

September 5, 2007

Ordered to be printed as passed

In the Senate of the United States,

July 25, 2007.

Resolved, That the bill from the House of Representatives (H.R. 1538) entitled “An Act to amend title 10, United States Code, to improve the management of medical care, personnel actions, and quality of life issues for members of the Armed Forces who are receiving medical care in an outpatient status, and for other purposes.”, do pass with the following

AMENDMENT:

Strike out all after the enacting clause and insert:

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

2 (a) *SHORT TITLE.—This Act may be cited as the*

3 *“Dignified Treatment of Wounded Warriors Act”.*

4 (b) *TABLE OF CONTENTS.—The table of contents for*

5 *this Act is as follows:*

Sec. 1. Short title; table of contents.

TITLE I—WOUNDED WARRIOR MATTERS

Sec. 101. General definitions.

*Subtitle A—Policy on Care, Management, and Transition of Servicemembers
With Serious Injuries or Illnesses*

- Sec. 111. Comprehensive policy on care, management, and transition of members of the Armed Forces with serious injuries or illnesses.*
- Sec. 112. Consideration of needs of women members of the Armed Forces and veterans.*

Subtitle B—Health Care

PART I—ENHANCED AVAILABILITY OF CARE FOR SERVICEMEMBERS

- Sec. 121. Medical care and other benefits for members and former members of the Armed Forces with severe injuries or illnesses.*
- Sec. 122. Reimbursement of certain former members of the uniformed services with service-connected disabilities for travel for follow-on specialty care and related services.*

PART II—CARE AND SERVICES FOR DEPENDENTS

- Sec. 126. Medical care and services and support services for families of members of the Armed Forces recovering from serious injuries or illnesses.*
- Sec. 127. Extended benefits under TRICARE for primary caregivers of members of the uniformed services who incur a serious injury or illness on active duty.*

*PART III—TRAUMATIC BRAIN INJURY AND POST-TRAUMATIC STRESS
DISORDER*

- Sec. 131. Comprehensive plans on prevention, diagnosis, mitigation, and treatment of traumatic brain injury and post-traumatic stress disorder in members of the Armed Forces.*
- Sec. 132. Improvement of medical tracking system for members of the Armed Forces deployed overseas.*
- Sec. 133. Centers of excellence in the prevention, diagnosis, mitigation, treatment, and rehabilitation of traumatic brain injury and post-traumatic stress disorder.*
- Sec. 134. Review of mental health services and treatment for female members of the Armed Forces and veterans.*
- Sec. 135. Funding for improved diagnosis, treatment, and rehabilitation of members of the Armed Forces with traumatic brain injury or post-traumatic stress disorder.*
- Sec. 136. Reports.*

PART IV—OTHER MATTERS

- Sec. 141. Joint electronic health record for the Department of Defense and Department of Veterans Affairs.*
- Sec. 142. Enhanced personnel authorities for the Department of Defense for health care professionals for care and treatment of wounded and injured members of the Armed Forces.*
- Sec. 143. Personnel shortages in the mental health workforce of the Department of Defense, including personnel in the mental health workforce.*

*Subtitle C—Disability Matters**PART I—DISABILITY EVALUATIONS*

- Sec. 151. Utilization of veterans' presumption of sound condition in establishing eligibility of members of the Armed Forces for retirement for disability.*
- Sec. 152. Requirements and limitations on Department of Defense determinations of disability with respect to members of the Armed Forces.*
- Sec. 153. Review of separation of members of the Armed Forces separated from service with a disability rating of 20 percent disabled or less.*
- Sec. 154. Pilot programs on revised and improved disability evaluation system for members of the Armed Forces.*
- Sec. 155. Reports on Army action plan in response to deficiencies in the Army physical disability evaluation system.*

PART II—OTHER DISABILITY MATTERS

- Sec. 161. Enhancement of disability severance pay for members of the Armed Forces.*
- Sec. 162. Traumatic Servicemembers' Group Life Insurance.*
- Sec. 163. Electronic transfer from the Department of Defense to the Department of Veterans Affairs of documents supporting eligibility for benefits.*
- Sec. 164. Assessments of temporary disability retired list.*

Subtitle D—Improvement of Facilities Housing Patients

- Sec. 171. Standards for military medical treatment facilities, specialty medical care facilities, and military quarters housing patients.*
- Sec. 172. Reports on Army action plan in response to deficiencies identified at Walter Reed Army Medical Center.*
- Sec. 173. Construction of facilities required for the closure of Walter Reed Army Medical Center, District of Columbia.*

Subtitle E—Outreach and Related Information on Benefits

- Sec. 181. Handbook for members of the Armed Forces on compensation and benefits available for serious injuries and illnesses.*

Subtitle F—Other Matters

- Sec. 191. Study on physical and mental health and other readjustment needs of members and former members of the Armed Forces who deployed in Operation Iraqi Freedom and Operation Enduring Freedom and their families.*

TITLE II—VETERANS MATTERS

- Sec. 201. Sense of Congress on Department of Veterans Affairs efforts in the rehabilitation and reintegration of veterans with traumatic brain injury.*
- Sec. 202. Individual rehabilitation and community reintegration plans for veterans and others with traumatic brain injury.*
- Sec. 203. Use of non-Department of Veterans Affairs facilities for implementation of rehabilitation and community reintegration plans for traumatic brain injury.*

Sec. 204. Research, education, and clinical care program on severe traumatic brain injury.

Sec. 205. Pilot program on assisted living services for veterans with traumatic brain injury.

Sec. 206. Research on traumatic brain injury.

Sec. 207. Age-appropriate nursing home care.

Sec. 208. Extension of period of eligibility for health care for combat service in the Persian Gulf war or future hostilities.

Sec. 209. Mental health: service-connection status and evaluations for certain veterans.

Sec. 210. Modification of requirements for furnishing outpatient dental services to veterans with a service-connected dental condition or disability.

Sec. 211. Demonstration program on preventing veterans at-risk of homelessness from becoming homeless.

Sec. 212. Clarification of purpose of the outreach services program of the Department of Veterans Affairs.

TITLE III

Sec. 301. Fiscal year 2008 increase in military basic pay.

1 **TITLE I—WOUNDED WARRIOR** 2 **MATTERS**

3 **SEC. 101. GENERAL DEFINITIONS.**

4 *In this title:*

5 (1) *The term “appropriate committees of Con-*
6 *gress” means—*

7 (A) *the Committees on Armed Services and*
8 *Veterans’ Affairs of the Senate; and*

9 (B) *the Committees on Armed Services and*
10 *Veterans’ Affairs of the House of Representatives.*

11 (2) *The term “covered member of the Armed*
12 *Forces” means a member of the Armed Forces, includ-*
13 *ing a member of the National Guard or a Reserve,*
14 *who is undergoing medical treatment, recuperation,*
15 *or therapy, is otherwise in medical hold or medical*

1 *holdover status, or is otherwise on the temporary dis-*
2 *ability retired list for a serious injury or illness.*

3 (3) *The term “family member”, with respect to*
4 *a member of the Armed Forces or a veteran, has the*
5 *meaning given that term in section 411h(b) of title*
6 *37, United States Code.*

7 (4) *The term “medical hold or medical holdover*
8 *status” means—*

9 (A) *the status of a member of the Armed*
10 *Forces, including a member of the National*
11 *Guard or Reserve, assigned or attached to a*
12 *military hospital for medical care; and*

13 (B) *the status of a member of a reserve com-*
14 *ponent of the Armed Forces who is separated,*
15 *whether pre-deployment or post-deployment,*
16 *from the member’s unit while in need of health*
17 *care based on a medical condition identified*
18 *while the member is on active duty in the Armed*
19 *Forces.*

20 (5) *The term “serious injury or illness”, in the*
21 *case of a member of the Armed Forces, means an in-*
22 *jury or illness incurred by the member in line of duty*
23 *on active duty in the Armed Forces that may render*
24 *the member medically unfit to perform the duties of*
25 *the member’s office, grade, rank, or rating.*

1 (6) *The term “TRICARE program” has the*
2 *meaning given that term in section 1072(7) of title*
3 *10, United States Code.*

4 ***Subtitle A—Policy on Care, Man-***
5 ***agement, and Transition of***
6 ***Servicemembers With Serious In-***
7 ***juries or Illnesses***

8 ***SEC. 111. COMPREHENSIVE POLICY ON CARE, MANAGE-***
9 ***MENT, AND TRANSITION OF MEMBERS OF***
10 ***THE ARMED FORCES WITH SERIOUS INJU-***
11 ***RIES OR ILLNESSES.***

12 *(a) COMPREHENSIVE POLICY REQUIRED.—*

13 *(1) IN GENERAL.—Not later than January 1,*
14 *2008, the Secretary of Defense and the Secretary of*
15 *Veterans Affairs shall, to the extent feasible, jointly*
16 *develop and implement a comprehensive policy on the*
17 *care and management of members of the Armed*
18 *Forces who are undergoing medical treatment, recu-*
19 *peration, or therapy, are otherwise in medical hold or*
20 *medical holdover status, or are otherwise on the tem-*
21 *porary disability retired list for a serious injury or*
22 *illness (hereafter in this section referred to as a “cov-*
23 *ered servicemembers”).*

24 *(2) SCOPE OF POLICY.—The policy shall cover*
25 *each of the following:*

1 (A) *The care and management of covered*
2 *servicemembers while in medical hold or medical*
3 *holdover status or on the temporary disability*
4 *retired list.*

5 (B) *The medical evaluation and disability*
6 *evaluation of covered servicemembers.*

7 (C) *The return of covered servicemembers to*
8 *active duty when appropriate.*

9 (D) *The transition of covered*
10 *servicemembers from receipt of care and services*
11 *through the Department of Defense to receipt of*
12 *care and services through the Department of Vet-*
13 *erans Affairs.*

14 (3) *CONSULTATION.—The Secretary of Defense*
15 *and the Secretary of Veterans Affairs shall develop the*
16 *policy in consultation with the heads of other appro-*
17 *priate departments and agencies of the Federal Gov-*
18 *ernment and with appropriate non-governmental or-*
19 *ganizations having an expertise in matters relating to*
20 *the policy.*

21 (4) *UPDATE.—The Secretary of Defense and the*
22 *Secretary of Veterans Affairs shall jointly update the*
23 *policy on a periodic basis, but not less often than an-*
24 *nually, in order to incorporate in the policy, as ap-*
25 *propriate, the results of the reviews under subsections*

1 **(b) and (c) and the best practices identified through**
2 **pilot programs under section 154.**

3 **(b) REVIEW OF CURRENT POLICIES AND PROCE-**
4 **DURES.—**

5 **(1) REVIEW REQUIRED.—***In developing the pol-*
6 *icy required by this section, the Secretary of Defense*
7 *and the Secretary of Veterans Affairs shall, to the ex-*
8 *tent necessary, jointly and separately conduct a re-*
9 *view of all policies and procedures of the Department*
10 *of Defense and the Department of Veterans Affairs*
11 *that apply to, or shall be covered by, the policy.*

12 **(2) PURPOSE.—***The purpose of the review shall*
13 *be to identify the most effective and patient-oriented*
14 *approaches to care and management of covered*
15 *servicemembers for purposes of—*

16 **(A)** *incorporating such approaches into the*
17 *policy; and*

18 **(B)** *extending such approaches, where ap-*
19 *plicable, to care and management of other in-*
20 *jured or ill members of the Armed Forces and*
21 *veterans.*

22 **(3) ELEMENTS.—***In conducting the review, the*
23 *Secretary of Defense and the Secretary of Veterans Af-*
24 *airs shall—*

1 (A) *identify among the policies and proce-*
2 *dures described in paragraph (1) best practices*
3 *in approaches to the care and management de-*
4 *scribed in that paragraph;*

5 (B) *identify among such policies and proce-*
6 *dures existing and potential shortfalls in such*
7 *care and management (including care and man-*
8 *agement of covered servicemembers on the tem-*
9 *porary disability retired list), and determine*
10 *means of addressing any shortfalls so identified;*

11 (C) *determine potential modifications of*
12 *such policies and procedures in order to ensure*
13 *consistency and uniformity among the military*
14 *departments and the regions of the Department*
15 *of Veterans Affairs in their application and dis-*
16 *charge; and*

17 (D) *develop recommendations for legislative*
18 *and administrative action necessary to imple-*
19 *ment the results of the review.*

20 (4) *DEADLINE FOR COMPLETION.*—*The review*
21 *shall be completed not later than 90 days after the*
22 *date of the enactment of this Act.*

23 (c) *CONSIDERATION OF FINDINGS, RECOMMENDA-*
24 *TIONS, AND PRACTICES.*—*In developing the policy required*

1 *by this section, the Secretary of Defense and the Secretary*
2 *of Veterans Affairs shall take into account the following:*

3 (1) *The findings and recommendations of appli-*
4 *cable studies, reviews, reports, and evaluations that*
5 *address matters relating to the policy, including, but*
6 *not limited, to the following:*

7 (A) *The Independent Review Group on Re-*
8 *habilitative Care and Administrative Processes*
9 *at Walter Reed Army Medical Center and Na-*
10 *tional Naval Medical Center appointed by the*
11 *Secretary of Defense.*

12 (B) *The Secretary of Veterans Affairs Task*
13 *Force on Returning Global War on Terror He-*
14 *roes appointed by the President.*

15 (C) *The President's Commission on Care for*
16 *America's Returning Wounded Warriors.*

17 (D) *The Veterans' Disability Benefits Com-*
18 *mission established by title XV of the National*
19 *Defense Authorization Act for Fiscal Year 2004*
20 *(Public Law 108–136; 117 Stat. 1676; 38 U.S.C.*
21 *1101 note).*

22 (E) *The President's Commission on Vet-*
23 *erans' Pensions, of 1956, chaired by General*
24 *Omar N. Bradley.*

1 (F) *The Report of the Congressional Com-*
2 *mission on Servicemembers and Veterans Transi-*
3 *tion Assistance, of 1999, chaired by Anthony J.*
4 *Principi.*

5 (G) *The President's Task Force to Improve*
6 *Health Care Delivery for Our Nation's Veterans,*
7 *of March 2003.*

8 (2) *The experience and best practices of the De-*
9 *partment of Defense and the military departments on*
10 *matters relating to the policy.*

11 (3) *The experience and best practices of the De-*
12 *partment of Veterans Affairs on matters relating to*
13 *the policy.*

14 (4) *Such other matters as the Secretary of De-*
15 *fense and the Secretary of Veterans Affairs consider*
16 *appropriate.*

17 (d) *PARTICULAR ELEMENTS OF POLICY.—The policy*
18 *required by this section shall provide, in particular, the fol-*
19 *lowing:*

20 (1) *RESPONSIBILITY FOR COVERED*
21 *SERVICEMEMBERS IN MEDICAL HOLD OR MEDICAL*
22 *HOLDOVER STATUS OR ON TEMPORARY DISABILITY*
23 *RETIRED LIST.—Mechanisms to ensure responsibility*
24 *for covered servicemembers in medical hold or medical*

1 *holdover status or on the temporary disability retired*
2 *list, including the following:*

3 (A) *Uniform standards for access of covered*
4 *servicemembers to non-urgent health care services*
5 *from the Department of Defense or other pro-*
6 *viders under the TRICARE program, with such*
7 *access to be—*

8 (i) *for follow-up care, within 2 days of*
9 *request of care;*

10 (ii) *for specialty care, within 3 days of*
11 *request of care;*

12 (iii) *for diagnostic referrals and stud-*
13 *ies, within 5 days of request; and*

14 (iv) *for surgery based on a physician's*
15 *determination of medical necessity, within*
16 *14 days of request.*

17 (B) *Requirements for the assignment of ade-*
18 *quate numbers of personnel for the purpose of re-*
19 *sponsibility for and administration of covered*
20 *servicemembers in medical hold or medical hold-*
21 *over status or on the temporary disability retired*
22 *list.*

23 (C) *Requirements for the assignment of ade-*
24 *quate numbers of medical personnel and non-*
25 *medical personnel to roles and responsibilities*

1 *for caring for and administering covered*
2 *servicemembers in medical hold or medical hold-*
3 *over status or on the temporary disability retired*
4 *list, and a description of the roles and respon-*
5 *sibilities of personnel so assigned.*

6 *(D) Guidelines for the location of care for*
7 *covered servicemembers in medical hold or med-*
8 *ical holdover status or on the temporary dis-*
9 *ability retired list, which guidelines shall address*
10 *the assignment of such servicemembers to care*
11 *and residential facilities closest to their duty sta-*
12 *tion or home of record or the location of their*
13 *designated caregiver at the earliest possible time.*

14 *(E) Criteria for work and duty assignments*
15 *of covered servicemembers in medical hold or*
16 *medical holdover status or on the temporary dis-*
17 *ability retired list, including a prohibition on*
18 *the assignment of duty to a servicemember which*
19 *is incompatible with the servicemember's medical*
20 *condition.*

21 *(F) Guidelines for the provision of care and*
22 *counseling for eligible family members of covered*
23 *servicemembers in medical hold or medical hold-*
24 *over status or on the temporary disability retired*
25 *list.*

1 (G) *Requirements for case management of*
2 *covered servicemembers in medical hold or med-*
3 *ical holdover status or on the temporary dis-*
4 *ability retired list, including qualifications for*
5 *personnel providing such case management.*

6 (H) *Requirements for uniform quality of*
7 *care and administration for all covered*
8 *servicemembers in medical hold or medical hold-*
9 *over status or on the temporary disability retired*
10 *list, whether members of the regular components*
11 *of the Armed Forces or members of the reserve*
12 *components of the Armed Forces.*

13 (I) *Standards for the conditions and acces-*
14 *sibility of residential facilities for covered*
15 *servicemembers in medical hold or medical hold-*
16 *over status or on the temporary disability retired*
17 *list who are in outpatient status, and for their*
18 *immediate family members.*

19 (J) *Requirements on the provision of trans-*
20 *portation and subsistence for covered*
21 *servicemembers in medical hold or medical hold-*
22 *over status or on the temporary disability retired*
23 *list, whether in inpatient status or outpatient*
24 *status, to facilitate obtaining needed medical*
25 *care and services.*

1 (K) *Requirements on the provision of edu-*
2 *cational and vocational training and rehabilita-*
3 *tion opportunities for covered servicemembers in*
4 *medical hold or medical holdover status or on the*
5 *temporary disability retired list.*

6 (L) *Procedures for tracking and informing*
7 *covered servicemembers in medical hold or med-*
8 *ical holdover status or on the temporary dis-*
9 *ability retired list about medical evaluation*
10 *board and physical disability evaluation board*
11 *processing.*

12 (M) *Requirements for integrated case man-*
13 *agement of covered servicemembers in medical*
14 *hold or medical holdover status or on the tem-*
15 *porary disability retired list during their transi-*
16 *tion from care and treatment through the De-*
17 *partment of Defense to care and treatment*
18 *through the Department of Veterans Affairs.*

19 (N) *Requirements and standards for advis-*
20 *ing and training, as appropriate, family mem-*
21 *bers with respect to care for covered*
22 *servicemembers in medical hold or medical hold-*
23 *over status or on the temporary disability retired*
24 *list with serious medical conditions, particularly*

1 *traumatic brain injury (TBI), burns, and post-*
2 *traumatic stress disorder (PTSD).*

3 *(O) Requirements for periodic reassessments*
4 *of covered servicemembers, and limits on the*
5 *length of time such servicemembers may be re-*
6 *tained in medical hold or medical holdover sta-*
7 *tus or on the temporary disability retired list.*

8 *(P) Requirements to inform covered*
9 *servicemembers and their family members of*
10 *their rights and responsibilities while in medical*
11 *hold or medical holdover status or on the tem-*
12 *porary disability retired list.*

13 *(Q) The requirement to establish a Depart-*
14 *ment of Defense-wide Ombudsman Office within*
15 *the Office of the Secretary of Defense to provide*
16 *oversight of the ombudsman offices in the mili-*
17 *tary departments and policy guidance to such of-*
18 *fices with respect to providing assistance to, and*
19 *answering questions from, covered*
20 *servicemembers and their families.*

21 (2) *MEDICAL EVALUATION AND PHYSICAL DIS-*
22 *ABILITY EVALUATION FOR COVERED*
23 *SERVICEMEMBERS.—*

24 (A) *MEDICAL EVALUATIONS.—Processes,*
25 *procedures, and standards for medical evalua-*

1 *tions of covered servicemembers, including the*
2 *following:*

3 *(i) Processes for medical evaluations of*
4 *covered servicemembers that are—*

5 *(I) applicable uniformly through-*
6 *out the military departments; and*

7 *(II) applicable uniformly with re-*
8 *spect to such servicemembers who are*
9 *members of the regular components of*
10 *the Armed Forces and such*
11 *servicemembers who are members of the*
12 *National Guard and Reserve.*

13 *(ii) Standard criteria and definitions*
14 *for determining the achievement for covered*
15 *servicemembers of the maximum medical*
16 *benefit from treatment and rehabilitation.*

17 *(iii) Standard timelines for each of the*
18 *following:*

19 *(I) Determinations of fitness for*
20 *duty of covered servicemembers.*

21 *(II) Specialty consultations for*
22 *covered servicemembers.*

23 *(III) Preparation of medical doc-*
24 *uments for covered servicemembers.*

1 (IV) Appeals by covered
2 servicemembers of medical evaluation
3 determinations, including determina-
4 tions of fitness for duty.

5 (iv) Uniform standards for qualifica-
6 tions and training of medical evaluation
7 board personnel, including physicians, case
8 workers, and physical disability evaluation
9 board liaison officers, in conducting medical
10 evaluations of covered servicemembers.

