

20 **SEC. 302. PROHIBITION ON TRANSFER OF RESOURCES**
21 **FROM MEDICAL CARE.**

22 Neither the Secretary of Defense nor the Secretaries
23 of the military departments may transfer funds or per-
24 sonnel from medical care functions to administrative func-
25 tions within the Department of Defense in order to comply

1 with the new administrative requirements imposed by this
2 Act or the amendments made by this Act.

3 **SEC. 303. INCREASE IN PHYSICIANS AT HOSPITALS OF THE**
4 **DEPARTMENT OF VETERANS AFFAIRS.**

5 The Secretary of Veterans Affairs shall increase the
6 number of resident physicians at hospitals of the Depart-
7 ment of Veterans Affairs.

8 **SEC. 304. VETERANS BENEFICIARY TRAVEL PROGRAM.**

9 (a) **ELIMINATION OF DEDUCTIBLE.**—Subsection (c)
10 of section 111 of title 38, United States Code, is repealed.

11 (b) **DETERMINATION OF MILEAGE REIMBURSEMENT**
12 **RATE.**—

13 (1) **DETERMINATION.**—Paragraph (1) of sub-
14 section (g) of such section is amended to read as fol-
15 lows:

16 “(1) In determining the amount of allowances or re-
17 imbursement to be paid under this section, the Secretary
18 shall use the mileage reimbursement rates for the use of
19 privately owned vehicles by Government employees on offi-
20 cial business, as prescribed by the Administrator of Gen-
21 eral Services under section 5707(b) of title 5, United
22 States Code.”.

23 (2) **CONFORMING AMENDMENT.**—Subsection (g)
24 of such section is further amended by striking para-
25 graphs (3) and (4).

1 (c) SOURCE OF FUNDS.—Such section is further
2 amended by adding at the end the following new sub-
3 section:

4 “(i) Funds for payments made under this section
5 shall be appropriated separately from other amounts ap-
6 propriated for the Department.”.

7 (d) EFFECTIVE DATE.—The amendments made by
8 this Act shall apply with respect to travel expenses in-
9 curred after the expiration of the 90-day period that be-
10 gins on the date of the enactment of this Act.

Passed the House of Representatives March 28,
2007.

Attest:

Clerk.

110TH CONGRESS
1ST SESSION

H. R. 1538

AN ACT

To amend title 10, United States Code, to improve the management of medical care, personnel actions, and quality of life issues for members of the Armed Forces who are receiving medical care in an outpatient status, and for other purposes.