

National Defense Authorization Act for Fiscal Year 2008

[Public Law 110–181, approved January 28, 2008]

[As Amended Through P.L. 118–159, Enacted December 23, 2024]

【Currency: This publication is a compilation of the text of Public Law 110–181. It was last amended by the public law listed in the As Amended Through note above and below at the bottom of each page of the pdf version and reflects current law through the date of the enactment of the public law listed at <https://www.govinfo.gov/app/collection/comps/>】

【Note: While this publication does not represent an official version of any Federal statute, substantial efforts have been made to ensure the accuracy of its contents. The official version of Federal law is found in the United States Statutes at Large and in the United States Code. The legal effect to be given to the Statutes at Large and the United States Code is established by statute (1 U.S.C. 112, 204).】

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TITLE VIII—ACQUISITION POLICY, AC- QUISITION MANAGEMENT, AND RE- LATED MATTERS

Sec. 800. Short title.

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Subtitle F—Contracts in Iraq and Afghanistan

Sec. 861. Memorandum of understanding on matters relating to contracting.

Sec. 862. Contractors performing private security functions in areas of combat operations.

Sec. 863. Comptroller General reviews and reports on contracting in Iraq and Afghanistan.

Sec. 864. Definitions and other general provisions.

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SEC. 800. [10 U.S.C. 101 note] SHORT TITLE.

This title may be cited as the “Acquisition Improvement and Accountability Act of 2007”.

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Subtitle F—Contracts in Iraq and Afghanistan

SEC. 861. [10 U.S.C. 2302 note] MEMORANDUM OF UNDERSTANDING ON MATTERS RELATING TO CONTRACTING.

(a) MEMORANDUM OF UNDERSTANDING REQUIRED.—The Secretary of Defense, the Secretary of State, and the Administrator of the United States Agency for International Development shall, not

later than July 1, 2008, enter into a memorandum of understanding regarding matters relating to contracting for contracts in Iraq or Afghanistan.

(b) MATTERS COVERED.—The memorandum of understanding required by subsection (a) shall address, at a minimum, the following:

(1) Identification of the major categories of contracts in Iraq or Afghanistan being awarded by the Department of Defense, the Department of State, or the United States Agency for International Development.

(2) Identification of the roles and responsibilities of each department or agency for matters relating to contracting for contracts in Iraq or Afghanistan.

(3) Responsibility for establishing procedures for, and the coordination of, movement of contractor personnel in Iraq or Afghanistan.

(4) Identification of common databases that will serve as repositories of information on contracts in Iraq or Afghanistan and contractor personnel in Iraq or Afghanistan, including agreement on the elements to be included in the databases, including, at a minimum—

(A) with respect to each contract—

(i) a brief description of the contract (to the extent consistent with security considerations);

(ii) the total value of the contract; and

(iii) whether the contract was awarded competitively; and

(B) with respect to contractor personnel—

(i) the total number of personnel employed on contracts in Iraq or Afghanistan;

(ii) the total number of personnel performing security functions under contracts in Iraq or Afghanistan; and

(iii) the total number of personnel working under contracts in Iraq or Afghanistan who have been killed or wounded.

(5) Responsibility for maintaining and updating information in the common databases identified under paragraph (4).

(6) Responsibility for the collection and referral to the appropriate Government agency of any information relating to offenses under chapter 47 of title 10, United States Code (the Uniform Code of Military Justice) or chapter 212 of title 18, United States Code (commonly referred to as the Military Extraterritorial Jurisdiction Act), including a clarification of responsibilities under section 802(a)(10) of title 10, United States Code (article 2(a) of the Uniform Code of Military Justice), as amended by section 552 of the John Warner National Defense Authorization Act for Fiscal Year 2007 (Public Law 109–364).

(7) Mechanisms for ensuring that contractors are required to report offenses described in paragraph (6) that are alleged to have been committed by or against contractor personnel to appropriate investigative authorities.

(8) Responsibility for providing victim and witness protection and assistance to contractor personnel in connection with alleged offenses described in paragraph (6).

(9) Development of a requirement that a contractor shall provide to all contractor personnel who will perform work on a contract in Iraq or Afghanistan, before beginning such work, information on the following:

(A) How and where to report an alleged offense described in paragraph (6).

(B) Where to seek the assistance required by paragraph (8).

(c) IMPLEMENTATION OF MEMORANDUM OF UNDERSTANDING.—Not later than 120 days after the memorandum of understanding required by subsection (a) is signed, the Secretary of Defense, the Secretary of State, and the Administrator of the United States Agency for International Development shall issue such policies or guidance and prescribe such regulations as are necessary to implement the memorandum of understanding for the relevant matters pertaining to their respective agencies.

(d) COPIES PROVIDED TO CONGRESS.—

(1) MEMORANDUM OF UNDERSTANDING.—Copies of the memorandum of understanding required by subsection (a) shall be provided to the relevant committees of Congress within 30 days after the memorandum is signed.

(2) REPORT ON IMPLEMENTATION.—Not later than 180 days after the memorandum of understanding required by subsection (a) is signed, the Secretary of Defense, the Secretary of State, and the Administrator of the United States Agency for International Development shall each provide a report to the relevant committees of Congress on the implementation of the memorandum of understanding.

(3) DATABASES.—The Secretary of Defense, the Secretary of State, or the Administrator of the United States Agency for International Development shall provide access to the common databases identified under subsection (b)(4) to the relevant committees of Congress.

(4) CONTRACTS.—Effective on the date of the enactment of this Act, copies of any contracts in Iraq or Afghanistan awarded after December 1, 2007, shall be provided to any of the relevant committees of Congress within 15 days after the submission of a request for such contract or contracts from such committee to the department or agency managing the contract.

SEC. 862. [10 U.S.C. 2302 note] CONTRACTORS PERFORMING PRIVATE SECURITY FUNCTIONS IN AREAS OF COMBAT OPERATIONS.

(a) REGULATIONS ON CONTRACTORS PERFORMING PRIVATE SECURITY FUNCTIONS.—

(1) IN GENERAL.—Not later than 120 days after the date of the enactment of this Act, the Secretary of Defense, in coordination with the Secretary of State, shall prescribe regulations on the selection, training, equipping, and conduct of personnel performing private security functions under a covered contract in an area of combat operations or other significant military operations.

(2) ELEMENTS.—The regulations prescribed under subsection (a) shall, at a minimum, establish—

(A) a process for registering, processing, accounting for, and keeping appropriate records of personnel performing private security functions in an area of combat operations or other significant military operations;

(B) a process for authorizing and accounting for weapons to be carried by, or available to be used by, personnel performing private security functions in an area of combat operations or other significant military operations;

(C) a process for the registration and identification of armored vehicles, helicopters, and other military vehicles operated by contractors performing private security functions in an area of combat operations or other significant military operations;

(D) a process under which contractors are required to report all incidents, and persons other than contractors are permitted to report incidents, in which—

(i) a weapon is discharged by personnel performing private security functions in an area of combat operations or other significant military operations;

(ii) personnel performing private security functions in an area of combat operations or other significant military operations are killed or injured;

(iii) persons are killed or injured, or property is destroyed, as a result of conduct by contractor personnel;

(iv) a weapon is discharged against personnel performing private security functions in an area of combat operations or other significant military operations or personnel performing such functions believe a weapon was so discharged; or

(v) active, non-lethal countermeasures (other than the discharge of a weapon) are employed by the personnel performing private security functions in an area of combat operations or other significant military operations in response to a perceived immediate threat to such personnel;

(E) a process for the independent review and, if practicable, investigation of—

(i) incidents reported pursuant to subparagraph (D); and

(ii) incidents of alleged misconduct by personnel performing private security functions in an area of combat operations or other significant military operations;

(F) requirements for qualification, training, screening (including, if practicable, through background checks), and security for personnel performing private security functions in an area of combat operations or other significant military operations;

(G) guidance to the commanders of the combatant commands on the issuance of—

(i) orders, directives, and instructions to contractors performing private security functions relating to equipment, force protection, security, health, safety, or relations and interaction with locals;

(ii) predeployment training requirements for personnel performing private security functions in an area of combat operations or other significant military operations, addressing the requirements of this section, resources and assistance available to contractor personnel, country information and cultural training, and guidance on working with host country nationals and military; and

(iii) rules on the use of force for personnel performing private security functions in an area of combat operations or other significant military operations;

(H) a process by which a commander of a combatant command may request an action described in subsection (b)(3); and

(I) a process by which the training requirements referred to in subparagraph (G)(ii) shall be implemented.

(3) AVAILABILITY OF ORDERS, DIRECTIVES, AND INSTRUCTIONS.—The regulations prescribed under subsection (a) shall include mechanisms to ensure the provision and availability of the orders, directives, and instructions referred to in paragraph (2)(G)(i) to contractors referred to in that paragraph, including through the maintenance of a single location (including an Internet website, to the extent consistent with security considerations) at or through which such contractors may access such orders, directives, and instructions.

(b) CONTRACT CLAUSE ON CONTRACTORS PERFORMING PRIVATE SECURITY FUNCTIONS.—

(1) REQUIREMENT UNDER FAR.—Not later than 180 days after the date of the enactment of this Act, the Federal Acquisition Regulation issued in accordance with section 1303 of title 41, United States Code shall be revised to require the insertion into each covered contract (or, in the case of a task order, the contract under which the task order is issued) of a contract clause addressing the selection, training, equipping, and conduct of personnel performing private security functions under such contract.

(2) CLAUSE REQUIREMENT.—The contract clause required by paragraph (1) shall require, at a minimum, that the contractor concerned shall—

(A) ensure that the contractor and all employees of the contractor or any subcontractor who are responsible for performing private security functions under such contract comply with regulations prescribed under subsection (a), including any revisions or updates to such regulations, and follow the procedures established in such regulations for—

(i) registering, processing, accounting for, and keeping appropriate records of personnel performing private security functions in an area of combat operations or other significant military operations;

(ii) authorizing and accounting of weapons to be carried by, or available to be used by, personnel performing private security functions in an area of combat operations or other significant military operations;

(iii) registration and identification of armored vehicles, helicopters, and other military vehicles operated by contractors and subcontractors performing private security functions in an area of combat operations or other significant military operations; and

(iv) the reporting of incidents in which—

(I) a weapon is discharged by personnel performing private security functions in an area of combat operations or other significant military operations;

(II) personnel performing private security functions in an area of combat operations or other significant military operations are killed or injured; or

(III) persons are killed or injured, or property is destroyed, as a result of conduct by contractor personnel;

(B) ensure that the contractor and all employees of the contractor or any subcontractor who are responsible for performing private security functions under such contract comply with—

(i) qualification, training, screening (including, if practicable, through background checks), and security requirements established by the Secretary of Defense for personnel performing private security functions in an area of combat operations or other significant military operations;

(ii) applicable laws and regulations of the United States and the host country, and applicable treaties and international agreements, regarding the performance of the functions of the contractor;

(iii) orders, directives, and instructions issued by the applicable commander of a combatant command relating to equipment, force protection, security, health, safety, or relations and interaction with locals; and

(iv) rules on the use of force issued by the applicable commander of a combatant command for personnel performing private security functions in an area of combat operations or other significant military operations;

(C) cooperate with any investigation conducted by the Department of Defense pursuant to subsection (a)(2)(E) by providing access to employees of the contractor and relevant information in the possession of the contractor regarding the incident concerned; and

(D) ensure that the contract clause is included in subcontracts awarded to any subcontractor at any tier who is responsible for performing private security functions under the contract.

(3) **NONCOMPLIANCE OF PERSONNEL WITH CLAUSE.**—The contracting officer for a covered contract may direct the contractor, at its own expense, to remove or replace any personnel performing private security functions in an area of combat operations or other significant military operations who violate or fail to comply with applicable requirements of the clause required by this subsection. If the violation or failure to comply is a gross violation or failure or is repeated, the contract may be terminated for default.

(4) **APPLICABILITY.**—The contract clause required by this subsection shall be included in all covered contracts awarded on or after the date that is 180 days after the date of the enactment of this Act. Federal agencies shall make best efforts to provide for the inclusion of the contract clause required by this subsection in covered contracts awarded before such date.

(5) **INSPECTOR GENERAL REPORT ON PILOT PROGRAM ON IMPOSITION OF FINES FOR NONCOMPLIANCE OF PERSONNEL WITH CLAUSE.**—Not later than March 30, 2008, the Inspector General of the Department of Defense shall submit to Congress a report assessing the feasibility and advisability of carrying out a pilot program for the imposition of fines on contractors for personnel who violate or fail to comply with applicable requirements of the clause required by this section as a mechanism for enhancing the compliance of such personnel with the clause. The report shall include—

(A) an assessment of the feasibility and advisability of carrying out the pilot program; and

(B) if the Inspector General determines that carrying out the pilot program is feasible and advisable—

(i) recommendations on the range of contracts and subcontracts to which the pilot program should apply; and

(ii) a schedule of fines to be imposed under the pilot program for various types of personnel actions or failures.

(c) **OVERSIGHT.**—It shall be the responsibility of the head of the contracting activity responsible for each covered contract to ensure that the contracting activity takes appropriate steps to assign sufficient oversight personnel to the contract to—

(1) ensure that the contractor responsible for performing private security functions under such contract comply with the regulatory requirements prescribed pursuant to subsection (a) and the contract requirements established pursuant to subsection (b); and

(2) make the determinations required by subsection (d).

(d) **REMEDIES.**—The failure of a contractor under a covered contract to comply with the requirements of the regulations prescribed under subsection (a) or the contract clause inserted in a covered contract pursuant to subsection (b), as determined by the contracting officer for the covered contract—

(1) shall be included in appropriate databases of past performance and considered in any responsibility determination or evaluation of the past performance of the contractor for the

purpose of a contract award decision, as provided in section 1126 of title 41, United States Code;

(2) in the case of an award fee contract—

(A) shall be considered in any evaluation of contract performance by the contractor for the relevant award fee period; and

(B) may be a basis for reducing or denying award fees for such period, or for recovering all or part of award fees previously paid for such period; and

(3) in the case of a failure to comply that is severe, prolonged, or repeated—

(A) shall be referred to the suspension or debarment official for the appropriate agency; and

(B) may be a basis for suspension or debarment of the contractor.

(e) **RULE OF CONSTRUCTION.**—The duty of a contractor under a covered contract to comply with the requirements of the regulations prescribed under subsection (a) and the contract clause inserted into a covered contract pursuant to subsection (b), and the availability of the remedies provided in subsection (d), shall not be reduced or diminished by the failure of a higher or lower tier contractor under such contract to comply with such requirements, or by a failure of the contracting activity to provide the oversight required by subsection (c).

(f) **AREAS OF COMBAT OPERATIONS.**—

(1) **DESIGNATION.**—The Secretary of Defense shall designate the areas constituting either an area of combat operations or other significant military operations for purposes of this section by not later than 120 days after the date of the enactment of this Act. In making designations under this paragraph, the Secretary shall ensure that an area is not designated in whole or part as both an area of combat operations or other significant military operations and an area of other significant military operations.

(2) **OTHER SIGNIFICANT MILITARY OPERATIONS.**—For purposes of this section, the term “other significant military operations” means activities, other than combat operations or other significant military operations, as part of an overseas contingency operation that are carried out by United States Armed Forces in an uncontrolled or unpredictable high-threat environment where personnel performing security functions may be called upon to use deadly force.

(3) **PARTICULAR AREAS.**—Iraq and Afghanistan shall be included in the areas designated as an area of combat operations or other significant military operations under paragraph (1).

(4) **ADDITIONAL AREAS.**—The Secretary may designate any additional area as an area constituting an area of combat operations or other significant military operations for purposes of this section if the Secretary determines that the presence or potential of combat operations or other significant military operations in such area warrants designation of such area as an area of combat operations or other significant military operations for purposes of this section.

(5) **MODIFICATION OR ELIMINATION OF DESIGNATION.**—The Secretary may modify or cease the designation of an area under this subsection as an area of combat operations or other significant military operations if the Secretary determines that combat operations or other significant military operations are no longer ongoing in such area.

(g) **LIMITATION.**—With respect to an area of other significant military operations, the requirements of this section shall apply only upon agreement of the Secretary of Defense and the Secretary of State. An agreement of the Secretaries under this subsection may be made only on an area-by-area basis. With respect to an area of combat operations, the requirements of this section shall always apply.

(h) **EXCEPTIONS.**—

(1) **INTELLIGENCE ACTIVITIES.**—The requirements of this section shall not apply to contracts entered into by elements of the intelligence community in support of intelligence activities.

(2) **NONGOVERNMENTAL ORGANIZATIONS.**—The requirements of this section shall not apply to a nonprofit nongovernmental organization receiving grants or cooperative agreements for activities conducted within an area of other significant military operations if the Secretary of Defense and the Secretary of State agree that such organization may be exempted. An exemption may be granted by the agreement of the Secretaries under this paragraph on an organization-by-organization or area-by-area basis. Such an exemption may not be granted with respect to an area of combat operations.

SEC. 863. [10 U.S.C. 2302 note] ANNUAL JOINT REPORT ON CONTRACTING IN IRAQ AND AFGHANISTAN.

(a) **IN GENERAL.**—Except as provided in subsection (f), every 12 months, the Secretary of Defense, the Secretary of State, and the Administrator of the United States Agency for International Development shall submit to the relevant committees of Congress a joint report on contracts in Iraq or Afghanistan.

(b) **PRIMARY MATTERS COVERED.**—A report under this section shall, at a minimum, cover the following with respect to contracts in Iraq and Afghanistan during the reporting period:

- (1) Total number of contracts awarded.
- (2) Total number of active contracts.
- (3) Total value of all contracts awarded.
- (4) Total value of active contracts.
- (5) The extent to which such contracts have used competitive procedures.
- (6) Percentage of contracts awarded on a competitive basis as compared to established goals for competition in contingency contracting actions.
- (7) Total number of contractor personnel working on contracts at the end of each quarter of the reporting period.
- (8) Total number of contractor personnel who are performing security functions at the end of each quarter of the reporting period.
- (9) Total number of contractor personnel killed or wounded.

(c) **ADDITIONAL MATTERS COVERED.**—A report under this section shall also cover the following:

(1) The sources of information and data used to compile the information required under subsection (b).

(2) A description of any known limitations of the data reported under subsection (b), including known limitations of the methodology and data sources used to compile the report.

(3) Any plans for strengthening collection, coordination, and sharing of information on contracts in Iraq and Afghanistan through improvements to the common databases identified under section 861(b)(4).

(d) **REPORTING PERIOD.**—A report under this section shall cover a period of not less than 12 months.

(e) **SUBMISSION OF REPORTS.**—The Secretaries and the Administrator shall submit an initial report under this section not later than February 1, 2011, and shall submit an updated report by February 1 of every year thereafter until February 1, 2015.

(f) **EXCEPTION.**—If the total annual amount of obligations for contracts in Iraq and Afghanistan combined is less than \$250,000,000 for the reporting period, for all three agencies combined, the Secretaries and the Administrator may submit, in lieu of a report, a letter stating the applicability of this subsection, with such documentation as the Secretaries and the Administrator consider appropriate.

(g) **ESTIMATES.**—In determining the total number of contractor personnel working on contracts under subsection (b)(6), the Secretaries and the Administrator may use estimates for any category of contractor personnel for which they determine it is not feasible to provide an actual count. The report shall fully disclose the extent to which estimates are used in lieu of an actual count.

SEC. 864. [10 U.S.C. 2302 note] DEFINITIONS AND OTHER GENERAL PROVISIONS.

(a) **DEFINITIONS.**—In this subtitle:

(1) **MATTERS RELATING TO CONTRACTING.**—The term “matters relating to contracting”, with respect to contracts in Iraq and Afghanistan, means all matters relating to awarding, funding, managing, tracking, monitoring, and providing oversight to contracts and contractor personnel.

(2) **CONTRACT IN IRAQ OR AFGHANISTAN.**—The term “contract in Iraq or Afghanistan” means a contract with the Department of Defense, the Department of State, or the United States Agency for International Development, a subcontract at any tier issued under such a contract, a task order or delivery order at any tier issued under such a contract, a grant, or a cooperative agreement (including a contract, subcontract, task order, delivery order, grant, or cooperative agreement issued by another Government agency for the Department of Defense, the Department of State, or the United States Agency for International Development), if the contract, subcontract, task order, delivery order, grant, or cooperative agreement involves work performed in Iraq or Afghanistan for a period longer than 30 days.

(3) **COVERED CONTRACT.**—The term “covered contract” means—

(A) a contract of a Federal agency for the performance of services in an area of combat operations, as designated by the Secretary of Defense under subsection (c) of section 862;

(B) a subcontract at any tier under such a contract;

(C) a task order or delivery order issued under such a contract or subcontract;

(D) a grant for the performance of services in an area of combat operations, as designated by the Secretary of Defense under subsection (c) of section 862; or

(E) a cooperative agreement for the performance of services in such an area of combat operations.

(4) CONTRACTOR.—The term “contractor”, with respect to a covered contract, means—

(A) in the case of a covered contract that is a contract, subcontract, task order, or delivery order, the contractor or subcontractor carrying out the covered contract;

(B) in the case of a covered contract that is a grant, the grantee; and

(C) in the case of a covered contract that is a cooperative agreement, the recipient.

