

110TH CONGRESS
1ST SESSION

H. R. 1538

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.

IN THE HOUSE OF REPRESENTATIVES

MARCH 15, 2007

Mr. SKELTON (for himself, Mr. HUNTER, Mr. SNYDER, Mr. MCHUGH, and Mr. FILNER) introduced the following bill; which was referred to the Committee on Armed Services, and in addition to the Committee on Veterans' Affairs, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

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,*

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

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

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

- Sec. 1. Short title; table of contents.
- Sec. 2. Improvements to medical and dental care for members of the Armed Forces assigned to hospitals in an outpatient status.
- Sec. 3. Establishment of toll-free hot line for reporting deficiencies in medical-related support facilities and expedited response to reports of deficiencies.
- Sec. 4. Notification to Congress of hospitalization of combat wounded service members.
- Sec. 5. Independent medical advocate for members before medical evaluation boards.
- Sec. 6. Training and workload for physical evaluation board liaison officers.
- Sec. 7. Standardized training program and curriculum for Department of Defense disability evaluation system.
- Sec. 8. Improved training for health care professionals, medical care case managers, and service member advocates on particular conditions of recovering servicemembers.
- Sec. 9. Criteria for removal of member from temporary disability retired list.
- Sec. 10. Pilot program to improve transition of members of the Armed Forces to Department of Veterans Affairs upon retirement or separation.
- Sec. 11. Establishment of Medical Support Fund for support of members of the Armed Forces returning to military service or civilian life.
- Sec. 12. Annual report on military medical facilities.
- Sec. 13. Evaluation and report on Department of Defense and Department of Veterans Affairs disability evaluation systems.
- Sec. 14. Oversight Board for Wounded Warriors.
- Sec. 15. Definitions.

3 **SEC. 2. IMPROVEMENTS TO MEDICAL AND DENTAL CARE**
4 **FOR MEMBERS OF THE ARMED FORCES AS-**
5 **SIGNED TO HOSPITALS IN AN OUTPATIENT**
6 **STATUS.**

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

9 (1) **IN GENERAL.**—Chapter 55 of title 10,
10 United States Code, is amended by inserting after
11 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) 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 “(A) To assist in understanding the member’s
12 medical status.

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

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

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

20 “(B) The Secretary concerned may waive for up to
21 120 days the requirement of subparagraph (A) if required
22 due to unforeseen circumstances.

23 “(4) The Secretary of Defense shall establish a stand-
24 ard training program and curriculum for medical care case
25 managers. Successful completion of the training program

1 is required before a person may assume the duties of a
2 medical care case manager.

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

6 “(2) The duties of the service member advocate shall
7 include—

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

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

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

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

19 “(B) The Secretary concerned may waive for up to
20 120 days the requirement of subparagraph (A) if required
21 due to unforeseen circumstances.

22 “(4) The Secretary of Defense shall establish a stand-
23 ard training program and curriculum for service member
24 advocates. Successful completion of the training program

1 is required before a person may assume the duties of a
2 service member advocate.

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

7 “(c) SEMIANNUAL SURVEYS BY SECRETARIES CON-
8 CERNED.—The Secretary concerned shall conduct a semi-
9 annual survey of members in an outpatient status at in-
10 stallations under the Secretary’s supervision. The survey
11 shall include, at a minimum, the members’ assessment of
12 the quality of medical care at the facility, the timeliness
13 of medical care at the facility, the adequacy of living facili-
14 ties and other quality of life programs, the adequacy of
15 case management support, and the fairness and timeliness
16 of the physical disability evaluation system.

17 “(d) DEFINITIONS.—In this section:

18 “(1) The term ‘member in an outpatient status’
19 means a member of the armed forces assigned to a
20 military medical treatment facility as an outpatient
21 or to a unit established for the purpose of providing
22 command and control of members receiving medical
23 care as outpatients.

24 “(2) The term ‘disability evaluation system’
25 means the Department of Defense system or process

1 for evaluating the nature of and extent of disabilities
2 affecting members of the armed forces (other than
3 the Coast Guard) and comprised of medical evalua-
4 tion boards, physical evaluation boards, counseling
5 of members, and final disposition by appropriate
6 personnel authorities, as operated by the Secretaries
7 of the military departments, and, in the case of the
8 Coast Guard, a similar system or process operated
9 by the Secretary of Homeland Security.”.

