

110TH CONGRESS
1ST SESSION

S. 1283

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 SENATE OF THE UNITED STATES

MAY 3, 2007

Mr. PRYOR (for himself and Mr. CHAMBLISS) introduced the following bill;
which was read twice and referred to the Committee on Armed Services

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”.

6 (b) TABLE OF CONTENTS.—The table of contents of
7 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 services and 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. 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,
21 has the meaning given that term in section 411h(b)
22 of title 37, United States Code.

23 (4) RECOVERING SERVICE MEMBER.—The term
24 “recovering service member” means a member of the
25 Armed Forces, including a member of the National
26 Guard or a Reserve, who is undergoing medical

1 treatment, recuperation, or therapy, or is otherwise
 2 in medical hold or holdover status, for an injury, ill-
 3 ness, or disease incurred or aggravated while on ac-
 4 tive duty in the Armed Forces.

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

7 **TITLE I—WOUNDED WARRIOR** 8 **ASSISTANCE**

9 **SEC. 101. IMPROVEMENTS TO MEDICAL AND DENTAL CARE** 10 **FOR MEMBERS OF THE ARMED FORCES AS-** 11 **SIGNED TO HOSPITALS IN AN OUTPATIENT** 12 **STATUS.**

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

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

18 **“§ 1074l. Management of medical and dental care:**
 19 **members assigned to receive care in an**
 20 **outpatient status**

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

24 “(2)(A) The duties of the medical care case manager
 25 shall include the following with respect to the member (or

1 the member's immediate family if the member is incapable
2 of making judgments about personal medical care):

3 “(i) To assist in understanding the member's
4 medical status.

5 “(ii) To assist in receiving prescribed medical
6 care.

7 “(iii) To conduct a review, at least once a week,
8 of the member's medical status.

9 “(iv) To ensure the member has means to at-
10 tend all required medical appointments, to document
11 attendance at such appointments, to follow up on
12 unscheduled absence from such appointments, and
13 to provide documentation to the member's chain of
14 command of attendance at such appointments.

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

21 “(3)(A) Except as provided in subparagraph (B),
22 each medical care case manager shall be assigned to man-
23 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 shall be required before a person may assume the duties
20 of a 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 shall be required before a person may assume the duties
5 of a 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 beginning treatment in an
16 outpatient status at a military medical treatment facility,
17 and to the family members of all such members, informa-
18 tion on the availability of services provided by the medical
19 care case managers and service member advocates, includ-
20 ing information on how to contact such managers and ad-
21 vocates and 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 (3) REPOSITORY OF LESSONS LEARNED.—The
4 Ombudsman Office shall also serve as a repository
5 for lessons learned and best practices. In coordina-
6 tion with the ombudsman offices of the military de-
7 partments, the Ombudsman Office shall follow
8 trends, facilitate resolution of recurring issues, and
9 ensure the dissemination of best practices to the
10 military departments on the matters covered by the
11 Ombudsman Office. The Ombudsman Office shall
12 develop and implement recommendations, and
13 present findings, to the Secretary of Defense on
14 such practices when applicable.

15 (c) STATUS REPORTS.—The ombudsman office in
16 each military department shall submit status reports of
17 actions taken to address individual concerns to the Om-
18 budsman Office, at such times as the Ombudsman Office
19 considers appropriate. Such reports shall include—

20 (1) a description of trends, lessons learned, and
21 best practices on the matters covered by the om-
22 budsman offices, including the dissemination of such
23 information through the military departments; and

1 (2) a description of any actions to be taken, or
2 policy to be developed, in light of the trends or les-
3 sons described in paragraph (1).

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

15 (e) STAFF OF OFFICE.—The staff of the Ombudsman
16 Office shall include representatives from each military de-
17 partment, including persons with experience in medical
18 hold and medical holdover processes and other medical
19 matters.

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

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

9 **“§ 1567. Identification and investigation of defi-**
10 **ciencies: medical services; adequacy,**
11 **quality, and state of repair of medical-re-**
12 **lated support facilities**

13 “(a) TOLL-FREE HOT LINE.—(1) The Secretary of
14 Defense shall establish and maintain a toll-free telephone
15 number (commonly referred to as a ‘hot line’) at which
16 personnel are accessible at all times to collect, maintain,
17 and update information regarding possible deficiencies in
18 medical services and in the adequacy, quality, and state
19 of repair of medical-related support facilities.

20 “(2) The toll-free telephone number shall be manned
21 by personnel affiliated with the armed forces who have a
22 working relationship with the military medical community
23 and are located in the United States.