(5) CONTRACTOR PERSONNEL.—The term “contractor personnel” means any person performing work under contract for the Department of Defense, the Department of State, or the United States Agency for International Development, in Iraq or Afghanistan, including individuals and subcontractors at any tier.

(6) PRIVATE SECURITY FUNCTIONS.—The term “private security functions” means activities engaged in by a contractor under a covered contract as follows:

(A) Guarding of personnel, facilities, or property of a Federal agency, the contractor or subcontractor, or a third party.

(B) Any other activity for which personnel are required to carry weapons in the performance of their duties.

(7) RELEVANT COMMITTEES OF CONGRESS.—The term “relevant committees of Congress” means each of the following committees:

(A) The Committees on Armed Services of the Senate and the House of Representatives.

(B) The Committee on Homeland Security and Governmental Affairs of the Senate and the Committee on Oversight and Government Reform of the House of Representatives.

(C) The Committee on Foreign Relations of the Senate and the Committee on Foreign Affairs of the House of Representatives.

(D) For purposes of contracts relating to the National Foreign Intelligence Program, the Select Committee on Intelligence of the Senate and the Permanent Select Committee on Intelligence of the House of Representatives.

(b) CLASSIFIED INFORMATION.—Nothing in this subtitle shall be interpreted to require the handling of classified information or information relating to intelligence sources and methods in a manner

inconsistent with any law, regulation, executive order, or rule of the House of Representatives or of the Senate relating to the handling or protection of such information.

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TITLE X—GENERAL PROVISIONS

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Subtitle B—Policy Relating to Vessels and Shipyards

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【Section 1012 was repealed by section 1015(c)(1) of division A of Public Law 115–232.】

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TITLE XII—MATTERS RELATING TO FOREIGN NATIONS

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Subtitle B—Matters Relating to Iraq and Afghanistan

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SEC. 1222. LIMITATION ON AVAILABILITY OF FUNDS FOR CERTAIN PURPOSES RELATING TO IRAQ.

No funds appropriated pursuant to an authorization of appropriations in this Act may be obligated or expended for a purpose as follows:

(1) To establish any military installation or base for the purpose of providing for the permanent stationing of United States Armed Forces in Iraq.

(2) To exercise United States control of the oil resources of Iraq.

【Section 1225 repealed by section 1233(f)(2) of Public Law 111–383.】

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SEC. 1226. SENSE OF CONGRESS ON THE CONSEQUENCES OF A FAILED STATE IN IRAQ.

It is the sense of Congress that—

(1) a failed state in Iraq will have a negative impact on the Middle East and United States interests in the region; and

(2) the United States should pursue strategies to prevent a failed state in Iraq or to contain the negative effects of a failed state in Iraq.

SEC. 1227. SENSE OF CONGRESS ON FEDERALISM IN IRAQ.

It is the sense of Congress that—

(1) policies supported by the United States in the pursuit of a political settlement in Iraq should be consistent with the wishes of the Iraqi people and should not violate the sovereignty of the nation of Iraq;

(2) if the Iraqi people support a political settlement in Iraq based on the final provisions of the Constitution of Iraq that create a federal system of government and allow for the creation of federal regions, consistent with the wishes of the Iraqi people and their elected leaders, the United States should actively support such a political settlement in Iraq;

(3) the active support referred to in paragraph (2) should include—

(A) calling on the international community, including countries with troops in Iraq, the permanent 5 members of the United Nations Security Council, members of the Gulf Cooperation Council, and Iraq's neighbors—

(i) to support an Iraqi political settlement based on federalism;

(ii) to acknowledge the sovereignty and territorial integrity of Iraq; and

(iii) to fulfill commitments for the urgent delivery of significant assistance and debt relief to Iraq, especially those made by the member states of the Gulf Cooperation Council; and

(B) convening a conference for Iraqis to reach an agreement on a comprehensive political settlement based on the federalism law approved by the Iraqi Parliament on October 11, 2006;

(4) the United States should urge the Government of Iraq to quickly agree upon and implement a law providing for the equitable distribution of oil revenues, which is a critical component of a comprehensive political settlement in Iraq, including a potential settlement based upon federalism;

(5) the steps described in paragraphs (2), (3), and (4) could lead to an Iraq that is stable, not a haven for terrorists, and not a threat to its neighbors;

(6) in pursuit of a political settlement in Iraq, whether based on federalism or not, the United States should call on Iraq's neighbors to pledge not to militarily intervene in or destabilize Iraq; and

(7) nothing in this Act should be construed in any way to infringe on the sovereign rights of the nation of Iraq or to imply that the United States wishes to impose a political settlement in Iraq based on federalism if such a political settlement is contrary to the wishes of the Iraqi people.

SEC. 1228. [22 U.S.C. 2751 note] TRACKING AND MONITORING OF DEFENSE ARTICLES PROVIDED TO THE GOVERNMENT OF IRAQ AND OTHER INDIVIDUALS AND GROUPS IN IRAQ.

(a) **EXPORT AND TRANSFER CONTROL POLICY.**—The President shall implement a policy to control the export and transfer of defense articles into Iraq, including implementation of the registration and monitoring system under subsection (c).

(b) REQUIREMENT TO IMPLEMENT CONTROL SYSTEM.—No defense articles may be provided to the Government of Iraq or any other group, organization, citizen, or resident of Iraq until the President certifies to the specified congressional committees that a registration and monitoring system meeting the requirements set forth in subsection (c) has been established.

(c) REGISTRATION AND MONITORING SYSTEM.—The registration and monitoring system required under this subsection shall include—

(1) the registration of the serial numbers of all small arms to be provided to the Government of Iraq or to other groups, organizations, citizens, or residents of Iraq;

(2) a program of end-use monitoring of all lethal defense articles provided to such entities or individuals; and

(3) a detailed record of the origin, shipping, and distribution of all defense articles transferred under the Iraq Security Forces Fund or any other security assistance program to such entities or individuals.

(d) REVIEW; EXEMPTION.—

(1) REVIEW.—The President shall periodically review the items subject to the registration and monitoring requirements under subsection (c) to determine what items, if any, should no longer be subject to such registration and monitoring requirements. The President shall transmit to the specified congressional committees the results of each review conducted under this paragraph.

(2) EXEMPTION.—The President may exempt an item from the registration and monitoring requirements under subsection (c) beginning on the date that is 30 days after the date on which the President provides notice of the proposed exemption to the specified congressional committees in accordance with the procedures applicable to reprogramming notifications under section 634A(a) of the Foreign Assistance Act of 1961 (22 U.S.C. 2394-1(a)). Such notice shall describe any controls to be imposed on such item under any other provision of law.

(e) DEFINITIONS.—In this section:

(1) DEFENSE ARTICLE.—The term “defense article” has the meaning given the term in section 644(d) of the Foreign Assistance Act of 1961 (22 U.S.C. 2403(d)).

(2) SMALL ARMS.—The term “small arms” means—

(A) handguns;

(B) shoulder-fired weapons;

(C) light automatic weapons up to and including .50 caliber machine guns;

(D) recoilless rifles up to and including 106mm;

(E) mortars up to and including 81mm;

(F) rocket launchers, man-portable;

(G) grenade launchers, rifle and shoulder fired; and

(H) individually-operated weapons which are portable or can be fired without special mounts or firing devices and which have potential use in civil disturbances and are vulnerable to theft.

(3) SPECIFIED CONGRESSIONAL COMMITTEES.—The term “specified congressional committees” means—

(A) the Committee on Foreign Affairs and the Committee on Armed Services of the House of Representatives; and

(B) the Committee on Foreign Relations, the Committee on Armed Services, and the Committee on Banking, Housing, and Urban Affairs of the Senate.

(f) EFFECTIVE DATE.—

(1) IN GENERAL.—Except as provided in paragraph (2), this section shall take effect 180 days after the date of the enactment of this Act.

(2) EXCEPTION.—The President may delay the effective date of this section by an additional period of up to 90 days if the President certifies in writing to the specified congressional committees for such additional period that it is in the vital interest of the United States to do so and includes in the certification a description of such vital interest.

SEC. 1229. [5 U.S.C. 415 note] SPECIAL INSPECTOR GENERAL FOR AFGHANISTAN RECONSTRUCTION.

(a) PURPOSES.—The purposes of this section are as follows:

(1) To provide for the independent and objective conduct and supervision of audits and investigations relating to the programs and operations funded with amounts appropriated or otherwise made available for the reconstruction of Afghanistan.

(2) To provide for the independent and objective leadership and coordination of, and recommendations on, policies designed to—

(A) promote economy efficiency, and effectiveness in the administration of the programs and operations described in paragraph (1); and

(B) prevent and detect waste, fraud, and abuse in such programs and operations.

(3) To provide for an independent and objective means of keeping the Secretary of State and the Secretary of Defense fully and currently informed about problems and deficiencies relating to the administration of such programs and operations and the necessity for and progress on corrective action.

(b) OFFICE OF INSPECTOR GENERAL.—There is hereby established the Office of the Special Inspector General for Afghanistan Reconstruction to carry out the purposes of subsection (a).

(c) APPOINTMENT OF INSPECTOR GENERAL; REMOVAL.—

(1) APPOINTMENT.—The head of the Office of the Special Inspector General for Afghanistan Reconstruction is the Special Inspector General for Afghanistan Reconstruction (in this section referred to as the “Inspector General”), who shall be appointed by the President. The President may appoint the Special Inspector General for Iraq Reconstruction to serve as the Special Inspector General for Afghanistan Reconstruction, in which case the Special Inspector General for Iraq Reconstruction shall have all of the duties, responsibilities, and authorities set forth under this section with respect to such appointed position for the purpose of carrying out this section.

(2) QUALIFICATIONS.—The appointment of the Inspector General shall be made solely on the basis of integrity and demonstrated ability in accounting, auditing, financial analysis,

law, management analysis, public administration, or investigations.

(3) DEADLINE FOR APPOINTMENT.—The appointment of an individual as Inspector General shall be made not later than 30 days after the date of the enactment of this Act.

(4) COMPENSATION.—The annual rate of basic pay of the Inspector General shall be the annual rate of basic pay provided for positions at level IV of the Executive Schedule under section 5315 of title 5, United States Code.

(5) PROHIBITION ON POLITICAL ACTIVITIES.—For purposes of section 7324 of title 5, United States Code, the Inspector General shall not be considered an employee who determines policies to be pursued by the United States in the nationwide administration of Federal law.

(6) REMOVAL.—The Inspector General shall be removable from office in accordance with the provisions of section 403(b) of title 5, United States Code.

(d) ASSISTANT INSPECTORS GENERAL.—The Inspector General shall, in accordance with applicable laws and regulations governing the civil service—

(1) appoint an Assistant Inspector General for Auditing who shall have the responsibility for supervising the performance of auditing activities relating to programs and operations supported by amounts appropriated or otherwise made available for the reconstruction of Afghanistan; and

(2) appoint an Assistant Inspector General for Investigations who shall have the responsibility for supervising the performance of investigative activities relating to such programs and operations.

(e) SUPERVISION.—

(1) IN GENERAL.—Except as provided in paragraph (2), the Inspector General shall report directly to, and be under the general supervision of, the Secretary of State and the Secretary of Defense.

(2) INDEPENDENCE TO CONDUCT INVESTIGATIONS AND AUDITS.—No officer of the Department of Defense, the Department of State, or the United States Agency for International Development shall prevent or prohibit the Inspector General from initiating, carrying out, or completing any audit or investigation related to amounts appropriated or otherwise made available for the reconstruction of Afghanistan or from issuing any subpoena during the course of any such audit or investigation.

(f) DUTIES.—

(1) OVERSIGHT OF AFGHANISTAN RECONSTRUCTION.—It shall be the duty of the Inspector General to conduct, supervise, and coordinate audits and investigations of the treatment, handling, and expenditure of amounts appropriated or otherwise made available for the reconstruction of Afghanistan, and of the programs, operations, and contracts carried out utilizing such funds, including—

(A) the oversight and accounting of the obligation and expenditure of such funds;

(B) the monitoring and review of reconstruction activities funded by such funds;

(C) the monitoring and review of contracts funded by such funds;

(D) the monitoring and review of the transfer of such funds and associated information between and among departments, agencies, and entities of the United States and private and nongovernmental entities;

(E) the maintenance of records on the use of such funds to facilitate future audits and investigations of the use of such fund;

(F) the monitoring and review of the effectiveness of United States coordination with the Government of Afghanistan and other donor countries in the implementation of the Afghanistan Compact and the Afghanistan National Development Strategy; and

(G) the investigation of overpayments such as duplicate payments or duplicate billing and any potential unethical or illegal actions of Federal employees, contractors, or affiliated entities and the referral of such reports, as necessary, to the Department of Justice to ensure further investigations, prosecutions, recovery of further funds, or other remedies.

(2) OTHER DUTIES RELATED TO OVERSIGHT.—The Inspector General shall establish, maintain, and oversee such systems, procedures, and controls as the Inspector General considers appropriate to discharge the duties under paragraph (1).

(3) DUTIES AND RESPONSIBILITIES UNDER CHAPTER 4 OF TITLE 5, UNITED STATES CODE.—In addition to the duties specified in paragraphs (1) and (2), the Inspector General shall also have the duties and responsibilities of inspectors general under chapter 4 of title 5, United States Code.

(4) COORDINATION OF EFFORTS.—In carrying out the duties, responsibilities, and authorities of the Inspector General under this section, the Inspector General shall coordinate with, and receive the cooperation of each of the following:

(A) The Inspector General of the Department of Defense.

(B) The Inspector General of the Department of State.

(C) The Inspector General of the United States Agency for International Development.

(g) POWERS AND AUTHORITIES.—

(1) AUTHORITIES UNDER CHAPTER 4 OF TITLE 5, UNITED STATES CODE.—In carrying out the duties specified in subsection (f), the Inspector General shall have the authorities provided in section 406 of title 5, United States Code, including the authorities under subsection (e) of such section.

(2) AUDIT STANDARDS.—The Inspector General shall carry out the duties specified in subsection (f)(1) in accordance with section 404(b)(1) of title 5, United States Code.

(h) PERSONNEL, FACILITIES, AND OTHER RESOURCES.—

(1) PERSONNEL.—

(A) IN GENERAL.—The Inspector General may select, appoint, and employ such officers and employees as may

be necessary for carrying out the duties of the Inspector General, subject to the provisions of title 5, United States Code, governing appointments in the competitive service, and the provisions of chapter 51 and subchapter III of chapter 53 of such title, relating to classification and General Schedule pay rates.

(B) ADDITIONAL AUTHORITIES.—

(i) IN GENERAL.—Subject to clause (ii), the Inspector General may exercise the authorities of subsections (b) through (i) of section 3161 of title 5, United States Code (without regard to subsection (a) of that section).

(ii) PERIODS OF APPOINTMENTS.—In exercising the employment authorities under subsection (b) of section 3161 of title 5, United States Code, as provided under clause (i) of this subparagraph—

(I) paragraph (2) of that subsection (relating to periods of appointments) shall not apply; and

(II) no period of appointment may exceed the date on which the Office of the Special Inspector General for Afghanistan Reconstruction terminates under subsection (o).

(2) EMPLOYMENT OF EXPERTS AND CONSULTANTS.—The Inspector General may obtain services as authorized by section 3109 of title 5, United States Code, at daily rates not to exceed the equivalent rate prescribed for grade GS-15 of the General Schedule by section 5332 of such title.

(3) CONTRACTING AUTHORITY.—To the extent and in such amounts as may be provided in advance by appropriations Acts, the Inspector General may enter into contracts and other arrangements for audits, studies, analyses, and other services with public agencies and with private persons, and make such payments as may be necessary to carry out the duties of the Inspector General.

(4) RESOURCES.—The Secretary of State or the Secretary of Defense, as appropriate, shall provide the Inspector General with appropriate and adequate office space at appropriate locations of the Department of State or the Department of Defense, as the case may be, in Afghanistan, together with such equipment, office supplies, and communications facilities and services as may be necessary for the operation of such offices, and shall provide necessary maintenance services for such offices and the equipment and facilities located therein.

(5) ASSISTANCE FROM FEDERAL AGENCIES.—

(A) IN GENERAL.—Upon request of the Inspector General for information or assistance from any department, agency, or other entity of the Federal Government, the head of such entity shall, insofar as is practicable and not in contravention of any existing law, furnish such information or assistance to the Inspector General, or an authorized designee.

(B) REPORTING OF REFUSED ASSISTANCE.—Whenever information or assistance requested by the Inspector General is, in the judgment of the Inspector General, unreasonably refused or not provided, the Inspector General

shall report the circumstances to the Secretary of State or the Secretary of Defense, as appropriate, and to the appropriate congressional committees without delay.

(6) USE OF PERSONNEL, FACILITIES, AND OTHER RESOURCES OF THE OFFICE OF THE SPECIAL INSPECTOR GENERAL FOR IRAQ RECONSTRUCTION.—Upon the request of the Inspector General, the Special Inspector General for Iraq Reconstruction—

(A) may detail, on a reimbursable basis, any of the personnel of the Office of the Special Inspector General for Iraq Reconstruction to the Office of the Inspector General for Afghanistan Reconstruction for the purpose of carrying out this section; and

(B) may provide, on a reimbursable basis, any of the facilities or other resources of the Office of the Special Inspector General for Iraq Reconstruction to the Office of the Inspector General for Afghanistan Reconstruction for the purpose of carrying out this section.

(i) REPORTS.—

(1) QUARTERLY REPORTS.—Not later than 30 days after the end of each fiscal-year quarter, the Inspector General shall submit to the appropriate congressional committees a report summarizing, for the period of that quarter and, to the extent possible, the period from the end of such quarter to the time of the submission of the report, the activities during such period of the Inspector General and the activities under programs and operations funded with amounts appropriated or otherwise made available for the reconstruction of Afghanistan. Each report shall include, for the period covered by such report, a detailed statement of all obligations, expenditures, and revenues associated with reconstruction and rehabilitation activities in Afghanistan, including the following:

(A) Obligations and expenditures of appropriated funds.

(B) A project-by-project and program-by-program accounting of the costs incurred to date for the reconstruction of Afghanistan, together with the estimate of the Department of Defense, the Department of State, and the United States Agency for International Development, as applicable, of the costs to complete each project and each program.

(C) Revenues attributable to or consisting of funds provided by foreign nations or international organizations to programs and projects funded by any department or agency of the United States Government, and any obligations or expenditures of such revenues.

(D) Revenues attributable to or consisting of foreign assets seized or frozen that contribute to programs and projects funded by any department or agency of the United States Government, and any obligations or expenditures of such revenues.

(E) Operating expenses of agencies or entities receiving amounts appropriated or otherwise made available for the reconstruction of Afghanistan.

(F) In the case of any contract, grant, agreement, or other funding mechanism described in paragraph (2)—

(i) the amount of the contract, grant, agreement, or other funding mechanism;

(ii) a brief discussion of the scope of the contract, grant, agreement, or other funding mechanism;

(iii) a discussion of how the department or agency of the United States Government involved in the contract, grant, agreement, or other funding mechanism identified, and solicited offers from, potential individuals or entities to perform the contract, grant, agreement, or other funding mechanism, together with a list of the potential individuals or entities that were issued solicitations for the offers; and

(iv) the justification and approval documents on which was based the determination to use procedures other than procedures that provide for full and open competition.

(2) COVERED CONTRACTS, GRANTS, AGREEMENTS, AND FUNDING MECHANISMS.—A contract, grant, agreement, or other funding mechanism described in this paragraph is any major contract, grant, agreement, or other funding mechanism that is entered into by any department or agency of the United States Government that involves the use of amounts appropriated or otherwise made available for the reconstruction of Afghanistan with any public or private sector entity for any of the following purposes:

(A) To build or rebuild physical infrastructure of Afghanistan.

(B) To establish or reestablish a political or societal institution of Afghanistan.

(C) To provide products or services to the people of Afghanistan.

(3) PUBLIC AVAILABILITY.—The Inspector General shall publish on a publicly-available Internet website each report under paragraph (1) of this subsection in English and other languages that the Inspector General determines are widely used and understood in Afghanistan.

(4) FORM.—Each report required under this subsection shall be submitted in unclassified form, but may include a classified annex if the Inspector General considers it necessary.

(5) RULE OF CONSTRUCTION.—Nothing in this subsection shall be construed to authorize the public disclosure of information that is—

(A) specifically prohibited from disclosure by any other provision of law;

(B) specifically required by Executive order to be protected from disclosure in the interest of national defense or national security or in the conduct of foreign affairs; or

(C) a part of an ongoing criminal investigation.

(j) REPORT COORDINATION.—

(1) SUBMISSION TO SECRETARIES OF STATE AND DEFENSE.—The Inspector General shall also submit each report required

under subsection (i) to the Secretary of State and the Secretary of Defense.

(2) SUBMISSION TO CONGRESS.—Not later than 30 days after receipt of a report under paragraph (1), the Secretary of State or the Secretary of Defense may submit to the appropriate congressional committees any comments on the matters covered by the report as the Secretary of State or the Secretary of Defense, as the case may be, considers appropriate. Any comments on the matters covered by the report shall be submitted in unclassified form, but may include a classified annex if the Secretary of State or the Secretary of Defense, as the case may be, considers it necessary.