10 (2) CLERICAL AMENDMENT.—The table of sec-
11 tions at the beginning of such chapter is amended
12 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.”.

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

17 **SEC. 3. ESTABLISHMENT OF TOLL-FREE HOT LINE FOR RE-**
18 **PORTING DEFICIENCIES IN MEDICAL-RE-**
19 **LATED SUPPORT FACILITIES AND EXPEDITED**
20 **RESPONSE TO REPORTS OF DEFICIENCIES.**

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

1 **“§ 1567. Identification and investigation of defi-**
2 **ciencies in adequacy, quality, and state of**
3 **repair of medical-related support facili-**
4 **ties**

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

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

21 “(1) the deficiencies referred to in the report
22 are investigated; and

23 “(2) if substantiated, a plan of action for reme-
24 diation of the deficiencies is developed and imple-
25 mented.

1 “(c) RELOCATION.—If the Secretary of Defense de-
2 termines that, on the basis of the investigation in response
3 to a report of deficiencies at a medical-related support fa-
4 cility, conditions at the facility violate health and safety
5 standards, the Secretary shall relocate the occupants of
6 the facility while the violations are corrected.

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

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

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

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

19 “(b) CLERICAL AMENDMENT.—The table of sections
20 at the beginning of such chapter is amended by adding
21 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.”.

22 “(c) EFFECTIVE DATE.—The toll-free telephone num-
23 ber required to be established by section 1567 of title 10,
24 United States Code, as added by subsection (a), shall be

1 fully operational not later than 180 days after the date
2 of the enactment of this Act.

3 **SEC. 4. NOTIFICATION TO CONGRESS OF HOSPITALIZATION**
4 **OF COMBAT WOUNDED SERVICE MEMBERS.**

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

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

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

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

22 “(c) CONSENT OF MEMBER REQUIRED.—The notifi-
23 cation under subsection (a) may be provided only with the
24 consent of the member of the armed forces about whom
25 notification is to be made. In the case of a member who

1 is unable to provide consent, information and consent may
2 be provided by next of kin.”.

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

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

6 **SEC. 5. INDEPENDENT MEDICAL ADVOCATE FOR MEMBERS**
7 **BEFORE MEDICAL EVALUATION BOARDS.**

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

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

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

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

1 “(B) provide the member with advice and coun-
2 sel regarding the medical condition of the member
3 and the findings and recommendations of the med-
4 ical evaluation board.”.

5 (b) CLERICAL AMENDMENTS.—

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

8 **“§ 1222. Physical evaluation boards and medical eval-
9 uation boards”.**

10 (2) TABLE OF SECTIONS.—The table of sections
11 at the beginning of chapter 61 of such title is
12 amended by striking the item relating to section
13 1222 and inserting the following new item:

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

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

19 **SEC. 6. TRAINING AND WORKLOAD FOR PHYSICAL EVALUA-
20 TION BOARD LIAISON OFFICERS.**

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

23 (1) in paragraph (1)—

1 (A) by striking “establishing—” and all
2 that follows through “a requirement” and in-
3 serting “establishing a requirement”; and

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

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

21 (3) by adding at the end the following new
22 paragraph:

23 “(3) In this subsection, the term ‘physical evaluation
24 board liaison officer’ includes any person designated as,

1 or assigned the duties of, an assistant to a physical evalua-
2 tion board liaison officer.”.

3 (b) EFFECTIVE DATE.—The limitation on the max-
4 imum number of members of the Armed Forces who may
5 be assigned to a physical evaluation board liaison officer
6 shall take effect 180 days after the date of the enactment
7 of this Act. The training program and curriculum for
8 physical evaluation board liaison officers shall be imple-
9 mented not later than 180 days after the date of the en-
10 actment of this Act.

11 **SEC. 7. STANDARDIZED TRAINING PROGRAM AND CUR-**
12 **RICULUM FOR DEPARTMENT OF DEFENSE**
13 **DISABILITY EVALUATION SYSTEM.**

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

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

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

25 “(A) Commanders.

1 “(B) Enlisted members who perform super-
2 visory functions.

3 “(C) Health care professionals.

4 “(D) Others persons with administrative, pro-
5 fessional, or technical responsibilities in the dis-
6 ability evaluation system.