24 “(3) The Secretary shall widely disseminate informa-
25 tion regarding the existence and availability of the toll-
26 free telephone number to members of the armed forces

1 and their dependents upon the initial enlistment of mem-
2 bers of the armed forces and upon the admission of mem-
3 bers of the armed forces for treatment in medical-related
4 support facilities.

5 “(b) CONFIDENTIALITY.—(1) Individuals who seek to
6 provide information through use of the toll-free telephone
7 number under subsection (a) shall be notified, immediately
8 before they provide such information, of their option to
9 elect, at their discretion, to have their identity remain con-
10 fidential.

11 “(2) In the case of information provided through use
12 of the toll-free telephone number by an individual who
13 elects to maintain the confidentiality of his or her identity,
14 any individual who, by necessity, has had access to such
15 information for purposes of conducting the investigation
16 or executing the response plan required by subsection (c)
17 may not disclose the identity of the individual who pro-
18 vided the information.

19 “(c) INVESTIGATION AND RESPONSE PLAN.—Not
20 later than 96 hours after a report of deficiencies in med-
21 ical services, or in the adequacy, quality, or state of repair
22 of a medical-related support facility, is received by way
23 of the toll-free telephone number or other source, the Sec-
24 retary of Defense shall ensure that—

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

3 “(2) if substantiated, a plan of action for reme-
4 diation of the deficiencies is developed and imple-
5 mented.

6 “(d) RELOCATION.—If the Secretary of Defense de-
7 termines, on the basis of the investigation conducted in
8 response to a report of deficiencies at a medical-related
9 support facility, that conditions at the facility violate
10 health and safety standards, the Secretary shall relocate
11 the occupants of the facility while the violations are cor-
12 rected.

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

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

19 “(2) Members of the armed forces assigned to
20 a military medical treatment facility as an out-
21 patient.

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

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:

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

4 (c) EFFECTIVE DATE.—The toll-free telephone number
 5 required to be established by section 1567 of title 10,
 6 United States Code, as added by subsection (a), shall be
 7 fully operational not later than 180 days after the date
 8 of the enactment of this Act.

9 **SEC. 104. NOTIFICATION TO CONGRESS OF HOSPITALIZATION**
 10 **OF COMBAT WOUNDED SERVICE MEM-**
 11 **BERS.**

12 (a) NOTIFICATION REQUIRED.—Chapter 55 of title
 13 10, United States Code, is further amended by inserting
 14 after section 1074l the following new section:

15 **“§ 1074m. Notification to Congress of hospitalization**
 16 **of combat wounded members**

17 “(a) NOTIFICATION REQUIRED.—The Secretary concerned shall provide notification of the hospitalization of
 18 any member of the armed forces evacuated from a theater
 19 of combat to the appropriate Members of Congress.
 20 of combat to the appropriate Members of Congress.

21 “(b) APPROPRIATE MEMBERS.—In this section, the
 22 term ‘appropriate Members of Congress’, with respect to
 23 the member of the armed forces about whom notification
 24 is being made, means the Senators and the Members of

1 the House of Representatives representing the States or
 2 districts, respectively, that include the member's home of
 3 record and, if different, the residence of the next of kin,
 4 or a different location as provided by the member.

5 “(c) CONSENT OF MEMBER REQUIRED.—The notifi-
 6 cation under subsection (a) may be provided only with the
 7 consent of the member of the armed forces about whom
 8 notification is to be made.”.

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

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

12 **SEC. 105. INDEPENDENT MEDICAL ADVOCATE FOR MEM-**
 13 **BERS BEFORE MEDICAL EVALUATION**
 14 **BOARDS.**

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

19 “(d) INDEPENDENT MEDICAL ADVOCATE FOR MEM-
 20 BERS BEFORE MEDICAL EVALUATION BOARDS.—(1) The
 21 Secretary of each military department shall ensure, in the
 22 case of any member of the armed forces being considered
 23 by a medical evaluation board under that Secretary's su-
 24 pervision, that the member has access to a physician or

1 other appropriate health care professional who is inde-
 2 pendent of the medical evaluation board.

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

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

7 “(B) provide the member with advice and coun-
 8 sel regarding the medical condition of the member
 9 and the findings and recommendations of the med-
 10 ical evaluation board.”.