(k) TRANSPARENCY.—

(1) REPORT.—Not later than 60 days after submission to the appropriate congressional committees of a report under subsection (i), the Secretary of State and the Secretary of Defense shall jointly make copies of the report available to the public upon request, and at a reasonable cost.

(2) COMMENTS ON MATTERS COVERED BY REPORT.—Not later than 60 days after submission to the appropriate congressional committees under subsection (j)(2) of comments on a report under subsection (i), the Secretary of State and the Secretary of Defense shall jointly make copies of the comments available to the public upon request, and at a reasonable cost.

(l) WAIVER.—

(1) AUTHORITY.—The President may waive the requirement under paragraph (1) or (2) of subsection (k) with respect to availability to the public of any element in a report under subsection (i), or any comment under subsection (j)(2), if the President determines that the waiver is justified for national security reasons.

(2) NOTICE OF WAIVER.—The President shall publish a notice of each waiver made under this subsection in the Federal Register no later than the date on which a report required under subsection (i), or any comment under subsection (j)(2), is submitted to the appropriate congressional committees. The report and comments shall specify whether waivers under this subsection were made and with respect to which elements in the report or which comments, as appropriate.

(m) DEFINITIONS.—In this section:

(1) AMOUNTS APPROPRIATED OR OTHERWISE MADE AVAILABLE FOR THE RECONSTRUCTION OF AFGHANISTAN.—The term “amounts appropriated or otherwise made available for the reconstruction of Afghanistan” means—

(A) amounts appropriated or otherwise made available for any fiscal year—

(i) to the Afghanistan Security Forces Fund; or

(ii) to the program to assist the people of Afghanistan established under subsection (a)(2) of section 1202 of the National Defense Authorization for Fiscal Year 2006 (Public Law 109–163; 119 Stat. 3455–3456); and

(B) amounts appropriated or otherwise made available for any fiscal year for the reconstruction of Afghanistan under—

- (i) the Economic Support Fund;
- (ii) the International Narcotics Control and Law Enforcement account; or
- (iii) any other provision of law.

(2) APPROPRIATE CONGRESSIONAL COMMITTEES.—The term “appropriate congressional committees” means—

- (A) the Committees on Appropriations, Armed Services, and Foreign Relations of the Senate; and
- (B) the Committees on Appropriations, Armed Services, and Foreign Affairs of the House of Representatives.

(n) AUTHORIZATION OF APPROPRIATIONS.—

(1) IN GENERAL.—There is authorized to be appropriated \$20,000,000 for fiscal year 2008 to carry out this section.

(2) OFFSET.—The amount authorized to be appropriated by section 1513 for the Afghanistan Security Forces Fund is hereby reduced by \$20,000,000.

(o) TERMINATION.—

(1) IN GENERAL.—The Office of the Special Inspector General for Afghanistan Reconstruction shall terminate on January 31, 2026.

(2) FINAL REPORT.—The Inspector General shall, prior to the termination of the Office of the Special Inspector General for Afghanistan Reconstruction under paragraph (1), prepare and submit to the appropriate congressional committees a final forensic audit report on programs and operations funded with amounts appropriated or otherwise made available for the reconstruction of Afghanistan.

【Section 1230 repealed by section 1225(d) of division A of Public Law 113–291.】

SEC. 1231. UNITED STATES PLAN FOR SUSTAINING THE AFGHANISTAN NATIONAL SECURITY FORCES.

(a) PLAN REQUIRED.—Not later than 90 days after the date of the enactment of this Act, and annually thereafter through the end of fiscal year 2014, the Secretary of Defense shall submit to the appropriate congressional committees a report on a long-term detailed plan for sustaining the Afghanistan National Army (ANA) and the Afghanistan National Police (ANP) of the Afghanistan National Security Forces (ANSF), with the objective of ensuring that a strong and fully-capable ANSF will be able to independently and effectively conduct operations and maintain long-term security and stability in Afghanistan.

(b) COORDINATION.—The report required under subsection (a) shall be prepared in coordination with the Secretary of State.

(c) MATTERS TO BE INCLUDED.—The report required under subsection (a) shall include a description of the following matters relating to the plan for sustaining the ANSF:

(1) A comprehensive and effective long-term strategy and budget, with defined objectives.

(2) A mechanism for tracking funding, equipment, training, and services provided for the ANSF by the United States,

countries participating in the North Atlantic Treaty Organization (NATO) International Security Assistance Force (ISAF) in Afghanistan (hereafter in this section referred to as “NATO ISAF countries”), and other coalition forces that are not part of the NATO ISAF.

(3) Any actions to assist the Government of Afghanistan achieve the following goals, and the results of such actions:

(A) Build and sustain effective Afghan security institutions with fully-capable leadership and staff, including a reformed Ministry of Interior, a fully-established Ministry of Defense, and logistics, intelligence, medical, and recruiting units (hereafter in this section referred to as “ANSF-sustaining institutions”).

(B) Train and equip fully-capable ANSF that are capable of conducting operations independently and in sufficient numbers.

(C) Establish strong ANSF-readiness assessment tools and metrics.

(D) Build and sustain strong, professional ANSF officers at the junior-, mid-, and senior-levels.

(E) Develop strong ANSF communication and control between central command and regions, provinces, and districts.

(F) Establish a robust mentoring and advising program, and a strong professional military training and education program, for all ANSF officials.

(G) Establish effective merit-based salary, rank, promotion, and incentive structures for the ANSF.

(H) Develop mechanisms for incorporating lessons learned and best practices into ANSF operations.

(I) Establish an ANSF personnel accountability system with effective internal discipline procedures and mechanisms, and a system for addressing ANSF personnel complaints.

(J) Ensure effective ANSF oversight mechanisms, including a strong record-keeping system to track ANSF equipment and personnel.

(4) Coordination with all relevant departments and agencies of the Government of the United States, as well as NATO ISAF countries and other international partners, including on—

(A) funding;

(B) reform and establishment of ANSF-sustaining institutions; and

(C) efforts to ensure that progress on sustaining the ANSF is reinforced with progress in other pillars of the Afghan security sector, particularly progress on building an effective judiciary, curbing production and trafficking of illicit narcotics, and demobilizing, disarming, and reintegrating militia fighters.

(d) APPROPRIATE CONGRESSIONAL COMMITTEES DEFINED.—In this section, the term “appropriate congressional committees” means—

(1) the Committee on Armed Services, the Committee on Appropriations, and the Committee on Foreign Affairs of the House of Representatives; and

(2) the Committee on Armed Services, the Committee on Appropriations, and the Committee on Foreign Relations of the Senate.

SEC. 1232. REPORT ON ENHANCING SECURITY AND STABILITY IN THE REGION ALONG THE BORDER OF AFGHANISTAN AND PAKISTAN.

[(a) Repealed.]

(b) NOTIFICATION RELATING TO DEPARTMENT OF DEFENSE COALITION SUPPORT FUNDS FOR PAKISTAN.—

(1) NOTIFICATION.—

(A) IN GENERAL.—Not less than 15 days before making any reimbursement to the Government of Pakistan under the authority of any provision of law described in subparagraph (B) for logistical, military, or other support provided by Pakistan to the United States, the Secretary of Defense shall submit to the congressional defense committees a written notification that contains a detailed description of such logistical, military, or other support.

(B) PROVISIONS OF LAW.—The provisions of law referred to in subparagraph (A) are the following:

(i) Section 1233.

(ii) Any other provision of law under which payments are authorized to reimburse key cooperating nations for logistical, military, or other support provided by that nation to or in connection with United States military operations.

(C) COPY OF NOTIFICATION.—The Secretary of Defense shall submit to the Committee on Foreign Affairs of the House of Representatives and the Committee on Foreign Relations of the Senate a copy of each notification required under subparagraph (A).

(2) MATTERS TO BE INCLUDED.—Each notification required under paragraph (1) shall include an itemized description of the following support provided by Pakistan to the United States for which the United States will provide reimbursement:

(A) Logistic support, supplies, and services, as such term is defined in section 2350(1) of title 10, United States Code.

(B) Military support.

(C) Any other support or services.

(3) FORM.—Each notification required under paragraph (1) shall be submitted in unclassified form, but may include a classified annex.

(4) RELATIONSHIP TO OTHER NOTIFICATION REQUIREMENTS.—Each notification required under paragraph (1) shall be in addition to any notification requirements under any provision of law described in subparagraph (B) of such paragraph.

(5) REQUIREMENT TO SUBMIT INFORMATION RELATING TO CLAIMS DISALLOWED OR DEFERRED BY THE UNITED STATES.—

(A) IN GENERAL.—The Secretary of Defense shall submit, in the manner specified in subparagraph (B), an

itemized description of the costs claimed by the Government of Pakistan for logistical, military, or other support provided by Pakistan to the United States for which the United States will disallow or defer reimbursement to the Government of Pakistan under the authority of any provision of law described in paragraph (1)(B).

(B) MANNER OF SUBMISSION.—

(i) IN GENERAL.—To the maximum extent practicable, the Secretary shall submit each itemized description of costs required under subparagraph (A) as part of the notification required under paragraph (1).

(ii) ALTERNATIVE SUBMISSION.—To the extent that an itemized description of costs required under subparagraph (A) is not submitted in accordance with clause (i), the Secretary shall submit such description not later than 180 days after the date on which a decision to disallow or defer reimbursement for the costs claimed is made.

(C) FORM.—Each itemized description of costs required under subparagraph (B) shall be submitted in an unclassified form, but may include a classified annex, if necessary.

(6) EFFECTIVE DATE.—The requirement to submit notifications under paragraph (1) shall apply with respect to reimbursements to the Government of Pakistan for logistical, military, or other support provided by Pakistan to the United States during the period beginning on February 1, 2008, and ending on December 31, 2018.

SEC. 1233. REIMBURSEMENT OF CERTAIN COALITION NATIONS FOR SUPPORT PROVIDED TO UNITED STATES MILITARY OPERATIONS.

(a) AUTHORITY.—From funds made available for the Department of Defense for the period beginning on October 1, 2024, and ending on December 31, 2025 for operation and maintenance, Defense-wide activities, the Secretary of Defense may reimburse any key cooperating nation (other than Pakistan) for—

(1) logistical and military support provided by that nation to or in connection with United States military operations in Afghanistan, Iraq, or Syria; and

(2) logistical, military, and other support, including access, provided by that nation to or in connection with United States military operations described in paragraph (1).

(b) OTHER SUPPORT.—Using funds described in subsection (a)(2), the Secretary of Defense may also assist any key cooperating nation supporting United States military operations in Afghanistan, Iraq, or Syria through the following:

(1) The provision of specialized training to personnel of that nation in connection with such operations, including training of such personnel before deployment in connection with such operations.

(2) The procurement and provision of supplies to that nation in connection with such operations.

(3) The procurement of specialized equipment and the loaning of such specialized equipment to that nation on a non-reimbursable basis in connection with such operations.

(c) AMOUNTS OF REIMBURSEMENT.—

(1) IN GENERAL.—Reimbursement authorized by subsection (a) may be made in such amounts as the Secretary of Defense, with the concurrence of the Secretary of State and in consultation with the Director of the Office of Management and Budget, may determine, based on documentation determined by the Secretary of Defense to adequately account for the support provided.

(2) SUPPORT.—Support authorized by subsection (b) may be provided in such amounts as the Secretary of Defense, with the concurrence of the Secretary of State and in consultation with the Director of the Office of Management and Budget, considers appropriate.

(d) LIMITATIONS.—

(1) LIMITATION ON AMOUNT.—The aggregate amount of reimbursements made under subsection (a) and support provided under subsection (b) during the period beginning on October 1, 2024, and ending on December 31, 2025, may not exceed \$75,000,000.

(2) PROHIBITION ON CONTRACTUAL OBLIGATIONS TO MAKE PAYMENTS.—The Secretary of Defense may not enter into any contractual obligation to make a reimbursement under the authority in subsection (a).

(e) NOTICE TO CONGRESS.—

(1) IN GENERAL.—Except as provided in paragraph (2), the Secretary of Defense shall notify the appropriate congressional committees not later than 15 days before making any reimbursement under the authority in subsection (a) or providing any support under the authority in subsection (b).

(2) EXCEPTION.—The requirement to provide notice under paragraph (1) shall not apply with respect to a reimbursement for access based on an international agreement.

(f) QUARTERLY REPORTS.—The Secretary of Defense shall submit to the appropriate congressional committees on a quarterly basis a report on any reimbursements made under the authority in subsection (a), and any support provided under the authority in subsection (b), during such quarter.

(g) DEFINITION.—In this section, the term “appropriate congressional committees” means—

(1) the Committee on Armed Services, the Committee on Foreign Affairs, and the Committee on Appropriations of the House of Representatives; and

(2) the Committee on Armed Services, the Committee on Foreign Relations, and the Committee on Appropriations of the Senate.

SEC. 1234. LOGISTICAL SUPPORT FOR COALITION FORCES SUPPORTING OPERATIONS IN AFGHANISTAN AND IRAQ.

(a) AVAILABILITY OF FUNDS FOR LOGISTICAL SUPPORT.—Subject to the provisions of this section, amounts available to the Department of Defense for fiscal year 2018 for operation and maintenance may be used to provide supplies, services, transportation (including airlift and sealift), and other logistical support to coalition forces supporting United States military and stabilization operations in Afghanistan and Iraq.

(b) **REQUIRED DETERMINATION.**—The Secretary may provide logistical support under the authority in subsection (a) only if the Secretary determines that the coalition forces to be provided the logistical support—

(1) are essential to the success of a United States military or stabilization operation; and

(2) would not be able to participate in such operation without the provision of the logistical support.

(c) **COORDINATION WITH EXPORT CONTROL LAWS.**—Logistical support may be provided under the authority in subsection (a) only in accordance with applicable provisions of the Arms Export Control Act and other export control laws of the United States.

(d) **LIMITATION ON VALUE.**—The total amount of logistical support provided under the authority in subsection (a) during the period beginning on October 1, 2017, and ending on December 31, 2018, may not exceed \$450,000,000.

(e) **QUARTERLY REPORTS.**—

(1) **REPORTS REQUIRED.**—Not later than 15 days after the end of each fiscal-year quarter through December 31, 2018, the Secretary shall submit to the congressional defense committees a report on the provision of logistical support under the authority in subsection (a) during such fiscal-year quarter.

(2) **ELEMENTS.**—Each report under paragraph (1) shall include, for the fiscal-year quarter covered by such report, the following:

(A) Each nation provided logistical support under the authority in subsection (a).

(B) For each such nation, a description of the type and value of logistical support so provided.

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TITLE XVI—WOUNDED WARRIOR MATTERS

Sec. 1601. Short title.

Sec. 1602. General definitions.

Sec. 1603. Consideration of gender-specific needs of recovering service members and veterans.

Subtitle A—Policy on Improvements to Care, Management, and Transition of Recovering Service Members

Sec. 1611. Comprehensive policy on improvements to care, management, and transition of recovering service members.

Sec. 1612. Medical evaluations and physical disability evaluations of recovering service members.

Sec. 1613. Return of recovering service members to active duty in the Armed Forces.

Sec. 1614. Transition of recovering service members from care and treatment through the Department of Defense to care, treatment, and rehabilitation through the Department of Veterans Affairs.

Sec. 1615. Reports.

Sec. 1616. Establishment of a wounded warrior resource center.

Sec. 1617. Notification to Congress of hospitalization of combat wounded service members.

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Sec. 1618. Comprehensive plan on prevention, diagnosis, mitigation, treatment, and rehabilitation of, and research on, traumatic brain injury, post-traumatic stress disorder, and other mental health conditions in members of the Armed Forces.

Subtitle B—Centers of Excellence in the Prevention, Diagnosis, Mitigation, Treatment, and Rehabilitation of Traumatic Brain Injury, Post-Traumatic Stress Disorder, and Eye Injuries

- Sec. 1621. Center of excellence in the prevention, diagnosis, mitigation, treatment, and rehabilitation of traumatic brain injury.
- Sec. 1622. Center of excellence in prevention, diagnosis, mitigation, treatment, and rehabilitation of post-traumatic stress disorder and other mental health conditions.
- Sec. 1623. Center of excellence in prevention, diagnosis, mitigation, treatment, and rehabilitation of military eye injuries.
- Sec. 1624. Report on establishment of centers of excellence.

Subtitle C—Health Care Matters

- Sec. 1631. Medical care and other benefits for members and former members of the Armed Forces with severe injuries or illnesses.
- Sec. 1632. Reimbursement of travel expenses of retired members with combat-related disabilities for follow-on specialty care, services, and supplies.
- Sec. 1633. Respite care and other extended care benefits for members of the uniformed services who incur a serious injury or illness on active duty.
- Sec. 1634. Reports.
- Sec. 1635. Fully interoperable electronic personal health information for the Department of Defense and Department of Veterans Affairs.
- Sec. 1636. 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. 1637. Continuation of transitional health benefits for members of the Armed Forces pending resolution of service-related medical conditions.

Subtitle D—Disability Matters

- Sec. 1641. Utilization of veterans' presumption of sound condition in establishing eligibility of members of the Armed Forces for retirement for disability.
- Sec. 1642. Requirements and limitations on Department of Defense determinations of disability with respect to members of the Armed Forces.
- Sec. 1643. Review of separation of members of the Armed Forces separated from service with a disability rating of 20 percent disabled or less.
- Sec. 1644. Authorization of pilot programs to improve the disability evaluation system for members of the Armed Forces.
- Sec. 1645. Reports on Army action plan in response to deficiencies in the Army physical disability evaluation system.
- Sec. 1646. Enhancement of disability severance pay for members of the Armed Forces.
- Sec. 1647. Assessments of continuing utility and future role of temporary disability retired list.
- Sec. 1648. Standards for military medical treatment facilities, specialty medical care facilities, and military quarters housing patients and annual report on such facilities.
- Sec. 1649. Reports on Army Medical Action Plan in response to deficiencies identified at Walter Reed Army Medical Center, District of Columbia.
- Sec. 1650. Required certifications in connection with closure of Walter Reed Army Medical Center, District of Columbia.
- Sec. 1651. Handbook for members of the Armed Forces on compensation and benefits available for serious injuries and illnesses.

Subtitle E—Studies and Reports

- Sec. 1661. 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.
- Sec. 1662. Access of recovering service members to adequate outpatient residential facilities.

- Sec. 1663. Study and report on support services for families of recovering service members.
- Sec. 1664. Report on traumatic brain injury classifications.
- Sec. 1665. Evaluation of the Polytrauma Liaison Officer/Non-Commissioned Officer program.

Subtitle F—Other Matters

- Sec. 1671. Prohibition on transfer of resources from medical care.
- Sec. 1672. Medical care for families of members of the Armed Forces recovering from serious injuries or illnesses.
- Sec. 1673. Improvement of medical tracking system for members of the Armed Forces deployed overseas.
- Sec. 1674. Guaranteed funding for Walter Reed Army Medical Center, District of Columbia.
- Sec. 1675. Use of leave transfer program by wounded veterans who are Federal employees.
- Sec. 1676. Moratorium on conversion to contractor performance of Department of Defense functions at military medical facilities.

SEC. 1601. [10 U.S.C. 1071 note] SHORT TITLE.

This title may be cited as the “Wounded Warrior Act”.

SEC. 1602. [10 U.S.C. 1071 note] GENERAL DEFINITIONS.

In this title:

(1) **APPROPRIATE COMMITTEES OF CONGRESS.**—The term “appropriate committees of Congress” means—

(A) the Committees on Armed Services, Veterans’ Affairs, and Appropriations of the Senate; and

(B) the Committees on Armed Services, Veterans’ Affairs, and Appropriations of the House of Representatives.

(2) **BENEFITS DELIVERY AT DISCHARGE PROGRAM.**—The term “Benefits Delivery at Discharge Program” means a program administered jointly by the Secretary of Defense and the Secretary of Veterans Affairs to provide information and assistance on available benefits and other transition assistance to members of the Armed Forces who are separating from the Armed Forces, including assistance to obtain any disability benefits for which such members may be eligible.

(3) **DISABILITY EVALUATION SYSTEM.**—The term “Disability Evaluation System” means the following:

(A) A system or process of the Department of Defense for evaluating the nature and extent of disabilities affecting members of the Armed Forces that is operated by the Secretaries of the military departments and is comprised of medical evaluation boards, physical evaluation boards, counseling of members, and mechanisms for the final disposition of disability evaluations by appropriate personnel.

(B) A system or process of the Coast Guard for evaluating the nature and extent of disabilities affecting members of the Coast Guard that is operated by the Secretary of Homeland Security and is similar to the system or process of the Department of Defense described in subparagraph (A).

(4) **ELIGIBLE FAMILY MEMBER.**—The term “eligible family member”, with respect to a recovering service member, means a family member (as defined in section 411h(b)(3)(B) of title 37, United States Code) who is on invitational travel orders or serving as a non-medical attendee while caring for the recov-

ering service member for more than 45 days during a one-year period.

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

(6) OUTPATIENT STATUS.—The term “outpatient status”, with respect to a recovering service member, means the status of a recovering service member assigned to—

(A) a military medical treatment facility as an outpatient; or

(B) a unit established for the purpose of providing command and control of members of the Armed Forces receiving medical care as outpatients.