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

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

1 **SEC. 8. IMPROVED TRAINING FOR HEALTH CARE PROFES-**
2 **SIONALS, MEDICAL CARE CASE MANAGERS,**
3 **AND SERVICE MEMBER ADVOCATES ON PAR-**
4 **TICULAR CONDITIONS OF RECOVERING**
5 **SERVICEMEMBERS.**

6 (a) RECOMMENDATIONS.—Not later than 90 days
7 after the date of the enactment of this Act, the Secretary
8 of Defense shall submit to the appropriate congressional
9 committees a report setting forth recommendations for the
10 modification of the training provided to health care profes-
11 sionals, medical care case managers, and service member
12 advocates who provide care for or assistance to recovering
13 servicemembers. The recommendations shall include, at a
14 minimum, specific recommendations to ensure that such
15 health care professionals, medical care case managers, and
16 service member advocates are able to detect early warning
17 signs of post-traumatic stress disorder (PTSD), suicidal
18 tendencies, and other mental health conditions among re-
19 covering servicemembers.

20 (b) ANNUAL REVIEW OF TRAINING.—Not later than
21 180 days after the date of the enactment of this Act and
22 annually thereafter throughout the global war on terror,
23 the Secretary shall submit to the appropriate congres-
24 sional committees a report on the following:

25 (1) The progress made in providing the training
26 recommended under subsection (a).

1 (2) The quality of training provided to health
2 care professionals, medical care case managers, and
3 service member advocates.

4 **SEC. 9. CRITERIA FOR REMOVAL OF MEMBER FROM TEM-**
5 **PORARY DISABILITY RETIRED LIST.**

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

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

13 **SEC. 10. PILOT PROGRAM TO IMPROVE TRANSITION OF**
14 **MEMBERS OF THE ARMED FORCES TO DE-**
15 **PARTMENT OF VETERANS AFFAIRS UPON RE-**
16 **TIREMENT OR SEPARATION.**

17 (a) **PILOT PROGRAM REQUIRED.**—

18 (1) **PURPOSE; PARTICIPANTS.**—The Secretary
19 of Defense shall establish a pilot program, involving
20 a minimum of 5,000 members of the armed forces
21 who are being separated or retired from the Armed
22 Forces under chapter 61 of title 10, United States
23 Code, during the one-year period beginning on the
24 effective date of this section, under which each mem-
25 ber participating in the pilot program receives a

1 written transition plan specifying the recommended
2 schedule and milestones for the transition of the
3 member from military service. The member shall re-
4 ceive the plan before the separation or retirement
5 date of the member.

6 (2) CONTENT OF PLAN.—The transition plan
7 for a participating member under the pilot program
8 shall include information and guidance designed to
9 assist the member in understanding and meeting the
10 schedule and milestones for the member’s transition.

11 (b) PILOT PROCESS FOR TRANSITION.—

12 (1) PURPOSE; PARTICIPANTS.—Subject to para-
13 graph (3), the Secretary of Defense, in cooperation
14 with the Secretary of Veterans Affairs, shall estab-
15 lish a pilot process for the transmittal to the Sec-
16 retary of Veterans Affairs of the records and other
17 information described in paragraph (2) as part of
18 the separation or retirement of a minimum of 5,000
19 members of the Armed Forces who are separated or
20 retired during the one-year period beginning on the
21 effective date of this section.

22 (2) COVERED RECORDS.—The records and
23 other information to be transmitted under para-
24 graph (1) with respect to a member participating in

1 the pilot process shall include, at a minimum, the
2 following:

3 (A) The member's address and contact in-
4 formation.

5 (B) A copy of the member's service record,
6 including medical records and any results of a
7 Physical Evaluation Board.

8 (C) Whether the member is entitled to
9 transitional health care, a conversion health pol-
10 icy, or other health benefits through the De-
11 partment of Defense under section 1145 of title
12 10, United States Code.

13 (D) Any requests by the member for as-
14 sistance in enrolling in, or completed applica-
15 tions for enrollment in, the health care system
16 of the Department of Veterans Affairs for
17 health care benefits for which the member may
18 be eligible under laws administered by the Sec-
19 retary of Veterans Affairs.

20 (E) Any requests by the member for as-
21 sistance in applying for, or completed applica-
22 tions for, compensation and vocational rehabili-
23 tation benefits to which the member may be en-
24 titled under laws administered by the Secretary
25 of Veterans Affairs, if the member is being

1 medically separated or is being retired under
2 chapter 61 of title, United States Code.