11 (b) CLERICAL AMENDMENTS.—

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

14 **“§ 1222. Physical evaluation boards and medical eval-
 15 uation boards”.**

16 (2) TABLE OF SECTIONS.—The table of sections
 17 at the beginning of chapter 61 of such title is
 18 amended by striking the item relating to section
 19 1222 and inserting the following new item:

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

20 (c) EFFECTIVE DATE.—Subsection (d) of section
 21 1222 of title 10, United States Code, as added by sub-
 22 section (a), shall apply with respect to medical evaluation
 23 boards convened after the end of the 180-day period begin-
 24 ning on the date of the enactment of this Act.

1 **SEC. 106. TRAINING AND WORKLOAD FOR PHYSICAL EVAL-**
2 **UATION BOARD LIAISON OFFICERS.**

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

5 (1) in paragraph (1)—

6 (A) by striking “establishing—” and all
7 that follows through “a requirement” and in-
8 serting “establishing a requirement”; and

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

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

1 (3) by adding at the end the following new
2 paragraph:

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

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

15 **SEC. 107. STANDARDIZED TRAINING PROGRAM AND CUR-**
16 **RICULUM FOR DEPARTMENT OF DEFENSE**
17 **DISABILITY EVALUATION SYSTEM.**

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

21 “(e)(1) The Secretary of Defense shall establish a
22 standardized training program and curriculum for persons
23 described in paragraph (2) who are involved in the dis-
24 ability evaluation system. The training under the program
25 shall be provided as soon as practicable in coordination

1 with other training associated with the responsibilities of
2 the person.

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

4 “(A) Commanders.

5 “(B) Enlisted members who perform super-
6 visory functions.

7 “(C) Health care professionals.

8 “(D) Others persons with administrative, pro-
9 fessional, or technical responsibilities in the dis-
10 ability evaluation system.

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

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

1 **SEC. 108. IMPROVED TRAINING FOR HEALTH CARE PRO-**
2 **FESSIONALS, MEDICAL CARE CASE MAN-**
3 **AGERS, AND SERVICE MEMBER ADVOCATES**
4 **ON PARTICULAR CONDITIONS OF RECOV-**
5 **ERING SERVICE MEMBERS.**

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 improvement of the training provided to health care pro-
11 fessionals, medical care case managers, and service mem-
12 ber advocates who provide care for or assistance to recov-
13 ering service members. The recommendations shall in-
14 clude, at a minimum, specific recommendations to ensure
15 that such health care professionals, medical care case
16 managers, and service member advocates are adequately
17 trained and able to detect early warning signs of post-
18 traumatic stress disorder (PTSD), suicidal tendencies,
19 and other mental health conditions among recovering serv-
20 ice members and make prompt notification to the appro-
21 priate health care professionals.

22 (b) ANNUAL REVIEW OF TRAINING.—Not later than
23 180 days after the date of the enactment of this Act and
24 annually thereafter, the Secretary shall submit to the ap-
25 propriate congressional committees a report on the fol-
26 lowing:

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

5 (A) the course of their treatment;

6 (B) medical and physical evaluation
7 boards;

8 (C) transition back to their parent units;

9 and

10 (D) medical retirement and subsequent
11 transition into the Department of Veterans Af-
12 fairs medical system.

13 (3) ORGANIZATION.—The commanding officer
14 of the Battalion shall be selected by the Army Chief
15 of Staff and shall be a post-command, at O-5 or O-
16 5 select, with combat experience in Operation Iraqi
17 Freedom or Operation Enduring Freedom. The
18 chain-of-command shall be filled by previously
19 wounded junior officers and non-commissioned offi-
20 cers when available and appropriate.

21 (4) FACILITIES.—The base selected for the
22 pilot program shall provide adequate physical infra-
23 structure to house the Army Wounded Warrior Bat-
24 talion. Any funds necessary for construction or ren-
25 ovation of existing facilities shall be allocated from

1 the Department of Defense Medical Support Fund
2 established under this Act.

3 (5) COORDINATION.—The Secretary of the
4 Army shall consult with appropriate Marine Corps
5 counterparts to ensure coordination of best practices
6 and lessons learned.

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

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

13 (1) an evaluation of the results of the pilot
14 project;

15 (2) an assessment of the Army's ability to es-
16 tablish Wounded Warrior Battalions at other major
17 Army bases.

18 (3) recommendations regarding—

19 (A) the adaptability of the Wounded War-
20 rior Battalion concept for the Army's larger
21 wounded population; and

22 (B) closer coordination and sharing of re-
23 sources with counterpart programs of the Ma-
24 rine Corps.