(7) RECOVERING SERVICE MEMBER.—The term “recovering service member” means a member of the Armed Forces, including a member of the National Guard or a Reserve, who is undergoing medical treatment, recuperation, or therapy and is in an outpatient status while recovering from a serious injury or illness related to the member’s military service.

(8) SERIOUS INJURY OR ILLNESS.—The term “serious injury or illness”, in the case of a member of the Armed Forces, means an injury or illness incurred by the member in line of duty on active duty in the Armed Forces that may render the member medically unfit to perform the duties of the member’s office, grade, rank, or rating.

(9) TRICARE PROGRAM.—The term “TRICARE program” has the meaning given that term in section 1072(7) of title 10, United States Code.

SEC. 1603. [10 U.S.C. 1071 note] CONSIDERATION OF GENDER-SPECIFIC NEEDS OF RECOVERING SERVICE MEMBERS AND VETERANS.

(a) IN GENERAL.—In developing and implementing the policy required by section 1611(a), and in otherwise carrying out any other provision of this title or any amendment made by this title, the Secretary of Defense and the Secretary of Veterans Affairs shall take into account and fully address any unique gender-specific needs of recovering service members and veterans under such policy or other provision.

(b) REPORTS.—In submitting any report required by this title or an amendment made by this title, the Secretary of Defense and the Secretary of Veterans Affairs shall, to the extent applicable, include a description of the manner in which the matters covered by such report address the unique gender-specific needs of recovering service members and veterans.

Subtitle A—Policy on Improvements to Care, Management, and Transition of Recovering Service Members

SEC. 1611. [10 U.S.C. 1071 note] COMPREHENSIVE POLICY ON IMPROVEMENTS TO CARE, MANAGEMENT, AND TRANSITION OF RECOVERING SERVICE MEMBERS.

(a) COMPREHENSIVE POLICY REQUIRED.—

(1) IN GENERAL.—Not later than July 1, 2008, the Secretary of Defense and the Secretary of Veterans Affairs shall, to the extent feasible, jointly develop and implement a comprehensive policy on improvements to the care, management, and transition of recovering service members.

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

(A) The care and management of recovering service members.

(B) The medical evaluation and disability evaluation of recovering service members.

(C) The return of service members who have recovered to active duty when appropriate.

(D) The transition of recovering service members from receipt of care and services through the Department of Defense to receipt of care and services through the Department of Veterans Affairs.

(3) CONSULTATION.—The Secretary of Defense and the Secretary of Veterans Affairs shall develop the policy in consultation with the heads of other appropriate departments and agencies of the Federal Government and with appropriate non-governmental organizations having an expertise in matters relating to the policy.

(4) UPDATE.—The Secretary of Defense and the Secretary of Veterans Affairs shall jointly update the policy on a periodic basis, but not less often than annually, in order to incorporate in the policy, as appropriate, the following:

(A) The results of the reviews required under subsections (b) and (c).

(B) Best practices identified through pilot programs carried out under this title.

(C) Improvements to matters under the policy otherwise identified and agreed upon by the Secretary of Defense and the Secretary of Veterans Affairs.

(b) REVIEW OF CURRENT POLICIES AND PROCEDURES.—

(1) REVIEW REQUIRED.—In developing the policy required by subsection (a), the Secretary of Defense and the Secretary of Veterans Affairs shall, to the extent necessary, jointly and separately conduct a review of all policies and procedures of the Department of Defense and the Department of Veterans Affairs that apply to, or shall be covered by, the policy.

(2) PURPOSE.—The purpose of the review shall be to identify the most effective and patient-oriented approaches to care and management of recovering service members for purposes of—

(A) incorporating such approaches into the policy; and

(B) extending such approaches, where applicable, to the care and management of other injured or ill members of the Armed Forces and veterans.

(3) ELEMENTS.—In conducting the review, the Secretary of Defense and the Secretary of Veterans Affairs shall—

(A) identify among the policies and procedures described in paragraph (1) best practices in approaches to the care and management of recovering service members;

(B) identify among such policies and procedures existing and potential shortfalls in the care and management of recovering service members (including care and management of recovering service members on the temporary disability retired list), and determine means of addressing any shortfalls so identified;

(C) determine potential modifications of such policies and procedures in order to ensure consistency and uniformity, where appropriate, in the application of such policies and procedures—

(i) among the military departments;

(ii) among the Veterans Integrated Services Networks (VISNs) of the Department of Veterans Affairs; and

(iii) between the military departments and the Veterans Integrated Services Networks; and

(D) develop recommendations for legislative and administrative action necessary to implement the results of the review.

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

(c) CONSIDERATION OF EXISTING FINDINGS, RECOMMENDATIONS, AND PRACTICES.—In developing the policy required by subsection (a), the Secretary of Defense and the Secretary of Veterans Affairs shall take into account the following:

(1) The findings and recommendations of applicable studies, reviews, reports, and evaluations that address matters relating to the policy, including, but not limited, to the following:

(A) The Independent Review Group on Rehabilitative Care and Administrative Processes at Walter Reed Army Medical Center and National Naval Medical Center, appointed by the Secretary of Defense.

(B) The Secretary of Veterans Affairs Task Force on Returning Global War on Terror Heroes, appointed by the President.

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

(D) The Veterans' Disability Benefits Commission established by title XV of the National Defense Authorization Act for Fiscal Year 2004 (Public Law 108–136; 117 Stat. 1676; 38 U.S.C. 1101 note).

(E) The President's Task Force to Improve Health Care Delivery for Our Nation's Veterans, of March 2003.

(F) The Report of the Congressional Commission on Servicemembers and Veterans Transition Assistance, of 1999, chaired by Anthony J. Principi.

(G) The President's Commission on Veterans' Pensions, of 1956, chaired by General Omar N. Bradley.

(2) The experience and best practices of the Department of Defense and the military departments on matters relating to the policy.

(3) The experience and best practices of the Department of Veterans Affairs on matters relating to the policy.

(4) Such other matters as the Secretary of Defense and the Secretary of Veterans Affairs consider appropriate.

(d) TRAINING AND SKILLS OF HEALTH CARE PROFESSIONALS, RECOVERY CARE COORDINATORS, MEDICAL CARE CASE MANAGERS, AND NON-MEDICAL CARE MANAGERS FOR RECOVERING SERVICE MEMBERS.—

(1) IN GENERAL.—The policy required by subsection (a) shall provide for uniform standards among the military departments for the training and skills of health care professionals, recovery care coordinators, medical care case managers, and non-medical care managers for recovering service members under subsection (e) in order to ensure that such personnel are able to—

(A) detect early warning signs of post-traumatic stress disorder (PTSD), suicidal or homicidal thoughts or behaviors, and other behavioral health concerns among recovering service members; and

(B) promptly notify appropriate health care professionals following detection of such signs.

(2) TRACKING OF NOTIFICATIONS.—In providing for uniform standards under paragraph (1), the policy shall include a mechanism or system to track the number of notifications made by recovery care coordinators, medical care case managers, and non-medical care managers to health care professionals under paragraph (1)(A) regarding early warning signs of post-traumatic stress disorder and suicide in recovering service members.

(e) SERVICES FOR RECOVERING SERVICE MEMBERS.—The policy required by subsection (a) shall provide for improvements as follows with respect to the care, management, and transition of recovering service members:

(1) COMPREHENSIVE RECOVERY PLAN FOR RECOVERING SERVICE MEMBERS.—The policy shall provide for uniform standards and procedures for the development of a comprehensive recovery plan for each recovering service member that covers the full spectrum of care, management, transition, and rehabilitation of the service member during recovery.

(2) RECOVERY CARE COORDINATORS FOR RECOVERING SERVICE MEMBERS.—

(A) IN GENERAL.—The policy shall provide for a uniform program for the assignment to recovering service members of recovery care coordinators having the duties specified in subparagraph (B).

(B) DUTIES.—The duties under the program of a recovery care coordinator for a recovering service member shall include, but not be limited to, overseeing and assisting the service member in the service member's course through the entire spectrum of care, management, transition, and rehabilitation services available from the Federal Government, including services provided by the Department of Defense, the Department of Veterans Affairs, the Department of Labor, and the Social Security Administration.

(C) LIMITATION ON NUMBER OF SERVICE MEMBERS MANAGED BY COORDINATORS.—The maximum number of recov-

ering service members whose cases may be assigned to a recovery care coordinator under the program at any one time shall be such number as the policy shall specify, except that the Secretary of the military department concerned may waive such limitation with respect to a given coordinator for not more than 120 days in the event of unforeseen circumstances (as specified in the policy).

(D) TRAINING.—The policy shall specify standard training requirements and curricula for recovery care coordinators under the program, including a requirement for successful completion of the training program before a person may assume the duties of such a coordinator.

(E) RESOURCES.—The policy shall include mechanisms to ensure that recovery care coordinators under the program have the resources necessary to expeditiously carry out the duties of such coordinators under the program.

(F) SUPERVISION.—The policy shall specify requirements for the appropriate rank or grade, and appropriate occupation, for persons appointed to head and supervise recovery care coordinators.

(3) MEDICAL CARE CASE MANAGERS FOR RECOVERING SERVICE MEMBERS.—

(A) IN GENERAL.—The policy shall provide for a uniform program among the military departments for the assignment to recovering service members of medical care case managers having the duties specified in subparagraph (B).

(B) DUTIES.—The duties under the program of a medical care case manager for a recovering service member (or the service member's immediate family or other designee if the service member is incapable of making judgments about personal medical care) shall include, at a minimum, the following:

(i) Assisting in understanding the service member's medical status during the care, recovery, and transition of the service member.

(ii) Assisting in the receipt by the service member of prescribed medical care during the care, recovery, and transition of the service member.

(iii) Conducting a periodic review of the medical status of the service member, which review shall be conducted, to the extent practicable, in person with the service member, or, whenever the conduct of the review in person is not practicable, with the medical care case manager submitting to the manager's supervisor a written explanation why the review in person was not practicable (if the Secretary of the military department concerned elects to require such written explanations for purposes of the program).

(C) LIMITATION ON NUMBER OF SERVICE MEMBERS MANAGED BY MANAGERS.—The maximum number of recovering service members whose cases may be assigned to a medical care case manager under the program at any one time shall be such number as the policy shall specify, except

that the Secretary of the military department concerned may waive such limitation with respect to a given manager for not more than 120 days in the event of unforeseen circumstances (as specified in the policy).

(D) TRAINING.—The policy shall specify standard training requirements and curricula for medical care case managers under the program, including a requirement for successful completion of the training program before a person may assume the duties of such a manager.

(E) RESOURCES.—The policy shall include mechanisms to ensure that medical care case managers under the program have the resources necessary to expeditiously carry out the duties of such managers under the program.

(F) SUPERVISION AT ARMED FORCES MEDICAL FACILITIES.—The policy shall specify requirements for the appropriate rank or grade, and appropriate occupation, for persons appointed to head and supervise the medical care case managers at each medical facility of the Armed Forces. Persons so appointed may be appointed from the Army Medical Corps, Army Medical Service Corps, Army Nurse Corps, Navy Medical Corps, Navy Medical Service Corps, Navy Nurse Corps, Air Force Medical Service, or other corps or civilian health care professional, as applicable, at the discretion of the Secretary of Defense.

(4) NON-MEDICAL CARE MANAGERS FOR RECOVERING SERVICE MEMBERS.—

(A) IN GENERAL.—The policy shall provide for a uniform program among the military departments for the assignment to recovering service members of non-medical care managers having the duties specified in subparagraph (B).

(B) DUTIES.—The duties under the program of a non-medical care manager for a recovering service member shall include, at a minimum, the following:

(i) Communicating with the service member and with the service member's family or other individuals designated by the service member regarding non-medical matters that arise during the care, recovery, and transition of the service member.

(ii) Assisting with oversight of the service member's welfare and quality of life.

(iii) Assisting the service member in resolving problems involving financial, administrative, personnel, transitional, and other matters that arise during the care, recovery, and transition of the service member.

(C) DURATION OF DUTIES.—The policy shall provide that a non-medical care manager shall perform duties under the program for a recovering service member until the service member is returned to active duty or retired or separated from the Armed Forces.

(D) LIMITATION ON NUMBER OF SERVICE MEMBERS MANAGED BY MANAGERS.—The maximum number of recovering service members whose cases may be assigned to a non-

medical care manager under the program at any one time shall be such number as the policy shall specify, except that the Secretary of the military department concerned may waive such limitation with respect to a given manager for not more than 120 days in the event of unforeseen circumstances (as specified in the policy).

(E) TRAINING.—The policy shall specify standard training requirements and curricula among the military departments for non-medical care managers under the program, including a requirement for successful completion of the training program before a person may assume the duties of such a manager.

(F) RESOURCES.—The policy shall include mechanisms to ensure that non-medical care managers under the program have the resources necessary to expeditiously carry out the duties of such managers under the program.

(G) SUPERVISION AT ARMED FORCES MEDICAL FACILITIES.—The policy shall specify requirements for the appropriate rank and occupational speciality for persons appointed to head and supervise the non-medical care managers at each medical facility of the Armed Forces.

(5) ACCESS OF RECOVERING SERVICE MEMBERS TO NON-URGENT HEALTH CARE FROM THE DEPARTMENT OF DEFENSE OR OTHER PROVIDERS UNDER TRICARE.—

(A) IN GENERAL.—The policy shall provide for appropriate minimum standards for access of recovering service members to non-urgent medical care and other health care services as follows:

(i) In medical facilities of the Department of Defense.

(ii) Through the TRICARE program.

(B) MAXIMUM WAITING TIMES FOR CERTAIN CARE.—The standards for access under subparagraph (A) shall include such standards on maximum waiting times of recovering service members as the policy shall specify for care that includes, but is not limited to, the following:

(i) Follow-up care.

(ii) Specialty care.

(iii) Diagnostic referrals and studies.

(iv) Surgery based on a physician's determination of medical necessity.

(C) WAIVER BY RECOVERING SERVICE MEMBERS.—The policy shall permit any recovering service member to waive a standard for access under this paragraph under such circumstances and conditions as the policy shall specify.

(6) ASSIGNMENT OF RECOVERING SERVICE MEMBERS TO LOCATIONS OF CARE.—

(A) IN GENERAL.—The policy shall provide for uniform guidelines among the military departments for the assignment of recovering service members to a location of care, including guidelines that provide for the assignment of recovering service members, when medically appropriate, to care and residential facilities closest to their duty station

or home of record or the location of their designated care giver at the earliest possible time.

(B) REASSIGNMENT FROM DEFICIENT FACILITIES.—The policy shall provide for uniform guidelines and procedures among the military departments for the reassignment of recovering service members from a medical or medical-related support facility determined by the Secretary of Defense to violate the standards required by section 1648 to another appropriate medical or medical-related support facility until the correction of violations of such standards at the medical or medical-related support facility from which such service members are reassigned.

(7) TRANSPORTATION AND SUBSISTENCE FOR RECOVERING SERVICE MEMBERS.—The policy shall provide for uniform standards among the military departments on the availability of appropriate transportation and subsistence for recovering service members to facilitate their obtaining needed medical care and services.

(8) WORK AND DUTY ASSIGNMENTS FOR RECOVERING SERVICE MEMBERS.—The policy shall provide for uniform criteria among the military departments for the assignment of recovering service members to work and duty assignments that are compatible with their medical conditions.

(9) ACCESS OF RECOVERING SERVICE MEMBERS TO EDUCATIONAL AND VOCATIONAL TRAINING AND REHABILITATION.—The policy shall provide for uniform standards among the military departments on the provision of educational and vocational training and rehabilitation opportunities for recovering service members at the earliest possible point in their recovery.

(10) TRACKING OF RECOVERING SERVICE MEMBERS.—The policy shall provide for uniform procedures among the military departments on tracking recovering service members to facilitate—

(A) locating each recovering service member; and

(B) tracking medical care appointments of recovering service members to ensure timeliness and compliance of recovering service members with appointments, and other physical and evaluation timelines, and to provide any other information needed to conduct oversight of the care, management, and transition of recovering service members.

(11) REFERRALS OF RECOVERING SERVICE MEMBERS TO OTHER CARE AND SERVICES PROVIDERS.—The policy shall provide for uniform policies, procedures, and criteria among the military departments on the referral of recovering service members to the Department of Veterans Affairs and other private and public entities (including universities and rehabilitation hospitals, centers, and clinics) in order to secure the most appropriate care for recovering service members, which policies, procedures, and criteria shall take into account, but not be limited to, the medical needs of recovering service members and the geographic location of available necessary recovery care services.

(f) SERVICES FOR FAMILIES OF RECOVERING SERVICE MEMBERS.—The policy required by subsection (a) shall provide for improvements as follows with respect to services for families of recovering service members:

(1) SUPPORT FOR FAMILY MEMBERS OF RECOVERING SERVICE MEMBERS.—The policy shall provide for uniform guidelines among the military departments on the provision by the military departments of support for family members of recovering service members who are not otherwise eligible for care under section 1672 in caring for such service members during their recovery.

(2) ADVICE AND TRAINING FOR FAMILY MEMBERS OF RECOVERING SERVICE MEMBERS.—The policy shall provide for uniform requirements and standards among the military departments on the provision by the military departments of advice and training, as appropriate, to family members of recovering service members with respect to care for such service members during their recovery.

(3) MEASUREMENT OF SATISFACTION OF FAMILY MEMBERS OF RECOVERING SERVICE MEMBERS WITH QUALITY OF HEALTH CARE SERVICES.—The policy shall provide for uniform procedures among the military departments on the measurement of the satisfaction of family members of recovering service members with the quality of health care services provided to such service members during their recovery.

(4) JOB PLACEMENT SERVICES FOR FAMILY MEMBERS OF RECOVERING SERVICE MEMBERS.—The policy shall provide for procedures for application by eligible family members during a one-year period for job placement services otherwise offered by the Department of Defense.

(g) OUTREACH TO RECOVERING SERVICE MEMBERS AND THEIR FAMILIES ON COMPREHENSIVE POLICY.—The policy required by subsection (a) shall include procedures and mechanisms to ensure that recovering service members and their families are fully informed of the policies required by this section, including policies on medical care for recovering service members, on the management and transition of recovering service members, and on the responsibilities of recovering service members and their family members throughout the continuum of care and services for recovering service members under this section.

(h) APPLICABILITY OF COMPREHENSIVE POLICY TO RECOVERING SERVICE MEMBERS ON TEMPORARY DISABILITY RETIRED LIST.—Appropriate elements of the policy required by this section shall apply to recovering service members whose names are placed on the temporary disability retired list in such manner, and subject to such terms and conditions, as the Secretary of Defense shall prescribe in regulations for purposes of this subsection.

SEC. 1612. [10 U.S.C. 1071 note] MEDICAL EVALUATIONS AND PHYSICAL DISABILITY EVALUATIONS OF RECOVERING SERVICE MEMBERS.

(a) MEDICAL EVALUATIONS OF RECOVERING SERVICE MEMBERS.—

(1) IN GENERAL.—Not later than July 1, 2008, the Secretary of Defense shall develop a policy on improvements to the

processes, procedures, and standards for the conduct by the military departments of medical evaluations of recovering service members.

(2) ELEMENTS.—The policy on improvements to processes, procedures, and standards required under this subsection shall include and address the following:

(A) Processes for medical evaluations of recovering service members that—

(i) apply uniformly throughout the military departments; and

(ii) apply uniformly with respect to recovering service members who are members of the regular components of the Armed Forces and recovering service members who are members of the National Guard and Reserve.

(B) Standard criteria and definitions for determining the achievement for recovering service members of the maximum medical benefit from treatment and rehabilitation.

(C) Standard timelines for each of the following:

(i) Determinations of fitness for duty of recovering service members.

(ii) Specialty care consultations for recovering service members.

(iii) Preparation of medical documents for recovering service members.

(iv) Appeals by recovering service members of medical evaluation determinations, including determinations of fitness for duty.

(D) Procedures for ensuring that—

(i) upon request of a recovering service member being considered by a medical evaluation board, a physician or other appropriate health care professional who is independent of the medical evaluation board is assigned to the service member; and

(ii) the physician or other health care professional assigned to a recovering service member under clause (i)—

(I) serves as an independent source for review of the findings and recommendations of the medical evaluation board;

(II) provides the service member with advice and counsel regarding the findings and recommendations of the medical evaluation board; and

(III) advises the service member on whether the findings of the medical evaluation board adequately reflect the complete spectrum of injuries and illness of the service member.

(E) Standards for qualifications and training of medical evaluation board personnel, including physicians, case workers, and physical disability evaluation board liaison officers, in conducting medical evaluations of recovering service members.

(F) Standards for the maximum number of medical evaluation cases of recovering service members that are pending before a medical evaluation board at any one time, and requirements for the establishment of additional medical evaluation boards in the event such number is exceeded.

(G) Standards for information for recovering service members, and their families, on the medical evaluation board process and the rights and responsibilities of recovering service members under that process, including a standard handbook on such information (which handbook shall also be available electronically).

(b) PHYSICAL DISABILITY EVALUATIONS OF RECOVERING SERVICE MEMBERS.—

(1) IN GENERAL.—Not later than July 1, 2008, the Secretary of Defense and the Secretary of Veterans Affairs shall develop a policy on improvements to the processes, procedures, and standards for the conduct of physical disability evaluations of recovering service members by the military departments and by the Department of Veterans Affairs.