11 (v) Standards for the maximum num-
12 ber of medical evaluation cases of covered
13 servicemembers that are pending before a
14 medical evaluation board at any one time,
15 and requirements for the establishment of
16 additional medical evaluation boards in the
17 event such number is exceeded.

18 (vi) Uniform standards for informa-
19 tion for covered servicemembers, and their
20 families, on the medical evaluation board
21 process and the rights and responsibilities of
22 such servicemembers under that process, in-
23 cluding a standard handbook on such infor-
24 mation.

1 (B) *PHYSICAL DISABILITY EVALUATIONS.*—
2 *Processes, procedures, and standards for physical*
3 *disability evaluations of covered servicemembers,*
4 *including the following:*

5 (i) *A non-adversarial process of the*
6 *Department of Defense and the Department*
7 *of Veterans Affairs for disability determina-*
8 *tions of covered servicemembers.*

9 (ii) *To the extent feasible, procedures to*
10 *eliminate unacceptable discrepancies among*
11 *disability ratings assigned by the military*
12 *departments and the Department of Vet-*
13 *erans Affairs, particularly in the disability*
14 *evaluation of covered servicemembers, which*
15 *procedures shall be subject to the following*
16 *requirements and limitations:*

17 (I) *Such procedures shall apply*
18 *uniformly with respect to covered*
19 *servicemembers who are members of the*
20 *regular components of the Armed*
21 *Forces and covered servicemembers who*
22 *are members of the National Guard*
23 *and Reserve.*

24 (II) *Under such procedures, each*
25 *Secretary of a military department*

1 *shall, to the extent feasible, utilize the*
2 *standard schedule for rating disabili-*
3 *ties in use by the Department of Vet-*
4 *erans Affairs, including any applicable*
5 *interpretation of such schedule by the*
6 *United States Court of Appeals for Vet-*
7 *erans Claims, in making any deter-*
8 *mination of disability of a covered*
9 *servicemember.*

10 *(iii) Standard timelines for appeals of*
11 *determinations of disability of covered*
12 *servicemembers, including timelines for*
13 *presentation, consideration, and disposition*
14 *of appeals.*

15 *(iv) Uniform standards for qualifica-*
16 *tions and training of physical disability*
17 *evaluation board personnel in conducting*
18 *physical disability evaluations of covered*
19 *servicemembers.*

20 *(v) Standards for the maximum num-*
21 *ber of physical disability evaluation cases of*
22 *covered servicemembers that are pending be-*
23 *fore a physical disability evaluation board*
24 *at any one time, and requirements for the*
25 *establishment of additional physical dis-*

1 *ability evaluation boards in the event such*
2 *number is exceeded.*

3 *(vi) Procedures for the provision of*
4 *legal counsel to covered servicemembers*
5 *while undergoing evaluation by a physical*
6 *disability evaluation board.*

7 *(vii) Uniform standards on the roles*
8 *and responsibilities of case managers,*
9 *servicemember advocates, and judge advo-*
10 *cates assigned to covered servicemembers*
11 *undergoing evaluation by a physical dis-*
12 *ability board, and uniform standards on the*
13 *maximum number of cases involving such*
14 *servicemembers that are to be assigned to*
15 *such managers and advocates.*

16 (C) RETURN OF COVERED
17 SERVICEMEMBERS TO ACTIVE DUTY.—*Standards*
18 *for determinations by the military departments*
19 *on the return of covered servicemembers to active*
20 *duty in the Armed Forces.*

21 (D) TRANSITION OF COVERED
22 SERVICEMEMBERS FROM DOD TO VA.—*Processes,*
23 *procedures, and standards for the transition of*
24 *covered servicemembers from care and treatment*
25 *by the Department of Defense to care and treat-*

1 *ment by the Department of Veterans Affairs be-*
2 *fore, during, and after separation from the*
3 *Armed Forces, including the following:*

4 *(i) A uniform, patient-focused policy to*
5 *ensure that the transition occurs without*
6 *gaps in medical care and the quality of*
7 *medical care, benefits, and services.*

8 *(ii) Procedures for the identification*
9 *and tracking of covered servicemembers dur-*
10 *ing the transition, and for the coordination*
11 *of care and treatment of such*
12 *servicemembers during the transition, in-*
13 *cluding a system of cooperative case man-*
14 *agement of such servicemembers by the De-*
15 *partment of Defense and the Department of*
16 *Veterans Affairs during the transition.*

17 *(iii) Procedures for the notification of*
18 *Department of Veterans Affairs liaison per-*
19 *sonnel of the commencement by covered*
20 *servicemembers of the medical evaluation*
21 *process and the physical disability evalua-*
22 *tion process.*

23 *(iv) Procedures and timelines for the*
24 *enrollment of covered servicemembers in ap-*
25 *plicable enrollment or application systems*

1 *of the Department of Veterans with respect*
2 *to health care, disability, education, voca-*
3 *tional rehabilitation, or other benefits.*

4 *(v) Procedures to ensure the access of*
5 *covered servicemembers during the transi-*
6 *tion to vocational, educational, and reha-*
7 *ilitation benefits available through the De-*
8 *partment of Veterans Affairs.*

9 *(vi) Standards for the optimal location*
10 *of Department of Defense and Department*
11 *of Veterans Affairs liaison and case man-*
12 *agement personnel at military medical*
13 *treatment facilities, medical centers, and*
14 *other medical facilities of the Department of*
15 *Defense.*

16 *(vii) Standards and procedures for in-*
17 *tegrated medical care and management for*
18 *covered servicemembers during the transi-*
19 *tion, including procedures for the assign-*
20 *ment of medical personnel of the Depart-*
21 *ment of Veterans Affairs to Department of*
22 *Defense facilities to participate in the needs*
23 *assessments of such servicemembers before,*
24 *during, and after their separation from*
25 *military service.*

1 (viii) *Standards for the preparation of*
2 *detailed plans for the transition of covered*
3 *servicemembers from care and treatment by*
4 *the Department of Defense to care and*
5 *treatment by the Department of Veterans*
6 *Affairs, which plans shall be based on*
7 *standardized elements with respect to care*
8 *and treatment requirements and other ap-*
9 *plicable requirements.*

10 (E) *OTHER MATTERS.*—*The following addi-*
11 *tional matters with respect to covered*
12 *servicemembers:*

13 (i) *Access by the Department of Vet-*
14 *erans Affairs to the military health records*
15 *of covered servicemembers who are receiving*
16 *care and treatment, or are anticipating re-*
17 *ceipt of care and treatment, in Department*
18 *of Veterans Affairs health care facilities.*

19 (ii) *Requirements for utilizing, in ap-*
20 *propriate cases, a single physical examina-*
21 *tion that meets requirements of both the De-*
22 *partment of Defense and the Department of*
23 *Veterans Affairs for covered servicemembers*
24 *who are being retired, separated, or released*
25 *from military service.*

1 (iii) *Surveys and other mechanisms to*
2 *measure patient and family satisfaction*
3 *with the provision by the Department of*
4 *Defense and the Department of Veterans Af-*
5 *airs of care and services for covered*
6 *servicemembers, and to facilitate appro-*
7 *priate oversight by supervisory personnel of*
8 *the provision of such care and services.*

9 (3) *REPORT ON REDUCTION IN DISABILITY RAT-*
10 *INGS BY THE DEPARTMENT OF DEFENSE.—The Sec-*
11 *retary of Defense shall submit a report to the Com-*
12 *mittees on Armed Services of the Senate and House*
13 *of Representatives on the number of instances in*
14 *which a disability rating assigned to a member of the*
15 *Armed Forces by an informal physical evaluation*
16 *board of the Department of Defense was reduced upon*
17 *appeal, and the reasons for such reduction. Such re-*
18 *port shall cover the period beginning October 7, 2001,*
19 *and ending September 30, 2006, and shall be sub-*
20 *mitted to the appropriate committees of Congress by*
21 *February 1, 2008.*

22 (e) *REPORTS.—*

23 (1) *REPORT ON POLICY.—Upon the development*
24 *of the policy required by this section but not later*
25 *than January 1, 2008, the Secretary of Defense and*

1 *the Secretary of Veterans Affairs shall jointly submit*
2 *to the appropriate committees of Congress a report on*
3 *the policy, including a comprehensive and detailed*
4 *description of the policy and of the manner in which*
5 *the policy addresses the findings and recommenda-*
6 *tions of the reviews under subsections (b) and (c).*

7 (2) *REPORTS ON UPDATE.*—*Upon updating the*
8 *policy under subsection (a)(4), the Secretary of De-*
9 *fense and the Secretary of Veterans Affairs shall joint-*
10 *ly submit to the appropriate committees of Congress*
11 *a report on the update of the policy, including a com-*
12 *prehensive and detailed description of such update*
13 *and of the reasons for such update.*

14 (f) *COMPTROLLER GENERAL ASSESSMENT OF IMPLE-*
15 *MENTATION.*—*Not later than six months after the date of*
16 *the enactment of this Act and every year thereafter, the*
17 *Comptroller General of the United States shall submit to*
18 *the appropriate committees of Congress a report setting*
19 *forth the assessment of the Comptroller General of the*
20 *progress of the Secretary of Defense and the Secretary of*
21 *Veterans Affairs in developing and implementing the policy*
22 *required by this section.*

1 **SEC. 112. CONSIDERATION OF NEEDS OF WOMEN MEMBERS**
2 **OF THE ARMED FORCES AND VETERANS.**

3 (a) *IN GENERAL.*—*In developing and implementing*
4 *the policy required by section 111, and in otherwise car-*
5 *rying out any other provision of this title or any amend-*
6 *ment made by this title, the Secretary of Defense and the*
7 *Secretary of Veterans Affairs shall take into account and*
8 *fully address any unique specific needs of women members*
9 *of the Armed Forces and women veterans under such policy*
10 *or other provision.*

11 (b) *REPORTS.*—*In submitting any report required by*
12 *this title or an amendment made by this title, the Secretary*
13 *of Defense and the Secretary of Veterans Affairs shall, to*
14 *the extent applicable, include a description of the manner*
15 *in which the matters covered by such report address the*
16 *unique specific needs of women members of the Armed*
17 *Forces and women veterans.*

18 ***Subtitle B—Health Care***

19 ***PART I—ENHANCED AVAILABILITY OF CARE FOR***
20 ***SERVICEMEMBERS***

21 ***SEC. 121. MEDICAL CARE AND OTHER BENEFITS FOR MEM-***
22 ***BERS AND FORMER MEMBERS OF THE ARMED***
23 ***FORCES WITH SEVERE INJURIES OR ILL-***
24 ***NESSSES.***

25 (a) *MEDICAL AND DENTAL CARE FOR MEMBERS AND*
26 *FORMER MEMBERS.*—

1 (1) *IN GENERAL.*—*Effective as of the date of the*
2 *enactment of this Act and subject to regulations pre-*
3 *scribed by the Secretary of Defense, any covered mem-*
4 *ber of the Armed Forces, and any former member of*
5 *the Armed Forces, with a severe injury or illness is*
6 *entitled to medical and dental care in any facility of*
7 *the uniformed services under section 1074(a) of title*
8 *10, United States Code, or through any civilian*
9 *health care provider authorized by the Secretary to*
10 *provide health and mental health services to members*
11 *of the uniformed services, including traumatic brain*
12 *injury (TBI) and post-traumatic stress disorder*
13 *(PTSD), as if such member or former member were*
14 *a member of the uniformed services described in para-*
15 *graph (2) of such section who is entitled to medical*
16 *and dental care under such section.*

17 (2) *PERIOD OF AUTHORIZED CARE.*—(A) *Except*
18 *as provided in subparagraph (B), a member or*
19 *former member described in paragraph (1) is entitled*
20 *to care under that paragraph—*

21 *(i) in the case of a member or former mem-*
22 *ber whose severe injury or illness concerned is in-*
23 *curring or aggravated during the period begin-*
24 *ning on October 7, 2001, and ending on the date*
25 *of the enactment of this Act, during the three-*

1 year period beginning on the date of the enact-
2 ment of this Act, except that no compensation is
3 payable by reason of this subsection for any pe-
4 riod before the date of the enactment of this Act;
5 or

6 (ii) in the case of a member or former mem-
7 ber whose severe injury or illness concerned is in-
8 curred or aggravated on or after the date of the
9 enactment of this Act, during the three-year pe-
10 riod beginning on the date on which such injury
11 or illness is so incurred or aggravated.

12 (B) The period of care authorized for a member
13 or former member under this paragraph may be ex-
14 tended by the Secretary concerned for an additional
15 period of up to two years if the Secretary concerned
16 determines that such extension is necessary to assure
17 the maximum feasible recovery and rehabilitation of
18 the member or former member. Any such determina-
19 tion shall be made on a case-by-case basis.

20 (3) *INTEGRATED CARE MANAGEMENT.*—The Sec-
21 retary of Defense shall provide for a program of inte-
22 grated care management in the provision of care and
23 services under this subsection, which management
24 shall be provided by appropriate medical and case
25 management personnel of the Department of Defense

1 *and the Department of Veterans Affairs (as approved*
2 *by the Secretary of Veterans Affairs) and with appro-*
3 *priate support from the Department of Defense re-*
4 *gional health care support contractors.*

5 (4) *WAIVER OF LIMITATIONS TO MAXIMIZE*
6 *CARE.—The Secretary of Defense may, in providing*
7 *medical and dental care to a member or former mem-*
8 *ber under this subsection during the period referred to*
9 *in paragraph (2), waive any limitation otherwise ap-*
10 *plicable under chapter 55 of title 10, United States*
11 *Code, to the provision of such care to the member or*
12 *former member if the Secretary considers the waiver*
13 *appropriate to assure the maximum feasible recovery*
14 *and rehabilitation of the member or former member.*

15 (5) *CONSTRUCTION WITH ELIGIBILITY FOR VET-*
16 *ERANS BENEFITS.—Nothing in this subsection shall be*
17 *construed to reduce, alter, or otherwise affect the eligi-*
18 *bility or entitlement of a member or former member*
19 *of the Armed Forces to any health care, disability, or*
20 *other benefits to which the member or former member*
21 *would otherwise be eligible or entitled as a veteran*
22 *under the laws administered by the Secretary of Vet-*
23 *erans Affairs.*

24 (6) *SUNSET.—The Secretary of Defense may not*
25 *provide medical or dental care to a member or former*

1 *member of the Armed Forces under this subsection*
2 *after December 31, 2012, if the Secretary has not pro-*
3 *vided medical or dental care to the member or former*
4 *member under this subsection before that date.*

5 *(b) REHABILITATION AND VOCATIONAL BENEFITS.—*

6 *(1) IN GENERAL.—Effective as of the date of the*
7 *enactment of this Act, a member of the Armed Forces*
8 *with a severe injury or illness is entitled to such bene-*
9 *fits (including rehabilitation and vocational benefits,*
10 *but not including compensation) from the Secretary*
11 *of Veterans Affairs to facilitate the recovery and reha-*
12 *ilitation of such member as the Secretary otherwise*
13 *provides to members of the Armed Forces receiving*
14 *medical care in medical facilities of the Department*
15 *of Veterans Affairs facilities in order to facilitate the*
16 *recovery and rehabilitation of such members.*

17 *(2) LIMITATIONS.—The provisions of paragraphs*
18 *(2) through (6) of subsection (a) shall apply to the*
19 *provision of benefits under this subsection as if the*
20 *benefits provided under this subsection were provided*
21 *under subsection (a).*

22 *(3) REIMBURSEMENT.—The Secretary of Defense*
23 *shall reimburse the Secretary of Veterans Affairs for*
24 *the cost of any benefits provided under this subsection*
25 *in accordance with applicable mechanisms for the re-*

1 *imbursement of the Secretary of Veterans Affairs for*
2 *the provision of medical care to members of the*
3 *Armed Forces.*

4 *(c) RECOVERY OF CERTAIN EXPENSES OF MEDICAL*
5 *CARE AND RELATED TRAVEL.—*

6 *(1) IN GENERAL.—Commencing not later than*
7 *60 days after the date of the enactment of this Act,*
8 *the Secretary of the military department concerned*
9 *may reimburse covered members of the Armed Forces,*
10 *and former members of the Armed Forces, with a se-*
11 *vere injury or illness for covered expenses incurred by*
12 *such members or former members, or their family*
13 *members, in connection with the receipt by such mem-*
14 *bers or former members of medical care that is re-*
15 *quired for such injury or illness.*

16 *(2) COVERED EXPENSES.—Expenses for which*
17 *reimbursement may be made under paragraph (1) in-*
18 *clude the following:*

19 *(A) Expenses for health care services for*
20 *which coverage would be provided under section*
21 *1074(c) of title 10, United States Code, for mem-*
22 *bers of the uniformed services on active duty.*

23 *(B) Expenses of travel of a non-medical at-*
24 *tendant who accompanies a member or former*
25 *member of the Armed Forces for required med-*

1 *ical care that is not available to such member or*
2 *former member locally, if such attendant is ap-*
3 *pointed for that purpose by a competent medical*
4 *authority (as determined under regulations pre-*
5 *scribed by the Secretary of Defense for purposes*
6 *of this subsection).*

7 *(C) Such other expenses for medical care as*
8 *the Secretary may prescribe for purposes of this*
9 *subsection.*

10 *(3) AMOUNT OF REIMBURSEMENT.—The amount*
11 *of reimbursement under paragraph (1) for expenses*
12 *covered by paragraph (2) shall be determined in ac-*
13 *cordance with regulations prescribed by the Secretary*
14 *of Defense for purposes of this subsection.*

15 *(d) SEVERE INJURY OR ILLNESS DEFINED.—In this*
16 *section, the term “severe injury or illness” means any seri-*
17 *ous injury or illness that is assigned a disability rating*
18 *of 30 percent or higher under the schedule for rating disabil-*
19 *ities in use by the Department of Defense.*

1 **SEC. 122. REIMBURSEMENT OF CERTAIN FORMER MEMBERS**
2 **OF THE UNIFORMED SERVICES WITH SERV-**
3 **ICE-CONNECTED DISABILITIES FOR TRAVEL**
4 **FOR FOLLOW-ON SPECIALTY CARE AND RE-**
5 **LATED SERVICES.**

6 (a) *TRAVEL.*—Section 1074i of title 10, United States
7 Code, is amended—

8 (1) by redesignating subsection (b) as subsection
9 (c); and

10 (2) by inserting after subsection (a) the following
11 new subsection (b):

12 “(b) *FOLLOW-ON SPECIALTY CARE AND RELATED*
13 *SERVICES.*—In any case in which a former member of a
14 uniformed service who incurred a disability while on active
15 duty in a combat zone or during performance of duty in
16 combat related operations (as designated by the Secretary
17 of Defense), and is entitled to retired or retainer pay, or
18 equivalent pay, requires follow-on specialty care, services,
19 or supplies related to such disability at a specific military
20 treatment facility more than 100 miles from the location
21 in which the former member resides, the Secretary shall pro-
22 vide reimbursement for reasonable travel expenses com-
23 parable to those provided under subsection (a) for the
24 former member, and when accompaniment by an adult is
25 determined by competent medical authority to be necessary,
26 for a spouse, parent, or guardian of the former member,

1 *or another member of the former member's family who is*
 2 *at least 21 years of age."*

3 *(b) EFFECTIVE DATE.—The amendments made by sub-*
 4 *section (a) shall take effect January 1, 2008, and shall*
 5 *apply with respect to travel that occurs on or after that*
 6 *date.*

7 **PART II—CARE AND SERVICES FOR DEPENDENTS**

8 **SEC. 126. MEDICAL CARE AND SERVICES AND SUPPORT**

9 **SERVICES FOR FAMILIES OF MEMBERS OF**
 10 **THE ARMED FORCES RECOVERING FROM SE-**
 11 **RIOUS INJURIES OR ILLNESSES.**

12 *(a) MEDICAL CARE.—*

13 *(1) IN GENERAL.—A family member of a covered*
 14 *member of the Armed Forces who is not otherwise eli-*
 15 *gible for medical care at a military medical treat-*
 16 *ment facility or at medical facilities of the Depart-*
 17 *ment of Veterans Affairs shall be eligible for such care*
 18 *at such facilities, on a space-available basis, if the*
 19 *family member is—*

20 *(A) on invitational orders while caring for*
 21 *the covered member of the Armed Forces;*

22 *(B) a non-medical attendee caring for the*
 23 *covered member of the Armed Forces; or*

1 (C) receiving per diem payments from the
2 Department of Defense while caring for the cov-
3 ered member of the Armed Forces.

4 (2) SPECIFICATION OF FAMILY MEMBERS.—Not-
5 withstanding section 101(3), the Secretary of Defense
6 and the Secretary of Veterans Affairs shall jointly
7 prescribe in regulations the family members of cov-
8 ered members of the Armed Forces who shall be con-
9 sidered to be a family member of a covered member
10 of the Armed Forces for purposes of paragraph (1).

11 (3) SPECIFICATION OF CARE.—(A) The Secretary
12 of Defense shall prescribe in regulations the medical
13 care and counseling that shall be available to family
14 members under paragraph (1) at military medical
15 treatment facilities.

16 (B) The Secretary of Veterans Affairs shall pre-
17 scribe in regulations the medical care and counseling
18 that shall be available to family members under para-
19 graph (1) at medical facilities of the Department of
20 Veterans Affairs.