3 (3) The transmittal of information under para-
4 graph (1) may be subject to the consent of the mem-
5 ber, as required by statute.

6 (c) MEETING.—

7 (1) MEETING REQUIRED.—The pilot process re-
8 quired by subsection (b) for the transmittal of
9 records and other information with respect to a
10 member shall include a meeting between representa-
11 tives of the Secretary concerned and the Secretary
12 of Veterans Affairs, which shall take place at a loca-
13 tion designated by the Secretaries. The member
14 shall be informed of the meeting at least 30 days in
15 advance of the meeting, except that the member may
16 waive the notice requirement in order to accelerate
17 transmission of the member's records and other in-
18 formation to the Department of Veterans Affairs.

19 (2) A member shall be given an opportunity to
20 submit a written statement for consideration by the
21 Secretary of Veterans Affairs.

22 (d) TIME FOR TRANSMITTAL.—The Secretary of De-
23 fense shall provide for the transmittal to the Department
24 of Veterans Affairs of records and other information with
25 respect to a member participating in the pilot process at

1 the earliest practicable date. In no case should the trans-
2 mittal occur later than 60 days after the separation or
3 retirement of the member.

4 (e) REPORTING REQUIREMENT.—Not later than 90
5 days after the end of the one-year period for the pilot pro-
6 gram and pilot process required by this section, the Sec-
7 retary of Defense shall submit to Congress a report con-
8 taining—

9 (1) an evaluation of the results of the pilot pro-
10 gram and pilot process;

11 (2) an assessment of the current status of ef-
12 forts to electronically transfer records and docu-
13 ments to the Department of Veterans Affairs and an
14 estimate as to when the electronic transfer of
15 records and documents to the Department of Vet-
16 erans Affairs will be fully achieved; and

17 (3) recommendations regarding—

18 (A) the expansion of the requirements for
19 a transition plan and formal transition process
20 to include all members being separated or re-
21 tired from the Armed Forces; and

22 (B) the transformation of the process for
23 transmitting records and other documents per-
24 taining to members separating or retiring from

1 the Armed Forces to the Department of Vet-
2 erans Affairs using solely electronic methods.

3 (f) EARLY TERMINATION.—The Secretary of Defense
4 or the Secretary of Veterans Affairs may terminate the
5 pilot program or pilot process required by this section, or
6 both, before the end of the one-year period provided for
7 the pilot program and pilot process if either Secretary de-
8 termines that the pilot program or pilot process is ineffec-
9 tive in improving the transition of members of the Armed
10 Forces from military service. The Secretary making the
11 determination shall notify the Committee on Armed Serv-
12 ices and the Committee on Veterans Affairs of the House
13 of Representatives and the Committee on Armed Services
14 and the Committee on Veterans Affairs of the Senate of
15 the reasons for the termination not later than 10 days
16 after the determination is made.

17 (g) EFFECTIVE DATE.—The pilot program and pilot
18 process required by this section shall be implemented not
19 later than the first day of the eighth month beginning
20 after the date of the enactment of this Act.

1 **SEC. 11. 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) AUTHORIZATION.—There is hereby authorized to
21 be appropriated to the Medical Support Fund, from an
22 emergency supplemental appropriation for fiscal year
23 2007 or 2008, \$50,000,000, to remain available through
24 September 30, 2008.

1 **SEC. 12. ANNUAL REPORT ON MILITARY MEDICAL FACILI-**
2 **TIES.**

3 (a) IN GENERAL.—

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

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

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

17 “(b) MEDICAL-RELATED SUPPORT FACILITY.—In
18 this section, the term ‘medical-related support facility’ is
19 any facility of the Department of Defense that provides
20 support to any of the following:

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

23 “(2) Members of the armed forces assigned to
24 military medical treatment facilities as an out-
25 patient.

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

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:

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

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

11 **SEC. 13. EVALUATION AND REPORT ON DEPARTMENT OF**
12 **DEFENSE AND DEPARTMENT OF VETERANS**
13 **AFFAIRS DISABILITY EVALUATION SYSTEMS.**

14 (a) EVALUATION.—The Secretary of Defense and the
15 Secretary of Veterans Affairs shall conduct a joint evalua-
16 tion of the disability evaluation systems used by the De-
17 partment of Defense and the Department of Veterans Af-
18 fairs for the purpose of—

19 (1) improving the consistency of the two dis-
20 ability evaluation systems; and

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

23 (b) RELATION TO VETERANS’ DISABILITY BENEFITS
24 COMMISSION.—In conducting the evaluation of the dis-
25 ability evaluation systems used by the Department of De-

1 fense and the Department of Veterans Affairs, the Sec-
2 retary of Defense and the Secretary of Veterans Affairs
3 shall consider the findings and recommendations of the
4 Veterans' Disability Benefits Commission established pur-
5 suant to title XV of the National Defense Authorization
6 Act for Fiscal Year 2004 (Public Law 108–136; 38 U.S.C.
7 1101 et seq.).