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

4 **SEC. 110. 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. 111. IMPROVED TRANSITION OF MEMBERS OF THE**
14 **ARMED FORCES TO DEPARTMENT OF VET-**
15 **ERANS AFFAIRS UPON RETIREMENT OR SEP-**
16 **ARATION.**

17 (a) TRANSITION OF MEMBERS SEPARATED OR RE-
18 TIRED.—

19 (1) TRANSITION PROCESS.—Chapter 58 of title
20 10, United States Code, is amended by inserting
21 after section 1142 the following new section:

1 **“§ 1142a. Process for transition of members to health**
2 **care and physical disability systems of**
3 **Department of Veterans Affairs**

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

8 “(A) specifies the recommended schedule and
9 milestones for the transition of the member from
10 military service; and

11 “(B) provides for a coordinated transition of
12 the member from the Department of Defense dis-
13 ability system to the Department of Veterans Af-
14 fairs.

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

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

22 “(b) FORMAL TRANSITION PROCESS.—(1) The Sec-
23 retary of Defense, in cooperation with the Secretary of
24 Veterans Affairs, shall establish a formal process for the
25 transmittal to the Secretary of Veterans Affairs of the
26 records and other information described in paragraph (2)

1 as part of the separation or retirement of a member of
2 the armed forces under chapter 61 of this title.

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

6 “(A) The member’s address and contact infor-
7 mation.

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

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

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

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

23 “(F) Any requests by the member for assist-
24 ance in applying for, or completed applications for,
25 compensation and vocational rehabilitation benefits

1 to which the member may be entitled under laws ad-
2 ministered by the Secretary of Veterans Affairs, if
3 the member is being medically separated or is being
4 retired under chapter 61 of this title.

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

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

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

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

4 “(d) TIME FOR TRANSMITTAL OF RECORDS.—The
 5 Secretary concerned shall provide for the transmittal to
 6 the Department of Veterans Affairs of records and other
 7 information with respect to a member at the earliest prac-
 8 ticable date. In no case should the transmittal occur later
 9 than the date of the separation or retirement of the mem-
 10 ber.

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

14 (2) TABLE OF SECTIONS.—The table of sections
 15 at the beginning of such chapter is amended by in-
 16 serting after the item relating to section 1142 the
 17 following new item:

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

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

20 (1) by redesignating subsections (d) and (e) as
 21 subsections (e) and (f), respectively; and

22 (2) by inserting after subsection (c) the fol-
 23 lowing new subsection:

1 “(d) UNIFORM SEPARATION AND EVALUATION PHYS-
2 ICAL.—The joint separation and evaluation physical, as
3 described in DD–2808 and DD–2697, shall be used by
4 the Secretary of Defense in connection with the medical
5 separation or retirement of all members of the armed
6 forces, including members separated or retired under
7 chapter 61 of this title. The Secretary of Veterans Affairs
8 shall adopt the same separation and evaluation physical
9 for use by the Department of Veterans Affairs.”.

10 (c) INTEROPERABILITY OF MEDICAL INFORMATION
11 SYSTEMS AND BI-DIRECTIONAL ACCESS.—The Secretary
12 of Defense and the Secretary of Veterans Affairs shall es-
13 tablish and implement a single medical information system
14 for the Department of Defense and the Department of
15 Veterans Affairs for the purpose of ensuring the complete
16 interoperability and bi-directional, real-time exchange of
17 critical medical information.

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

19 (1) CO-LOCATION.—The Secretary of Defense
20 and the Secretary of Veterans Affairs shall jointly
21 determine the optimal locations for the deployment
22 of Department of Veterans Affairs benefits team to
23 support recovering service members assigned to mili-
24 tary medical treatment facilities, medical-related

1 support facilities, and community-based health care
2 organizations.

3 (2) MILITARY MEDICAL TREATMENT FACILITY
4 DEFINED.—In this subsection, the term “medical-re-
5 lated support facility” has the meaning given that
6 term in subsection (b) of section 490 of title 10,
7 United States Code, as added by section 201(a) of
8 this Act.

9 (e) REPEAL OF SUPERSEDED CHAPTER 61 MEDICAL
10 RECORD TRANSMITTAL REQUIREMENT.—

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

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

15 **“§ 1142. Preseparation counseling”.**

16 (3) TABLE OF SECTIONS.—The table of sections
17 at the beginning of chapter 58 of such title is
18 amended by striking the item relating to section
19 1142 and inserting the following new item:

“1142. Preseparation counseling.”.