21 (4) RECOVERY OF COSTS.—The United States
22 may recover the costs of the provision of medical care
23 and counseling under paragraph (1) as follows (as
24 applicable):

1 (A) *From third-party payers, in the same*
2 *manner as the United States may collect costs of*
3 *the charges of health care provided to covered*
4 *beneficiaries from third-party payers under sec-*
5 *tion 1095 of title 10, United States Code.*

6 (B) *As if such care and counseling was pro-*
7 *vided under the authority of section 1784 of title*
8 *38, United States Code.*

9 (b) *JOB PLACEMENT SERVICES.—A family member*
10 *who is on invitational orders or is a non-medical attendee*
11 *while caring for a covered member of the Armed Forces for*
12 *more than 45 days during a one-year period shall be eligible*
13 *for job placement services otherwise offered by the Depart-*
14 *ment of Defense.*

15 (c) *REPORT ON NEED FOR ADDITIONAL SERVICES.—*
16 *Not later than 90 days after the date of the enactment of*
17 *this Act, the Secretary of Defense shall submit to the con-*
18 *gressional defense committees a report setting forth the as-*
19 *essment of the Secretary of the need for additional employ-*
20 *ment services, and of the need for employment protection,*
21 *of family members described in subsection (b) who are*
22 *placed on leave from employment or otherwise displaced*
23 *from employment while caring for a covered member of the*
24 *Armed Forces as described in that subsection.*

1 **SEC. 127. EXTENDED BENEFITS UNDER TRICARE FOR PRI-**
2 **MARY CAREGIVERS OF MEMBERS OF THE UNI-**
3 **FORMED SERVICES WHO INCUR A SERIOUS**
4 **INJURY OR ILLNESS ON ACTIVE DUTY.**

5 (a) *IN GENERAL.*—Section 1079(d) of title 10, United
6 States Code, is amended—

7 (1) by redesignating paragraphs (2) and (3) as
8 paragraphs (3) and (4), respectively; and

9 (2) by inserting after paragraph (1) the fol-
10 lowing new paragraph (2):

11 “(2)(A) Subject to such terms, conditions, and excep-
12 tions as the Secretary of Defense considers appropriate, the
13 program of extended benefits for eligible dependents under
14 this subsection shall include extended benefits for the pri-
15 mary caregivers of members of the uniformed services who
16 incur a serious injury or illness on active duty.

17 “(B) The Secretary of Defense shall prescribe in regu-
18 lations the individuals who shall be treated as the primary
19 caregivers of a member of the uniformed services for pur-
20 poses of this paragraph.

21 “(C) For purposes of this section, a serious injury or
22 illness, with respect to a member of the uniformed services,
23 is an injury or illness that may render the member medi-
24 cally unfit to perform the duties of the member’s office,
25 grade, rank, or rating and that renders a member of the
26 uniformed services dependant upon a caregiver.”.

1 (b) *EFFECTIVE DATE.*—*The amendments made by sub-*
2 *section (a) shall take effect on January 1, 2008.*

3 ***PART III—TRAUMATIC BRAIN INJURY AND POST-***
4 ***TRAUMATIC STRESS DISORDER***

5 ***SEC. 131. COMPREHENSIVE PLANS ON PREVENTION, DIAG-***
6 ***NOSIS, MITIGATION, AND TREATMENT OF***
7 ***TRAUMATIC BRAIN INJURY AND POST-TRAU-***
8 ***MATIC STRESS DISORDER IN MEMBERS OF***
9 ***THE ARMED FORCES.***

10 (a) *PLANS REQUIRED.*—*Not later than 180 days after*
11 *the date of the enactment of this Act, the Secretary of De-*
12 *fense shall, in consultation with the Secretary of Veterans*
13 *Affairs, submit to the congressional defense committees one*
14 *or more comprehensive plans for programs and activities*
15 *of the Department of Defense to prevent, diagnose, mitigate,*
16 *treat, and otherwise respond to traumatic brain injury*
17 *(TBI) and post-traumatic stress disorder (PTSD) in mem-*
18 *bers of the Armed Forces.*

19 (b) *ELEMENTS.*—*Each plan submitted under sub-*
20 *section (a) shall include comprehensive proposals of the De-*
21 *partment on the following:*

22 (1) *The designation by the Secretary of Defense*
23 *of a lead agent or executive agent for the Department*
24 *to coordinate development and implementation of the*
25 *plan.*

1 (2) *The improvement of personnel protective*
2 *equipment for members of the Armed Forces in order*
3 *to prevent traumatic brain injury.*

4 (3) *The improvement of methods and mecha-*
5 *nisms for the detection and treatment of traumatic*
6 *brain injury and post-traumatic stress disorder in*
7 *members of the Armed Forces in the field.*

8 (4) *The requirements for research on traumatic*
9 *brain injury and post-traumatic stress disorder, in-*
10 *cluding (in particular) research on pharmacological*
11 *approaches to treatment for traumatic brain injury*
12 *or post-traumatic stress disorder, as applicable, and*
13 *the allocation of priorities among such research.*

14 (5) *The development, adoption, and deployment*
15 *of diagnostic criteria for the detection and evaluation*
16 *of the range of traumatic brain injury and post-trau-*
17 *matic stress disorder in members of the Armed Forces,*
18 *which criteria shall be employed uniformly across the*
19 *military departments in all applicable circumstances,*
20 *including provision of clinical care and assessment of*
21 *future deployability of members of the Armed Forces.*

22 (6) *The development and deployment of effective*
23 *means of assessing traumatic brain injury and post-*
24 *traumatic stress disorder in members of the Armed*
25 *Forces, including a system of pre-deployment and*

1 *post-deployment screenings of cognitive ability in*
2 *members for the detection of cognitive impairment, as*
3 *required by the amendments made by section 132.*

4 (7) *The development and deployment of effective*
5 *means of managing and monitoring members of the*
6 *Armed Forces with traumatic brain injury or post-*
7 *traumatic stress disorder in the receipt of care for*
8 *traumatic brain injury or post-traumatic stress dis-*
9 *order, as applicable, including the monitoring and as-*
10 *essment of treatment and outcomes.*

11 (8) *The development and deployment of an edu-*
12 *cation and awareness training initiative designed to*
13 *reduce the negative stigma associated with traumatic*
14 *brain injury, post-traumatic stress disorder, and*
15 *mental health treatment.*

16 (9) *The provision of education and outreach to*
17 *families of members of the Armed Forces with trau-*
18 *matic brain injury or post-traumatic stress disorder*
19 *on a range of matters relating to traumatic brain in-*
20 *jury or post-traumatic stress disorder, as applicable,*
21 *including detection, mitigation, and treatment.*

22 (10) *The assessment of the current capabilities of*
23 *the Department for the prevention, diagnosis, mitiga-*
24 *tion, treatment, and rehabilitation of traumatic brain*

1 *injury and post-traumatic stress disorder in members*
2 *of the Armed Forces.*

3 (11) *The identification of gaps in current capa-*
4 *bilities of the Department for the prevention, diag-*
5 *nosis, mitigation, treatment, and rehabilitation of*
6 *traumatic brain injury and post-traumatic stress dis-*
7 *order in members of the Armed Forces.*

8 (12) *The identification of the resources required*
9 *for the Department in fiscal years 2009 thru 2013 to*
10 *address the gaps in capabilities identified under*
11 *paragraph (11).*

12 (13) *The development of joint planning among*
13 *the Department of Defense, the military departments,*
14 *and the Department of Veterans Affairs for the pre-*
15 *vention, diagnosis, mitigation, treatment, and reha-*
16 *bilitation of traumatic brain injury and post-trau-*
17 *matic stress disorder in members of the Armed Forces,*
18 *including planning for the seamless transition of such*
19 *members from care through the Department of Defense*
20 *care through the Department of Veterans Affairs.*

21 (14) *A requirement that exposure to a blast or*
22 *blasts be recorded in the records of members of the*
23 *Armed Forces.*

24 (15) *The development of clinical practice guide-*
25 *lines for the diagnosis and treatment of blast injuries*

1 *in members of the Armed Forces, including, but not*
2 *limited to, traumatic brain injury.*

3 *(16) A program under which each member of the*
4 *Armed Forces who incurs a traumatic brain injury*
5 *or post-traumatic stress disorder during service in the*
6 *Armed Forces—*

7 *(A) is enrolled in the program; and*

8 *(B) receives, under the program, treatment*
9 *and rehabilitation meeting a standard of care*
10 *such that each individual who is a member of the*
11 *Armed Forces who qualifies for care under the*
12 *program shall—*

13 *(i) be provided the highest quality of*
14 *care possible based on the medical judgment*
15 *of qualified medical professionals in facili-*
16 *ties that most appropriately meet the spe-*
17 *cific needs of the individual; and*

18 *(ii) be rehabilitated to the fullest extent*
19 *possible using the most up-to-date medical*
20 *technology, medical rehabilitation practices,*
21 *and medical expertise available.*

22 *(17) A requirement that if a member of the*
23 *Armed Forces participating in a program established*
24 *in accordance with paragraph (16) believes that care*
25 *provided to such participant does not meet the stand-*

1 *ard of care specified in subparagraph (B) of such*
2 *paragraph, the Secretary of Defense shall, upon re-*
3 *quest of the participant, provide to such participant*
4 *a referral to another Department of Defense or De-*
5 *partment of Veterans Affairs provider of medical or*
6 *rehabilitative care for a second opinion regarding the*
7 *care that would meet the standard of care specified in*
8 *such subparagraph.*

9 *(18) The provision of information by the Sec-*
10 *retary of Defense to members of the Armed Forces*
11 *with traumatic brain injury or post-traumatic stress*
12 *disorder and their families about their rights with re-*
13 *spect to the following:*

14 *(A) The receipt of medical and mental*
15 *health care from the Department of Defense and*
16 *the Department of Veterans Affairs.*

17 *(B) The options available to such members*
18 *for treatment of traumatic brain injury and*
19 *post-traumatic stress disorder.*

20 *(C) The options available to such members*
21 *for rehabilitation.*

22 *(D) The options available to such members*
23 *for a referral to a public or private provider of*
24 *medical or rehabilitative care.*

1 (E) *The right to administrative review of*
2 *any decision with respect to the provision of care*
3 *by the Department of Defense for such members.*

4 (c) *COORDINATION IN DEVELOPMENT.—Each plan*
5 *submitted under subsection (a) shall be developed in coordi-*
6 *nation with the Secretary of the Army (who was designated*
7 *by the Secretary of Defense as executive agent for the pre-*
8 *vention, mitigation, and treatment of blast injuries under*
9 *section 256 of the National Defense Authorization Act for*
10 *Fiscal Year 2006 (Public Law 109–163; 119 Stat. 3181;*
11 *10 U.S.C. 1071 note)).*

12 (d) *ADDITIONAL ACTIVITIES.—In carrying out pro-*
13 *grams and activities for the prevention, diagnosis, mitiga-*
14 *tion, and treatment of traumatic brain injury and post-*
15 *traumatic stress disorder in members of the Armed Forces,*
16 *the Secretary of Defense shall—*

17 (1) *examine the results of the recently completed*
18 *Phase 2 study, funded by the National Institutes of*
19 *Health, on the use of progesterone for acute traumatic*
20 *brain injury;*

21 (2) *determine if Department of Defense funding*
22 *for a Phase 3 clinical trial on the use of progesterone*
23 *for acute traumatic brain injury, or for further re-*
24 *search regarding the use of progesterone or its metabo-*

1 *lites for treatment of traumatic brain injury, is war-*
2 *ranted; and*

3 *(3) provide for the collaboration of the Depart-*
4 *ment of Defense, as appropriate, in clinical trials and*
5 *research on pharmacological approaches to treatment*
6 *for traumatic brain injury and post-traumatic stress*
7 *disorder that is conducted by other departments and*
8 *agencies of the Federal Government.*

9 **SEC. 132. IMPROVEMENT OF MEDICAL TRACKING SYSTEM**
10 **FOR MEMBERS OF THE ARMED FORCES DE-**
11 **PLOYED OVERSEAS.**

12 *(a) PROTOCOL FOR ASSESSMENT OF COGNITIVE FUNC-*
13 *TIONING.—*

14 *(1) PROTOCOL REQUIRED.—Subsection (b) of*
15 *section 1074f of title 10, United States Code, is*
16 *amended—*

17 *(A) in paragraph (2), by adding at the end*
18 *the following new subparagraph:*

19 *“(C) An assessment of post-traumatic stress dis-*
20 *order.”; and*

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

23 *“(3)(A) The Secretary shall establish for purposes of*
24 *subparagraphs (B) and (C) of paragraph (2) a protocol for*
25 *the predeployment assessment and documentation of the*

1 *cognitive (including memory) functioning of a member who*
2 *is deployed outside the United States in order to facilitate*
3 *the assessment of the postdeployment cognitive (including*
4 *memory) functioning of the member.*

5 “(B) *The protocol under subparagraph (A) shall in-*
6 *clude appropriate mechanisms to permit the differential di-*
7 *agnosis of traumatic brain injury in members returning*
8 *from deployment in a combat zone.”.*

9 (2) *PILOT PROJECTS.—(A) In developing the*
10 *protocol required by paragraph (3) of section 1074f(b)*
11 *of title 10, United States Code (as amended by para-*
12 *graph (1) of this subsection), for purposes of assess-*
13 *ments for traumatic brain injury, the Secretary of*
14 *Defense shall conduct up to three pilot projects to*
15 *evaluate various mechanisms for use in the protocol*
16 *for such purposes. One of the mechanisms to be so*
17 *evaluated shall be a computer-based assessment tool.*

18 (B) *Not later than 60 days after the completion*
19 *of the pilot projects conducted under this paragraph,*
20 *the Secretary shall submit to the appropriate commit-*
21 *tees of Congress a report on the pilot projects. The re-*
22 *port shall include—*

23 (i) *a description of the pilot projects so con-*
24 *ducted;*

1 (ii) an assessment of the results of each such
2 pilot project; and

3 (iii) a description of any mechanisms eval-
4 uated under each such pilot project that will in-
5 corporated into the protocol.

6 (C) Not later than 180 days after completion of
7 the pilot projects conducted under this paragraph, the
8 Secretary shall establish a mechanism for imple-
9 menting any mechanism evaluated under such a pilot
10 project that is selected for incorporation in the pro-
11 tocol.

12 (D) There is hereby authorized to be appro-
13 priated to the Department of Defense, \$3,000,000 for
14 the pilot projects authorized by this paragraph. Of the
15 amount so authorized to be appropriated, not more
16 than \$1,000,000 shall be available for any particular
17 pilot project.

18 (b) *QUALITY ASSURANCE.*—Subsection (d)(2) of sec-
19 tion 1074f of title 10, United States Code, is amended by
20 adding at the end the following new subparagraph:

21 “(F) The diagnosis and treatment of traumatic
22 brain injury and post-traumatic stress disorder.”.

23 (c) *STANDARDS FOR DEPLOYMENT.*—Subsection (f) of
24 such section is amended—

1 (1) *in the subsection heading, by striking “MEN-*
2 *TAL HEALTH”*; and

3 (2) *in paragraph (2)(B), by striking “or” and*
4 *inserting “, traumatic brain injury, or”*.

5 **SEC. 133. CENTERS OF EXCELLENCE IN THE PREVENTION,**
6 **DIAGNOSIS, MITIGATION, TREATMENT, AND**
7 **REHABILITATION OF TRAUMATIC BRAIN IN-**
8 **JURY AND POST-TRAUMATIC STRESS DIS-**
9 **ORDER.**

10 (a) *CENTER OF EXCELLENCE ON TRAUMATIC BRAIN*
11 *INJURY.*—Chapter 55 of title 10, United States Code, is
12 *amended by inserting after section 1105 the following new*
13 *section:*

14 **“§ 1105a. Center of Excellence in Prevention, Diag-**
15 **nosis, Mitigation, Treatment, and Reha-**
16 **ilitation of Traumatic Brain Injury**

17 “(a) *IN GENERAL.*—The Secretary of Defense shall es-
18 *tablish within the Department of Defense a center of excel-*
19 *lence in the prevention, diagnosis, mitigation, treatment,*
20 *and rehabilitation of traumatic brain injury (TBI), includ-*
21 *ing mild, moderate, and severe traumatic brain injury, to*
22 *carry out the responsibilities specified in subsection (c). The*
23 *center shall be known as a ‘Center of Excellence in Preven-*
24 *tion, Diagnosis, Mitigation, Treatment, and Rehabilitation*
25 *of Traumatic Brain Injury’.*

1 “(b) *PARTNERSHIPS.*—*The Secretary shall ensure that*
2 *the Center collaborates to the maximum extent practicable*
3 *with the Department of Veterans Affairs, institutions of*
4 *higher education, and other appropriate public and private*
5 *entities (including international entities) to carry out the*
6 *responsibilities specified in subsection (c).*

7 “(c) *RESPONSIBILITIES.*—*The Center shall have re-*
8 *sponsibilities as follows:*

9 “(1) *To direct and oversee, based on expert re-*
10 *search, the development and implementation of a*
11 *long-term, comprehensive plan and strategy for the*
12 *Department of Defense for the prevention, diagnosis,*
13 *mitigation, treatment, and rehabilitation of trau-*
14 *matic brain injury.*

15 “(2) *To provide for the development, testing, and*
16 *dissemination within the Department of best practices*
17 *for the treatment of traumatic brain injury.*

18 “(3) *To provide guidance for the mental health*
19 *system of the Department in determining the mental*
20 *health and neurological health personnel required to*
21 *provide quality mental health care for members of the*
22 *armed forces with traumatic brain injury.*

23 “(4) *To establish, implement, and oversee a com-*
24 *prehensive program to train mental health and neuro-*

1 *logical health professionals of the Department in the*
2 *treatment of traumatic brain injury.*

3 *“(5) To facilitate advancements in the study of*
4 *the short-term and long-term psychological effects of*
5 *traumatic brain injury.*

6 *“(6) To disseminate within the military medical*
7 *treatment facilities of the Department best practices*
8 *for training mental health professionals, including*
9 *neurological health professionals, with respect to trau-*
10 *matic brain injury.*

11 *“(7) To conduct basic science and translational*
12 *research on traumatic brain injury for the purposes*
13 *of understanding the etiology of traumatic brain in-*
14 *jury and developing preventive interventions and new*
15 *treatments.*

16 *“(8) To develop outreach strategies and treat-*
17 *ments for families of members of the armed forces*
18 *with traumatic brain injury in order to mitigate the*
19 *negative impacts of traumatic brain injury on such*
20 *family members and to support the recovery of such*
21 *members from traumatic brain injury.*

22 *“(9) To conduct research on the unique mental*
23 *health needs of women members of the armed forces*
24 *with traumatic brain injury and develop treatments*
25 *to meet any needs identified through such research.*

1 “(10) To conduct research on the unique mental
2 health needs of ethnic minority members of the armed
3 forces with traumatic brain injury and develop treat-
4 ments to meet any needs identified through such re-
5 search.

6 “(11) To conduct research on the mental health
7 needs of families of members of the armed forces with
8 traumatic brain injury and develop treatments to
9 meet any needs identified through such research.

10 “(12) To conduct longitudinal studies (using im-
11 aging technology and other proven research methods)
12 on members of the armed forces with traumatic brain
13 injury to identify early signs of Alzheimer’s disease,
14 Parkinson’s disease, or other manifestations of
15 neurodegeneration in such members, which studies
16 should be conducted in coordination with the studies
17 authorized by section 721 of the John Warner Na-
18 tional Defense Authorization Act for Fiscal Year 2007
19 (Public Law 109–364; 120 Stat. 2294) and other
20 studies of the Department of Defense and the Depart-
21 ment of Veterans Affairs that address the connection
22 between exposure to combat and the development of
23 Alzheimer’s disease, Parkinson’s disease, and other
24 neurodegenerative disorders.

1 “(13) To develop and oversee a long-term plan to
2 increase the number of mental health and neurological
3 health professionals within the Department in order
4 to facilitate the meeting by the Department of the
5 needs of members of the armed forces with traumatic
6 brain injury until their transition to care and treat-
7 ment from the Department of Veterans Affairs.

8 “(14) To develop a program on comprehensive
9 pain management, including management of acute
10 and chronic pain, to utilize current and develop new
11 treatments for pain, and to identify and disseminate
12 best practices on pain management.

13 “(15) Such other responsibilities as the Secretary
14 shall specify.”.

15 (b) *CENTER OF EXCELLENCE ON POST-TRAUMATIC*
16 *STRESS DISORDER.*—Chapter 55 of such title is further
17 amended by inserting after section 1105a, as added by sub-
18 section (a), the following new section:

19 “**§ 1105b. Center of Excellence in Prevention, Diag-**
20 **nosis, Mitigation, Treatment, and Reha-**
21 **ilitation of Post-Traumatic Stress Dis-**
22 **order**

23 “(a) *IN GENERAL.*—The Secretary of Defense shall es-
24 tablish within the Department of Defense a center of excel-
25 lence in the prevention, diagnosis, mitigation, treatment,

1 *and rehabilitation of post-traumatic stress disorder*
2 *(PTSD), including mild, moderate, and severe post-trau-*
3 *matic stress disorder, to carry out the responsibilities speci-*
4 *fied in subsection (c). The center shall be known as a ‘Center*
5 *of Excellence in Prevention, Diagnosis, Mitigation, Treat-*
6 *ment, and Rehabilitation of Post-Traumatic Stress Dis-*
7 *order’.*

8 “(b) *PARTNERSHIPS.*—*The Secretary shall ensure that*
9 *the Center collaborates to the maximum extent practicable*
10 *with the National Center for Post-Traumatic Stress Dis-*
11 *order of the Department of Veterans Affairs, institutions of*
12 *higher education, and other appropriate public and private*
13 *entities (including international entities) to carry out the*
14 *responsibilities specified in subsection (c).*

15 “(c) *RESPONSIBILITIES.*—*The Center shall have re-*
16 *sponsibilities as follows:*

17 “(1) *To direct and oversee, based on expert re-*
18 *search, the development and implementation of a*
19 *long-term, comprehensive plan and strategy for the*
20 *Department of Defense for the prevention, diagnosis,*
21 *mitigation, treatment, and rehabilitation of post-*
22 *traumatic stress disorder.*

23 “(2) *To provide for the development, testing, and*
24 *dissemination within the Department of best practices*
25 *for the treatment of post-traumatic stress disorder.*

1 “(3) To provide guidance for the mental health
2 system of the Department in determining the mental
3 health and neurological health personnel required to
4 provide quality mental health care for members of the
5 armed forces with post-traumatic stress disorder.