8 (c) REPORT.—Not later than 180 days after the date
9 of the submission of the final report of the Veterans' Dis-
10 ability Benefits Commission, the Secretary of Defense and
11 the Secretary of Veterans Affairs shall submit to Congress
12 a report containing—

13 (1) the results of the evaluation; and

14 (2) the recommendations of the Secretaries for
15 improving the consistency of the two disability eval-
16 uation systems and such other recommendations as
17 the Secretaries consider appropriate.

18 **SEC. 14. OVERSIGHT BOARD FOR WOUNDED WARRIORS.**

19 (a) ESTABLISHMENT.—There is hereby established a
20 board to be known as the Oversight Board for Wounded
21 Warriors (in this section referred to as the “Oversight
22 Board”).

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

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

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

5 (3) two shall be appointed by the Speaker of
6 the House of Representatives;

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

9 (5) two shall be appointed by the President;
10 and

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

13 (c) QUALIFICATIONS.—All members of the Oversight
14 Board shall have sufficient knowledge of, or experience
15 with, the military healthcare system, the disability evalua-
16 tion system, or the experience of a recovering
17 servicemember or family member of a recovering
18 servicemember.

19 (d) APPOINTMENT.—

20 (1) TERM.—Each member of the Oversight
21 Board shall be appointed for a term of three years.
22 A member may be reappointed for one or more addi-
23 tional terms.

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

4 (e) DUTIES.—

5 (1) ADVICE AND CONSULTATION.—The Over-
6 sight Board shall provide advice and consultation to
7 the Secretary of Defense and the Committees on
8 Armed Services of the Senate and the House of Rep-
9 resentatives regarding—

10 (A) the process for streamlining the dis-
11 ability evaluation systems of the military de-
12 partments;

13 (B) the process for correcting and improv-
14 ing the ratios of case managers and service
15 member advocates to recovering
16 servicemembers;

17 (C) the need to revise Department of De-
18 fense policies to improve the experience of re-
19 covering servicemembers while under Depart-
20 ment of Defense care;

21 (D) the need to revise Department of De-
22 fense policies to improve counseling, outreach,
23 and general services provided to family mem-
24 bers of recovering servicemembers;

1 (E) the need to revise Department of De-
2 fense policies regarding the provision of quality
3 lodging to recovering servicemembers; and

4 (F) such other matters relating to the eval-
5 uation and care of recovering servicemembers,
6 including evaluation under disability evaluation
7 systems, as the Board considers appropriate.

8 (2) VISITS TO MILITARY MEDICAL TREATMENT
9 FACILITIES.—In carrying out its duties, each mem-
10 ber of the Oversight Board shall visit not less than
11 three military medical treatment facilities each year,
12 and the Board shall conduct each year one meeting
13 of all the members of the Board at a military med-
14 ical treatment facility.

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

19 (g) TRAVEL EXPENSES.—Members of the Oversight
20 Board shall be allowed travel expenses, including per diem
21 in lieu of subsistence, at rates authorized for employees
22 of agencies under subchapter I of chapter 57 of title 5,
23 United States Code, while away from their homes or reg-
24 ular places of business in the performance of service for
25 the Oversight Board.

1 (h) ANNUAL REPORTS.—The Oversight Board shall
2 submit to the Secretary of Defense and the Committees
3 on Armed Services of the Senate and the House of Rep-
4 resentatives each year a report on its activities during the
5 preceding year, including any findings and recommenda-
6 tions of the Oversight Board as a result of such activities.

7 **SEC. 15. DEFINITIONS.**

8 In this Act:

9 (1) CONGRESSIONAL DEFENSE COMMITTEES.—

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

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

1 (3) FAMILY MEMBER.—The term “family mem-
2 ber”, with respect to a recovering servicemember,
3 has the meaning given that term in section 411h(b)
4 of title 37, United States Code.

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

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