20 (f) EFFECTIVE DATES.—Section 1142a of title 10,
21 United States Code, as added by subsection (a), and sub-
22 section (d) of section 1145 of such title, as added by sub-
23 section (b), shall apply with respect to members of the
24 Armed Forces who are separated or retired from the
25 Armed Forces on or after the first day of the eighth month

1 beginning after the date of the enactment of this Act. The
2 requirements of subsections (c) and (d), and the amend-
3 ments made by subsection (e), shall take effect on the first
4 day of such eighth month.

5 **SEC. 112. ESTABLISHMENT OF MEDICAL SUPPORT FUND**
6 **FOR SUPPORT OF MEMBERS OF THE ARMED**
7 **FORCES RETURNING TO MILITARY SERVICE**
8 **OR CIVILIAN LIFE.**

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

15 (b) PURPOSES.—The Fund shall be used—

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

21 (2) to support programs and facilities intended
22 to support the families of wounded and injured
23 members of the Armed Forces.

1 (c) ASSETS OF FUND.—There shall be deposited into
2 the Fund any amount appropriated to the Fund, which
3 shall constitute the assets of the Fund.

4 (d) TRANSFER OF FUNDS.—

5 (1) AUTHORITY TO TRANSFER.—The Secretary
6 of Defense may transfer amounts in the Fund to ap-
7 propriations accounts for military personnel; oper-
8 ation and maintenance; procurement; research, de-
9 velopment, test, and evaluation; military construc-
10 tion; and the Defense Health Program. Amounts so
11 transferred shall be available to carry out this Act
12 (and the amendments made by this Act) for the
13 same time period as the appropriation account to
14 which transferred.

15 (2) ADDITION TO OTHER AUTHORITY.—The
16 transfer authority provided in paragraph (1) is in
17 addition to any other transfer authority available to
18 the Department of Defense. Upon a determination
19 that all or part of the amounts transferred from the
20 Fund are not necessary for the purposes for which
21 transferred, such amounts may be transferred back
22 to the Fund.

23 (3) NOTIFICATION.—The Secretary of Defense
24 shall, not fewer than five days before making a
25 transfer from the Fund, notify the congressional de-

1 fense committees in writing of the details of the
2 transfer.

3 (e) AUTHORIZATION.—There is hereby authorized to
4 be appropriated to the Medical Support Fund, from an
5 emergency supplemental appropriation for fiscal year
6 2007 or 2008, \$50,000,000, to remain available through
7 September 30, 2008.

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

9 (a) ESTABLISHMENT.—There is hereby established a
10 board to be known as the Oversight Board for Wounded
11 Warriors (in this section referred to as the “Oversight
12 Board”).

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

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

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

19 (3) two shall be appointed by the Speaker of
20 the House of Representatives;

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

23 (5) two shall be appointed by the Secretary of
24 Veterans Affairs; and

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

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

8 (d) APPOINTMENT.—

9 (1) TERM.—Each member of the Oversight
10 Board shall be appointed for a term of three years.
11 A member may be reappointed for one or more addi-
12 tional terms.

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

16 (e) DUTIES.—

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

22 (A) the process for streamlining the dis-
23 ability evaluation systems of the military de-
24 partments;

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

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

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

13 (E) the need to revise Department of De-
14 fense policies regarding the provision of quality
15 lodging to recovering service members; and

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

20 (2) VISITS TO MILITARY MEDICAL TREATMENT
21 FACILITIES.—In carrying out its duties, each mem-
22 ber of the Oversight Board shall visit not less than
23 three military medical treatment facilities each year,
24 and the Board shall conduct each year one meeting

1 of all the members of the Board at a military med-
2 ical treatment facility.

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

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

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

20 **SEC. 114. OPTION FOR MEMBERS OF RESERVE COMPO-**
21 **NENTS TO USE MILITARY MEDICAL TREAT-**
22 **MENT FACILITIES CLOSEST TO HOME FOR**
23 **CERTAIN INJURIES.**

24 The Secretary of Defense shall provide that, in the
25 case of members of the National Guard and the Reserves

1 returning from a combat theater, if a member requires
2 treatment on an outpatient basis for injuries or wounds
3 sustained in theater, the member may be provided treat-
4 ment at the military medical treatment facility closest to
5 the member's home rather than closest to the base from
6 which the member was deployed.

7 **SEC. 115. PLANS AND RESEARCH FOR REDUCING POST**
8 **TRAUMATIC STRESS DISORDER.**

9 (a) PLANS FOR REDUCING POST TRAUMATIC STRESS
10 DISORDER.—

11 (1) PLAN FOR PREVENTION.—

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

- 20 (i) basic and pre-deployment training
21 for enlisted members of the Armed Forces,
22 noncommissioned officers, and officers;
- 23 (ii) combat theater operations; and
24 (iii) post-deployment service.