(2) ELEMENTS.—The policy on improvements to processes, procedures, and standards required under this subsection shall include and address the following:

(A) A clearly-defined process of the Department of Defense and the Department of Veterans Affairs for disability determinations of recovering service members.

(B) To the extent feasible, procedures to eliminate unacceptable discrepancies and improve consistency among disability ratings assigned by the military departments and the Department of Veterans Affairs, particularly in the disability evaluation of recovering service members, which procedures shall be subject to the following requirements and limitations:

(i) Such procedures shall apply uniformly with respect to recovering service members who are members of the regular components of the Armed Forces and recovering service members who are members of the National Guard and Reserve.

(ii) Under such procedures, each Secretary of a military department shall, to the extent feasible, utilize the standard schedule for rating disabilities in use by the Department of Veterans Affairs, including any applicable interpretation of such schedule by the United States Court of Appeals for Veterans Claims, in making any determination of disability of a recovering service member, except as otherwise authorized by section 1216a of title 10, United States Code (as added by section 1642 of this Act).

(C) Uniform timelines among the military departments for appeals of determinations of disability of recovering service members, including timelines for presentation, consideration, and disposition of appeals.

(D) Uniform standards among the military departments for qualifications and training of physical disability

evaluation board personnel, including physical evaluation board liaison personnel, in conducting physical disability evaluations of recovering service members.

(E) Uniform standards among the military departments for the maximum number of physical disability evaluation cases of recovering service members that are pending before a physical disability evaluation board at any one time, and requirements for the establishment of additional physical disability evaluation boards in the event such number is exceeded.

(F) Uniform standards and procedures among the military departments for the provision of legal counsel to recovering service members while undergoing evaluation by a physical disability evaluation board.

(G) Uniform standards among the military departments on the roles and responsibilities of non-medical care managers under section 1611(e)(4) and judge advocates assigned to recovering service members undergoing evaluation by a physical disability board, and uniform standards on the maximum number of cases involving such service members that are to be assigned to judge advocates at any one time.

(c) ASSESSMENT OF CONSOLIDATION OF DEPARTMENT OF DEFENSE AND DEPARTMENT OF VETERANS AFFAIRS DISABILITY EVALUATION SYSTEMS.—

(1) IN GENERAL.—The Secretary of Defense and the Secretary of Veterans Affairs shall jointly submit to the appropriate committees of Congress a report on the feasibility and advisability of consolidating the disability evaluation systems of the military departments and the disability evaluation system of the Department of Veterans Affairs into a single disability evaluation system. The report shall be submitted together with the report required by section 1611(a).

(2) ELEMENTS.—The report required by paragraph (1) shall include the following:

(A) An assessment of the feasibility and advisability of consolidating the disability evaluation systems described in paragraph (1) as specified in that paragraph.

(B) If the consolidation of the systems is considered feasible and advisable—

(i) recommendations for various options for consolidating the systems as specified in paragraph (1); and

(ii) recommendations for mechanisms to evaluate and assess any progress made in consolidating the systems as specified in that paragraph.

SEC. 1613. [10 U.S.C. 1071 note] RETURN OF RECOVERING SERVICE MEMBERS TO ACTIVE DUTY IN THE ARMED FORCES.

The Secretary of Defense shall establish standards for determinations by the military departments on the return of recovering service members to active duty in the Armed Forces.

SEC. 1614. [10 U.S.C. 1071 note] TRANSITION OF RECOVERING SERVICE MEMBERS FROM CARE AND TREATMENT THROUGH THE DEPARTMENT OF DEFENSE TO CARE, TREATMENT, AND REHABILITATION THROUGH THE DEPARTMENT OF VETERANS AFFAIRS.

(a) **IN GENERAL.**—Not later than July 1, 2008, the Secretary of Defense and the Secretary of Veterans Affairs shall jointly develop and implement processes, procedures, and standards for the transition of recovering service members from care and treatment through the Department of Defense to care, treatment, and rehabilitation through the Department of Veterans Affairs.

(b) **ELEMENTS.**—The processes, procedures, and standards required under this section shall include the following:

(1) Uniform, patient-focused procedures to ensure that the transition described in subsection (a) occurs without gaps in medical care and in the quality of medical care, benefits, and services.

(2) Procedures for the identification and tracking of recovering service members during the transition, and for the coordination of care and treatment of recovering service members during the transition, including a system of cooperative case management of recovering service members by the Department of Defense and the Department of Veterans Affairs during the transition.

(3) Procedures for the notification of Department of Veterans Affairs liaison personnel of the commencement by recovering service members of the medical evaluation process and the physical disability evaluation process.

(4) Procedures and timelines for the enrollment of recovering service members in applicable enrollment or application systems of the Department of Veterans Affairs with respect to health care, disability, education, vocational rehabilitation, or other benefits.

(5) Procedures to ensure the access of recovering service members during the transition to vocational, educational, and rehabilitation benefits available through the Department of Veterans Affairs.

(6) Standards for the optimal location of Department of Defense and Department of Veterans Affairs liaison and case management personnel at military medical treatment facilities, medical centers, and other medical facilities of the Department of Defense.

(7) Standards and procedures for integrated medical care and management of recovering service members during the transition, including procedures for the assignment of medical personnel of the Department of Veterans Affairs to Department of Defense facilities to participate in the needs assessments of recovering service members before, during, and after their separation from military service.

(8) Standards for the preparation of detailed plans for the transition of recovering service members from care and treatment by the Department of Defense to care, treatment, and rehabilitation by the Department of Veterans Affairs, which plans shall—

(A) be based on standardized elements with respect to care and treatment requirements and other applicable requirements; and

(B) take into account the comprehensive recovery plan for the recovering service member concerned as developed under section 1611(e)(1).

(9) Procedures to ensure that each recovering service member who is being retired or separated under chapter 61 of title 10, United States Code, receives a written transition plan, prior to the time of retirement or separation, that—

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

(B) provides for a coordinated transition of the service member from the Department of Defense disability evaluation system to the Department of Veterans Affairs disability system; and

(C) includes information and guidance designed to assist the service member in understanding and meeting the schedule and milestones specified under subparagraph (A) for the service member's transition.

(10) Procedures for the transmittal from the Department of Defense to the Department of Veterans Affairs of records and any other required information on each recovering service member described in paragraph (9), which procedures shall provide for the transmission from the Department of Defense to the Department of Veterans Affairs of records and information on the service member as follows:

(A) The address and contact information of the service member.

(B) The DD-214 discharge form of the service member, which shall be transmitted under such procedures electronically.

(C) A copy of the military service record of the service member, including medical records and any results of a physical evaluation board.

(D) Information on whether the service member is entitled to transitional health care, a conversion health policy, or other health benefits through the Department of Defense under section 1145 of title 10, United States Code.

(E) A copy of any request of the service member for assistance in enrolling in, or completed applications for enrollment in, the health care system of the Department of Veterans Affairs for health care benefits for which the service member may be eligible under laws administered by the Secretary of Veterans Affairs.

(F) A copy of any request by the service member for assistance in applying for, or completed applications for, compensation and vocational rehabilitation benefits to which the service member may be entitled under laws administered by the Secretary of Veterans Affairs.

(11) A process to ensure that, before transmittal of medical records of a recovering service member to the Department of Veterans Affairs, the Secretary of Defense ensures that the

service member (or an individual legally recognized to make medical decisions on behalf of the service member) authorizes the transfer of the medical records of the service member from the Department of Defense to the Department of Veterans Affairs pursuant to the Health Insurance Portability and Accountability Act of 1996.

(12) Procedures to ensure that, with the consent of the recovering service member concerned, the address and contact information of the service member is transmitted to the department or agency for veterans affairs of the State in which the service member intends to reside after the retirement or separation of the service member from the Armed Forces.

(13) Procedures to ensure that, before the transmittal of records and other information with respect to a recovering service member under this section, a meeting regarding the transmittal of such records and other information occurs among the service member, appropriate family members of the service member, representatives of the Secretary of the military department concerned, and representatives of the Secretary of Veterans Affairs, with at least 30 days advance notice of the meeting being given to the service member unless the service member waives the advance notice requirement in order to accelerate transmission of the service member's records and other information to the Department of Veterans Affairs.

(14) Procedures to ensure that the Secretary of Veterans Affairs gives appropriate consideration to a written statement submitted to the Secretary by a recovering service member regarding the transition.

(15) Procedures to provide access for the Department of Veterans Affairs to the military health records of recovering service members who are receiving care and treatment, or are anticipating receipt of care and treatment, in Department of Veterans Affairs health care facilities, which procedures shall be consistent with the procedures and requirements in paragraphs (11) and (13).

(16) A process for the utilization of a joint separation and evaluation physical examination that meets the requirements of both the Department of Defense and the Department of Veterans Affairs in connection with the medical separation or retirement of a recovering service member from military service and for use by the Department of Veterans Affairs in disability evaluations.

(17) Procedures for surveys and other mechanisms to measure patient and family satisfaction with the provision by the Department of Defense and the Department of Veterans Affairs of care and services for recovering service members, and to facilitate appropriate oversight by supervisory personnel of the provision of such care and services.

(18) Procedures to ensure the participation of recovering service members who are members of the National Guard or Reserve in the Benefits Delivery at Discharge Program, including procedures to ensure that, to the maximum extent feasible,

services under the Benefits Delivery at Discharge Program are provided to recovering service members at—

- (A) appropriate military installations;
- (B) appropriate armories and military family support centers of the National Guard;
- (C) appropriate military medical care facilities at which members of the Armed Forces are separated or discharged from the Armed Forces; and
- (D) in the case of a member on the temporary disability retired list under section 1202 or 1205 of title 10, United States Code, who is being retired under another provision of such title or is being discharged, at a location reasonably convenient to the member.

SEC. 1615. REPORTS.

(a) **REPORT ON POLICY.**—Upon the development of the policy required by subsection (a) of section 1611 but not later than July 1, 2008, the Secretary of Defense and the Secretary of Veterans Affairs shall jointly submit to the appropriate committees of Congress a report on the policy, including a comprehensive and detailed description of the policy and of the manner in which the policy addresses the detailed elements of the policy specified in subsections (d) through (h) of section 1611, and the findings and recommendations of the reviews under subsections (b) and (c) of section 1611.

(b) **INTERIM REPORT ON POLICY.**—Not later than February 1, 2008, the Secretary of Defense and the Secretary of Veterans Affairs shall jointly submit to the appropriate committees of Congress an interim report on the policy, which shall include a comprehensive and detailed description of the matters specified in subsection (a) current as of the date of such interim report.

(c) **REPORT ON UPDATE OF POLICY.**—Upon updating the policy under section 1611(a)(4), the Secretary of Defense and the Secretary of Veterans Affairs shall jointly submit to the appropriate committees of Congress a report on the update of the policy, including a comprehensive and detailed description of such update and of the reasons for such update.

(d) **COMPTROLLER GENERAL ASSESSMENT OF IMPLEMENTATION OF POLICY.**—

(1) **IN GENERAL.**—Not later than six months after the date of the enactment of this Act and every year thereafter through 2010, the Comptroller General of the United States shall submit to the appropriate committees of Congress a report setting forth the assessment of the Comptroller General of the progress of the Secretary of Defense and the Secretary of Veterans Affairs in developing and implementing the policy required by section 1611(a). Each report shall include a certification by the Comptroller General as to whether the Comptroller General has had timely access to sufficient information to enable the Comptroller General to make informed judgments on the matters covered by the report.

(2) **ACCESS INFORMATION.**—The Secretary of Defense and the Secretary of Veterans Affairs shall facilitate the ability of the Comptroller General to conduct any review required for a report under this subsection within the time period required

for such report, including prompt and complete access to such information as the Comptroller General considers necessary to perform such review.

(e) REPORT ON REDUCTION IN DISABILITY RATINGS BY THE DEPARTMENT OF DEFENSE.—Not later than February 1, 2009, the Secretary of Defense shall submit to the Committees on Armed Services of the Senate and House of Representatives a report on the number of instances during the period beginning on October 7, 2001, and ending on September 30, 2006, in which a disability rating assigned to a member of the Armed Forces by an informal physical evaluation board of the Department of Defense was reduced upon appeal, and the reasons for such reduction.

SEC. 1616. [10 U.S.C. 1071 note] ESTABLISHMENT OF A WOUNDED WARRIOR RESOURCE CENTER.

(a) ESTABLISHMENT.—The Secretary of Defense shall establish a wounded warrior resource center (in this section referred to as the “center”) to provide wounded warriors, their families, and their primary caregivers with a single point of contact for assistance with reporting deficiencies in covered military facilities, obtaining health care services, receiving benefits information, receiving legal assistance referral information (where appropriate), receiving other appropriate referral information, and any other difficulties encountered while supporting wounded warriors. The Secretary shall widely disseminate information regarding the existence and availability of the center, including contact information, to members of the Armed Forces and their dependents. In carrying out this subsection, the Secretary may use existing infrastructure and organizations but shall ensure that the center has the ability to separately keep track of calls from wounded warriors.

(b) ACCESS.—The center shall provide multiple methods of access, including at a minimum an Internet website and a toll-free telephone number (commonly referred to as a “hot line”) at which personnel are accessible at all times to receive reports of deficiencies or provide information about covered military facilities, health care services, or military benefits.

(c) CONFIDENTIALITY.—

(1) NOTIFICATION.—Individuals who seek to provide information through the center under subsection (a) shall be notified, immediately before they provide such information, of their option to elect, at their discretion, to have their identity remain confidential.

(2) PROHIBITION ON FURTHER DISCLOSURE.—In the case of information provided through use of the toll-free telephone number by an individual who elects to maintain the confidentiality of his or her identity, any individual who, by necessity, has had access to such information for purposes of investigating or responding to the call as required under subsection (d) may not disclose the identity of the individual who provided the information.

(d) FUNCTIONS.—The center shall perform the following functions:

(1) CALL TRACKING.—The center shall be responsible for documenting receipt of a call, referring the call to the appropriate office within a military department for answer or inves-

tigation, and tracking the formulation and notification of the response to the call.

(2) INVESTIGATION AND RESPONSE.—The center shall be responsible for ensuring that, not later than 96 hours after a call—

(A) if a report of deficiencies is received in a call—

(i) any deficiencies referred to in the call are investigated;

(ii) if substantiated, a plan of action for remediation of the deficiencies is developed and implemented; and

(iii) if requested, the individual who made the report is notified of the current status of the report; or

(B) if a request for information is received in a call—

(i) the information requested by the caller is provided by the center;

(ii) all requests for information from the call are referred to the appropriate office or offices of a military department for response; and

(iii) the individual who made the report is notified, at a minimum, of the current status of the query.

(3) FINAL NOTIFICATION.—The center shall be responsible for ensuring that, if requested, the caller is notified when the deficiency has been corrected or when the request for information has been fulfilled to the maximum extent practicable, as determined by the Secretary.

(e) DEFINITIONS.—In this section:

(1) COVERED MILITARY FACILITY.—The term “covered military facility” has the meaning provided in section 1648(b) of this Act.

(2) CALL.—The term “call” means any query or report that is received by the center by means of the toll-free telephone number or other source.

(f) EFFECTIVE DATES.—

(1) TOLL-FREE TELEPHONE NUMBER.—The toll-free telephone number required to be established by subsection (a), shall be fully operational not later than April 1, 2008.

(2) INTERNET WEBSITE.—The Internet website required to be established by subsection (a), shall be fully operational not later than July 1, 2008.

SEC. 1617. NOTIFICATION TO CONGRESS OF HOSPITALIZATION OF COMBAT WOUNDED SERVICE MEMBERS.

(a) NOTIFICATION REQUIRED.—

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

“§ 1074l. Notification to Congress of hospitalization of combat wounded members

“(a) NOTIFICATION REQUIRED.—The Secretary concerned shall provide notification of the hospitalization of any member of the armed forces evacuated from a theater of combat and admitted to a military treatment facility within the United States to the appropriate Members of Congress.

“(b) APPROPRIATE MEMBERS.—In this section, the term ‘appropriate Members of Congress’, with respect to the member of the armed forces about whom notification is being made, means the Senators representing the State, and the Member, Delegate, or Resident Commissioner of the House of Representatives representing the district, that includes the member’s home of record or a different location as provided by the member.

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

(2) EFFECTIVE DATE.—The notification requirement under section 1074l(a) of title 10, United States Code, as added by paragraph (1), shall apply beginning 60 days after the date of the enactment of this Act.

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

“1074l. Notification to Congress of hospitalization of combat wounded members.”.

SEC. 1618. [10 U.S.C. 1071 note] COMPREHENSIVE PLAN ON PREVENTION, DIAGNOSIS, MITIGATION, TREATMENT, AND REHABILITATION OF, AND RESEARCH ON, TRAUMATIC BRAIN INJURY, POST-TRAUMATIC STRESS DISORDER, AND OTHER MENTAL HEALTH CONDITIONS IN MEMBERS OF THE ARMED FORCES.

(a) COMPREHENSIVE STATEMENT OF POLICY.—The Secretary of Defense and the Secretary of Veterans Affairs shall direct joint planning among the Department of Defense, the military departments, and the Department of Veterans Affairs for the prevention, diagnosis, mitigation, treatment, and rehabilitation of, and research on, traumatic brain injury, post-traumatic stress disorder, and other mental health conditions in members of the Armed Forces, including planning for the seamless transition of such members from care through the Department of Defense to care through the Department of Veterans Affairs.

(b) COMPREHENSIVE PLAN REQUIRED.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Defense shall, in consultation with the Secretary of Veterans Affairs, submit to the congressional defense committees a comprehensive plan for programs and activities of the Department of Defense to prevent, diagnose, mitigate, treat, research, and otherwise respond to traumatic brain injury, post-traumatic stress disorder, and other mental health conditions in members of the Armed Forces, including—

(1) an assessment of the current capabilities of the Department for the prevention, diagnosis, mitigation, treatment, and rehabilitation of, and research on, traumatic brain injury, post-traumatic stress disorder, and other mental health conditions in members of the Armed Forces;

(2) the identification of gaps in current capabilities of the Department for the prevention, diagnosis, mitigation, treatment, and rehabilitation of, and research on, traumatic brain

injury, post-traumatic stress disorder, and other mental health conditions in members of the Armed Forces; and

(3) the identification of the resources required for the Department in fiscal years 2009 through 2013 to address the gaps in capabilities identified under paragraph (2).

(c) PROGRAM REQUIRED.—One of the programs contained in the comprehensive plan submitted under subsection (b) shall be a Department of Defense program, developed in collaboration with the Department of Veterans Affairs, under which each member of the Armed Forces who incurs a traumatic brain injury or post-traumatic stress disorder during service in the Armed Forces—

(1) is enrolled in the program; and

(2) receives treatment and rehabilitation meeting a standard of care such that each individual who qualifies for care under the program shall—

(A) be provided the highest quality, evidence-based care in facilities that most appropriately meet the specific needs of the individual; and

(B) be rehabilitated to the fullest extent possible using up-to-date evidence-based medical technology, and physical and medical rehabilitation practices and expertise.

(d) PROVISION OF INFORMATION REQUIRED.—The comprehensive plan submitted under subsection (b) shall require the provision of information by the Secretary of Defense to members of the Armed Forces with traumatic brain injury, post-traumatic stress disorder, or other mental health conditions and their families about their options with respect to the following:

(1) The receipt of medical and mental health care from the Department of Defense and the Department of Veterans Affairs.

(2) Additional options available to such members for treatment and rehabilitation of traumatic brain injury, post-traumatic stress disorder, and other mental health conditions.

(3) The options available, including obtaining a second opinion, to such members for a referral to an authorized provider under chapter 55 of title 10, United States Code, as determined under regulations prescribed by the Secretary of Defense.

(e) ADDITIONAL ELEMENTS OF PLAN.—The comprehensive plan submitted under subsection (b) shall include comprehensive proposals of the Department on the following:

(1) LEAD AGENT.—The designation by the Secretary of Defense of a lead agent or executive agent for the Department to coordinate development and implementation of the plan.

(2) DETECTION AND TREATMENT.—The improvement of methods and mechanisms for the detection and treatment of traumatic brain injury, post-traumatic stress disorder, and other mental health conditions in members of the Armed Forces in the field.

(3) REDUCTION OF PTSD.—The development of a plan for reducing post traumatic-stress disorder, incorporating evidence-based preventive and early-intervention measures, practices, or procedures that reduce the likelihood that personnel in combat

will develop post-traumatic stress disorder or other stress-related conditions (including substance abuse conditions) into—

(A) basic and pre-deployment training for enlisted members of the Armed Forces, noncommissioned officers, and officers;

(B) combat theater operations; and

(C) post-deployment service.

(4) RESEARCH.—Requirements for research on traumatic brain injury, post-traumatic stress disorder, and other mental health conditions including (in particular) research on pharmacological and other approaches to treatment for traumatic brain injury, post-traumatic stress disorder, or other mental health conditions, as applicable, and the allocation of priorities among such research.