6 “(4) To establish, implement, and oversee a com-
7 prehensive program to train mental health and neuro-
8 logical health professionals of the Department in the
9 treatment of post-traumatic stress disorder.

10 “(5) To facilitate advancements in the study of
11 the short-term and long-term psychological effects of
12 post-traumatic stress disorder.

13 “(6) To disseminate within the military medical
14 treatment facilities of the Department best practices
15 for training mental health professionals, including
16 neurological health professionals, with respect to post-
17 traumatic stress disorder.

18 “(7) To conduct basic science and translational
19 research on post-traumatic stress disorder for the pur-
20 poses of understanding the etiology of post-traumatic
21 stress disorder and developing preventive interven-
22 tions and new treatments.

23 “(8) To develop outreach strategies and treat-
24 ments for families of members of the armed forces
25 with post-traumatic stress disorder in order to miti-

1 *gate the negative impacts of traumatic brain injury*
2 *on such family members and to support the recovery*
3 *of such members from post-traumatic stress disorder.*

4 “(9) *To conduct research on the unique mental*
5 *health needs of women members of the armed forces,*
6 *including victims of sexual assault, with post-trau-*
7 *matic stress disorder and develop treatments to meet*
8 *any needs identified through such research.*

9 “(10) *To conduct research on the unique mental*
10 *health needs of ethnic minority members of the armed*
11 *forces with post-traumatic stress disorder and develop*
12 *treatments to meet any needs identified through such*
13 *research.*

14 “(11) *To conduct research on the mental health*
15 *needs of families of members of the armed forces with*
16 *post-traumatic stress disorder and develop treatments*
17 *to meet any needs identified through such research.*

18 “(12) *To develop and oversee a long-term plan to*
19 *increase the number of mental health and neurological*
20 *health professionals within the Department in order*
21 *to facilitate the meeting by the Department of the*
22 *needs of members of the armed forces with post-trau-*
23 *matic stress disorder until their transition to care*
24 *and treatment from the Department of Veterans Af-*
25 *airs.*

1 “(13) To develop a program on comprehensive
2 pain management, including management of acute
3 and chronic pain, to utilize current and develop new
4 treatments for pain, and to identify and disseminate
5 best practices on pain management.

6 “(14) Such other responsibilities as the Secretary
7 shall specify.”.

8 (c) *CLERICAL AMENDMENT.*—The table of sections at
9 the beginning of chapter 55 of such title is amended by in-
10 serting after the item relating to section 1105 the following
11 new items:

 “1105a. *Center of Excellence in Prevention, Diagnosis, Mitigation, Treatment,*
 and Rehabilitation of Traumatic Brain Injury.

 “1105b. *Center of Excellence in Prevention, Diagnosis, Mitigation, Treatment, and*
 Rehabilitation of Post-Traumatic Stress Disorder.”.

12 (d) *REPORT ON ESTABLISHMENT.*—Not later than 180
13 days after the date of the enactment of this Act, the Sec-
14 retary of Defense shall submit to Congress a report on the
15 establishment of the *Center of Excellence in Prevention, Di-*
16 *agnosis, Mitigation, Treatment, and Rehabilitation of*
17 *Traumatic Brain Injury* required by section 1105a of title
18 10, *United States Code* (as added by subsection (a)), and
19 the establishment of the *Center of Excellence in Prevention,*
20 *Diagnosis, Mitigation, Treatment, and Rehabilitation of*
21 *Post-Traumatic Stress Disorder* required by section 1105b
22 of title 10, *United States Code* (as added by subsection (b)).
23 The report shall, for each such Center—

1 (1) *describe in detail the activities and proposed*
2 *activities of such Center; and*

3 (2) *assess the progress of such Center in dis-*
4 *charging the responsibilities of such Center.*

5 (e) *AUTHORIZATION OF APPROPRIATIONS.—There is*
6 *hereby authorized to be appropriated for fiscal year 2008*
7 *for the Department of Defense for Defense Health Program,*
8 *\$10,000,000, of which—*

9 (1) *\$5,000,000 shall be available for the Center*
10 *of Excellence in Prevention, Diagnosis, Mitigation,*
11 *Treatment, and Rehabilitation of Traumatic Brain*
12 *Injury required by section 1105a of title 10, United*
13 *States Code; and*

14 (2) *\$5,000,000 shall be available for the Center*
15 *of Excellence in Prevention, Diagnosis, Mitigation,*
16 *Treatment, and Rehabilitation of Post-Traumatic*
17 *Stress Disorder required by section 1105b of title 10,*
18 *United States Code.*

19 **SEC. 134. REVIEW OF MENTAL HEALTH SERVICES AND**
20 **TREATMENT FOR FEMALE MEMBERS OF THE**
21 **ARMED FORCES AND VETERANS.**

22 (a) *COMPREHENSIVE REVIEW.—The Secretary of De-*
23 *fense and the Secretary of Veterans Affairs shall jointly con-*
24 *duct a comprehensive review of—*

1 (1) *the need for mental health treatment and*
2 *services for female members of the Armed Forces and*
3 *veterans; and*

4 (2) *the efficacy and adequacy of existing mental*
5 *health treatment programs and services for female*
6 *members of the Armed Forces and veterans.*

7 (b) *ELEMENTS.—The review required by subsection (a)*
8 *shall include, but not be limited to, an assessment of the*
9 *following:*

10 (1) *The need for mental health outreach, preven-*
11 *tion, and treatment services specifically for female*
12 *members of the Armed Forces and veterans.*

13 (2) *The access to and efficacy of existing mental*
14 *health outreach, prevention, and treatment services*
15 *and programs (including substance abuse programs)*
16 *for female veterans who served in a combat zone.*

17 (3) *The access to and efficacy of services and*
18 *treatment for female members of the Armed Forces*
19 *and veterans who experience post-traumatic stress*
20 *disorder (PTSD).*

21 (4) *The availability of services and treatment for*
22 *female members of the Armed Forces and veterans*
23 *who experienced sexual assault or abuse.*

1 (5) *The access to and need for treatment facili-*
2 *ties focusing on the mental health care needs of female*
3 *members of the Armed Forces and veterans.*

4 (6) *The need for further clinical research on the*
5 *unique needs of female veterans who served in a com-*
6 *bat zone.*

7 (c) *REPORT.*—*Not later than 90 days after the date*
8 *of the enactment of this Act, the Secretary of Defense and*
9 *the Secretary of Veterans Affairs shall jointly submit to the*
10 *appropriate committees of Congress a report on the review*
11 *required by subsection (a).*

12 (d) *POLICY REQUIRED.*—*Not later than 120 days after*
13 *the date of the enactment of this Act, the Secretary of De-*
14 *fense and the Secretary of Veterans Affairs shall jointly de-*
15 *velop a comprehensive policy to address the treatment and*
16 *care needs of female members of the Armed Forces and vet-*
17 *erans who experience mental health problems and condi-*
18 *tions, including post-traumatic stress disorder. The policy*
19 *shall take into account and reflect the results of the review*
20 *required by subsection (a).*

1 **SEC. 135. FUNDING FOR IMPROVED DIAGNOSIS, TREAT-**
2 **MENT, AND REHABILITATION OF MEMBERS**
3 **OF THE ARMED FORCES WITH TRAUMATIC**
4 **BRAIN INJURY OR POST-TRAUMATIC STRESS**
5 **DISORDER.**

6 (a) *AUTHORIZATION OF APPROPRIATIONS.—*

7 (1) *IN GENERAL.—Funds are hereby authorized*
8 *to be appropriated for fiscal year 2008 for the De-*
9 *partment of Defense for Defense Health Program in*
10 *the amount of \$50,000,000, with such amount to be*
11 *available for activities as follows:*

12 (A) *Activities relating to the improved diag-*
13 *nosis, treatment, and rehabilitation of members*
14 *of the Armed Forces with traumatic brain injury*
15 *(TBI).*

16 (B) *Activities relating to the improved diag-*
17 *nosis, treatment, and rehabilitation of members*
18 *of the Armed Forces with post-traumatic stress*
19 *disorder (PTSD).*

20 (2) *AVAILABILITY OF AMOUNT.—Of the amount*
21 *authorized to be appropriated by paragraph (1),*
22 *\$17,000,000 shall be available for the Defense and*
23 *Veterans Brain Injury Center of the Department of*
24 *Defense.*

25 (b) *SUPPLEMENT NOT SUPPLANT.—The amount au-*
26 *thorized to be appropriated by subsection (a) for Defense*

1 *Health Program is in addition to any other amounts au-*
2 *thorized to be appropriated by this Act for Defense Health*
3 *Program.*

4 **SEC. 136. REPORTS.**

5 (a) *REPORTS ON IMPLEMENTATION OF CERTAIN RE-*
6 *QUIREMENTS.*—*Not later than 90 days after the date of the*
7 *enactment of this Act, the Secretary of Defense shall submit*
8 *to the congressional defense committees a report describing*
9 *the progress in implementing the requirements as follows:*

10 (1) *The requirements of section 721 of the John*
11 *Warner National Defense Authorization Act for Fiscal*
12 *Year 2007 (Public Law 109–364; 120 Stat. 2294), re-*
13 *lating to a longitudinal study on traumatic brain in-*
14 *jury incurred by members of the Armed Forces in Op-*
15 *eration Iraqi Freedom and Operation Enduring Free-*
16 *dom.*

17 (2) *The requirements arising from the amend-*
18 *ments made by section 738 of the John Warner Na-*
19 *tional Defense Authorization Act for Fiscal Year 2007*
20 *(120 Stat. 2303), relating to enhanced mental health*
21 *screening and services for members of the Armed*
22 *Forces.*

23 (3) *The requirements of section 741 of the John*
24 *Warner National Defense Authorization Act for Fiscal*
25 *Year 2007 (120 Stat. 2304), relating to pilot projects*

1 *on early diagnosis and treatment of post-traumatic*
2 *stress disorder and other mental health conditions.*

3 *(b) ANNUAL REPORTS ON EXPENDITURES FOR ACTIVI-*
4 *TIES ON TBI AND PTSD.—*

5 *(1) REPORTS REQUIRED.—Not later than March*
6 *1, 2008, and each year thereafter through 2013, the*
7 *Secretary of Defense shall submit to the congressional*
8 *defense committees a report setting forth the amounts*
9 *expended by the Department of Defense during the*
10 *preceding calendar year on activities described in*
11 *paragraph (2), including the amount allocated during*
12 *such calendar year to the Defense and Veterans Brain*
13 *Injury Center of the Department.*

14 *(2) COVERED ACTIVITIES.—The activities de-*
15 *scribed in this paragraph are activities as follows:*

16 *(A) Activities relating to the improved diag-*
17 *nosis, treatment, and rehabilitation of members*
18 *of the Armed Forces with traumatic brain injury*
19 *(TBI).*

20 *(B) Activities relating to the improved diag-*
21 *nosis, treatment, and rehabilitation of members*
22 *of the Armed Forces with post-traumatic stress*
23 *disorder (PTSD).*

24 *(3) ELEMENTS.—Each report under paragraph*
25 *(1) shall include—*

1 (A) a description of the amounts expended
2 as described in that paragraph, including a de-
3 scription of the activities for which expended;

4 (B) a description and assessment of the out-
5 come of such activities;

6 (C) a statement of priorities of the Depart-
7 ment in activities relating to the prevention, di-
8 agnosis, research, treatment, and rehabilitation
9 of traumatic brain injury in members of the
10 Armed Forces during the year in which such re-
11 port is submitted and in future calendar years;

12 (D) a statement of priorities of the Depart-
13 ment in activities relating to the prevention, di-
14 agnosis, research, treatment, and rehabilitation
15 of post-traumatic stress disorder in members of
16 the Armed Forces during the year in which such
17 report is submitted and in future calendar years;
18 and

19 (E) an assessment of the progress made to-
20 ward achieving the priorities stated in subpara-
21 graphs (C) and (D) in the report under para-
22 graph (1) in the previous year, and a description
23 of any actions planned during the year in which
24 such report is submitted to achieve any
25 unfulfilled priorities during such year.

1 **PART IV—OTHER MATTERS**
2 **SEC. 141. JOINT ELECTRONIC HEALTH RECORD FOR THE**
3 **DEPARTMENT OF DEFENSE AND DEPART-**
4 **MENT OF VETERANS AFFAIRS.**

5 (a) *IN GENERAL.*—*The Secretary of Defense and the*
6 *Secretary of Veterans Affairs shall jointly—*

7 (1) *develop and implement a joint electronic*
8 *health record for use by the Department of Defense*
9 *and the Department of Veterans Affairs; and*

10 (2) *accelerate the exchange of health care infor-*
11 *mation between the Department of Defense and the*
12 *Department of Veterans Affairs in order to support*
13 *the delivery of health care by both Departments.*

14 (b) *DEPARTMENT OF DEFENSE-DEPARTMENT OF VET-*
15 *ERANS AFFAIRS INTERAGENCY PROGRAM OFFICE FOR A*
16 *JOINT ELECTRONIC HEALTH RECORD.*—

17 (1) *IN GENERAL.*—*There is hereby established a*
18 *joint element of the Department of Defense and the*
19 *Department of Veterans Affairs to be known as the*
20 *“Department of Defense-Department of Veterans Af-*
21 *airs Interagency Program Office for a Joint Elec-*
22 *tronic Health Record” (in this section referred to as*
23 *the “Office”).*

24 (2) *PURPOSES.*—*The purposes of the Office shall*
25 *be as follows:*

1 (A) *To act as a single point of account-*
2 *ability for the Department of Defense and the*
3 *Department of Veterans Affairs in the rapid de-*
4 *velopment, test, and implementation of a joint*
5 *electronic health record for use by the Depart-*
6 *ment of Defense and the Department of Veterans*
7 *Affairs.*

8 (B) *To accelerate the exchange of health*
9 *care information between Department of Defense*
10 *and the Department of Veterans Affairs in order*
11 *to support the delivery of health care by both De-*
12 *partments.*

13 (c) *LEADERSHIP.—*

14 (1) *DIRECTOR.—The Director of the Department*
15 *of Defense-Department of Veterans Affairs Inter-*
16 *agency Program Office for a Joint Electronic Health*
17 *Record shall be the head of the Office.*

18 (2) *DEPUTY DIRECTOR.—The Deputy Director of*
19 *the Department of Defense-Department of Veterans*
20 *Affairs Interagency Program Office for a Joint Elec-*
21 *tronic Health Record shall be the deputy head of the*
22 *office and shall assist the Director in carrying out the*
23 *duties of the Director.*

24 (3) *APPOINTMENTS.—(A) The Director shall be*
25 *appointed by the Secretary of Defense, with the con-*

1 *currence of the Secretary of Veterans Affairs, from*
2 *among employees of the Department of Defense and*
3 *the Department of Veterans Affairs in the Senior Ex-*
4 *ecutive Service who are qualified to direct the develop-*
5 *ment and acquisition of major information technology*
6 *capabilities.*

7 *(B) The Deputy Director shall be appointed by*
8 *the Secretary of Veterans Affairs, with the concur-*
9 *rence of the Secretary of Defense, from among employ-*
10 *ees of the Department of Defense and the Department*
11 *of Veterans Affairs in the Senior Executive Service*
12 *who are qualified to direct the development and ac-*
13 *quisition of major information technology capabili-*
14 *ties.*

15 *(4) ADDITIONAL GUIDANCE.—In addition to the*
16 *direction, supervision, and control provided by the*
17 *Secretary of Defense and the Secretary of Veterans Af-*
18 *airs, the Office shall also receive guidance from the*
19 *Department of Veterans Affairs-Department of De-*
20 *fense Joint Executive Committee under section 320 of*
21 *title 38, United States Code, in the discharge of the*
22 *functions of the Office under this section.*

23 *(5) TESTIMONY.—Upon request by any of the ap-*
24 *propriate committees of Congress, the Director and*
25 *the Deputy Director shall testify before such com-*

1 *mittee regarding the discharge of the functions of the*
2 *Office under this section.*

3 *(d) FUNCTION.—The function of the Office shall be to*
4 *develop and prepare for deployment, by not later than Sep-*
5 *tember 30, 2010, a joint electronic health record to be uti-*
6 *lized by both the Department of Defense and the Depart-*
7 *ment of Veterans Affairs in the provision of medical care*
8 *and treatment to members of the Armed Forces and vet-*
9 *erans, which health record shall comply with applicable*
10 *interoperability standards, implementation specifications,*
11 *and certification criteria (including for the reporting of*
12 *quality measures) of the Federal Government.*

13 *(e) SCHEDULES AND BENCHMARKS.—Not later than*
14 *30 days after the date of the enactment of this Act, the Sec-*
15 *retary of Defense and the Secretary of Veterans Affairs shall*
16 *jointly establish a schedule and benchmarks for the dis-*
17 *charge by the Office of its function under this section, in-*
18 *cluding each of the following:*

19 *(1) A schedule for the establishment of the Office.*

20 *(2) A schedule and deadline for the establishment*
21 *of the requirements for the joint electronic health*
22 *record described in subsection (d), including coordina-*
23 *tion with the Office of the National Coordinator for*
24 *Health Information Technology in the development of*

1 *a nationwide interoperable health information tech-*
2 *nology infrastructure.*

3 (3) *A schedule and associated deadlines for any*
4 *acquisition and testing required in the development*
5 *and deployment of the joint electronic health record.*

6 (4) *A schedule and associated deadlines and re-*
7 *quirements for the deployment of the joint electronic*
8 *health record.*

9 (5) *Proposed funding for the Office for each of*
10 *fiscal years 2009 through 2013 for the discharge of its*
11 *function.*

12 (f) *PILOT PROJECTS.—*

13 (1) *AUTHORITY.—In order to assist the Office in*
14 *the discharge of its function under this section, the*
15 *Secretary of Defense and the Secretary of Veterans Af-*
16 *airs may, acting jointly, carry out one or more pilot*
17 *projects to assess the feasibility and advisability of*
18 *various technological approaches to the achievement of*
19 *the joint electronic health record described in sub-*
20 *section (d).*

21 (2) *TREATMENT AS SINGLE HEALTH CARE SYS-*
22 *TEM.—For purposes of each pilot project carried out*
23 *under this subsection, the health care system of the*
24 *Department of Defense and the health care system of*
25 *the Department of Veterans Affairs shall be treated as*

1 *a single health care system for purposes of the regula-*
2 *tions promulgated under section 264(c) of the Health*
3 *Insurance Portability and Accountability Act of 1996*
4 *(42 U.S.C. 1320d–2 note).*

5 *(g) STAFF AND OTHER RESOURCES.—*

6 *(1) IN GENERAL.—The Secretary of Defense and*
7 *the Secretary of Veterans Affairs shall assign to the*
8 *Office such personnel and other resources of the De-*
9 *partment of Defense and the Department of Veterans*
10 *Affairs as are required for the discharge of its func-*
11 *tion under this section.*

12 *(2) ADDITIONAL SERVICES.—Subject to the ap-*
13 *proval of the Secretary of Defense and the Secretary*
14 *of Veterans Affairs, the Director may utilize the serv-*
15 *ices of private individuals and entities as consultants*
16 *to the Office in the discharge of its function under*
17 *this section. Amounts available to the Office shall be*
18 *available for payment for such services.*

19 *(h) ANNUAL REPORTS.—*

20 *(1) IN GENERAL.—Not later than January 1,*
21 *2009, and each year thereafter through 2014, the Di-*
22 *rector shall submit to the Secretary of Defense and the*
23 *Secretary of Veterans Affairs, and to the appropriate*
24 *committees of Congress, a report on the activities of*
25 *the Office during the preceding calendar year. Each*

1 *report shall include, for the year covered by such re-*
2 *port, the following:*

3 *(A) A detailed description of the activities*
4 *of the Office, including a detailed description of*
5 *the amounts expended and the purposes for*
6 *which expended.*

7 *(B) An assessment of the progress made by*
8 *the Department of Defense and the Department*
9 *of Veterans Affairs in the development and im-*
10 *plementation of the joint electronic health record*
11 *described in subsection (d).*

12 *(2) AVAILABILITY TO PUBLIC.—The Secretary of*
13 *Defense and the Secretary of Veterans Affairs shall*
14 *make available to the public each report submitted*
15 *under paragraph (1), including by posting such re-*
16 *port on the Internet website of the Department of De-*
17 *fense and the Department of Veterans Affairs, respec-*
18 *tively, that is available to the public.*

19 *(i) COMPTROLLER GENERAL ASSESSMENT OF IMPLE-*
20 *MENTATION.—Not later than six months after the date of*
21 *the enactment of this Act and every six months thereafter*
22 *until the completion of the implementation of the joint elec-*
23 *tronic health record described in subsection (d), the Comp-*
24 *troller General of the United States shall submit to the ap-*
25 *propriate committees of Congress a report setting forth the*

1 *assessment of the Comptroller General of the progress of the*
2 *Department of Defense and the Department of Veterans Af-*
3 *fairs in developing and implementing the joint electronic*
4 *health record.*