1 (B) UPDATES.—The Secretary of Defense
2 shall update the plan under subparagraph (A)
3 periodically to incorporate, as the Secretary
4 considers appropriate, the results of relevant re-
5 search, including research conducted pursuant
6 to subsection (b).

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

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

15 (1) WORKING GROUP.—The Secretary of De-
16 fense shall, in coordination with the Department of
17 Veterans Affairs, the National Institutes of Health,
18 and the National Academy of Sciences' Institute of
19 Medicine, establish a working group. The working
20 group shall include personnel with experience in a
21 combat theater, and behavioral health personnel who
22 have experience providing treatment to individuals
23 with experience in a combat theater.

24 (2) DUTIES.—The working group established
25 under paragraph (1) shall implement a plan to re-

1 search and develop evidence-based measures, prac-
2 tices, or procedures that reduce the likelihood that
3 personnel in combat will develop post-traumatic
4 stress disorder or other stress-related psychological
5 pathologies (including substance use conditions).

6 (3) PEER-REVIEWED RESEARCH PROGRAM.—

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

18 **TITLE II—STUDIES AND**
19 **REPORTS**

20 **SEC. 201. ANNUAL REPORT ON MILITARY MEDICAL FACILI-**
21 **TIES.**

22 (a) IN GENERAL.—

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

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

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

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

14 “(1) any deficiencies medical services, or in the
15 adequacy, quality, or state of repair of medical-re-
16 lated support facilities, raised as a result of informa-
17 tion received during the period covered by the report
18 through the toll-free hot line maintained pursuant to
19 section 1567 of this title; and

20 “(2) the investigations conducted and plans of
21 action prepared under such section to respond to
22 such deficiencies.

23 “(c) MEDICAL-RELATED SUPPORT FACILITY.—In
24 this section, the term ‘medical-related support facility’ is
25 any facility of the Department of Defense that provides
26 support to any of the following:

1 (b) INSPECTOR GENERAL REPORTS.—The inspector
2 general for each regional medical command shall—

3 (1) submit a report on each inspection of a fa-
4 cility conducted under subsection (a) to the post
5 commander at such facility, the commanding officer
6 of the hospital affiliated with such facility, the sur-
7 geon general of the military department that oper-
8 ates such hospital, the Secretary of the military de-
9 partment concerned, the Assistant Secretary of De-
10 fense for Health Affairs, the Oversight Board for
11 Wounded Warriors established pursuant to section
12 112, and the appropriate congressional committees;
13 and

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

16 **SEC. 203. EVALUATION AND REPORT ON DEPARTMENT OF**
17 **DEFENSE AND DEPARTMENT OF VETERANS**
18 **AFFAIRS DISABILITY EVALUATION SYSTEMS.**

19 (a) EVALUATION.—The Secretary of Defense and the
20 Secretary of Veterans Affairs shall conduct a joint evalua-
21 tion of the disability evaluation systems used by the De-
22 partment of Defense and the Department of Veterans Af-
23 fairs for the purpose of—

24 (1) improving the consistency of the two dis-
25 ability evaluation systems; and

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

3 (b) RELATION TO VETERANS' DISABILITY BENEFITS
4 COMMISSION.—In conducting the evaluation of the dis-
5 ability evaluation systems used by the Department of De-
6 fense and the Department of Veterans Affairs, the Sec-
7 retary of Defense and the Secretary of Veterans Affairs
8 shall consider the findings and recommendations of the
9 Veterans' Disability Benefits Commission established pur-
10 suant to title XV of the National Defense Authorization
11 Act for Fiscal Year 2004 (Public Law 108–136; 38 U.S.C.
12 1101 note).

13 (c) REPORT.—Not later than 180 days after the date
14 of the submission of the final report of the Veterans' Dis-
15 ability Benefits Commission, the Secretary of Defense and
16 the Secretary of Veterans Affairs shall submit to Congress
17 a report containing—

18 (1) the results of the evaluation; and

19 (2) the recommendations of the Secretaries for
20 improving the consistency of the two disability eval-
21 uation systems and such other recommendations as
22 the Secretaries consider appropriate.

1 **SEC. 204. STUDY AND REPORT ON SUPPORT SERVICES FOR**
2 **FAMILIES OF RECOVERING SERVICE MEM-**
3 **BERS.**

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

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

9 (1) A determination of the types of support
10 services that are currently provided by the Depart-
11 ment of Defense to family members described in
12 subsection (c), and the cost of providing such serv-
13 ices.