(5) DIAGNOSTIC CRITERIA.—The development, adoption, and deployment of joint Department of Defense-Department of Veterans Affairs evidence-based diagnostic criteria for the detection and evaluation of the range of traumatic brain injury, post-traumatic stress disorder, and other mental health conditions in members of the Armed Forces, which criteria shall be employed uniformly across the military departments in all applicable circumstances, including provision of clinical care and assessment of future deployability of members of the Armed Forces.

(6) ASSESSMENT.—The development and deployment of evidence-based means of assessing traumatic brain injury, post-traumatic stress disorder, and other mental health conditions in members of the Armed Forces, including a system of pre-deployment and post-deployment screenings of cognitive ability in members for the detection of cognitive impairment.

(7) MANAGING AND MONITORING.—The development and deployment of effective means of managing and monitoring members of the Armed Forces with traumatic brain injury, post-traumatic stress disorder, or other mental health conditions in the receipt of care for traumatic brain injury, post-traumatic stress disorder, or other mental health conditions, as applicable, including the monitoring and assessment of treatment and outcomes.

(8) EDUCATION AND AWARENESS.—The development and deployment of an education and awareness training initiative designed to reduce the negative stigma associated with traumatic brain injury, post-traumatic stress disorder, and other mental health conditions, and mental health treatment.

(9) EDUCATION AND OUTREACH.—The provision of education and outreach to families of members of the Armed Forces with traumatic brain injury, post-traumatic stress disorder, or other mental health conditions on a range of matters relating to traumatic brain injury, post-traumatic stress disorder, or other mental health conditions, as applicable, including detection, mitigation, and treatment.

(10) RECORDING OF BLASTS.—A requirement that exposure to a blast or blasts be recorded in the records of members of the Armed Forces.

(11) GUIDELINES FOR BLAST INJURIES.—The development of clinical practice guidelines for the diagnosis and treatment of blast injuries in members of the Armed Forces, including, but not limited to, traumatic brain injury.

(12) GENDER- AND ETHNIC GROUP-SPECIFIC SERVICES AND TREATMENT.—The development of requirements, as appropriate, for gender- and ethnic group-specific medical care services and treatment for members of the Armed Forces who experience mental health problems and conditions, including post-traumatic stress disorder, with specific regard to the availability of, access to, and research and development requirements of such needs.

(f) COORDINATION IN DEVELOPMENT.—The comprehensive plan submitted under subsection (b) shall be developed in coordination with the Secretary of the Army (who was designated by the Secretary of Defense as executive agent for the prevention, mitigation, and treatment of blast injuries under section 256 of the National Defense Authorization Act for Fiscal Year 2006 (Public Law 109–163; 119 Stat. 3181; 10 U.S.C. 1071 note)).

Subtitle B—Centers of Excellence in the Prevention, Diagnosis, Mitigation, Treatment, and Rehabilitation of Traumatic Brain Injury, Post-Traumatic Stress Disorder, and Eye Injuries

SEC. 1621. [10 U.S.C. 1071 note] CENTER OF EXCELLENCE IN THE PREVENTION, DIAGNOSIS, MITIGATION, TREATMENT, AND REHABILITATION OF TRAUMATIC BRAIN INJURY.

(a) IN GENERAL.—The Secretary of Defense shall establish within the Department of Defense a center of excellence in the prevention, diagnosis, mitigation, treatment, and rehabilitation of traumatic brain injury, including mild, moderate, and severe traumatic brain injury, to carry out the responsibilities specified in subsection (c).

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

(c) RESPONSIBILITIES.—The Center shall have responsibilities as follows:

(1) To implement the comprehensive plan and strategy for the Department of Defense, required by section 1618 of this Act, for the prevention, diagnosis, mitigation, treatment, and rehabilitation of traumatic brain injury, including research on gender and ethnic group-specific health needs related to traumatic brain injury.

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

(3) To provide guidance for the mental health system of the Department in determining the mental health and neurological health personnel required to provide quality mental health care for members of the Armed Forces with traumatic brain injury.

(4) To establish, implement, and oversee a comprehensive program to train mental health and neurological health professionals of the Department in the treatment of traumatic brain injury.

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

(6) To disseminate within the military medical treatment facilities of the Department best practices for training mental health professionals, including neurological health professionals, with respect to traumatic brain injury.

(7) To conduct basic science and translational research on traumatic brain injury for the purposes of understanding the etiology of traumatic brain injury and developing preventive interventions and new treatments.

(8) To develop programs and outreach strategies for families of members of the Armed Forces with traumatic brain injury in order to mitigate the negative impacts of traumatic brain injury on such family members and to support the recovery of such members from traumatic brain injury.

(9) To conduct research on the mental health needs of families of members of the Armed Forces with traumatic brain injury and develop protocols to address any needs identified through such research.

(10) To conduct longitudinal studies (using imaging technology and other proven research methods) on members of the Armed Forces with traumatic brain injury to identify early signs of Alzheimer's disease, Parkinson's disease, or other manifestations of neurodegeneration, as well as epilepsy, in such members, in coordination with the studies authorized by section 721 of the John Warner National Defense Authorization Act for Fiscal Year 2007 (Public Law 109-364; 120 Stat. 2294) and other studies of the Department of Defense and the Department of Veterans Affairs that address the connection between exposure to combat and the development of Alzheimer's disease, Parkinson's disease, and other neurodegenerative disorders, as well as epilepsy.

(11) To develop and oversee a long-term plan to increase the number of mental health and neurological health professionals within the Department in order to facilitate the meeting by the Department of the needs of members of the Armed Forces with traumatic brain injury until their transition to care and treatment from the Department of Veterans Affairs.

(12) To develop a program on comprehensive pain management, including management of acute and chronic pain, to utilize current and develop new treatments for pain, and to identify and disseminate best practices on pain management related to traumatic brain injury.

(13) Such other responsibilities as the Secretary shall specify.

SEC. 1622. [10 U.S.C. 1071 note] CENTER OF EXCELLENCE IN PREVENTION, DIAGNOSIS, MITIGATION, TREATMENT, AND REHABILITATION OF POST-TRAUMATIC STRESS DISORDER AND OTHER MENTAL HEALTH CONDITIONS.

(a) IN GENERAL.—The Secretary of Defense shall establish within the Department of Defense a center of excellence in the prevention, diagnosis, mitigation, treatment, and rehabilitation of post-traumatic stress disorder (PTSD) and other mental health conditions, including mild, moderate, and severe post-traumatic stress disorder and other mental health conditions, to carry out the responsibilities specified in subsection (c).

(b) PARTNERSHIPS.—The Secretary shall ensure that the center collaborates to the maximum extent practicable with the National Center on Post-Traumatic Stress Disorder of the Department of Veterans Affairs, institutions of higher education, and other appropriate public and private entities (including international entities) to carry out the responsibilities specified in subsection (c).

(c) RESPONSIBILITIES.—The center shall have responsibilities as follows:

(1) To implement the comprehensive plan and strategy for the Department of Defense, required by section 1618 of this Act, for the prevention, diagnosis, mitigation, treatment, and rehabilitation of post-traumatic stress disorder and other mental health conditions, including research on gender- and ethnic group-specific health needs related to post-traumatic stress disorder and other mental health conditions.

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

(3) To provide guidance for the mental health system of the Department in determining the mental health and neurological health personnel required to provide quality mental health care for members of the Armed Forces with post-traumatic stress disorder and other mental health conditions.

(4) To establish, implement, and oversee a comprehensive program to train mental health and neurological health professionals of the Department in the treatment of post-traumatic stress disorder and other mental health conditions.

(5) To facilitate advancements in the study of the short-term and long-term psychological effects of post-traumatic stress disorder and other mental health conditions.

(6) To disseminate within the military medical treatment facilities of the Department best practices for training mental health professionals, including neurological health professionals, with respect to post-traumatic stress disorder and other mental health conditions.

(7) To conduct basic science and translational research on post-traumatic stress disorder for the purposes of understanding the etiology of post-traumatic stress disorder and developing preventive interventions and new treatments.

(8) To develop programs and outreach strategies for families of members of the Armed Forces with post-traumatic stress

disorder and other mental health conditions in order to mitigate the negative impacts of post-traumatic stress disorder and other mental health conditions on such family members and to support the recovery of such members from post-traumatic stress disorder and other mental health conditions.

(9) To conduct research on the mental health needs of families of members of the Armed Forces with post-traumatic stress disorder and other mental health conditions and develop protocols to address any needs identified through such research.

(10) To develop and oversee a long-term plan to increase the number of mental health and neurological health professionals within the Department in order to facilitate the meeting by the Department of the needs of members of the Armed Forces with post-traumatic stress disorder and other mental health conditions until their transition to care and treatment from the Department of Veterans Affairs.

SEC. 1623. [10 U.S.C. 1071 note] CENTER OF EXCELLENCE IN PREVENTION, DIAGNOSIS, MITIGATION, TREATMENT, AND REHABILITATION OF MILITARY EYE INJURIES.

(a) **IN GENERAL.**—The Secretary of Defense shall establish within the Department of Defense a center of excellence in the prevention, diagnosis, mitigation, treatment, and rehabilitation of military eye injuries to carry out the responsibilities specified in subsection (c).

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

(c) **RESPONSIBILITIES.**—

(1) **IN GENERAL.**—The center shall—

(A) implement a comprehensive plan and strategy for the Department of Defense, as developed by the Secretary of Defense, for a registry of information for the tracking of the diagnosis, surgical intervention or other operative procedure, other treatment, and follow up for each case of significant eye injury incurred by a member of the Armed Forces while serving on active duty;

(B) ensure the electronic exchange with the Secretary of Veterans Affairs of information obtained through tracking under subparagraph (A); and

(C) enable the Secretary of Veterans Affairs to access the registry and add information pertaining to additional treatments or surgical procedures and eventual visual outcomes for veterans who were entered into the registry and subsequently received treatment through the Veterans Health Administration.

(2) **DESIGNATION OF REGISTRY.**—The registry under this subsection shall be known as the “Military Eye Injury Registry” (hereinafter referred to as the “Registry”).

(3) **CONSULTATION IN DEVELOPMENT.**—The center shall develop the Registry in consultation with the ophthalmological specialist personnel and optometric specialist personnel of the

Department of Defense and the ophthalmological specialist personnel and optometric specialist personnel of the Department of Veterans Affairs. The mechanisms and procedures of the Registry shall reflect applicable expert research on military and other eye injuries.

(4) MECHANISMS.—The mechanisms of the Registry for tracking under paragraph (1)(A) shall ensure that each military medical treatment facility or other medical facility shall submit to the center for inclusion in the Registry information on the diagnosis, surgical intervention or other operative procedure, other treatment, and follow up for each case of eye injury described in that paragraph as follows (to the extent applicable):

(A) Not later than 30 days after surgery or other operative intervention, including a surgery or other operative intervention carried out as a result of a follow-up examination.

(B) Not later than 180 days after the significant eye injury is reported or recorded in the medical record.

(5) COORDINATION OF CARE AND BENEFITS.—(A) The center shall provide notice to the Blind Rehabilitation Service of the Department of Veterans Affairs and to the eye care services of the Veterans Health Administration on each member of the Armed Forces described in subparagraph (B) for purposes of ensuring the coordination of the provision of ongoing eye care and visual rehabilitation benefits and services by the Department of Veterans Affairs after the separation or release of such member from the Armed Forces.

(B) A member of the Armed Forces described in this subparagraph is a member of the Armed Forces as follows:

(i) A member with a significant eye injury incurred while serving on active duty, including a member with visual dysfunction related to traumatic brain injury.

(ii) A member with an eye injury incurred while serving on active duty who has a visual acuity of 20/200 or less in the injured eye.

(iii) A member with an eye injury incurred while serving on active duty who has a loss of peripheral vision resulting in 20 degrees or less of visual field in the injured eye.

(d) UTILIZATION OF REGISTRY INFORMATION.—The Secretary of Defense and the Secretary of Veterans Affairs shall jointly ensure that information in the Registry is available to appropriate ophthalmological and optometric personnel of the Department of Defense and the Department of Veterans Affairs for purposes of encouraging and facilitating the conduct of research, and the development of best practices and clinical education, on eye injuries incurred by members of the Armed Forces.

(e) INCLUSION OF RECORDS OF OIF/OEF VETERANS.—The Secretary of Defense shall take appropriate actions to include in the Registry such records of members of the Armed Forces who incurred an eye injury while serving on active duty on or after September 11, 2001, but before the establishment of the Registry, as the Secretary considers appropriate for purposes of the Registry.

(f) **TRAUMATIC BRAIN INJURY POST TRAUMATIC VISUAL SYNDROME.**—In carrying out the program at Walter Reed Army Medical Center, District of Columbia, on traumatic brain injury post traumatic visual syndrome, the Secretary of Defense and the Department of Veterans Affairs shall jointly provide for the conduct of a cooperative program for members of the Armed Forces and veterans with traumatic brain injury by military medical treatment facilities of the Department of Defense and medical centers of the Department of Veterans Affairs selected for purposes of this subsection for purposes of vision screening, diagnosis, rehabilitative management, and vision research, including research on prevention, on visual dysfunction related to traumatic brain injury.

SEC. 1624. REPORT ON ESTABLISHMENT OF CENTERS OF EXCELLENCE.

(a) **IN GENERAL.**—Not later than 180 days after the date of the enactment of this Act, the Secretary of Defense shall submit to Congress a report on—

(1) the establishment of the center of excellence in prevention, diagnosis, mitigation, treatment, and rehabilitation of traumatic brain injury under section 1621;

(2) the establishment of the center of excellence in prevention, diagnosis, mitigation, treatment, and rehabilitation of post-traumatic stress disorder and other mental health conditions under section 1622; and

(3) the establishment of the center of excellence in prevention, diagnosis, mitigation, treatment, and rehabilitation of military eye injuries under section 1623.

(b) **MATTERS COVERED.**—The report shall, for each such center—

(1) describe in detail the activities and proposed activities of such center; and

(2) assess the progress of such center in discharging the responsibilities of such center.

Subtitle C—Health Care Matters

SEC. 1631. [10 U.S.C. 1071 note] MEDICAL CARE AND OTHER BENEFITS FOR MEMBERS AND FORMER MEMBERS OF THE ARMED FORCES WITH SEVERE INJURIES OR ILLNESSES.

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

(1) **IN GENERAL.**—Effective as of the date of the enactment of this Act and subject to regulations prescribed by the Secretary of Defense, the Secretary may authorize that any former member of the Armed Forces with a serious injury or illness may receive the same medical and dental care as a member of the Armed Forces on active duty for medical and dental care not reasonably available to such former member in the Department of Veterans Affairs.

(2) **SUNSET.**—The Secretary of Defense may not provide medical or dental care to a former member of the Armed Forces under this subsection after December 31, 2012, if the Secretary has not provided medical or dental care to the former member under this subsection before that date.

(b) REHABILITATION AND VOCATIONAL BENEFITS.—

Effective as of the date of the enactment of this Act, a member of the Armed Forces with a severe injury or illness is entitled to such benefits (including rehabilitation and vocational benefits, but not including compensation) from the Secretary of Veterans Affairs to facilitate the recovery and rehabilitation of such member as the Secretary otherwise provides to veterans of the Armed Forces receiving medical care in medical facilities of the Department of Veterans Affairs facilities in order to facilitate the recovery and rehabilitation of such members.

(c) REHABILITATIVE EQUIPMENT FOR MEMBERS OF THE ARMED FORCES.—

(1) IN GENERAL.—Subject to the availability of appropriations for such purpose, the Secretary of Defense may provide an active duty member of the Armed Forces with a severe injury or illness with rehabilitative equipment, including recreational sports equipment that provide an adaption or accommodation for the member, regardless of whether such equipment is intentionally designed to be adaptive equipment.

(2) CONSULTATION.—In carrying out this subsection, the Secretary of Defense shall consult with the Secretary of Veterans Affairs regarding similar programs carried out by the Secretary of Veterans Affairs.

SEC. 1632. REIMBURSEMENT OF TRAVEL EXPENSES OF RETIRED MEMBERS WITH COMBAT-RELATED DISABILITIES FOR FOLLOW-ON SPECIALTY CARE, SERVICES, AND SUPPLIES.

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

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

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

“(b) OUTREACH PROGRAM AND TRAVEL REIMBURSEMENT FOR FOLLOW-ON SPECIALTY CARE AND RELATED SERVICES.—The Secretary concerned shall ensure that an outreach program is implemented for each member of the uniformed services who incurred a combat-related disability and is entitled to retired or retainer pay, or equivalent pay, so that—

“(1) the progress of the member is closely monitored; and

“(2) the member receives the travel reimbursement authorized by subsection (a) whenever the member requires follow-on specialty care, services, or supplies.”.

(b) COMBAT-RELATED DISABILITY DEFINED.—Subsection (c) of such section, as redesignated by subsection (a)(1), is amended by adding at the end the following new paragraph:

“(3) The term ‘combat-related disability’ has the meaning given that term in section 1413a of this title.”.

(c) EFFECTIVE DATE.—Subsection (b) of section 1074i of title 10, United States Code, as added by subsection (a)(2), shall apply with respect to travel described in subsection (a) of such section that occurs on or after January 1, 2008, for follow-on specialty care, services, or supplies.

SEC. 1633. RESPITE CARE AND OTHER EXTENDED CARE BENEFITS FOR MEMBERS OF THE UNIFORMED SERVICES WHO INCUR A SERIOUS INJURY OR ILLNESS ON ACTIVE DUTY.

(a) IN GENERAL.—Section 1074(c) of title 10, United States Code, is amended by adding at the end the following new paragraph:

“(4)(A) Subject to such terms and conditions as the Secretary of Defense considers appropriate, coverage comparable to that provided by the Secretary under subsections (d) and (e) of section 1079 of this title shall be provided under this subsection to members of the uniformed services who incur a serious injury or illness on active duty as defined by regulations prescribed by the Secretary.

“(B) The Secretary of Defense shall prescribe in regulations—

“(i) the individuals who shall be treated as the primary caregivers of a member of the uniformed services for purposes of this paragraph; and

“(ii) the definition of serious injury or illness for the purposes of this paragraph.”.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall take effect on January 1, 2008.

SEC. 1634. REPORTS.

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

(1) The requirements of section 721 of the John Warner National Defense Authorization Act for Fiscal Year 2007 (Public Law 109–364; 120 Stat. 2294), relating to a longitudinal study on traumatic brain injury incurred by members of the Armed Forces in Operation Iraqi Freedom and Operation Enduring Freedom.

(2) The requirements of section 741 of the John Warner National Defense Authorization Act for Fiscal Year 2007 (120 Stat. 2304), relating to pilot projects on early diagnosis and treatment of post-traumatic stress disorder and other mental health conditions.

(b) ANNUAL REPORTS ON EXPENDITURES FOR ACTIVITIES ON TBI AND PTSD.—

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

(2) COVERED ACTIVITIES.—The activities described in this paragraph are activities as follows:

(A) Activities relating to the improved diagnosis, treatment, and rehabilitation of members of the Armed Forces with traumatic brain injury (TBI).

(B) Activities relating to the improved diagnosis, treatment, and rehabilitation of members of the Armed Forces with post-traumatic stress disorder (PTSD).

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

(A) a description of the amounts expended as described in that paragraph, including a description of the activities for which expended;

(B) a description and assessment of the outcome of such activities;

(C) a statement of priorities of the Department in activities relating to the prevention, diagnosis, research, treatment, and rehabilitation of traumatic brain injury in members of the Armed Forces during the year in which such report is submitted and in future calendar years;

(D) a statement of priorities of the Department in activities relating to the prevention, diagnosis, research, treatment, and rehabilitation of post-traumatic stress disorder and other mental health conditions in members of the Armed Forces during the year in which such report is submitted and in future calendar years; and

(E) an assessment of the progress made toward achieving the priorities stated in subparagraphs (C) and (D) in the report under paragraph (1) in the previous year, and a description of any actions planned during the year in which such report is submitted to achieve any unfulfilled priorities during such year.

SEC. 1635. [10 U.S.C. 1071 note] FULLY INTEROPERABLE ELECTRONIC PERSONAL HEALTH INFORMATION FOR THE DEPARTMENT OF DEFENSE AND DEPARTMENT OF VETERANS AFFAIRS.

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

(1) develop and implement electronic health record systems or capabilities that allow for full interoperability of personal health care information between the Department of Defense and the Department of Veterans Affairs; and

(2) accelerate the exchange of health care information between the Department of Defense and the Department of Veterans Affairs in order to support the delivery of health care by both Departments.

(b) DEPARTMENT OF DEFENSE-DEPARTMENT OF VETERANS AFFAIRS INTERAGENCY PROGRAM OFFICE.—

(1) IN GENERAL.—There is hereby established an interagency program office of the Department of Defense and the Department of Veterans Affairs (in this section referred to as the “Office”) for the purposes described in paragraph (2). The Office shall carry out decision making authority delegated to the Office by the Secretary of Defense and the Secretary of Veterans Affairs with respect to the definition, coordination, and management of functional, technical, and programmatic activities that are jointly used, carried out, and shared by the Departments.

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

(A) To act as a single point of accountability for the Department of Defense and the Department of Veterans Affairs in the rapid development and implementation of electronic health record systems or capabilities that allow for full interoperability of personal health care information between the Department of Defense and the Department of Veterans Affairs.

(B) To accelerate the exchange of health care information between the Department of Defense and the Department of Veterans Affairs in order to support the delivery of health care by both Departments.