5 (j) *FUNDING.—*

6 (1) *IN GENERAL.—The Secretary of Defense and*
7 *the Secretary of Veterans Affairs shall each contribute*
8 *equally to the costs of the Office in fiscal year 2008*
9 *and fiscal years thereafter. The amount so contributed*
10 *by each Secretary in fiscal year 2008 shall be up to*
11 *\$10,000,000.*

12 (2) *SOURCE OF FUNDS.—(A) Amounts contrib-*
13 *uted by the Secretary of Defense under paragraph (1)*
14 *shall be derived from amounts authorized to be appro-*
15 *priated for the Department of Defense for the Defense*
16 *Health Program and available for program manage-*
17 *ment and technology resources.*

18 (B) *Amounts contributed by the Secretary of Vet-*
19 *erans Affairs under paragraph (1) shall be derived*
20 *from amounts authorized to be appropriated for the*
21 *Department of Veterans Affairs for Medical Care and*
22 *available for program management and technology re-*
23 *sources.*

24 (k) *JOINT ELECTRONIC HEALTH RECORD DEFINED.—*
25 *In this section, the term “joint electronic health record”*

1 *means a single system that includes patient information*
2 *across the continuum of medical care, including inpatient*
3 *care, outpatient care, pharmacy care, patient safety, and*
4 *rehabilitative care.*

5 **SEC. 142. ENHANCED PERSONNEL AUTHORITIES FOR THE**
6 **DEPARTMENT OF DEFENSE FOR HEALTH**
7 **CARE PROFESSIONALS FOR CARE AND TREAT-**
8 **MENT OF WOUNDED AND INJURED MEMBERS**
9 **OF THE ARMED FORCES.**

10 (a) *IN GENERAL.*—Section 1599c of title 10, United
11 States Code, is amended to read as follows:

12 **“§1599c. Health care professionals: enhanced ap-**
13 **pointment and compensation authority**
14 **for personnel for care and treatment of**
15 **wounded and injured members of the**
16 **armed forces**

17 *“(a) IN GENERAL.—The Secretary of Defense may, in*
18 *the discretion of the Secretary, exercise any authority for*
19 *the appointment and pay of health care personnel under*
20 *chapter 74 of title 38 for purposes of the recruitment, em-*
21 *ployment, and retention of civilian health care professionals*
22 *for the Department of Defense if the Secretary determines*
23 *that the exercise of such authority is necessary in order to*
24 *provide or enhance the capacity of the Department to pro-*
25 *vide care and treatment for members of the armed forces*

1 *who are wounded or injured on active duty in the armed*
2 *forces and to support the ongoing patient care and medical*
3 *readiness, education, and training requirements of the De-*
4 *partment of Defense.*

5 “(b) *RECRUITMENT OF PERSONNEL.—(1) The Secre-*
6 *taries of the military departments shall each develop and*
7 *implement a strategy to disseminate among appropriate*
8 *personnel of the military departments authorities and best*
9 *practices for the recruitment of medical and health profes-*
10 *sionals, including the authorities under subsection (a).*

11 “(2) *Each strategy under paragraph (1) shall—*

12 “(A) *assess current recruitment policies, proce-*
13 *dures, and practices of the military department con-*
14 *cerned to assure that such strategy facilitates the im-*
15 *plementation of efficiencies which reduce the time re-*
16 *quired to fill vacant positions for medical and health*
17 *professionals; and*

18 “(B) *clearly identify processes and actions that*
19 *will be used to inform and educate military and civil-*
20 *ian personnel responsible for the recruitment of med-*
21 *ical and health professionals.”.*

22 “(b) *CLERICAL AMENDMENT.—The table of sections at*
23 *the beginning of chapter 81 of such title is amended by*
24 *striking the item relating to section 1599c and inserting*
25 *the following new item:*

“1599c. *Health care professionals: enhanced appointment and compensation authority for personnel for care and treatment of wounded and injured members of the armed forces.*”.

1 (c) *REPORTS ON STRATEGIES ON RECRUITMENT OF*
 2 *MEDICAL AND HEALTH PROFESSIONALS.*—*Not later than*
 3 *six months after the date of the enactment of this Act, each*
 4 *Secretary of a military department shall submit to the con-*
 5 *gressional defense committees a report setting forth the*
 6 *strategy developed by such Secretary under section 1599c(b)*
 7 *of title 10, United States Code, as added by subsection (a).*

8 **SEC. 143. PERSONNEL SHORTAGES IN THE MENTAL**
 9 **HEALTH WORKFORCE OF THE DEPARTMENT**
 10 **OF DEFENSE, INCLUDING PERSONNEL IN THE**
 11 **MENTAL HEALTH WORKFORCE.**

12 (a) *RECOMMENDATIONS ON MEANS OF ADDRESSING*
 13 *SHORTAGES.*—

14 (1) *REPORT.*—*Not later than 45 days after the*
 15 *date of the enactment of this Act, the Secretary of De-*
 16 *fense shall submit to the Committees on Armed Serv-*
 17 *ices of the Senate and the House of Representatives a*
 18 *report setting forth the recommendations of the Sec-*
 19 *retary for such legislative or administrative actions*
 20 *as the Secretary considers appropriate to address*
 21 *shortages in health care professionals within the De-*
 22 *partment of Defense, including personnel in the men-*
 23 *tal health workforce.*

1 (2) *ELEMENTS.*—*The report required by para-*
2 *graph (1) shall address the following:*

3 (A) *Enhancements or improvements of fi-*
4 *nancial incentives for health care professionals,*
5 *including personnel in the mental health work-*
6 *force, of the Department of Defense in order to*
7 *enhance the recruitment and retention of such*
8 *personnel, including recruitment, accession, or*
9 *retention bonuses and scholarship, tuition, and*
10 *other financial assistance.*

11 (B) *Modifications of service obligations of*
12 *health care professionals, including personnel in*
13 *the mental health workforce.*

14 (C) *Such other matters as the Secretary*
15 *considers appropriate.*

16 (b) *RECRUITMENT.*—*Commencing not later than 180*
17 *days after the date of the enactment of this Act, the Sec-*
18 *retary of Defense shall implement programs to recruit*
19 *qualified individuals in health care fields (including mental*
20 *health) to serve in the Armed Forces as health care and*
21 *mental health personnel of the Armed Forces.*

Subtitle C—Disability Matters

PART I—DISABILITY EVALUATIONS

SEC. 151. UTILIZATION OF VETERANS' PRESUMPTION OF SOUND CONDITION IN ESTABLISHING ELIGI- BILITY OF MEMBERS OF THE ARMED FORCES FOR RETIREMENT FOR DISABILITY.

(a) RETIREMENT OF REGULARS AND MEMBERS ON ACTIVE DUTY FOR MORE THAN 30 DAYS.—Clause (i) of section 1201(b)(3)(B) of title 10, United States Code, is amended to read as follows:

“(i) the member has six months or more of active military service and the disability was not noted at the time of the member’s entrance on active duty (unless compelling evidence or medical judgment is such to warrant a finding that the disability existed before the member’s entrance on active duty);”.

(b) SEPARATION OF REGULARS AND MEMBERS ON ACTIVE DUTY FOR MORE THAN 30 DAYS.—Section 1203(b)(4)(B) of such title is amended by striking “and the member has at least eight years of service computed under section 1208 of this title” and inserting “, the member has six months or more of active military service, and the disability was not noted at the time of the member’s entrance

1 *on active duty (unless evidence or medical judgment is such*
 2 *to warrant a finding that the disability existed before the*
 3 *member's entrance on active duty)''.*

4 **SEC. 152. REQUIREMENTS AND LIMITATIONS ON DEPART-**
 5 **MENT OF DEFENSE DETERMINATIONS OF DIS-**
 6 **ABILITY WITH RESPECT TO MEMBERS OF THE**
 7 **ARMED FORCES.**

8 (a) *IN GENERAL.*—Chapter 61 of title 10, United
 9 States Code, is amended by inserting after section 1216 the
 10 following new section:

11 **“§ 1216a. Determinations of disability: requirements**
 12 **and limitations on determinations**

13 *“(a) UTILIZATION OF VA SCHEDULE FOR RATING DIS-*
 14 *ABILITIES IN DETERMINATIONS OF DISABILITY.*—(1) *In*
 15 *making a determination of disability of a member of the*
 16 *armed forces for purposes of this chapter, the Secretary*
 17 *concerned—*

18 *“(A) shall, to the extent feasible, utilize the*
 19 *schedule for rating disabilities in use by the Depart-*
 20 *ment of Veterans Affairs, including any applicable*
 21 *interpretation of the schedule by the United States*
 22 *Court of Appeals for Veterans Claims; and*

23 *“(B) except as provided in paragraph (2), may*
 24 *not deviate from the schedule or any such interpreta-*
 25 *tion of the schedule.*

1 “(2) *In making a determination described in para-*
 2 *graph (1), the Secretary concerned may utilize in lieu of*
 3 *the schedule described in that paragraph such criteria as*
 4 *the Secretary of Defense and the Secretary of Veterans Af-*
 5 *fairs may jointly prescribe for purposes of this subsection*
 6 *if the utilization of such criteria will result in a determina-*
 7 *tion of a greater percentage of disability than would be oth-*
 8 *erwise determined through the utilization of the schedule.*

9 “(b) *CONSIDERATION OF ALL MEDICAL CONDI-*
 10 *TIONS.—In making a determination of the rating of dis-*
 11 *ability of a member of the armed forces for purposes of this*
 12 *chapter, the Secretary concerned shall take into account all*
 13 *medical conditions, whether individually or collectively,*
 14 *that render the member unfit to perform the duties of the*
 15 *member’s office, grade, rank, or rating.”.*

16 (b) *CLERICAL AMENDMENT.—The table of sections at*
 17 *the beginning of chapter 61 of such title is amended by in-*
 18 *serting after the item relating to section 1216 the following*
 19 *new item:*

“1216a. Determinations of disability: requirements and limitations on determina-
tions.”.

20 **SEC. 153. REVIEW OF SEPARATION OF MEMBERS OF THE**
 21 **ARMED FORCES SEPARATED FROM SERVICE**
 22 **WITH A DISABILITY RATING OF 20 PERCENT**
 23 **DISABLED OR LESS.**

24 (a) *BOARD REQUIRED.—*

1 (1) *IN GENERAL.*—Chapter 79 of title 10, United
2 *States Code, is amended by inserting after section*
3 *1554 adding the following new section:*

4 **“§ 1554a. Review of separation with disability rating**
5 **of 20 percent disabled or less**

6 “(a) *IN GENERAL.*—(1) *The Secretary of Defense shall*
7 *establish within the Office of the Secretary of Defense a*
8 *board of review to review the disability determinations of*
9 *covered individuals by Physical Evaluation Boards. The*
10 *board shall be known as the ‘Physical Disability Board of*
11 *Review’.*

12 “(2) *The Board shall consist of not less than three*
13 *members appointed by the Secretary.*

14 “(b) *COVERED INDIVIDUALS.*—*For purposes of this*
15 *section, covered individuals are members and former mem-*
16 *bers of the armed forces who, during the period beginning*
17 *on September 11, 2001, and ending on December 31,*
18 *2009—*

19 “(1) *are separated from the armed forces due to*
20 *unfitness for duty due to a medical condition with a*
21 *disability rating of 20 percent disabled or less; and*

22 “(2) *are found to be not eligible for retirement.*

23 “(c) *REVIEW.*—(1) *Upon its own motion, or upon the*
24 *request of a covered individual, or a surviving spouse, next*
25 *of kin, or legal representative of a covered individual, the*

1 *Board shall review the findings and decisions of the Phys-*
2 *ical Evaluation Board with respect to such covered indi-*
3 *vidual.*

4 “(2) *The review by the Board under paragraph (1)*
5 *shall be based on the records of the armed force concerned*
6 *and such other evidence as may be presented to the Board.*
7 *A witness may present evidence to the Board by affidavit*
8 *or by any other means considered acceptable by the Sec-*
9 *retary of Defense.*

10 “(d) *AUTHORIZED RECOMMENDATIONS.—The Board*
11 *may, as a result of its findings under a review under sub-*
12 *section (c), recommend to the Secretary concerned the fol-*
13 *lowing (as applicable) with respect to a covered individual:*

14 “(1) *No recharacterization of the separation of*
15 *such individual or modification of the disability rat-*
16 *ing previously assigned such individual.*

17 “(2) *The recharacterization of the separation of*
18 *such individual to retirement for disability.*

19 “(3) *The modification of the disability rating*
20 *previously assigned such individual by the Physical*
21 *Evaluation Board concerned, which modified dis-*
22 *ability rating may not be a reduction of the disability*
23 *rating previously assigned such individual by that*
24 *Physical Evaluation Board.*

1 “(4) *The issuance of a new disability rating for*
2 *such individual.*

3 “(e) *CORRECTION OF MILITARY RECORDS.—(1) The*
4 *Secretary concerned may correct the military records of a*
5 *covered individual in accordance with a recommendation*
6 *made by the Board under subsection (d). Any such correc-*
7 *tion may be made effective as of the effective date of the*
8 *action taken on the report of the Physical Evaluation Board*
9 *to which such recommendation relates.*

10 “(2) *In the case of a member previously separated pur-*
11 *suant to the findings and decision of a Physical Evaluation*
12 *Board together with a lump-sum or other payment of back*
13 *pay and allowances at separation, the amount of pay or*
14 *other monetary benefits to which such member would be en-*
15 *titled based on the member’s military record as corrected*
16 *shall be reduced to take into account receipt of such lump-*
17 *sum or other payment in such manner as the Secretary of*
18 *Defense considers appropriate.*

19 “(3) *If the Board makes a recommendation not to cor-*
20 *rect the military records of a covered individual, the action*
21 *taken on the report of the Physical Evaluation Board to*
22 *which such recommendation relates shall be treated as final*
23 *as of the date of such action.*

1 “(f) *REGULATIONS.*—(1) *This section shall be carried*
2 *out in accordance with regulations prescribed by the Sec-*
3 *retary of Defense.*

4 “(2) *The regulations under paragraph (1) shall specify*
5 *reasonable deadlines for the performance of reviews required*
6 *by this section.*

7 “(3) *The regulations under paragraph (1) shall specify*
8 *the effect of a determination or pending determination of*
9 *a Physical Evaluation Board on considerations by boards*
10 *for correction of military records under section 1552 of this*
11 *title.”.*

12 (2) *CLERICAL AMENDMENT.*—*The table of sec-*
13 *tions at the beginning of chapter 79 of such title is*
14 *amended by inserting after the item relating to sec-*
15 *tion 1554 the following new item:*

 “1554a. *Review of separation with disability rating of 20 percent disabled or less.”.*

16 (b) *IMPLEMENTATION.*—*The Secretary of Defense shall*
17 *establish the board of review required by section 1554a of*
18 *title 10, United States Code (as added by subsection (a)),*
19 *and prescribe the regulations required by such section, not*
20 *later than 90 days after the date of the enactment of this*
21 *Act.*

1 **SEC. 154. PILOT PROGRAMS ON REVISED AND IMPROVED**
2 **DISABILITY EVALUATION SYSTEM FOR MEM-**
3 **BERS OF THE ARMED FORCES.**

4 (a) *PILOT PROGRAMS.*—

5 (1) *IN GENERAL.*—*The Secretary of Defense*
6 *shall, in consultation with the Secretary of Veterans*
7 *Affairs, carry out pilot programs with respect to the*
8 *disability evaluation system of the Department of De-*
9 *fense for the purpose set forth in subsection (d).*

10 (2) *REQUIRED PILOT PROGRAMS.*—*In carrying*
11 *out this section, the Secretary of Defense shall carry*
12 *out the pilot programs described in paragraphs (1)*
13 *through (3) of subsection (c). Each such pilot program*
14 *shall be implemented not later than 90 days after the*
15 *date of the enactment of this Act.*

16 (3) *AUTHORIZED PILOT PROGRAMS.*—*In car-*
17 *rying out this section, the Secretary of Defense may*
18 *carry out such other pilot programs as the Secretary*
19 *of Defense, in consultation with the Secretary of Vet-*
20 *erans Affairs, considers appropriate.*

21 (b) *DISABILITY EVALUATION SYSTEM OF THE DE-*
22 *PARTMENT OF DEFENSE.*—*For purposes of this section, the*
23 *disability evaluation system of the Department of Defense*
24 *is the system of the Department for the evaluation of the*
25 *disabilities of members of the Armed Forces who are being*

1 *separated or retired from the Armed Forces for disability*
2 *under chapter 61 of title 10, United States Code.*

3 *(c) SCOPE OF PILOT PROGRAMS.—*

4 *(1) DISABILITY DETERMINATIONS BY DOD UTI-*
5 *LIZING VA ASSIGNED DISABILITY RATING.—Under one*
6 *of the pilot programs under subsection (a), for pur-*
7 *poses of making a determination of disability of a*
8 *member of the Armed Forces under section 1201(b) of*
9 *title 10, United States Code, for the retirement, sepa-*
10 *ration, or placement of the member on the temporary*
11 *disability retired list under chapter 61 of such title,*
12 *upon a determination by the Secretary of the mili-*
13 *tary department concerned that the member is unfit*
14 *to perform the duties of the member's office, grade,*
15 *rank, or rating because of a physical disability as de-*
16 *scribed in section 1201(a) of such title—*

17 *(A) the Secretary of Veterans Affairs*
18 *shall—*

19 *(i) conduct an evaluation of the mem-*
20 *ber for physical disability; and*

21 *(ii) assign the member a rating of dis-*
22 *ability in accordance with the schedule for*
23 *rating disabilities utilized by the Secretary*
24 *of Veterans Affairs based on all medical*
25 *conditions (whether individually or collec-*

1 *tively) that render the member unfit for*
2 *duty; and*

3 *(B) the Secretary of the military depart-*
4 *ment concerned shall make the determination of*
5 *disability regarding the member utilizing the*
6 *rating of disability assigned under subparagraph*
7 *(A)(ii).*

8 (2) *DISABILITY DETERMINATIONS UTILIZING*
9 *JOINT DOD/VA ASSIGNED DISABILITY RATING.—Under*
10 *one of the pilot programs under subsection (a), in*
11 *making a determination of disability of a member of*
12 *the Armed Forces under section 1201(b) of title 10,*
13 *United States Code, for the retirement, separation, or*
14 *placement of the member on the temporary disability*
15 *retired list under chapter 61 of such title, the Sec-*
16 *retary of the military department concerned shall,*
17 *upon determining that the member is unfit to perform*
18 *the duties of the member's office, grade, rank, or rat-*
19 *ing because of a physical disability as described in*
20 *section 1201(a) of such title—*

21 *(A) provide for the joint evaluation of the*
22 *member for disability by the Secretary of the*
23 *military department concerned and the Sec-*
24 *retary of Veterans Affairs, including the assign-*
25 *ment of a rating of disability for the member in*

1 *accordance with the schedule for rating disabili-*
2 *ties utilized by the Secretary of Veterans Affairs*
3 *based on all medical conditions (whether indi-*
4 *vidually or collectively) that render the member*
5 *unfit for duty; and*

6 *(B) make the determination of disability re-*
7 *garding the member utilizing the rating of dis-*
8 *ability assigned under subparagraph (A).*

9 (3) *ELECTRONIC CLEARING HOUSE.*—*Under one*
10 *of the pilot programs, the Secretary of Defense shall*
11 *establish and operate a single Internet website for the*
12 *disability evaluation system of the Department of De-*
13 *fense that enables participating members of the*
14 *Armed Forces to fully utilize such system through the*
15 *Internet, with such Internet website to include the fol-*
16 *lowing:*

17 *(A) The availability of any forms required*
18 *for the utilization of the disability evaluation*
19 *system by members of the Armed Forces under*
20 *the system.*

21 *(B) Secure mechanisms for the submission*
22 *of such forms by members of the Armed Forces*
23 *under the system, and for the tracking of the ac-*
24 *ceptance and review of any forms so submitted.*

1 (C) *Secure mechanisms for advising mem-*
2 *bers of the Armed Forces under the system of any*
3 *additional information, forms, or other items*
4 *that are required for the acceptance and review*
5 *of any forms so submitted.*

6 (D) *The continuous availability of assist-*
7 *ance to members of the Armed Forces under the*
8 *system (including assistance through the case-*
9 *workers assigned to such members of the Armed*
10 *Forces) in submitting and tracking such forms,*
11 *including assistance in obtaining information,*
12 *forms, or other items described by subparagraph*
13 *(C).*

14 (E) *Secure mechanisms to request and re-*
15 *ceive personnel files or other personnel records of*
16 *members of the Armed Forces under the system*
17 *that are required for submission under the dis-*
18 *ability evaluation system, including the capa-*
19 *bility to track requests for such files or records*
20 *and to determine the status of such requests and*
21 *of responses to such requests.*

22 (4) *OTHER PILOT PROGRAMS.—Under any pilot*
23 *program carried out by the Secretary of Defense*
24 *under subsection (a)(3), the Secretary shall provide*
25 *for the development, evaluation, and identification of*

1 *such practices and procedures under the disability*
2 *evaluation system of the Department of Defense as the*
3 *Secretary considers appropriate for purpose set forth*
4 *in subsection (d).*

5 *(d) PURPOSE.—The purpose of each pilot program*
6 *under subsection (a) shall be—*

7 *(1) to provide for the development, evaluation,*
8 *and identification of revised and improved practices*
9 *and procedures under the disability evaluation system*
10 *of the Department of Defense in order to—*

11 *(A) reduce the processing time under the*
12 *disability evaluation system of members of the*
13 *Armed Forces who are likely to be retired or sep-*
14 *arated for disability, and who have not requested*
15 *continuation on active duty, including, in par-*
16 *ticular, members who are severely wounded;*