14 (2) A determination of additional types of sup-
15 port services that would be feasible for the Depart-
16 ment to provide to such family members, and the
17 costs of providing such services, including the fol-
18 lowing types of services:

19 (A) The provision of medical care at mili-
20 tary medical treatment facilities.

21 (B) The provision of job placement services
22 offered by the Department of Defense to any
23 family member caring for a recovering service
24 member for more than 45 days during a one-
25 year period.

1 (C) The provision of meals without charge
2 at military medical treatment facilities.

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

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

15 (c) COVERED FAMILY MEMBERS.—A family member
16 described in this subsection is a family member of a recov-
17 ering service member who is—

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

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

22 (3) receiving per diem payments from the De-
23 partment of Defense while caring for the recovering
24 service member.

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

7 **SEC. 205. REPORT ON TRAUMATIC BRAIN INJURY CLASSI-**
8 **FICATIONS.**

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

19 (b) FINAL REPORT.—Not later than 180 days after
20 the date of the enactment of this Act, the Secretary of
21 Defense shall submit to the Committees on Armed Serv-
22 ices of the Senate and the House of Representatives a
23 final report concerning traumatic brain injury classifica-
24 tions and an explanation and justification of the Depart-
25 ment’s use of the international classification of disease

1 (ICD) 9 designation, recommendations for transitioning to
2 ICD 10 or 11, and the benefits the civilian community
3 experiences from using ICD 10.

4 **SEC. 206. EVALUATION OF THE POLYTRAUMA LIAISON OF-**
5 **FICER/NON-COMMISSIONED OFFICER PRO-**
6 **GRAM.**

7 (a) EVALUATION REQUIRED.—The Secretary of De-
8 fense shall conduct an evaluation of the Polytrauma Liai-
9 son Officer/Non-Commissioned Officer program, which is
10 the program operated by each of the military departments
11 and the Department of Veterans Affairs for the purpose
12 of—

13 (1) assisting in the seamless transition of mem-
14 bers of the Armed Forces from the Department of
15 Defense health care system to the Department of
16 Veterans Affairs system; and

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

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

23 (1) The program's effectiveness in the following
24 areas:

25 (A) Handling of military patient transfers.

1 (B) Ability to access military records in a
2 timely manner.

3 (C) Collaboration with Polytrauma Center
4 treatment teams.

5 (D) Collaboration with Veteran Service Or-
6 ganizations.

7 (E) Functioning as the Polytrauma Cen-
8 ter's subject-matter expert on military issues.

9 (F) Supporting and assisting family mem-
10 bers.

11 (G) Providing education, information, and
12 referrals to members of the Armed Forces and
13 their family members.

14 (H) Functioning as uniformed advocates
15 for members of the Armed Forces and their
16 family members.

17 (I) Inclusion in Polytrauma Center meet-
18 ings.

19 (J) Completion of required administrative
20 reporting.

21 (K) Ability to provide necessary adminis-
22 trative support to all members of the Armed
23 Forces.

24 (2) Manpower requirements to effectively carry
25 out all required functions of the Polytrauma Liaison

1 Officer/Non-Commissioned Officer program given
2 current and expected case loads.

3 (3) Expansion of the program to incorporate
4 Navy and Marine Corps officers and senior enlisted
5 personnel.

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

10 (1) the results of the evaluation; and

11 (2) recommendations for any improvements in
12 the program.

13 **SEC. 207. STUDY AND REPORT ON WAITING PERIODS FOR**
14 **APPOINTMENTS AT DEPARTMENT OF VET-**
15 **ERANS AFFAIRS MEDICAL FACILITIES.**

16 (a) STUDY REQUIRED.—The Secretary of Veterans
17 Affairs shall conduct a study on the average length of time
18 between the desired date for which a veteran seeks to
19 schedule an appointment for health care at a Department
20 of Veterans Affairs medical facility and the date on which
21 such appointment is completed.

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

1 (c) REPORT.—Not later than 180 days after the date
2 of the enactment of this Act, the Secretary shall submit
3 a report to Congress containing the findings of the study
4 under subsection (a) and recommendations for decreasing
5 the waiting time between the desired date of an appoint-
6 ment and the completion of the appointment to a max-
7 imum of 15 days.

8 **SEC. 208. STUDY AND REPORT ON STANDARD SOLDIER PA-**
9 **TIENT TRACKING SYSTEM.**

10 (a) STUDY REQUIRED.—The Secretary of Defense
11 shall conduct a study on the feasibility of developing a
12 joint soldier tracking system for recovering service mem-
13 bers.