(C) To develop and implement a comprehensive interoperability strategy, which shall include—

(i) the Electronic Health Record Modernization Program of the Department of Veterans Affairs; and

(ii) the Healthcare Management System Modernization Program of the Department of Defense.

(D) To pursue the highest level of interoperability for the delivery of health care by the Department of Defense and the Department of Veterans Affairs.

(E) To accelerate the exchange of health care information between the Departments, and advances in the health information technology marketplace, in order to support the delivery of health care by the Departments.

(F) To collect the operational and strategic requirements of the Departments relating to the strategy under subsection (a) and communicate such requirements and activities to the Office of the National Coordinator for Health Information Technology of the Department of Health and Human Services for the purpose of implementing title IV of the 21st Century Cures Act (division A of Public Law 114–255), and the amendments made by that title, and other objectives of the Office of the National Coordinator for Health Information Technology.

(G) To plan for and effectuate the broadest possible implementation of standards, specifically with respect to the Fast Healthcare Interoperability Resources standard or successor standard, the evolution of such standards, and the obsolescence of such standards.

(H) To actively engage with national and international health standards setting organizations, including by taking membership in such organizations, to ensure that standards established by such organizations meet the needs of the Departments pursuant to the strategy under subsection (a), and oversee and approve adoption of and mapping to such standards by the Departments.

(I) To express the content and format of health data of the Departments using a common language to improve the exchange of data between the Departments and with the private sector, and to ensure that clinicians of the Departments have access to integrated, computable, comprehensive health records of patients.

(J) To inform the Chief Information Officer of the Department of Defense and the Chief Information Officer of the Department of Veterans Affairs of any activities of the Office affecting or relevant to cybersecurity.

(K) To establish an environment that will enable and encourage the adoption by the Departments of innovative technologies for health care delivery.

(L) To leverage data integration to advance health research and develop an evidence base for the health care programs of the Departments.

(M) To prioritize the use of open systems architecture by the Departments.

(N) To ensure ownership and control by patients of personal health information and data in a manner consistent with applicable law.

(O) To prevent contractors of the Departments or other non-departmental entities from owning or having exclusive control over patient health data, for the purposes of protecting patient privacy and enhancing opportunities for innovation.

(P) To implement a single lifetime longitudinal personal health record between the Department of Defense and the Department of Veterans Affairs.

(Q) To attain interoperability capabilities—

(i) sufficient to enable the provision of seamless health care by health care facilities and providers of the Departments, as well as private sector facilities and providers contracted by the Departments; and

(ii) that are more adaptable and far reaching than those achievable through bidirectional information exchange between electronic health records of the exchange of read-only data alone.

(R) To make maximum use of open-application program interfaces and the Fast Healthcare Interoperability Resources standard (or successor standard).

(c) LEADERSHIP.—

(1) DIRECTOR.—The Director of the Office shall be the head of the Office.

(2) DEPUTY DIRECTOR.—The Deputy Director of the Office shall be the deputy head of the Office and shall assist the Director in carrying out the duties of the Director.

(3) REPORTING.—The Director shall report directly to the Deputy Secretary of Defense and the Deputy Secretary of Veterans Affairs.

(4) APPOINTMENTS.—

(A) DIRECTOR.—The Director shall be appointed by the Secretary of Defense, with the concurrence of the Secretary of Veterans Affairs, for a fixed term of four years. For the subsequent term, the Secretary of Veterans Affairs, with the concurrence of the Secretary of Defense, shall appoint the Director for a fixed term of four years, and thereafter, the appointment of the Director for a fixed term of four years shall alternate between the Secretaries.

(B) DEPUTY DIRECTOR.—The Deputy Director shall be appointed by the Secretary of Veterans Affairs, with the concurrence of the Secretary of Defense, for a fixed term of four years. For the subsequent term, the Secretary of Defense, with the concurrence of the Secretary of Veterans Affairs, shall appoint the Deputy Director for a fixed term of four years, and thereafter, the appointment of the Deputy Director for a fixed term of four years shall alternate between the Secretaries.

(C) MINIMUM QUALIFICATIONS.—The Secretary of Defense and the Secretary of Veterans Affairs shall jointly develop qualification requirements for the Director and the Deputy Director. Such requirements shall ensure that, at a minimum, the Director and Deputy Director, individually or together, meet the following qualifications:

(i) Significant experience at a senior management level fielding enterprise-wide technology in a health care setting, or business systems in the public or private sector.

(ii) Credentials for enterprise-wide program management.

(iii) Significant experience leading implementation of complex organizational change by integrating the input of experts from various disciplines, such as clinical, business, management, informatics, and technology.

(5) SUCCESSION.—The Secretary of Defense and the Secretary of Veterans Affairs shall jointly develop a leadership succession process for the Office.

(6) ADDITIONAL GUIDANCE.—The Department of Veterans Affairs-Department of Defense Joint Executive Committee may provide guidance in the discharge of the functions of the Office under this section.

(7) INFORMATION TO CONGRESS.—Upon request by any of the appropriate committees of Congress, the Director and the Deputy Director shall testify before such committee, or provide a briefing or otherwise provide requested information to such committee, regarding the discharge of the functions of the Office under this section.

(d) FUNCTION.—The function of the Office shall be to implement, by not later than September 30, 2009, electronic health record systems or capabilities that allow for full interoperability of personal health care information between the Department of Defense and the Department of Veterans Affairs, which health records shall comply with applicable interoperability standards, implementation specifications, and certification criteria (including for the reporting of quality measures) of the Federal Government.

(e) IMPLEMENTATION MILESTONES.—

(1) EVALUATION.—With respect to the electronic health record systems of the Department of Defense and the Department of Veterans Affairs, the Office shall seek to enter into an agreement with an independent entity to conduct an evaluation by not later than October 1, 2021 of the following:

(A) Whether a clinician of the Department of Defense, can access, and meaningfully interact with, a complete patient health record of a veteran, from a military medical treatment facility.

(B) Whether a clinician of the Department of Veterans Affairs can access, and meaningfully interact with, a complete patient health record of a member of the Armed Forces serving on active duty, from a medical center of the Department of Veterans Affairs.

(C) Whether clinicians of the Departments can access, and meaningfully interact with, the data elements of the health record of a patient who is a veteran or is a member of the Armed Forces which are generated when the individual receives health care from a community care provider of the Department of Veterans Affairs or a TRICARE program provider of the Department of Defense.

(D) Whether a community care provider of the Department of the Veterans Affairs and a TRICARE program provider of the Department of Defense on a Health Information Exchange-supported electronic health record can access patient health records of veterans and active-duty members of the Armed Forces from the system of the provider.

(E) An assessment of interoperability between the legacy electronic health record systems and the future electronic health record systems of the Department of Veterans Affairs and the Department of Defense.

(F) An assessment of the use of interoperable content between—

- (i) the legacy electronic health record systems and the future electronic health record systems of the Department of Veterans Affairs and the Department of Defense; and
- (ii) third-party applications.

(2) SYSTEM CONFIGURATION MANAGEMENT.—The Office shall—

(A) maintain the common configuration baseline for the electronic health record systems of the Department of Defense and the Department of Veterans Affairs; and

(B) continually evaluate the state of configuration and the impacts on interoperability; and

(C) promote the enhancement of such electronic health records systems.

(3) CONSULTATION.—

(A) ANNUAL MEETING REQUIRED.—Not less than once per year, the Office shall convene a meeting of clinical staff from the Department of Defense, the Department of Veterans Affairs, the Coast Guard, community providers, and other leading clinical experts, for the purpose of assessing the state of clinical use of the electronic health record systems and whether the systems are meeting clinical and patient needs.

(B) RECOMMENDATIONS.—Clinical staff participating in a meeting under subparagraph (A) shall make rec-

ommendations to the Office on the need for any improvements or concerns with the electronic health record systems.

(4) CLINICAL AND PATIENT SATISFACTION SURVEY.—Beginning October 1, 2021, and on at least a biannual basis thereafter until 2025 at the earliest, the Office shall undertake a clinician and patient satisfaction survey regarding clinical use and patient experience with the electronic health record systems of the Department of Defense and the Department of Veterans Affairs.

(f) PILOT PROJECTS.—

(1) AUTHORITY.—In order to assist the Office in the discharge of its function under this section, the Secretary of Defense and the Secretary of Veterans Affairs may, acting jointly, carry out one or more pilot projects to assess the feasibility and advisability of various technological approaches to the achievement of the electronic health record systems or capabilities described in subsection (d).

(2) SHARING OF PROTECTED HEALTH INFORMATION.—For purposes of each pilot project carried out under this subsection, the Secretary of Defense and the Secretary of Veterans Affairs shall, for purposes of the regulations promulgated under section 264(c) of the Health Insurance Portability and Accountability Act of 1996 (42 U.S.C. 1320d–2 note), ensure the effective sharing of protected health information between the health care system of the Department of Defense and the health care system of the Department of Veterans Affairs as needed to provide all health care services and other benefits allowed by law.

(g) STAFF AND OTHER RESOURCES.—

(1) IN GENERAL.—The Secretary of Defense and the Secretary of Veterans Affairs shall assign to the Office such personnel and other resources of the Department of Defense and the Department of Veterans Affairs as are required for the discharge of its function under this section, including the assignment of clinical or technical personnel of the Department of Defense or the Department of Veterans Affairs to the Office.

(2) ADDITIONAL SERVICES.—Subject to the approval of the Secretary of Defense and the Secretary of Veterans Affairs, the Director may utilize the services of private individuals and entities as consultants to the Office in the discharge of its function under this section. Amounts available to the Office shall be available for payment for such services.

(3) COST SHARING.—The Secretary of Defense and the Secretary of Veterans shall enter into an agreement on cost sharing and providing resources for the operations and staffing of the Office.

(4) HIRING AUTHORITY.—The Secretary of Defense and the Secretary of Veterans Affairs shall delegate to the Director the authority under title 5, United States Code, regarding appointments in the competitive service to hire personnel of the Office.

(h) REPORTS.—

(1) ANNUAL REPORTS.—Not later than September 30, 2020, and each year thereafter through 2024, the Director shall sub-

mit to the Secretary of Defense and the Secretary of Veterans Affairs, and to the appropriate committees of Congress, a report on the activities of the Office during the preceding calendar year. Each report shall include the following:

(A) A detailed description of the activities of the Office during the year covered by such report, including a detailed description of the amounts expended and the purposes for which expended.

(B) With respect to the objectives of the strategy under paragraph (2)(C) of subsection (b), and the purposes of the Office under such subsection—

(i) a discussion, description, and assessment of the progress made by the Department of Defense and the Department of Veterans Affairs during the preceding calendar year; and

(ii) a discussion and description of the goals of the Department of Defense and the Department of Veterans Affairs for the following calendar year, including updates to strategies and plans.

(C) A detailed financial summary of the activities of the Office, including the funds allocated to the Office by each Department, the expenditures made, and an assessment as to whether the current funding is sufficient to carry out the activities of the Office.

(D) A detailed description of the status of each of the implementation milestones, including the nature of the evaluation, methodology for testing, and findings with respect to each milestone under subsection (e).

(E) A detailed description of the state of the configuration baseline, including any activities which decremented or enhanced the state of configuration under subsection (e).

(F) With respect to the annual meeting required under subsection (e)(3)—

(i) a detailed description of activities, assessments, and recommendations relating to such meeting; and

(ii) the response of the Office to any such recommendations.

(2) AVAILABILITY.—Each report under this subsection shall be made publicly available.

(i) COMPTROLLER GENERAL ASSESSMENT OF IMPLEMENTATION.—Not later than six months after the date of the enactment of this Act and every six months thereafter until the completion of the implementation of electronic health record systems or capabilities described in subsection (d), the Comptroller General of the United States shall submit to the appropriate committees of Congress a report setting forth the assessment of the Comptroller General of the progress of the Department of Defense and the Department of Veterans Affairs in implementing electronic health record systems or capabilities described in subsection (d).

(j) TECHNOLOGY-NEUTRAL GUIDELINES AND STANDARDS.—The Director, in consultation with industry and appropriate Federal agencies, shall develop, or shall adopt from industry, technology-neutral information technology infrastructure guidelines and stand-

ards for use by the Department of Defense and the Department of Veterans Affairs to enable those departments to effectively select and utilize information technologies to meet the requirements of this section.

(k) DEFINITIONS.—In this section:

(1) The term “appropriate congressional committees” means—

(A) the congressional defense committees; and

(B) the Committees on Veterans’ Affairs of the House of Representatives and the Senate.

(2) The term “configuration baseline” means a fixed reference in the development cycle or an agreed-upon specification of a product at a point in time that serves as a documented basis for defining incremental change in all aspects of an information technology product.

(3) The term “Electronic Health Record Modernization Program” has the meaning given that term in section 503 of the Veterans Benefits and Transition Act of 2018 (Public Law 115–407; 132 Stat. 5376).

(4) The term “interoperability” means the ability of different information systems, devices, or applications to connect, regardless of the technology platform or the location where care is provided—

(A) in a coordinated and secure manner, within and across organizational boundaries, and across the complete spectrum of care, including all applicable care settings;

(B) with relevant stakeholders, including the person whose information is being shared, to access, exchange, integrate, and use computable data regardless of the origin or destination of the data or the applications employed;

(C) with the capability to reliably exchange information without error;

(D) with the ability to interpret and to make effective use of such exchanged information;

(E) with the ability for information that can be used to advance patient care to move between health care entities; and

(F) without additional intervention by the end user.

(5) The term “meaningfully interact” means the ability to view, consume, act upon, and edit information in a clinical setting to facilitate high-quality clinical decision making.

(6) The term “seamless health care” means health care which is optimized through access by patients and clinicians to integrated, relevant, and complete information about the clinical experiences of the patient, social and environmental determinants of health, and health trends over time, in order to enable patients and clinicians to—

(A) move efficiently within and across organizational boundaries;

(B) make high-quality decisions; and

(C) effectively carry out complete plans of care.

(7) The term “Secretary concerned” means—

(A) the Secretary of Defense, with respect to matters concerning the Department of Defense;

(B) the Secretary of Veterans Affairs, with respect to matters concerning the Department of Veterans Affairs; and

(C) the Secretary of Homeland Security, with respect to matters concerning the Coast Guard when it is not operating as a service in the Department of the Navy.

(8) The term “TRICARE program” has the meaning given that term in section 1072 of title 10, United States Code.

SEC. 1636. 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.

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

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

“(a) IN GENERAL.—The Secretary of Defense may, at the discretion of the Secretary, exercise any authority for the appointment and pay of health care personnel under chapter 74 of title 38 for purposes of the recruitment, employment, and retention of civilian health care professionals for the Department of Defense if the Secretary determines that the exercise of such authority is necessary in order to provide or enhance the capacity of the Department to provide care and treatment for members of the armed forces who are wounded or injured on active duty in the armed forces and to support the ongoing patient care and medical readiness, education, and training requirements of the Department of Defense.

“(b) RECRUITMENT OF PERSONNEL.—(1) The Secretaries of the military departments shall each develop and implement a strategy to disseminate among appropriate personnel of the military departments authorities and best practices for the recruitment of medical and health professionals, including the authorities under subsection (a).

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

“(A) assess current recruitment policies, procedures, and practices of the military department concerned to assure that such strategy facilitates the implementation of efficiencies which reduce the time required to fill vacant positions for medical and health professionals; and

“(B) clearly identify processes and actions that will be used to inform and educate military and civilian personnel responsible for the recruitment of medical and health professionals.

“(c) TERMINATION OF AUTHORITY.—The authority of the Secretary of Defense to exercise authorities available under chapter 74 of title 38 for purposes of the recruitment, employment, and retention of civilian health care professionals for the Department of Defense expires September 30, 2010.”

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 81 of such title is amended by striking the item relating to section 1599c and inserting 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.”.

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

SEC. 1637. CONTINUATION OF TRANSITIONAL HEALTH BENEFITS FOR MEMBERS OF THE ARMED FORCES PENDING RESOLUTION OF SERVICE-RELATED MEDICAL CONDITIONS.

Section 1145(a) of title 10, United States Code, is amended—

(1) in paragraph (3), by striking “Transitional health care” and inserting “Except as provided in paragraph (6), transitional health care”; and

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

“(6)(A) A member who has a medical condition relating to service on active duty that warrants further medical care that has been identified during the member’s 180-day transition period, which condition can be resolved within 180 days as determined by a Department of Defense physician, shall be entitled to receive medical and dental care for that medical condition, and that medical condition only, as if the member were a member of the armed forces on active duty for 180 days following the diagnosis of the condition.

“(B) The Secretary concerned shall ensure that the Defense Enrollment and Eligibility Reporting System (DEERS) is continually updated in order to reflect the continuing entitlement of members covered by subparagraph (A) to the medical and dental care referred to in that subparagraph.”.

Subtitle D—Disability Matters

SEC. 1641. UTILIZATION OF VETERANS’ PRESUMPTION OF SOUND CONDITION IN ESTABLISHING ELIGIBILITY 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 on active duty (unless evidence or medical judgment is such to war-

rant a finding that the disability existed before the member's entrance on active duty)".

SEC. 1642. REQUIREMENTS AND LIMITATIONS ON DEPARTMENT OF DEFENSE DETERMINATIONS OF DISABILITY WITH RESPECT TO MEMBERS OF THE ARMED FORCES.

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

"§ 1216a. Determinations of disability: requirements and limitations on determinations

"(a) UTILIZATION OF VA SCHEDULE FOR RATING DISABILITIES IN DETERMINATIONS OF DISABILITY.—(1) In making a determination of disability of a member of the armed forces for purposes of this chapter, the Secretary concerned—

"(A) shall, to the extent feasible, utilize the schedule for rating disabilities in use by the Department of Veterans Affairs, including any applicable interpretation of the schedule by the United States Court of Appeals for Veterans Claims; and

"(B) except as provided in paragraph (2), may not deviate from the schedule or any such interpretation of the schedule.

"(2) In making a determination described in paragraph (1), the Secretary concerned may utilize in lieu of the schedule described in that paragraph such criteria as the Secretary of Defense and the Secretary of Veterans Affairs may jointly prescribe for purposes of this subsection if the utilization of such criteria will result in a determination of a greater percentage of disability than would be otherwise determined through the utilization of the schedule.

"(b) CONSIDERATION OF ALL MEDICAL CONDITIONS.—In making a determination of the rating of disability of a member of the armed forces for purposes of this chapter, the Secretary concerned shall take into account all medical conditions, whether individually or collectively, that render the member unfit to perform the duties of the member's office, grade, rank, or rating."

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 61 of such title is amended by inserting after the item relating to section 1216 the following new item:

"1216a. Determinations of disability: requirements and limitations on determinations."

SEC. 1643. REVIEW OF SEPARATION OF MEMBERS OF THE ARMED FORCES SEPARATED FROM SERVICE WITH A DISABILITY RATING OF 20 PERCENT DISABLED OR LESS.

(a) BOARD REQUIRED.—

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

"§ 1554a. Review of separation with disability rating of 20 percent disabled or less

"(a) IN GENERAL.—(1) The Secretary of Defense shall establish within the Office of the Secretary of Defense a board of review to review the disability determinations of covered individuals by Physical Evaluation Boards. The board shall be known as the 'Physical Disability Board of Review'.

“(2) The Physical Disability Board of Review shall consist of not less than three members appointed by the Secretary.

“(b) COVERED INDIVIDUALS.—For purposes of this section, covered individuals are members and former members of the armed forces who, during the period beginning on September 11, 2001, and ending on December 31, 2009—

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

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

“(c) REVIEW.—(1) Upon the request of a covered individual, or a surviving spouse, next of kin, or legal representative of a covered individual, the Physical Disability Board of Review shall review the findings and decisions of the Physical Evaluation Board with respect to such covered individual. Subject to paragraph (3), upon its own motion, the Physical Disability Board of Review may review the findings and decisions of the Physical Evaluation Board with respect to a covered individual.

“(2) The review by the Physical Disability Board of Review under paragraph (1) shall be based on the records of the armed force concerned and such other evidence as may be presented to the Physical Disability Board of Review. A witness may present evidence to the Board by affidavit or by any other means considered acceptable by the Secretary of Defense.

“(3) If the Physical Disability Board of Review proposes to review, upon its own motion, the findings and decisions of the Physical Evaluation Board with respect to a covered individual, the Physical Disability Board of Review shall notify the covered individual, or a surviving spouse, next of kin, or legal representative of the covered individual, of the proposed review and obtain the consent of the covered individual or a surviving spouse, next of kin, or legal representative of the covered individual before proceeding with the review.

“(4) With respect to any review by the Physical Disability Board of Review of the findings and decisions of the Physical Evaluation Board with respect to a covered individual, whether initiated at the request of the covered individual or a surviving spouse, next of kin, or legal representative of the covered individual or initiated by the Physical Disability Board of Review, the Physical Disability Board of Review shall notify the covered individual or a surviving spouse, next of kin, or legal representative of the covered individual that, as a result of the request or consent, the covered individual or a surviving spouse, next of kin, or legal representative of the covered individual may not seek relief from the Board for Correction of Military Records operated by the Secretary concerned.