17 *(B) identify and implement or seek the*
18 *modification of statutory or administrative poli-*
19 *cies and requirements applicable to the disability*
20 *evaluation system that—*

21 *(i) are unnecessary or contrary to ap-*
22 *plicable best practices of civilian employers*
23 *and civilian healthcare systems; or*

24 *(ii) otherwise result in hardship, arbi-*
25 *trary, or inconsistent outcomes for members*

1 *of the Armed Forces, or unwarranted ineffi-*
2 *ciencies and delays;*

3 *(C) eliminate material variations in poli-*
4 *cies, interpretations, and overall performance*
5 *standards among the military departments*
6 *under the disability evaluation system; and*

7 *(D) determine whether it enhances the capa-*
8 *bility of the Department of Veterans Affairs to*
9 *receive and determine claims from members of*
10 *the Armed Forces for compensation, pension,*
11 *hospitalization, or other veterans benefits; and*

12 *(2) in conjunction with the findings and rec-*
13 *ommendations of applicable Presidential and Depart-*
14 *ment of Defense study groups, to provide for the even-*
15 *tual development of revised and improved practices*
16 *and procedures for the disability evaluation system in*
17 *order to achieve the objectives set forth in paragraph*
18 *(1).*

19 *(e) UTILIZATION OF RESULTS IN UPDATES OF COM-*
20 *PREHENSIVE POLICY ON CARE, MANAGEMENT, AND TRANSI-*
21 *TION OF COVERED SERVICEMEMBERS.—The Secretary of*
22 *Defense and the Secretary of Veterans Affairs shall jointly*
23 *incorporate responses to any findings and recommendations*
24 *arising under the pilot programs required by subsection (a)*

1 *in updating the comprehensive policy on the care and man-*
2 *agement of covered servicemembers under section 111.*

3 *(f) CONSTRUCTION WITH OTHER AUTHORITIES.—*

4 *(1) IN GENERAL.—Subject to paragraph (2), in*
5 *carrying out a pilot program under subsection (a)—*

6 *(A) the rules and regulations of the Depart-*
7 *ment of Defense and the Department of Veterans*
8 *Affairs relating to methods of determining fitness*
9 *or unfitness for duty and disability ratings for*
10 *members of the Armed Forces shall apply to the*
11 *pilot program only to the extent provided in the*
12 *report on the pilot program under subsection*
13 *(h)(1); and*

14 *(B) the Secretary of Defense and the Sec-*
15 *retary of Veterans Affairs may waive any provi-*
16 *sion of title 10, 37, or 38, United States Code,*
17 *relating to methods of determining fitness or*
18 *unfitness for duty and disability ratings for*
19 *members of the Armed Forces if the Secretaries*
20 *determine in writing that the application of such*
21 *provision would be inconsistent with the purpose*
22 *of the pilot program.*

23 *(2) LIMITATION.—Nothing in paragraph (1)*
24 *shall be construed to authorize the waiver of any pro-*

1 *vision of section 1216a of title 10, United States*
2 *Code, as added by section 152 of this Act.*

3 *(g) DURATION.—Each pilot program under subsection*
4 *(a) shall be completed not later than one year after the date*
5 *of the commencement of such pilot program under that sub-*
6 *section.*

7 *(h) REPORTS.—*

8 *(1) INITIAL REPORT.—Not later than 90 days*
9 *after the date of the enactment of this Act, the Sec-*
10 *retary of Defense shall submit to the appropriate com-*
11 *mittees of Congress a report on the pilot programs*
12 *under subsection (a). The report shall include—*

13 *(A) a description of the scope and objectives*
14 *of each pilot program;*

15 *(B) a description of the methodology to be*
16 *used under such pilot program to ensure rapid*
17 *identification under such pilot program of re-*
18 *vised or improved practices under the disability*
19 *evaluation system of the Department of Defense*
20 *in order to achieve the objectives set forth in sub-*
21 *section (d)(1); and*

22 *(C) a statement of any provision described*
23 *in subsection (f)(1)(B) that shall not apply to*
24 *the pilot program by reason of a waiver under*
25 *that subsection.*

1 (2) *INTERIM REPORT.*—Not later than 150 days
2 after the date of the submittal of the report required
3 by paragraph (1), the Secretary shall submit to the
4 appropriate committees of Congress a report describ-
5 ing the current status of such pilot program.

6 (3) *FINAL REPORT.*—Not later than 90 days
7 after the completion of all the pilot programs de-
8 scribed in paragraphs (1) through (3) of subsection
9 (c), the Secretary shall submit to the appropriate
10 committees of Congress a report setting forth a final
11 evaluation and assessment of such pilot programs.
12 The report shall include such recommendations for
13 legislative or administrative action as the Secretary
14 considers appropriate in light of such pilot programs.

15 **SEC. 155. REPORTS ON ARMY ACTION PLAN IN RESPONSE**
16 **TO DEFICIENCIES IN THE ARMY PHYSICAL**
17 **DISABILITY EVALUATION SYSTEM.**

18 (a) *REPORTS REQUIRED.*—Not later than 30 days
19 after the date of the enactment of this Act, and every 120
20 days thereafter until March 1, 2009, the Secretary of De-
21 fense shall submit to the congressional defense committees
22 a report on the implementation of corrective measures by
23 the Department of Defense with respect to the Physical Dis-
24 ability Evaluation System (PDES) in response to the fol-
25 lowing:

1 (1) *The report of the Inspector General of the*
2 *Army on that system of March 6, 2007.*

3 (2) *The report of the Independent Review Group*
4 *on Rehabilitation Care and Administrative Processes*
5 *at Walter Reed Army Medical Center and National*
6 *Naval Medical Center.*

7 (3) *The report of the Department of Veterans Af-*
8 *airs Task Force on Returning Global War on Terror*
9 *Heroes.*

10 (b) *ELEMENTS OF REPORT.*—*Each report under sub-*
11 *section (a) shall include current information on the fol-*
12 *lowing:*

13 (1) *The total number of cases, and the number*
14 *of cases involving combat disabled servicemembers,*
15 *pending resolution before the Medical and Physical*
16 *Disability Evaluation Boards of the Army, including*
17 *information on the number of members of the Army*
18 *who have been in a medical hold or holdover status*
19 *for more than each of 100, 200, and 300 days.*

20 (2) *The status of the implementation of modi-*
21 *fications to disability evaluation processes of the De-*
22 *partment of Defense in response to the following:*

23 (A) *The report of the Inspector General on*
24 *such processes dated March 6, 2007.*

1 (B) *The report of the Independent Review*
2 *Group on Rehabilitation Care and Administra-*
3 *tive Processes at Walter Reed Army Medical*
4 *Center and National Naval Medical Center.*

5 (C) *The report of the Department of Vet-*
6 *erans Affairs Task Force on Returning Global*
7 *War on Terror Heroes.*

8 (c) *POSTING ON INTERNET.*—*Not later than 24 hours*
9 *after submitting a report under subsection (a), the Sec-*
10 *retary shall post such report on the Internet website of the*
11 *Department of Defense that is available to the public.*

12 **PART II—OTHER DISABILITY MATTERS**

13 **SEC. 161. ENHANCEMENT OF DISABILITY SEVERANCE PAY**
14 **FOR MEMBERS OF THE ARMED FORCES.**

15 (a) *IN GENERAL.*—*Section 1212 of title 10, United*
16 *States Code, is amended—*

17 (1) *in subsection (a)(1), by striking “his years of*
18 *service, but not more than 12, computed under section*
19 *1208 of this title” in the matter preceding subpara-*
20 *graph (A) and inserting “the member’s years of serv-*
21 *ice computed under section 1208 of this title (subject*
22 *to the minimum and maximum years of service pro-*
23 *vided for in subsection (c))”;*

24 (2) *by redesignating subsection (c) as subsection*
25 *(d); and*

1 (3) by inserting after subsection (b) the following
2 new subsection (c):

3 “(c)(1) *The minimum years of service of a member for*
4 *purposes of subsection (a)(1) shall be as follows:*

5 “(A) *Six years in the case of a member separated*
6 *from the armed forces for a disability incurred in line*
7 *of duty in a combat zone (as designated by the Sec-*
8 *retary of Defense for purposes of this subsection) or*
9 *incurred during the performance of duty in combat-*
10 *related operations as designated by the Secretary of*
11 *Defense.*

12 “(B) *Three years in the case of any other mem-*
13 *ber.*

14 “(2) *The maximum years of service of a member for*
15 *purposes of subsection (a)(1) shall be 19 years.”.*

16 (b) *NO DEDUCTION FROM COMPENSATION OF SEVER-*
17 *ANCE PAY FOR DISABILITIES INCURRED IN COMBAT*
18 *ZONES.—Subsection (d) of such section, as redesignated by*
19 *subsection (a)(2) of this section, is further amended—*

20 (1) *by inserting “(1)” after “(d)”;*

21 (2) *by striking the second sentence; and*

22 (3) *by adding at the end the following new para-*
23 *graphs:*

24 “(2) *No deduction may be made under paragraph (1)*
25 *in the case of disability severance pay received by a member*

1 *for a disability incurred in line of duty in a combat zone*
2 *or incurred during performance of duty in combat-related*
3 *operations as designated by the Secretary of Defense.*

4 “(3) *No deduction may be made under paragraph (1)*
5 *from any death compensation to which a member’s depend-*
6 *ents become entitled after the member’s death.”.*

7 (c) *EFFECTIVE DATE.*—*The amendments made by this*
8 *section shall take effect on the date of the enactment of this*
9 *Act, and shall apply with respect to members of the Armed*
10 *Forces separated from the Armed Forces under chapter 61*
11 *of title 10, United States Code, on or after that date.*

12 **SEC. 162. TRAUMATIC SERVICEMEMBERS’ GROUP LIFE IN-**
13 **SURANCE.**

14 (a) *DESIGNATION OF FIDUCIARY FOR MEMBERS WITH*
15 *LOST MENTAL CAPACITY OR EXTENDED LOSS OF CON-*
16 *SCIOUSNESS.*—*The Secretary of Defense shall, in consulta-*
17 *tion with the Secretary of Veterans Affairs, develop a form*
18 *for the designation of a recipient for the funds distributed*
19 *under section 1980A of title 38, United States Code, as the*
20 *fiduciary of a member of the Armed Forces in cases where*
21 *the member is medically incapacitated (as determined by*
22 *the Secretary of Defense in consultation with the Secretary*
23 *of Veterans Affairs) or experiencing an extended loss of con-*
24 *sciousness.*

1 (b) *ELEMENTS.*—*The form under subsection (a) shall*
2 *require that a member may elect that—*

3 (1) *an individual designated by the member be*
4 *the recipient as the fiduciary of the member; or*

5 (2) *a court of proper jurisdiction determine the*
6 *recipient as the fiduciary of the member for purposes*
7 *of this subsection.*

8 (c) *COMPLETION AND UPDATE.*—*The form under sub-*
9 *section (a) shall be completed by an individual at the time*
10 *of entry into the Armed Forces and updated periodically*
11 *thereafter.*

12 ***SEC. 163. ELECTRONIC TRANSFER FROM THE DEPARTMENT***
13 ***OF DEFENSE TO THE DEPARTMENT OF VET-***
14 ***ERANS AFFAIRS OF DOCUMENTS SUP-***
15 ***PORTING ELIGIBILITY FOR BENEFITS.***

16 *The Secretary of Defense and the Secretary of Veterans*
17 *Affairs shall jointly develop and implement a mechanism*
18 *to provide for the electronic transfer from the Department*
19 *of Defense to the Department of Veterans Affairs of any De-*
20 *partment of Defense documents (including Department of*
21 *Defense form DD–214) necessary to establish or support the*
22 *eligibility of a member of the Armed Forces for benefits*
23 *under the laws administered by the Secretary of Veterans*
24 *Affairs at the time of the retirement, separation, or release*
25 *of the member from the Armed Forces.*

1 **SEC. 164. ASSESSMENTS OF TEMPORARY DISABILITY RE-**
 2 **TIRED LIST.**

3 *Not later than 180 days after the date of the enactment*
 4 *of this Act, the Secretary of Defense and the Comptroller*
 5 *General of the United States shall each submit to the con-*
 6 *gressional defense committees a report assessing the con-*
 7 *tinuing utility of the temporary disability retired list in*
 8 *satisfying the purposes for which the temporary disability*
 9 *retired list was established. Each report shall include such*
 10 *recommendations for the modification or improvement of*
 11 *the temporary disability retired list as the Secretary or the*
 12 *Comptroller General, as applicable, considers appropriate*
 13 *in light of the assessment in such report.*

14 ***Subtitle D—Improvement of***
 15 ***Facilities Housing Patients***

16 **SEC. 171. STANDARDS FOR MILITARY MEDICAL TREATMENT**
 17 **FACILITIES, SPECIALTY MEDICAL CARE FA-**
 18 **CILITIES, AND MILITARY QUARTERS HOUSING**
 19 **PATIENTS.**

20 *(a) ESTABLISHMENT OF STANDARDS.—The Secretary*
 21 *of Defense shall establish for the military facilities referred*
 22 *to in subsection (b) standards with respect to the matters*
 23 *set forth in subsection (c). The standards shall, to the max-*
 24 *imum extent practicable—*

25 *(1) be uniform and consistent across such facili-*
 26 *ties; and*

1 (2) *be uniform and consistent across the Depart-*
2 *ment of Defense and the military departments.*

3 (b) *COVERED MILITARY FACILITIES.—The military*
4 *facilities referred to in this subsection are the military fa-*
5 *cilities of the Department of Defense and the military de-*
6 *partments as follows:*

7 (1) *Military medical treatment facilities.*

8 (2) *Specialty medical care facilities.*

9 (3) *Military quarters or leased housing for pa-*
10 *tients.*

11 (c) *SCOPE OF STANDARDS.—The standards required*
12 *by subsection (a) shall include the following:*

13 (1) *Generally accepted standards for the accredi-*
14 *tation of medical facilities, or for facilities used to*
15 *quarter individuals that may require medical super-*
16 *vision, as applicable, in the United States.*

17 (2) *To the extent not inconsistent with the stand-*
18 *ards described in paragraph (1), minimally accept-*
19 *able conditions for the following:*

20 (A) *Appearance and maintenance of facili-*
21 *ties generally, including the structure and roofs*
22 *of facilities.*

23 (B) *Size, appearance, and maintenance of*
24 *rooms housing or utilized by patients, including*
25 *furniture and amenities in such rooms.*

1 (C) *Operation and maintenance of primary*
2 *and back-up facility utility systems and other*
3 *systems required for patient care, including elec-*
4 *trical systems, plumbing systems, heating, ven-*
5 *tilation, and air conditioning systems, commu-*
6 *nications systems, fire protection systems, energy*
7 *management systems, and other systems required*
8 *for patient care.*

9 (D) *Compliance with Federal Government*
10 *standards for hospital facilities and operations.*

11 (E) *Compliance of facilities, rooms, and*
12 *grounds, to the maximum extent practicable,*
13 *with the Americans with Disabilities Act of 1990*
14 *(42 U.S.C. 12101 et seq.).*

15 (F) *Such other matters relating to the ap-*
16 *pearance, size, operation, and maintenance of fa-*
17 *ilities and rooms as the Secretary considers ap-*
18 *propriate.*

19 (d) *COMPLIANCE WITH STANDARDS.—*

20 (1) *DEADLINE.—In establishing standards under*
21 *subsection (a), the Secretary shall specify a deadline*
22 *for compliance with such standards by each facility*
23 *referred to in subsection (b). The deadline shall be at*
24 *the earliest date practicable after the date of the en-*
25 *actment of this Act, and shall, to the maximum extent*

1 *practicable, be uniform across the facilities referred to*
2 *in subsection (b).*

3 (2) *INVESTMENT.*—*In carrying out this section,*
4 *the Secretary shall also establish guidelines for invest-*
5 *ment to be utilized by the Department of Defense and*
6 *the military departments in determining the alloca-*
7 *tion of financial resources to facilities referred to in*
8 *subsection (b) in order to meet the deadline specified*
9 *under paragraph (1).*

10 (e) *REPORT.*—

11 (1) *IN GENERAL.*—*Not later than December 30,*
12 *2007, the Secretary shall submit to the congressional*
13 *defense committees a report on the actions taken to*
14 *carry out this section.*

15 (2) *ELEMENTS.*—*The report under paragraph*
16 *(1) shall include the following:*

17 (A) *The standards established under sub-*
18 *section (a).*

19 (B) *An assessment of the appearance, condi-*
20 *tion, and maintenance of each facility referred to*
21 *in subsection (a), including—*

22 (i) *an assessment of the compliance of*
23 *such facility with the standards established*
24 *under subsection (a); and*

1 (ii) a description of any deficiency or
2 noncompliance in each facility with the
3 standards.

4 (C) A description of the investment to be al-
5 located to address each deficiency or noncompli-
6 ance identified under subparagraph (B)(ii).

7 **SEC. 172. REPORTS ON ARMY ACTION PLAN IN RESPONSE**
8 **TO DEFICIENCIES IDENTIFIED AT WALTER**
9 **REED ARMY MEDICAL CENTER.**

10 (a) *REPORTS REQUIRED.*—Not later than 30 days
11 after the date of the enactment of this Act, and every 120
12 days thereafter until March 1, 2009, the Secretary of De-
13 fense shall submit to the congressional defense committees
14 a report on the implementation of the action plan of the
15 Army to correct deficiencies identified in the condition of
16 facilities, and in the administration of outpatients in med-
17 ical hold or medical holdover status, at Walter Reed Army
18 Medical Center (WRAMC) and at other applicable Army
19 installations at which covered members of the Armed Forces
20 are assigned.

21 (b) *ELEMENTS OF REPORT.*—Each report under sub-
22 section (a) shall include current information on the fol-
23 lowing:

24 (1) *The number of inpatients at Walter Reed*
25 *Army Medical Center, and the number of outpatients*

1 *on medical hold or in a medical holdover status at*
2 *Walter Reed Army Medical Center, as a result of seri-*
3 *ous injuries or illnesses.*

4 *(2) A description of the lodging facilities and*
5 *other forms of housing at Walter Reed Army Medical*
6 *Center, and at each other Army facility, to which are*
7 *assigned personnel in medical hold or medical hold-*
8 *over status as a result of serious injuries or illnesses,*
9 *including—*

10 *(A) an assessment of the conditions of such*
11 *facilities and housing; and*

12 *(B) a description of any plans to correct in-*
13 *adequacies in such conditions.*

14 *(3) The status, estimated completion date, and*
15 *estimated cost of any proposed or ongoing actions to*
16 *correct any inadequacies in conditions as described*
17 *under paragraph (2).*

18 *(4) The number of case managers, platoon ser-*
19 *geants, patient advocates, and physical evaluation*
20 *board liaison officers stationed at Walter Reed Army*
21 *Medical Center, and at each other Army facility, to*
22 *which are assigned personnel in medical hold or med-*
23 *ical holdover status as a result of serious injuries or*
24 *illnesses, and the ratio of case workers and platoon*

1 *sergeants to outpatients for whom they are responsible*
2 *at each such facility.*

3 *(5) The number of telephone calls received during*
4 *the preceding 60 days on the Wounded Soldier and*
5 *Family hotline (as established on March 19, 2007), a*
6 *summary of the complaints or communications re-*
7 *ceived through such calls, and a description of the ac-*
8 *tions taken in response to such calls.*

9 *(6) A summary of the activities, findings, and*
10 *recommendations of the Army tiger team of medical*
11 *and installation professionals who visited the major*
12 *medical treatment facilities and community-based*
13 *health care organizations of the Army pursuant to*
14 *March 2007 orders, and a description of the status of*
15 *corrective actions being taken with to address defi-*
16 *ciencies noted by that team.*

17 *(7) The status of the ombudsman programs at*
18 *Walter Reed Army Medical Center and at other major*
19 *Army installations to which are assigned personnel in*
20 *medical hold or medical holdover status as a result of*
21 *serious injuries or illnesses.*

22 *(c) POSTING ON INTERNET.—Not later than 24 hours*
23 *after submitting a report under subsection (a), the Sec-*
24 *retary shall post such report on the Internet website of the*
25 *Department of Defense that is available to the public.*

1 **SEC. 173. CONSTRUCTION OF FACILITIES REQUIRED FOR**
2 **THE CLOSURE OF WALTER REED ARMY MED-**
3 **ICAL CENTER, DISTRICT OF COLUMBIA.**

4 (a) *ASSESSMENT OF ACCELERATION OF CONSTRU-*
5 *CTION OF FACILITIES.*—*The Secretary of Defense shall carry*
6 *out an assessment of the feasibility (including the cost-effec-*
7 *tiveness) of accelerating the construction and completion of*
8 *any new facilities required to facilitate the closure of Walter*
9 *Reed Army Medical Center, District of Columbia, as re-*
10 *quired as a result of the 2005 round of defense base closure*
11 *and realignment under the Defense Base Closure and Re-*
12 *alignment Act of 1990 (part A of title XXIX of Public Law*
13 *101–510; U.S.C. 2687 note).*

14 (b) *DEVELOPMENT AND IMPLEMENTATION OF PLAN*
15 *FOR CONSTRUCTION OF FACILITIES.*—

16 (1) *IN GENERAL.*—*The Secretary shall develop*
17 *and carry out a plan for the construction and com-*
18 *pletion of any new facilities required to facilitate the*
19 *closure of Walter Reed Army Medical Center as re-*
20 *quired as described in subsection (a). If the Secretary*
21 *determines as a result of the assessment under sub-*
22 *section (a) that accelerating the construction and*
23 *completion of such facilities is feasible, the plan shall*
24 *provide for the accelerated construction and comple-*
25 *tion of such facilities in a manner consistent with*
26 *that determination.*