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

16 (1) Review of the feasibility of allowing each re-
17 covering service member, each family member of
18 such a member, each commander of a military in-
19 stallation retaining medical hold or medical holdover
20 patients, each patient navigator, and ombudsman of-
21 fice personnel, at all times, to be able to locate and
22 understand exactly where a recovering service mem-
23 ber is in the medical hold or medical holdover proc-
24 ess.

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

3 (A) the commander of each military med-
4 ical facility where recovering service members
5 are located is able to track appointments of
6 such members to ensure they are meeting time-
7 liness and other standards that serve the mem-
8 ber; and

9 (B) each recovering service member is able
10 to know when his appointments and other med-
11 ical evaluation board or physical evaluation
12 board deadlines will be and that they have been
13 scheduled in a timely and accurate manner.

14 (3) Any other information needed to conduct
15 oversight of care of the member through out the
16 medical hold and medical holdover process.

17 (c) REPORT.—Not later than 180 days after the date
18 of the enactment of this Act, the Secretary of Defense
19 shall submit to the Committees on Armed Services of the
20 Senate and the House of Representatives a report on the
21 results of the study, with such findings and recommenda-
22 tions as the Secretary considers appropriate.

1 **TITLE III—GENERAL**
2 **PROVISIONS**

3 **SEC. 301. MORATORIUM ON CONVERSION TO CONTRACTOR**
4 **PERFORMANCE OF DEPARTMENT OF DE-**
5 **FENSE FUNCTIONS AT MILITARY MEDICAL**
6 **FACILITIES.**

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

8 (1) The conduct of public-private competitions
9 for the performance of Department of Defense func-
10 tions, based on Office of Management and Budget
11 Circular A-76, can lead to dramatic reductions in
12 the workforce, undermining an agency's ability to
13 perform its mission.

14 (2) The Army Garrison commander at the Wal-
15 ter Reed Army Medical Center has stated that the
16 extended A-76 competition process contributed to
17 the departure of highly skilled administrative and
18 maintenance personnel, which led to the problems at
19 the Walter Reed Army Medical Center.

20 (b) MORATORIUM.—During the one-year period be-
21 ginning on the date of the enactment of this Act, no study
22 or competition may be begun or announced pursuant to
23 section 2461 of title 10, United States Code, or otherwise
24 pursuant to Office of Management and Budget Circular
25 A-76 relating to the possible conversion to performance

1 by a contractor of any Department of Defense function
2 carried out at a military medical facility .

3 (c) REPORT REQUIRED.—Not later than 180 days
4 after the date of the enactment of this Act, the Secretary
5 of Defense shall submit to the Committee on Armed Serv-
6 ices of the Senate and the Committee on Armed Services
7 of the House of Representatives a report on the public-
8 private competitions being conducted for Department of
9 Defense functions carried out at military medical facilities
10 as of the date of the enactment of this Act by each military
11 department and defense agency. Such report shall in-
12 clude—

13 (1) for each such competition—

14 (A) the cost of conducting the public-pri-
15 vate competition;

16 (B) the number of military personnel and
17 civilian employees of the Department of De-
18 fense affected;

19 (C) the estimated savings identified and
20 the savings actually achieved;

21 (D) an evaluation whether the anticipated
22 and budgeted savings can be achieved through
23 a public-private competition; and

24 (E) the effect of converting the perform-
25 ance of the function to performance by a con-

1 tractor on the quality of the performance of the
2 function;

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

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

10 **SEC. 302. PROHIBITION ON TRANSFER OF RESOURCES**
11 **FROM MEDICAL CARE.**

12 Neither the Secretary of Defense nor the Secretaries
13 of the military departments may transfer funds or per-
14 sonnel from medical care functions to administrative func-
15 tions within the Department of Defense in order to comply
16 with the new administrative requirements imposed by this
17 Act or the amendments made by this Act.

18 **SEC. 303. VETERANS BENEFICIARY TRAVEL PROGRAM.**

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

21 (b) **DETERMINATION OF MILEAGE REIMBURSEMENT**
22 **RATE.**—

23 (1) **DETERMINATION.**—Paragraph (1) of sub-
24 section (g) of such section is amended to read as fol-
25 lows:

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

8 (2) CONFORMING AMENDMENT.—Subsection (g)
9 of such section is further amended by striking para-
10 graphs (3) and (4).

11 (c) SOURCE OF FUNDS.—Such section is further
12 amended by adding at the end the following new sub-
13 section:

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

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

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