1 (2) *SUBMITTAL OF PLAN.*—*The Secretary shall*
2 *submit to the congressional defense committees the*
3 *plan required by paragraph (1) not later than Sep-*
4 *tember 30, 2007.*

5 (c) *CERTIFICATIONS.*—*Not later than September 30,*
6 *2007, the Secretary shall submit to the congressional defense*
7 *committees a certification of each of the following:*

8 (1) *That a transition plan has been developed,*
9 *and resources have been committed, to ensure that pa-*
10 *tient care services, medical operations, and facilities*
11 *are sustained at the highest possible level at Walter*
12 *Reed Army Medical Center until facilities to replace*
13 *Walter Reed Army Medical Center are staffed and*
14 *ready to assume at least the same level of care pre-*
15 *viously provided at Walter Reed Army Medical Cen-*
16 *ter.*

17 (2) *That the closure of Walter Reed Army Med-*
18 *ical Center will not result in a net loss of capacity*
19 *in the major military medical centers in the National*
20 *Capitol Region in terms of total bed capacity or*
21 *staffed bed capacity.*

22 (3) *That the capacity and types of medical hold*
23 *and out-patient lodging facilities currently operating*
24 *at Walter Reed Army Medical Center will be avail-*
25 *able at the facilities to replace Walter Reed Army*

1 *Medical Center by the date of the closure of Walter*
2 *Reed Army Medical Center.*

3 (4) *That adequate funds have been provided to*
4 *complete fully all facilities identified in the Base Re-*
5 *alignment and Closure Business Plan for Walter Reed*
6 *Army Medical Center submitted to the congressional*
7 *defense committees as part of the budget justification*
8 *materials submitted to Congress together with the*
9 *budget of the President for fiscal year 2008 as con-*
10 *templated in that business plan.*

11 (d) *ENVIRONMENTAL LAWS.*—*Nothing in this section*
12 *shall require the Secretary or any designated representative*
13 *to waive or ignore responsibilities and actions required by*
14 *the National Environmental Policy Act of 1969 (42 U.S.C.*
15 *4321 et seq.) or the regulations implementing such Act.*

16 ***Subtitle E—Outreach and Related***
17 ***Information on Benefits***

18 ***SEC. 181. HANDBOOK FOR MEMBERS OF THE ARMED***
19 ***FORCES ON COMPENSATION AND BENEFITS***
20 ***AVAILABLE FOR SERIOUS INJURIES AND ILL-***
21 ***NESSES.***

22 (a) *INFORMATION ON AVAILABLE COMPENSATION AND*
23 *BENEFITS.*—*The Secretary of Defense shall, in consultation*
24 *with the Secretary of Veterans Affairs, the Secretary of*
25 *Health and Human Services, and the Commissioner of So-*

1 *cial Security, develop and maintain in handbook and elec-*
2 *tronic form a comprehensive description of the compensa-*
3 *tion and other benefits to which a member of the Armed*
4 *Forces, and the family of such member, would be entitled*
5 *upon the member's separation or retirement from the Armed*
6 *Forces as a result of a serious injury or illness. The hand-*
7 *book shall set forth the range of such compensation and ben-*
8 *efits based on grade, length of service, degree of disability*
9 *at separation or retirement, and such other factors affecting*
10 *such compensation and benefits as the Secretary of Defense*
11 *considers appropriate.*

12 **(b) UPDATE.**—*The Secretary of Defense shall update*
13 *the comprehensive description required by subsection (a),*
14 *including the handbook and electronic form of the descrip-*
15 *tion, on a periodic basis, but not less often than annually.*

16 **(c) PROVISION TO MEMBERS.**—*The Secretary of the*
17 *military department concerned shall provide the descriptive*
18 *handbook under subsection (a) to each member of the Armed*
19 *Forces described in that subsection as soon as practicable*
20 *following the injury or illness qualifying the member for*
21 *coverage under that subsection.*

22 **(d) PROVISION TO REPRESENTATIVES.**—*If a member*
23 *is incapacitated or otherwise unable to receive the descrip-*
24 *tive handbook to be provided under subsection (a), the hand-*
25 *book shall be provided to the next of kin or a legal represent-*

1 *ative of the member (as determined in accordance with reg-*
2 *ulations prescribed by the Secretary of the military depart-*
3 *ment concerned for purposes of this section).*

4 ***Subtitle F—Other Matters***

5 ***SEC. 191. STUDY ON PHYSICAL AND MENTAL HEALTH AND*** 6 ***OTHER READJUSTMENT NEEDS OF MEMBERS*** 7 ***AND FORMER MEMBERS OF THE ARMED*** 8 ***FORCES WHO DEPLOYED IN OPERATION*** 9 ***IRAQI FREEDOM AND OPERATION ENDURING*** 10 ***FREEDOM AND THEIR FAMILIES.***

11 *(a) STUDY REQUIRED.—The Secretary of Defense*
12 *shall, in consultation with the Secretary of Veterans Affairs,*
13 *enter into an agreement with the National Academy of*
14 *Sciences for a study on the physical and mental health and*
15 *other readjustment needs of members and former members*
16 *of the Armed Forces who deployed in Operation Iraqi Free-*
17 *dom or Operation Enduring Freedom and their families as*
18 *a result of such deployment.*

19 *(b) PHASES.—The study required under subsection (a)*
20 *shall consist of two phases:*

21 *(1) A preliminary phase, to be completed not*
22 *later than 180 days after the date of the enactment*
23 *of this Act—*

24 *(A) to identify preliminary findings on the*
25 *physical and mental health and other readjust-*

1 *ment needs described in subsection (a) and on*
2 *gaps in care for the members, former members,*
3 *and families described in that subsection; and*

4 *(B) to determine the parameters of the sec-*
5 *ond phase of the study under paragraph (2).*

6 *(2) A second phase, to be completed not later*
7 *than three years after the date of the enactment of this*
8 *Act, to carry out a comprehensive assessment, in ac-*
9 *cordance with the parameters identified under the*
10 *preliminary report required by paragraph (1), of the*
11 *physical and mental health and other readjustment*
12 *needs of members and former members of the Armed*
13 *Forces who deployed in Operation Iraqi Freedom or*
14 *Operation Enduring Freedom and their families as a*
15 *result of such deployment, including, at a*
16 *minimum—*

17 *(A) an assessment of the psychological, so-*
18 *cial, and economic impacts of such deployment*
19 *on such members and former members and their*
20 *families;*

21 *(B) an assessment of the particular impacts*
22 *of multiple deployments in Operation Iraqi*
23 *Freedom or Operation Enduring Freedom on*
24 *such members and former members and their*
25 *families;*

1 (C) an assessment of the full scope of the
2 neurological, psychiatric, and psychological ef-
3 fects of traumatic brain injury (TBI) on mem-
4 bers and former members of the Armed Forces,
5 including the effects of such effects on the family
6 members of such members and former members,
7 and an assessment of the efficacy of current
8 treatment approaches for traumatic brain injury
9 in the United States and the efficacy of
10 screenings and treatment approaches for trau-
11 matic brain injury within the Department of
12 Defense and the Department of Veterans Affairs;

13 (D) an assessment of the effects of
14 undiagnosed injuries such as post-traumatic
15 stress disorder (PTSD) and traumatic brain in-
16 jury, an estimate of the long-term costs associ-
17 ated with such injuries, and an assessment of the
18 efficacy of screenings and treatment approaches
19 for post-traumatic stress disorder and other men-
20 tal health conditions within the Department of
21 Defense and Department of Veterans Affairs;

22 (E) an assessment of the particular needs
23 and concerns of female members of the Armed
24 Forces and female veterans;

1 (F) an assessment of the particular needs
2 and concerns of children of members of the
3 Armed Forces, taking into account differing age
4 groups, impacts on development and education,
5 and the mental and emotional well being of chil-
6 dren;

7 (G) an assessment of the particular needs
8 and concerns of minority members of the Armed
9 Forces and minority veterans;

10 (H) an assessment of the particular edu-
11 cational and vocational needs of such members
12 and former members and their families, and an
13 assessment of the efficacy of existing educational
14 and vocational programs to address such needs;

15 (I) an assessment of the impacts on commu-
16 nities with high populations of military families,
17 including military housing communities and
18 townships with deployed members of the Na-
19 tional Guard and Reserve, of deployments associ-
20 ated with Operation Iraqi Freedom and Oper-
21 ation Enduring Freedom, and an assessment of
22 the efficacy of programs that address community
23 outreach and education concerning military de-
24 ployments of community residents;

1 (J) an assessment of the impacts of increas-
2 ing numbers of older and married members of
3 the Armed Forces on readjustment requirements;

4 (K) the development, based on such assess-
5 ments, of recommendations for programs, treat-
6 ments, or policy remedies targeted at preventing,
7 minimizing or addressing the impacts, gaps and
8 needs identified; and

9 (L) the development, based on such assess-
10 ments, of recommendations for additional re-
11 search on such needs.

12 (c) *POPULATIONS TO BE STUDIED.*—The study re-
13 quired under subsection (a) shall consider the readjustment
14 needs of each population of individuals as follows:

15 (1) *Members of the regular components of the*
16 *Armed Forces who are returning, or have returned, to*
17 *the United States from deployment in Operation*
18 *Iraqi Freedom or Operation Enduring Freedom.*

19 (2) *Members of the National Guard and Reserve*
20 *who are returning, or have returned, to the United*
21 *States from deployment in Operation Iraqi Freedom*
22 *or Operation Enduring Freedom.*

23 (3) *Veterans of Operation Iraqi Freedom or Op-*
24 *eration Enduring Freedom.*

1 (4) *Family members of the members and vet-*
2 *erans described in paragraphs (1) through (3).*

3 (d) *ACCESS TO INFORMATION.—The National Acad-*
4 *emy of Sciences shall have access to such personnel, infor-*
5 *mation, records, and systems of the Department of Defense*
6 *and the Department of Veterans Affairs as the National*
7 *Academy of Sciences requires in order to carry out the*
8 *study required under subsection (a).*

9 (e) *PRIVACY OF INFORMATION.—The National Acad-*
10 *emy of Sciences shall maintain any personally identifiable*
11 *information accessed by the Academy in carrying out the*
12 *study required under subsection (a) in accordance with all*
13 *applicable laws, protections, and best practices regarding*
14 *the privacy of such information, and may not permit access*
15 *to such information by any persons or entities not engaged*
16 *in work under the study.*

17 (f) *REPORTS BY NATIONAL ACADEMY OF SCIENCES.—*
18 *Upon the completion of each phase of the study required*
19 *under subsection (a), the National Academy of Sciences*
20 *shall submit to the Secretary of Defense and the Secretary*
21 *of Veterans Affairs a report on such phase of the study.*

22 (g) *DOD AND VA RESPONSE TO NAS REPORTS.—*

23 (1) *PRELIMINARY RESPONSE.—Not later than 45*
24 *days after the receipt of a report under subsection (f)*
25 *on each phase of the study required under subsection*

1 (a), the Secretary of Defense and the Secretary of Vet-
2 erans Affairs shall jointly develop a preliminary joint
3 Department of Defense-Department of Veterans Af-
4 fairs plan to address the findings and recommenda-
5 tions of the National Academy of Sciences contained
6 in such report. The preliminary plan shall provide
7 preliminary proposals on the matters set forth in
8 paragraph (3).

9 (2) *FINAL RESPONSE*.—Not later than 90 days
10 after the receipt of a report under subsection (f) on
11 each phase of the study required under subsection (a),
12 the Secretary of Defense and the Secretary of Veterans
13 Affairs shall jointly develop a final joint Department
14 of Defense-Department of Veterans Affairs plan to ad-
15 dress the findings and recommendations of the Na-
16 tional Academy of Sciences contained in such report.
17 The final plan shall provide final proposals on the
18 matters set forth in paragraph (3).

19 (3) *COVERED MATTERS*.—The matters set forth
20 in this paragraph with respect to a phase of the study
21 required under subsection (a) are as follows:

22 (A) *Modifications of policy or practice*
23 *within the Department of Defense and the De-*
24 *partment of Veterans Affairs that are necessary*
25 *to address gaps in care or services as identified*

1 *by the National Academy of Sciences under such*
2 *phase of the study.*

3 *(B) Modifications of policy or practice*
4 *within the Department of Defense and the De-*
5 *partment of Veterans Affairs that are necessary*
6 *to address recommendations made by the Na-*
7 *tional Academy of Sciences under such phase of*
8 *the study.*

9 *(C) An estimate of the costs of imple-*
10 *menting the modifications set forth under sub-*
11 *paragraphs (A) and (B), set forth by fiscal year*
12 *for at least the first five fiscal years beginning*
13 *after the date of the plan concerned.*

14 (4) *REPORTS ON RESPONSES.—The Secretary of*
15 *Defense and the Secretary of Veterans Affairs shall*
16 *jointly submit to Congress a report setting forth each*
17 *joint plan developed under paragraphs (1) and (2).*

18 (5) *PUBLIC AVAILABILITY OF RESPONSES.—The*
19 *Secretary of Defense and the Secretary of Veterans Af-*
20 *airs shall each make available to the public each re-*
21 *port submitted to Congress under paragraph (4), in-*
22 *cluding by posting an electronic copy of such report*
23 *on the Internet website of the Department of Defense*
24 *or the Department of Veterans Affairs, as applicable,*
25 *that is available to the public.*

1 (6) *GAO AUDIT.*—Not later than 45 days after
2 the submittal to Congress of the report under para-
3 graph (4) on the final joint Department of Defense-
4 Department of Veterans Affairs plan under para-
5 graph (2), the Comptroller General of the United
6 States shall submit to Congress a report assessing the
7 contents of such report under paragraph (4). The re-
8 port of the Comptroller General under this paragraph
9 shall include—

10 (A) *an assessment of the adequacy and suf-*
11 *ficiency of the final joint Department of Defense-*
12 *Department of Veterans Affairs plan in address-*
13 *ing the findings and recommendations of the Na-*
14 *tional Academy of Sciences as a result of the*
15 *study required under subsection (a);*

16 (B) *an assessment of the feasibility and ad-*
17 *visability of the modifications of policy and*
18 *practice proposed in the final joint Department*
19 *of Defense-Department of Veterans Affairs plan;*

20 (C) *an assessment of the sufficiency and ac-*
21 *curacy of the cost estimates in the final joint De-*
22 *partment of Defense-Department of Veterans Af-*
23 *airs plan; and*

24 (D) *the comments, if any, of the National*
25 *Academy of Sciences on the final joint Depart-*

1 *ment of Defense-Department of Veterans Affairs*
2 *plan.*

3 *(h) AUTHORIZATION OF APPROPRIATIONS.—There is*
4 *hereby authorized to be appropriated to the Department of*
5 *Defense such sums as may be necessary to carry out this*
6 *section.*

7 **TITLE II—VETERANS MATTERS**

8 **SEC. 201. SENSE OF CONGRESS ON DEPARTMENT OF VET-** 9 **ERANS AFFAIRS EFFORTS IN THE REHABILI-** 10 **TATION AND REINTEGRATION OF VETERANS** 11 **WITH TRAUMATIC BRAIN INJURY.**

12 *It is the sense of Congress that—*

13 *(1) the Department of Veterans Affairs is a lead-*
14 *er in the field of traumatic brain injury care and co-*
15 *ordination of such care;*

16 *(2) the Department of Veterans Affairs should*
17 *have the capacity and expertise to provide veterans*
18 *who have a traumatic brain injury with patient-cen-*
19 *tered health care, rehabilitation, and community inte-*
20 *gration services that are comparable to or exceed*
21 *similar care and services available to persons with*
22 *such injuries in the academic and private sector;*

23 *(3) rehabilitation for veterans who have a trau-*
24 *matic brain injury should be individualized, com-*
25 *prehensive, and interdisciplinary with the goals of*

1 *optimizing the independence of such veterans and re-*
2 *integrating them into their communities;*

3 *(4) family support is integral to the rehabilita-*
4 *tion and community reintegration of veterans who*
5 *have sustained a traumatic brain injury, and the De-*
6 *partment should provide the families of such veterans*
7 *with education and support;*

8 *(5) the Department of Defense and Department*
9 *of Veterans Affairs have made efforts to provide a*
10 *smooth transition of medical care and rehabilitative*
11 *services to individuals as they transition from the*
12 *health care system of the Department of Defense to*
13 *that of the Department of Veterans Affairs, but more*
14 *can be done to assist veterans and their families in*
15 *the continuum of the rehabilitation, recovery, and re-*
16 *integration of wounded or injured veterans into their*
17 *communities;*

18 *(6) in planning for rehabilitation and commu-*
19 *nity reintegration of veterans who have a traumatic*
20 *brain injury, it is necessary for the Department of*
21 *Veterans Affairs to provide a system for life-long case*
22 *management for such veterans; and*

23 *(7) in such system for life-long case management,*
24 *it is necessary to conduct outreach and to tailor spe-*
25 *cialized traumatic brain injury case management and*

1 *outreach for the unique needs of veterans with trau-*
2 *matic brain injury who reside in urban and non-*
3 *urban settings.*

4 **SEC. 202. INDIVIDUAL REHABILITATION AND COMMUNITY**
5 **REINTEGRATION PLANS FOR VETERANS AND**
6 **OTHERS WITH TRAUMATIC BRAIN INJURY.**

7 *(a) IN GENERAL.—Subchapter II of chapter 17 of title*
8 *38, United States Code, is amended by inserting after sec-*
9 *tion 1710B the following new section:*

10 **“§ 1710C. Traumatic brain injury: plans for rehabili-**
11 **tation and reintegration into the commu-**
12 **nity**

13 *“(a) PLAN REQUIRED.—The Secretary shall, for each*
14 *veteran or member of the Armed Forces who receives inpa-*
15 *tient or outpatient rehabilitation care from the Department*
16 *for a traumatic brain injury—*

17 *“(1) develop an individualized plan for the reha-*
18 *bilitation and reintegration of such individual into*
19 *the community; and*

20 *“(2) provide such plan in writing to such indi-*
21 *vidual before such individual is discharged from in-*
22 *patient care, following transition from active duty to*
23 *the Department for outpatient care, or as soon as*
24 *practicable following diagnosis.*

1 “(b) *CONTENTS OF PLAN.*—Each plan developed under
2 subsection (a) shall include, for the individual covered by
3 such plan, the following:

4 “(1) *Rehabilitation objectives for improving the*
5 *physical, cognitive, and vocational functioning of*
6 *such individual with the goal of maximizing the inde-*
7 *pendence and reintegration of such individual into*
8 *the community.*

9 “(2) *Access, as warranted, to all appropriate re-*
10 *habilitative components of the traumatic brain injury*
11 *continuum of care.*

12 “(3) *A description of specific rehabilitative treat-*
13 *ments and other services to achieve the objectives de-*
14 *scribed in paragraph (1), which description shall set*
15 *forth the type, frequency, duration, and location of*
16 *such treatments and services.*

17 “(4) *The name of the case manager designated in*
18 *accordance with subsection (d) to be responsible for*
19 *the implementation of such plan.*

20 “(5) *Dates on which the effectiveness of the plan*
21 *will be reviewed in accordance with subsection (f).*

22 “(c) *COMPREHENSIVE ASSESSMENT.*—

23 “(1) *IN GENERAL.*—Each plan developed under
24 subsection (a) shall be based upon a comprehensive

1 *assessment, developed in accordance with paragraph*
2 *(2), of—*

3 *“(A) the physical, cognitive, vocational, and*
4 *neuropsychological and social impairments of*
5 *such individual; and*

6 *“(B) the family education and family sup-*
7 *port needs of such individual after discharge*
8 *from inpatient care.*

9 *“(2) FORMATION.—The comprehensive assess-*
10 *ment required under paragraph (1) with respect to an*
11 *individual is a comprehensive assessment of the mat-*
12 *ters set forth in that paragraph by a team, composed*
13 *by the Secretary for purposes of the assessment from*
14 *among, but not limited to, individuals with expertise*
15 *in traumatic brain injury, including the following:*

16 *“(A) A neurologist.*

17 *“(B) A rehabilitation physician.*

18 *“(C) A social worker.*

19 *“(D) A neuropsychologist.*

20 *“(E) A physical therapist.*

21 *“(F) A vocational rehabilitation specialist.*

22 *“(G) An occupational therapist.*

23 *“(H) A speech language pathologist.*

24 *“(I) A rehabilitation nurse.*

25 *“(J) An educational therapist.*

1 “(K) *An audiologist.*

2 “(L) *A blind rehabilitation specialist.*

3 “(M) *A recreational therapist.*

4 “(N) *A low vision optometrist.*

5 “(O) *An orthotist or prostetist.*

6 “(P) *An assistive technologist or rehabilita-*
7 *tion engineer.*

8 “(Q) *An otolaryngology physician.*

9 “(R) *A dietician.*

10 “(S) *An ophthamologist.*

11 “(T) *A psychiatrist.*

12 “(d) *CASE MANAGER.—(1) The Secretary shall des-*
13 *ignate a case manager for each individual described in sub-*
14 *section (a) to be responsible for the implementation of the*
15 *plan, and coordination of such care, required by such sub-*
16 *section for such individual.*

17 “(2) *The Secretary shall ensure that such case manager*
18 *has specific expertise in the care required by the individual*
19 *to whom such case manager is designated, regardless of*
20 *whether such case manager obtains such expertise through*
21 *experience, education, or training.*

22 “(e) *PARTICIPATION AND COLLABORATION IN DEVEL-*
23 *OPMENT OF PLANS.—(1) The Secretary shall involve each*
24 *individual described in subsection (a), and the family or*
25 *legal guardian of such individual, in the development of*

1 *the plan for such individual under that subsection to the*
2 *maximum extent practicable.*

3 “(2) *The Secretary shall collaborate in the development*
4 *of a plan for an individual under subsection (a) with a*
5 *State protection and advocacy system if—*

6 “(A) *the individual covered by such plan re-*
7 *quests such collaboration; or*

8 “(B) *in the case such individual is incapaci-*
9 *tated, the family or guardian of such individual re-*
10 *quests such collaboration.*

11 “(3) *In the case of a plan required by subsection (a)*
12 *for a member of the Armed Forces who is on active duty,*
13 *the Secretary shall collaborate with the Secretary of Defense*
14 *in the development of such plan.*

15 “(4) *In developing vocational rehabilitation objectives*
16 *required under subsection (b)(1) and in conducting the as-*
17 *essment required under subsection (c), the Secretary shall*
18 *act through the Under Secretary for Health in coordination*
19 *with the Vocational Rehabilitation and Employment Serv-*
20 *ice of the Department of Veterans Affairs.*

21 “(f) *EVALUATION.—*

22 “(1) *PERIODIC REVIEW BY SECRETARY.—The*
23 *Secretary shall periodically review the effectiveness of*
24 *each plan developed under subsection (a). The Sec-*

1 *retary shall refine each such plan as the Secretary*
2 *considers appropriate in light of such review.*

3 “(2) *REQUEST FOR REVIEW BY VETERANS.—In*
4 *addition to the periodic review required by paragraph*
5 *(1), the Secretary shall conduct a review of the plan*
6 *of a veteran under paragraph (1) at the request of*
7 *such veteran, or in the case that such veteran is inca-*
8 *pacitated, at the request of the guardian or the des-*
9 *ignee of such veteran.*

10 “(g) *STATE DESIGNATED PROTECTION AND ADVOCACY*
11 *SYSTEM DEFINED.—In this section, the term ‘State protec-*
12 *tion and advocacy system’ means a system established in*
13 *a State under subtitle C of the Developmental Disabilities*
14 *Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15041*
15 *et seq.) to protect and advocate for the rights of persons*
16 *with development disabilities.”.*

17 (b) *CLERICAL AMENDMENT.—The table of sections at*
18 *the beginning of chapter 17 of such title is amended by in-*
19 *serting after the item relating to section 1710B the following*
20 *new item:*

 “1710C. *Traumatic brain injury: plans for rehabilitation and reintegration into*
 the community.”.

1 **SEC. 203. USE OF NON-DEPARTMENT OF VETERANS AF-**
2 **FAIRS FACILITIES FOR IMPLEMENTATION OF**
3 **REHABILITATION AND COMMUNITY RE-**
4 **INTEGRATION PLANS FOR TRAUMATIC BRAIN**
5 **INJURY.**

6 (a) *IN GENERAL.*—Subchapter II of chapter 17 of title
7 38, United States Code, is amended by inserting after sec-
8 tion 1710C, as added by section 202 of this Act, the fol-
9 lowing new section:

10 **“§ 1710D. Traumatic brain injury: use of non-Depart-**
11 **ment facilities for rehabilitation**

12 “(a) *IN GENERAL.*—Subject to section 1710(a)(4) of
13 this title and subsection (b) of this section, the Secretary
14 shall provide rehabilitative treatment or services to imple-
15 ment a plan developed under section 1710C of this title at
16 a non-Department facility with which the Secretary has en-
17 tered into an agreement for such purpose, to an
18 individual—

19 “(1) who is described in section 1710C(a) of this
20 title; and

21 “(2)(A) to whom the Secretary is unable to pro-
22 vide such treatment or services at the frequency or for
23 the duration prescribed in such plan; or

24 “(B) for whom the Secretary determines that it
25 is optimal with respect to the recovery and rehabilita-
26 tion of such individual .

1 “(b) *STANDARDS.*—*The Secretary may not provide*
2 *treatment or services as described in subsection (a) at a*
3 *non-Department facility under such subsection unless such*
4 *facility maintains standards for the provision of such treat-*
5 *ment or services established by an independent, peer-re-*
6 *viewed organization that accredits specialized rehabilita-*
7 *tion programs for adults with traumatic brain injury.*”

8 “(c) *AUTHORITIES OF STATE PROTECTION AND ADVO-*
9 *CACY SYSTEMS.*—*With respect to the provision of rehabili-*
10 *tative treatment or services described in subsection (a) in*
11 *a non-Department facility, a State designated protection*
12 *and advocacy system established under subtitle C of the De-*
13 *velopmental Disabilities Assistance and Bill of Rights Act*
14 *of 2000 (42 U.S.C. 15041 et seq.) shall have the authorities*
15 *described under such subtitle.”.*”

16 “(b) *CLERICAL AMENDMENT.*—*The table of sections at*
17 *the beginning of chapter 17 of such title is amended by in-*
18 *serting after the item relating to section 1710C, as added*
19 *by section 202 of this Act, the following new item:*

 “1710D. *Traumatic brain injury: use of non-Department facilities for rehabilita-*
 tion.”.”

20 “(c) *CONFORMING AMENDMENT.*—*Section 1710(a)(4) of*
21 *such title is amended by inserting “the requirement in sec-*
22 *tion 1710D of this title that the Secretary provide certain*
23 *rehabilitative treatment or services,” after “extended care*
24 *services,”.*”

1 **SEC. 204. RESEARCH, EDUCATION, AND CLINICAL CARE**
2 **PROGRAM ON SEVERE TRAUMATIC BRAIN IN-**
3 **JURY.**

4 (a) *PROGRAM REQUIRED.*—Subchapter II of chapter
5 73 of title 38, United States Code, is amended by inserting
6 after section 7330 the following new section:

7 **“§ 7330A. Severe traumatic brain injury research, edu-**
8 **cation, and clinical care program**

9 “(a) *PROGRAM REQUIRED.*—The Secretary shall estab-
10 lish a program on research, education, and clinical care
11 to provide intensive neuro-rehabilitation to veterans with
12 a severe traumatic brain injury, including veterans in a
13 minimally conscious state who would otherwise receive only
14 long-term residential care.

15 “(b) *COLLABORATION REQUIRED.*—The Secretary
16 shall establish the program required by subsection (a) in
17 collaboration with the Defense and Veterans Brain Injury
18 Center and other relevant programs of the Federal Govern-
19 ment (including other Centers of Excellence).

20 “(c) *EDUCATION REQUIRED.*—As part of the program
21 required by subsection (a), the Secretary shall, in collabora-
22 tion with the Defense and Veterans Brain Injury Center
23 and any other relevant programs of the Federal Government
24 (including other Centers of Excellence), conduct educational
25 programs on recognizing and diagnosing mild and mod-
26 erate cases of traumatic brain injury.

1 “(d) *AUTHORIZATION OF APPROPRIATIONS.*—*There is*
2 *authorized to be appropriated to the Secretary for each of*
3 *fiscal years 2008 through 2012, \$10,000,000 to carry out*
4 *the program required by subsection (a).”.*

5 (b) *CLERICAL AMENDMENT.*—*The table of sections at*
6 *the beginning of chapter 73 is amended by inserting after*
7 *the item relating to section 7330 the following new item:*

“7330A. *Severe traumatic brain injury research, education, and clinical care pro-*
gram.”.

8 (c) *REPORT.*—*Not later than 18 months after the date*
9 *of the enactment of this Act, the Secretary of Veterans Af-*
10 *fairs shall submit to Congress a report on the research to*
11 *be conducted under the program required by section 7330A*
12 *of title 38, United States Code, as added by subsection (a).*

13 **SEC. 205. PILOT PROGRAM ON ASSISTED LIVING SERVICES**
14 **FOR VETERANS WITH TRAUMATIC BRAIN IN-**
15 **JURY.**

16 (a) *PILOT PROGRAM.*—*Not later than 90 days after*
17 *the date of the enactment of this Act, the Secretary of Vet-*
18 *erans Affairs shall, in collaboration with the Defense and*
19 *Veterans Brain Injury Center, carry out a pilot program*
20 *to assess the effectiveness of providing assisted living serv-*
21 *ices to eligible veterans to enhance the rehabilitation, qual-*
22 *ity of life, and community integration of such veterans.*

1 **(b) DURATION OF PROGRAM.**—*The pilot program shall*
2 *be carried out during the five-year period beginning on the*
3 *date of the commencement of the pilot program.*

4 **(c) PROGRAM LOCATIONS.**—

5 **(1) IN GENERAL.**—*The pilot program shall be*
6 *carried out at locations selected by the Secretary for*
7 *purposes of the pilot program. Of the locations so*
8 *selected—*

9 **(A)** *at least one shall be in each health care*
10 *region of the Veterans Health Administration*
11 *that contains a polytrauma center of the Depart-*
12 *ment of Veterans Affairs; and*

13 **(B)** *any other locations shall be in areas*
14 *that contain high concentrations of veterans with*
15 *traumatic brain injury, as determined by the*
16 *Secretary.*

17 **(2) SPECIAL CONSIDERATION FOR VETERANS IN**
18 **RURAL AREAS.**—*Special consideration shall be given*
19 *to provide veterans in rural areas with an oppor-*
20 *tunity to participate in the pilot program.*

21 **(d) PROVISION OF ASSISTED LIVING SERVICES.**—

22 **(1) AGREEMENTS.**—*In carrying out the pilot*
23 *program, the Secretary may enter into agreements for*
24 *the provision of assisted living services on behalf of el-*
25 *igible veterans with a provider participating under a*

1 *State plan or waiver under title XIX of such Act (42*
2 *U.S.C. 1396 et seq.).*

3 (2) *STANDARDS.—The Secretary may not place,*
4 *transfer, or admit a veteran to any facility for as-*
5 *isted living services under this program unless the*
6 *Secretary determines that the facility meets such*
7 *standards as the Secretary may prescribe for purposes*
8 *of the pilot program. Such standards shall, to the ex-*
9 *tent practicable, be consistent with the standards of*
10 *Federal, State, and local agencies charged with the re-*
11 *ponsibility of licensing or otherwise regulating or in-*
12 *specting such facilities.*

13 (e) *CONTINUATION OF CASE MANAGEMENT AND REHA-*
14 *BILITATION SERVICES.—In carrying the pilot program*
15 *under subsection (a), the Secretary shall continue to provide*
16 *each veteran who is receiving assisted living services under*
17 *the pilot program with rehabilitative services and shall des-*
18 *ignate Department health-care employees to furnish case*
19 *management services for veterans participating in the pilot*
20 *program.*

21 (f) *REPORT.—*

22 (1) *IN GENERAL.—Not later than 60 days after*
23 *the completion of the pilot program, the Secretary*
24 *shall submit to the congressional veterans affairs com-*
25 *mittees a report on the pilot program.*

1 (2) *CONTENTS.*—*The report required by para-*
2 *graph (1) shall include the following:*

3 (A) *A description of the pilot program.*

4 (B) *An assessment of the utility of the ac-*
5 *tivities under the pilot program in enhancing*
6 *the rehabilitation, quality of life, and commu-*
7 *nity reintegration of veterans with traumatic*
8 *brain injury.*

9 (C) *Such recommendations as the Secretary*
10 *considers appropriate regarding the extension or*
11 *expansion of the pilot program.*

12 (g) *DEFINITIONS.*—*In this section:*

13 (1) *The term “assisted living services” means*
14 *services of a facility in providing room, board, and*
15 *personal care for and supervision of residents for*
16 *their health, safety, and welfare.*

17 (2) *The term “case management services” in-*
18 *cludes the coordination and facilitation of all services*
19 *furnished to a veteran by the Department of Veterans*
20 *Affairs, either directly or through contract, including*
21 *assessment of needs, planning, referral (including re-*
22 *referral for services to be furnished by the Department,*
23 *either directly or through a contract, or by an entity*
24 *other than the Department), monitoring, reassess-*
25 *ment, and followup.*

1 (3) *The term “congressional veterans affairs*
2 *committees” means—*

3 (A) *the Committee on Veterans’ Affairs of*
4 *the Senate; and*

5 (B) *the Committee on Veterans’ Affairs of*
6 *the House of Representatives.*

7 (4) *The term “eligible veteran” means a veteran*
8 *who—*

9 (A) *is enrolled in the Department of Vet-*
10 *erans Affairs health care system;*

11 (B) *has received treatment for traumatic*
12 *brain injury from the Department of Veterans*
13 *Affairs;*

14 (C) *is unable to manage routine activities*
15 *of daily living without supervision and assist-*
16 *ance; and*

17 (D) *could reasonably be expected to receive*
18 *ongoing services after the end of the pilot pro-*
19 *gram under this section under another govern-*
20 *ment program or through other means.*

21 (h) *AUTHORIZATION OF APPROPRIATIONS.—There is*
22 *authorized to be appropriated to the Secretary of Veterans*
23 *Affairs to carry out this section, \$8,000,000 for each of fis-*
24 *cal years 2008 through 2013.*

1 **SEC. 206. RESEARCH ON TRAUMATIC BRAIN INJURY.**

2 (a) *INCLUSION OF RESEARCH ON TRAUMATIC BRAIN*
3 *INJURY UNDER ONGOING RESEARCH PROGRAMS.*—*The*
4 *Secretary of Veterans Affairs shall, in carrying out research*
5 *programs and activities under the provisions of law referred*
6 *to in subsection (b), ensure that such programs and activi-*
7 *ties include research on the sequelae of mild to severe forms*
8 *of traumatic brain injury, including—*

9 (1) *research on visually-related neurological con-*
10 *ditions;*

11 (2) *research on seizure disorders;*

12 (3) *research on means of improving the diag-*
13 *nosis, rehabilitative treatment, and prevention of such*
14 *sequelae;*

15 (4) *research to determine the most effective cog-*
16 *nitive and physical therapies for the sequelae of trau-*
17 *matic brain injury; and*

18 (5) *research on dual diagnosis of post-traumatic*
19 *stress disorder and traumatic brain injury.*

20 (b) *RESEARCH AUTHORITIES.*—*The provisions of law*
21 *referred to in this subsection are the following:*

22 (1) *Section 3119 of title 38, United States Code,*
23 *relating to rehabilitation research and special*
24 *projects.*

1 (2) *Section 7303 of such title, relating to re-*
2 *search programs of the Veterans Health Administra-*
3 *tion.*

4 (3) *Section 7327 of such title, relating to re-*
5 *search, education, and clinical activities on complex*
6 *multi-trauma associated with combat injuries.*

7 (c) *COLLABORATION.*—*In carrying out the research re-*
8 *quired by subsection (a), the Secretary shall collaborate*
9 *with facilities that—*

10 (1) *conduct research on rehabilitation for indi-*
11 *viduals with traumatic brain injury; and*

12 (2) *receive grants for such research from the Na-*
13 *tional Institute on Disability and Rehabilitation Re-*
14 *search of the Department of Education.*

15 (d) *REPORT.*—*Not later than 90 days after the date*
16 *of the enactment of this Act, the Secretary shall submit to*
17 *the Committee on Veterans' Affairs of the Senate and the*
18 *Committee on Veterans' Affairs of the House of Representa-*
19 *tives a report describing in comprehensive detail the re-*
20 *search to be carried out pursuant to subsection (a).*

21 **SEC. 207. AGE-APPROPRIATE NURSING HOME CARE.**

22 (a) *FINDING.*—*Congress finds that young veterans who*
23 *are injured or disabled through military service and require*
24 *long-term care should have access to age-appropriate nurs-*
25 *ing home care.*

1 **(b) REQUIREMENT TO PROVIDE AGE-APPROPRIATE**
 2 **NURSING HOME CARE.**—Section 1710A of title 38, United
 3 States Code, is amended—

4 (1) by redesignating subsection (c) as subsection
 5 (d); and

6 (2) by inserting after subsection (b) the following
 7 new subsection (c):

8 “(c) The Secretary shall ensure that nursing home care
 9 provided under subsection (a) is provided in an age-appro-
 10 priate manner.”.

11 **SEC. 208. EXTENSION OF PERIOD OF ELIGIBILITY FOR**
 12 **HEALTH CARE FOR COMBAT SERVICE IN THE**
 13 **PERSIAN GULF WAR OR FUTURE HOS-**
 14 **TILITIES.**

15 Section 1710(e)(3)(C) of title 38, United States Code,
 16 is amended by striking “2 years” and inserting “5 years”.

17 **SEC. 209. MENTAL HEALTH: SERVICE-CONNECTION STATUS**
 18 **AND EVALUATIONS FOR CERTAIN VETERANS.**

19 **(a) PRESUMPTION OF SERVICE-CONNECTION OF MEN-**
 20 **TAL ILLNESS FOR CERTAIN VETERANS.**—Section 1702 of
 21 title 38, United States Code, is amended—

22 (1) by striking “psychosis” and inserting “men-
 23 tal illness”; and

24 (2) in the heading, by striking “**psychosis**”
 25 and inserting “**mental illness**”.

1 **(b) PROVISION OF MENTAL HEALTH EVALUATIONS**
2 **FOR CERTAIN VETERANS.**—*Upon the request of a veteran*
3 *described in section 1710(e)(3)(C) of title 38, United States*
4 *Code, the Secretary shall provide to such veteran a prelimi-*
5 *nary mental health evaluation as soon as practicable, but*
6 *not later than 30 days after such request.*

7 **SEC. 210. MODIFICATION OF REQUIREMENTS FOR FUR-**
8 **NISHING OUTPATIENT DENTAL SERVICES TO**
9 **VETERANS WITH A SERVICE-CONNECTED**
10 **DENTAL CONDITION OR DISABILITY.**

11 *Section 1712(a)(1)(B)(iv) of title 38, United States*
12 *Code, is amended by striking “90-day” and inserting “180-*
13 *day”.*

14 **SEC. 211. DEMONSTRATION PROGRAM ON PREVENTING**
15 **VETERANS AT-RISK OF HOMELESSNESS FROM**
16 **BECOMING HOMELESS.**

17 **(a) DEMONSTRATION PROGRAM.**—*The Secretary of*
18 *Veterans Affairs shall carry out a demonstration program*
19 *for the purpose of—*

- 20 (1) *identifying members of the Armed Forces on*
21 *active duty who are at risk of becoming homeless after*
22 *they are discharged or released from active duty; and*
23 (2) *providing referral, counseling, and sup-*
24 *portive services, as appropriate, to help prevent such*

1 *members, upon becoming veterans, from becoming*
2 *homeless.*

3 *(b) PROGRAM LOCATIONS.—The Secretary shall carry*
4 *out the demonstration program in at least three locations.*

5 *(c) IDENTIFICATION CRITERIA.—In developing and*
6 *implementing the criteria to identify members of the Armed*
7 *Forces, who upon becoming veterans, are at-risk of becom-*
8 *ing homeless, the Secretary of Veterans Affairs shall consult*
9 *with the Secretary of Defense and such other officials and*
10 *experts as the Secretary considers appropriate.*

11 *(d) CONTRACTS.—The Secretary of Veterans Affairs*
12 *may enter into contracts to provide the referral, counseling,*
13 *and supportive services required under the demonstration*
14 *program with entities or organizations that meet such re-*
15 *quirements as the Secretary may establish.*

16 *(e) SUNSET.—The authority of the Secretary under*
17 *subsection (a) shall expire on September 30, 2011.*

18 *(f) AUTHORIZATION OF APPROPRIATIONS.—There are*
19 *authorized to be appropriated \$2,000,000 for the purpose*
20 *of carrying out the provisions of this section.*

21 **SEC. 212. CLARIFICATION OF PURPOSE OF THE OUTREACH**
22 **SERVICES PROGRAM OF THE DEPARTMENT**
23 **OF VETERANS AFFAIRS.**

24 *(a) CLARIFICATION OF INCLUSION OF MEMBERS OF*
25 *THE NATIONAL GUARD AND RESERVE IN PROGRAM.—Sub-*

1 *section (a)(1) of section 6301 of title 38, United States Code,*
2 *is amended by inserting “, or from the National Guard or*
3 *Reserve,” after “active military, naval, or air service”.*

4 (b) *DEFINITION OF OUTREACH.*—*Subsection (b) of*
5 *such section is amended—*

6 (1) *by redesignating paragraphs (1) and (2) as*
7 *paragraphs (2) and (3), respectively; and*

8 (2) *by inserting before paragraph (2) the fol-*
9 *lowing new paragraph (1):*

10 “(1) *the term ‘outreach’ means the act or process*
11 *of reaching out in a systematic manner to proactively*
12 *provide information, services, and benefits counseling*
13 *to veterans, and to the spouses, children, and parents*
14 *of veterans who may be eligible to receive benefits*
15 *under the laws administered by the Secretary, to en-*
16 *sure that such individuals are fully informed about,*
17 *and assisted in applying for, any benefits and pro-*
18 *grams under such laws;”.*

19 **TITLE III**

20 **SEC. 301. FISCAL YEAR 2008 INCREASE IN MILITARY BASIC** 21 **PAY.**

22 (a) *WAIVER OF SECTION 1009 ADJUSTMENT.*—*The ad-*
23 *justment to become effective during Fiscal year 2008 re-*
24 *quired by section 1009 of title 37, United States Code, in*

1 *the rates of monthly basic pay authorized for members of*
2 *the uniformed services shall not be made.*

3 **(b) INCREASE IN BASIC PAY.**—*Effective on January*
4 *1, 2008, the rates of monthly basic pay for members of the*
5 *uniformed services are increased by 3.5 percent.*

Attest:

Secretary.

110TH CONGRESS
1ST SESSION

H. R. 1538

AMENDMENT

September 5, 2007

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