“(d) AUTHORIZED RECOMMENDATIONS.—The Physical Disability Board of Review may, as a result of its findings under a review under subsection (c), recommend to the Secretary concerned the following (as applicable) with respect to a covered individual:

“(1) No recharacterization of the separation of such individual or modification of the disability rating previously assigned such individual.

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

“(3) The modification of the disability rating previously assigned such individual by the Physical Evaluation Board concerned, which modified disability rating may not be a reduction of the disability rating previously assigned such individual by that Physical Evaluation Board.

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

“(e) CORRECTION OF MILITARY RECORDS.—(1) The Secretary concerned may correct the military records of a covered individual in accordance with a recommendation made by the Physical Disability Board of Review under subsection (d). Any such correction may be made effective as of the effective date of the action taken on the report of the Physical Evaluation Board to which such recommendation relates.

“(2) In the case of a member previously separated pursuant to the findings and decision of a Physical Evaluation Board together with a lump-sum or other payment of back pay and allowances at separation, the amount of pay or other monetary benefits to which such member would be entitled based on the member’s military record as corrected shall be reduced to take into account receipt of such lump-sum or other payment in such manner as the Secretary of Defense considers appropriate.

“(3) If the Physical Disability Board of Review makes a recommendation not to correct the military records of a covered individual, the action taken on the report of the Physical Evaluation Board to which such recommendation relates shall be treated as final as of the date of such action.

“(f) REGULATIONS.—(1) This section shall be carried out in accordance with regulations prescribed by the Secretary of Defense.

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

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

(2) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 79 of such title is amended by inserting after the item relating to section 1554 the following new item:

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

(b) **[10 U.S.C. 1554a note]** IMPLEMENTATION.—The Secretary of Defense shall establish the board of review required by section 1554a of title 10, United States Code (as added by subsection (a)), and prescribe the regulations required by such section, not later than 90 days after the date of the enactment of this Act.

SEC. 1644. [10 U.S.C. 1071 note] AUTHORIZATION OF PILOT PROGRAMS TO IMPROVE THE DISABILITY EVALUATION SYSTEM FOR MEMBERS OF THE ARMED FORCES.

(a) PILOT PROGRAMS.—

(1) PROGRAMS AUTHORIZED.—For the purposes set forth in subsection (c), the Secretary of Defense may establish and conduct pilot programs with respect to the system of the Department of Defense for the evaluation of the disabilities of members of the Armed Forces who are being separated or retired

from the Armed Forces for disability under chapter 61 of title 10, United States Code (in this section referred to as the “disability evaluation system”).

(2) TYPES OF PILOT PROGRAMS.—In carrying out this section, the Secretary of Defense may conduct one or more of the pilot programs described in paragraphs (1) through (3) of subsection (b) or such other pilot programs as the Secretary of Defense considers appropriate.

(3) CONSULTATION.—In establishing and conducting any pilot program under this section, the Secretary of Defense shall consult with the Secretary of Veterans Affairs.

(b) SCOPE OF PILOT PROGRAMS.—

(1) DISABILITY DETERMINATIONS BY DOD UTILIZING VA ASSIGNED DISABILITY RATING.—Under one of the pilot programs authorized by subsection (a), for purposes of making a determination of disability of a member of the Armed Forces under section 1201(b) of title 10, United States Code, for the retirement, separation, or placement of the member on the temporary disability retired list under chapter 61 of such title, upon a determination by the Secretary of the military department concerned that the member is unfit to perform the duties of the member’s office, grade, rank, or rating because of a physical disability as described in section 1201(a) of such title—

(A) the Secretary of Veterans Affairs may—

(i) conduct an evaluation of the member for physical disability; and

(ii) assign the member a rating of disability in accordance with the schedule for rating disabilities utilized by the Secretary of Veterans Affairs based on all medical conditions (whether individually or collectively) that render the member unfit for duty; and

(B) the Secretary of the military department concerned may make the determination of disability regarding the member utilizing the rating of disability assigned under subparagraph (A)(ii).

(2) DISABILITY DETERMINATIONS UTILIZING JOINT DOD/VA ASSIGNED DISABILITY RATING.—Under one of the pilot programs authorized by subsection (a), in making a determination of disability of a member of the Armed Forces under section 1201(b) of title 10, United States Code, for the retirement, separation, or placement of the member on the temporary disability retired list under chapter 61 of such title, the Secretary of the military department concerned may, upon determining that the member is unfit to perform the duties of the member’s office, grade, rank, or rating because of a physical disability as described in section 1201(a) of such title—

(A) provide for the joint evaluation of the member for disability by the Secretary of the military department concerned and the Secretary of Veterans Affairs, including the assignment of a rating of disability for the member in accordance with the schedule for rating disabilities utilized by the Secretary of Veterans Affairs based on all medical

conditions (whether individually or collectively) that render the member unfit for duty; and

(B) make the determination of disability regarding the member utilizing the rating of disability assigned under subparagraph (A).

(3) ELECTRONIC CLEARING HOUSE.—Under one of the pilot programs authorized by subsection (a), the Secretary of Defense may establish and operate a single Internet website for the disability evaluation system of the Department of Defense that enables participating members of the Armed Forces to fully utilize such system through the Internet, with such Internet website to include the following:

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

(B) Secure mechanisms for the submission of such forms by members of the Armed Forces under the system, and for the tracking of the acceptance and review of any forms so submitted.

(C) Secure mechanisms for advising members of the Armed Forces under the system of any additional information, forms, or other items that are required for the acceptance and review of any forms so submitted.

(D) The continuous availability of assistance to members of the Armed Forces under the system (including assistance through the caseworkers assigned to such members of the Armed Forces) in submitting and tracking such forms, including assistance in obtaining information, forms, or other items described by subparagraph (C).

(E) Secure mechanisms to request and receive personnel files or other personnel records of members of the Armed Forces under the system that are required for submission under the disability evaluation system, including the capability to track requests for such files or records and to determine the status of such requests and of responses to such requests.

(4) OTHER PILOT PROGRAMS.—The pilot programs authorized by subsection (a) may also provide for the development, evaluation, and identification of such practices and procedures under the disability evaluation system as the Secretary considers appropriate for purposes set forth in subsection (c).

(c) PURPOSES.—A pilot program established under subsection (a) may have one or more of the following purposes:

(1) To provide for the development, evaluation, and identification of revised and improved practices and procedures under the disability evaluation system in order to—

(A) reduce the processing time under the disability evaluation system of members of the Armed Forces who are likely to be retired or separated for disability, and who have not requested continuation on active duty, including, in particular, members who are severely wounded;

(B) identify and implement or seek the modification of statutory or administrative policies and requirements applicable to the disability evaluation system that—

(i) are unnecessary or contrary to applicable best practices of civilian employers and civilian healthcare systems; or

(ii) otherwise result in hardship, arbitrary, or inconsistent outcomes for members of the Armed Forces, or unwarranted inefficiencies and delays;

(C) eliminate material variations in policies, interpretations, and overall performance standards among the military departments under the disability evaluation system; and

(D) determine whether it enhances the capability of the Department of Veterans Affairs to receive and determine claims from members of the Armed Forces for compensation, pension, hospitalization, or other veterans benefits.

(2) In conjunction with the findings and recommendations of applicable Presidential and Department of Defense study groups, to provide for the eventual development of revised and improved practices and procedures for the disability evaluation system in order to achieve the objectives set forth in paragraph (1).

(d) UTILIZATION OF RESULTS IN UPDATES OF COMPREHENSIVE POLICY ON CARE, MANAGEMENT, AND TRANSITION OF RECOVERING SERVICE MEMBERS.—The Secretary of Defense and the Secretary of Veterans Affairs, acting jointly, may incorporate responses to any findings and recommendations arising under the pilot programs conducted under subsection (a) in updating the comprehensive policy on the care and management of covered service members under section 1611(a)(4).

(e) CONSTRUCTION WITH OTHER AUTHORITIES.—

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

(A) the rules and regulations of the Department of Defense and the Department of Veterans Affairs relating to methods of determining fitness or unfitness for duty and disability ratings for members of the Armed Forces shall apply to the pilot program only to the extent provided in the report on the pilot program under subsection (g)(1); and

(B) the Secretary of Defense and the Secretary of Veterans Affairs may waive any provision of title 10, 37, or 38, United States Code, relating to methods of determining fitness or unfitness for duty and disability ratings for members of the Armed Forces if the Secretaries determine in writing that the application of such provision would be inconsistent with the purpose of the pilot program.

(2) LIMITATION.—Nothing in paragraph (1) shall be construed to authorize the waiver of any provision of section 1216a of title 10, United States Code, as added by section 1642 of this Act.

(f) DURATION.—Each pilot program conducted under subsection (a) shall be completed not later than one year after the date of the commencement of such pilot program under that subsection.

(g) REPORTS.—

(1) INITIAL REPORT.—Not later than 90 days after the date of the enactment of this Act, the Secretary of Defense shall submit to the appropriate committees of Congress a report on each pilot program that has been commenced as of that date under subsection (a). The report shall include—

(A) a description of the scope and objectives of the pilot program;

(B) a description of the methodology to be used under the pilot program to ensure rapid identification under such pilot program of revised or improved practices under the disability evaluation system in order to achieve the objectives set forth in subsection (c)(1); and

(C) a statement of any provision described in subsection (e)(1)(B) that will not apply to the pilot program by reason of a waiver under that subsection.

(2) INTERIM REPORT.—Not later than 180 days after the date of the submittal of the report required by paragraph (1) with respect to a pilot program, the Secretary shall submit to the appropriate committees of Congress a report describing the current status of the pilot program.

(3) FINAL REPORT.—Not later than 90 days after the completion of all of the pilot programs conducted under subsection (a), the Secretary shall submit to the appropriate committees of Congress a report setting forth a final evaluation and assessment of the pilot programs. The report shall include such recommendations for legislative or administrative action as the Secretary considers appropriate in light of such pilot programs.

SEC. 1645. REPORTS ON ARMY ACTION PLAN IN RESPONSE TO DEFICIENCIES IN THE ARMY PHYSICAL DISABILITY EVALUATION SYSTEM.

(a) REPORTS REQUIRED.—Not later than June 1, 2008, and June 1, 2009, the Secretary of Defense shall submit to the congressional defense committees a report on the implementation of corrective measures by the Department of Defense with respect to the Physical Disability Evaluation System (PDES) in response to the following:

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

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

(3) The report of the Department of Veterans Affairs Task Force on Returning Global War on Terror Heroes.

(b) ELEMENTS OF REPORT.—Each report under subsection (a) shall include current information on the following:

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

(2) The status of the implementation of modifications to disability evaluation processes of the Department of Defense in response to the following:

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

(B) The report of the Independent Review Group on Rehabilitation Care and Administrative Processes at Walter Reed Army Medical Center and National Naval Medical Center.

(C) The report of the Department of Veterans Affairs Task Force on Returning Global War on Terror Heroes.

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

SEC. 1646. ENHANCEMENT OF DISABILITY SEVERANCE PAY FOR MEMBERS OF THE ARMED FORCES.

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

(1) in subsection (a)(1), by striking “his years of service, but not more than 12, computed under section 1208 of this title” in the matter preceding subparagraph (A) and inserting “the member’s years of service computed under section 1208 of this title (subject to the minimum and maximum years of service provided for in subsection (c))”;

(2) by redesignating subsection (c) as subsection (d); and

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

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

“(A) Six years in the case of a member separated from the armed forces for a disability incurred in line of duty in a combat zone (as designated by the Secretary of Defense for purposes of this subsection) or incurred during the performance of duty in combat-related operations as designated by the Secretary of Defense.

“(B) Three years in the case of any other member.

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

(b) NO DEDUCTION FROM COMPENSATION OF SEVERANCE PAY FOR DISABILITIES INCURRED IN COMBAT ZONES.—Subsection (d) of such section, as redesignated by subsection (a)(2) of this section, is further amended—

(1) by inserting “(1)” after “(d)”;

(2) by striking the second sentence; and

(3) by adding at the end the following new paragraphs:

“(2) No deduction may be made under paragraph (1) in the case of disability severance pay received by a member for a disability incurred in line of duty in a combat zone or incurred during performance of duty in combat-related operations as designated by the Secretary of Defense.

“(3) No deduction may be made under paragraph (1) from any death compensation to which a member’s dependents become entitled after the member’s death.”.

(c) [10 U.S.C. 1212 note] EFFECTIVE DATE.—The amendments made by this section shall take effect on the date of the enactment of this Act, and shall apply with respect to members of the Armed

Forces separated from the Armed Forces under chapter 61 of title 10, United States Code, on or after that date.

SEC. 1647. ASSESSMENTS OF CONTINUING UTILITY AND FUTURE ROLE OF TEMPORARY DISABILITY RETIRED LIST.

(a) **REPORT REQUIRED.**—Not later than 180 days after the date of the enactment of this Act, the Secretary of Defense shall submit to the congressional defense committees a report containing—

(1) a statistical history since January 1, 2000, of the numbers of members of the Armed Forces who are returned to duty or separated following a tenure on the temporary disability retired list and, in the case of members who were separated, how many of the members were granted disability separation or retirement and what were their disability ratings;

(2) the results of the assessments required by subsection (b); and

(3) such recommendations for the modification or improvement of the temporary disability retired list as the Secretary considers appropriate in response to the assessments.

(b) **REQUIRED ASSESSMENTS.**—The assessments required to be conducted as part of the report under subsection (a) are the following:

(1) An assessment of the continuing utility of the temporary disability retired list in satisfying the purposes for which the temporary disability retired list was established.

(2) An assessment of the need to require that the condition of a member be permanent and stable before the member is separated with less than a 30 percent disability rating prior to exceeding the maximum tenure allowed on the temporary disability retired list.

(3) An assessment of the future role of the temporary disability retired list in the Disability Evaluation System of the Department of Defense and the changes in policy and law required to fulfill the future role of the temporary disability retired list.

SEC. 1648. [10 U.S.C. 1071 note] STANDARDS FOR MILITARY MEDICAL TREATMENT FACILITIES, SPECIALTY MEDICAL CARE FACILITIES, AND MILITARY QUARTERS HOUSING PATIENTS AND ANNUAL REPORT ON SUCH FACILITIES.

(a) **ESTABLISHMENT OF STANDARDS.**—The Secretary of Defense shall establish for the military facilities of the Department of Defense and the military departments referred to in subsection (b) standards with respect to the matters set forth in subsection (c). To the maximum extent practicable, the standards shall—

(1) be uniform and consistent for all such facilities; and

(2) be uniform and consistent throughout the Department of Defense and the military departments.

(b) **COVERED MILITARY FACILITIES.**—The military facilities covered by this section are the following:

(1) Military medical treatment facilities.

(2) Specialty medical care facilities.

(3) Military quarters or leased housing for patients.

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

(1) Generally accepted standards for the accreditation of medical facilities, or for facilities used to quarter individuals that may require medical supervision, as applicable, in the United States.

(2) To the extent not inconsistent with the standards described in paragraph (1), minimally acceptable conditions for the following:

(A) Appearance and maintenance of facilities generally, including the structure and roofs of facilities.

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

(C) Operation and maintenance of primary and back-up facility utility systems and other systems required for patient care, including electrical systems, plumbing systems, heating, ventilation, and air conditioning systems, communications systems, fire protection systems, energy management systems, and other systems required for patient care.

(D) Compliance of facilities, rooms, and grounds, to the maximum extent practicable, with the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.).

(E) Such other matters relating to the appearance, size, operation, and maintenance of facilities and rooms as the Secretary considers appropriate.

(d) COMPLIANCE WITH STANDARDS.—

(1) DEADLINE.—In establishing standards under subsection (a), the Secretary shall specify a deadline for compliance with such standards by each facility referred to in subsection (b). The deadline shall be at the earliest date practicable after the date of the enactment of this Act, and shall, to the maximum extent practicable, be uniform across the facilities referred to in subsection (b).

(2) INVESTMENT.—In carrying out this section, the Secretary shall also establish guidelines for investment to be utilized by the Department of Defense and the military departments in determining the allocation of financial resources to facilities referred to in subsection (b) in order to meet the deadline specified under paragraph (1).

(e) REPORT ON DEVELOPMENT AND IMPLEMENTATION OF STANDARDS.—

(1) IN GENERAL.—Not later than March 1, 2008, the Secretary shall submit to the congressional defense committees a report on the actions taken to carry out subsection (a).

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

(A) The standards established under subsection (a).

(B) An assessment of the appearance, condition, and maintenance of each facility referred to in subsection (b), including—

(i) an assessment of the compliance of the facility with the standards established under subsection (a); and

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

(C) A description of the investment to be allocated to address each deficiency or noncompliance identified under subparagraph (B)(ii).

SEC. 1649. REPORTS ON ARMY MEDICAL ACTION PLAN IN RESPONSE TO DEFICIENCIES IDENTIFIED AT WALTER REED ARMY MEDICAL CENTER, DISTRICT OF COLUMBIA.

Not later than 30 days after the date of the enactment of this Act, and every 180 days thereafter until March 1, 2009, the Secretary of Defense shall submit to the congressional defense committees a report on the implementation of the Army Medical Action Plan to correct deficiencies identified in the condition of facilities and patient administration.

SEC. 1650. REQUIRED CERTIFICATIONS IN CONNECTION WITH CLOSURE OF WALTER REED ARMY MEDICAL CENTER, DISTRICT OF COLUMBIA.

(a) **CERTIFICATIONS.**—In implementing the decision to close Walter Reed Army Medical Center, District of Columbia, required as a result of the 2005 round of defense base closure and realignment under the Defense Base Closure and Realignment Act of 1990 (part A of title XXIX of Public Law 101–510; U.S.C. 2687 note), the Secretary of Defense shall submit to the congressional defense committees a certification of each of the following:

(1) That a transition plan has been developed, and resources have been committed, to ensure that patient care services, medical operations, and facilities are sustained at the highest possible level at Walter Reed Army Medical Center until facilities to replace Walter Reed Army Medical Center are staffed and ready to assume at least the same level of care previously provided at Walter Reed Army Medical Center.

(2) That the closure of Walter Reed Army Medical Center will not result in a net loss of capacity in the major medical centers in the National Capitol Region in terms of total bed capacity or staffed bed capacity.

(3) That the capacity of medical hold and out-patient lodging facilities operating at Walter Reed Army Medical Center as of the date of the certification will be available in sufficient quantities at the facilities designated to replace Walter Reed Army Medical Center by the date of the closure of Walter Reed Army Medical Center.

(b) **TIME FOR SUBMITTAL.**—The Secretary shall submit the certifications required by subsection (a) not later than 90 days after the date of the enactment of this Act. If the Secretary is unable to make one or more of the certifications by the end of the 90-day period, the Secretary shall notify the congressional defense committees of the delay and the reasons for the delay.

SEC. 1651. [10 U.S.C. 1071 note] HANDBOOK FOR MEMBERS OF THE ARMED FORCES ON COMPENSATION AND BENEFITS AVAILABLE FOR SERIOUS INJURIES AND ILLNESSES.

(a) **INFORMATION ON AVAILABLE COMPENSATION AND BENEFITS.**—Not later than October 1, 2008, the Secretary of Defense shall develop and maintain, in handbook and electronic form, a comprehensive description of the compensation and other benefits

to which a member of the Armed Forces, and the family of such member, would be entitled upon the separation or retirement of the member from the Armed Forces as a result of a serious injury or illness. The handbook shall set forth the range of such compensation and benefits based on grade, length of service, degree of disability at separation or retirement, and such other factors affecting such compensation and benefits as the Secretary considers appropriate.

(b) CONSULTATION.—The Secretary of Defense shall develop and maintain the comprehensive description required by subsection (a), including the handbook and electronic form of the description, in consultation with the Secretary of Veterans Affairs, the Secretary of Health and Human Services, and the Commissioner of Social Security.

(c) UPDATE.—The Secretary of Defense shall update the comprehensive description required by subsection (a), including the handbook and electronic form of the description, on a periodic basis, but not less often than annually.

(d) PROVISION TO MEMBERS.—The Secretary of the military department concerned shall provide the descriptive handbook under subsection (a) to each member of the Armed Forces described in that subsection as soon as practicable following the injury or illness qualifying the member for coverage under such subsection.

(e) PROVISION TO REPRESENTATIVES.—If a member is incapacitated or otherwise unable to receive the descriptive handbook to be provided under subsection (a), the handbook shall be provided to the next of kin or a legal representative of the member, as determined in accordance with regulations prescribed by the Secretary of the military department concerned for purposes of this section.

Subtitle E—Studies and Reports

SEC. 1661. 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.

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

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

(1) A preliminary phase, to be completed not later than one year after the date of the enactment of this Act—

(A) to identify preliminary findings on the physical and mental health and other readjustment needs described in subsection (a) and on gaps in care for the members, former members, and families described in that subsection; and

(B) to determine the parameters of the second phase of the study under paragraph (2).

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

(A) an assessment of the psychological, social, and economic impacts of such deployment on such members and former members and their families;

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

(C) an assessment of the full scope of the neurological, psychiatric, and psychological effects of traumatic brain injury on members and former members of the Armed Forces, including the effects of such effects on the family members of such members and former members, and an assessment of the efficacy of current treatment approaches for traumatic brain injury in the United States and the efficacy of screenings and treatment approaches for traumatic brain injury within the Department of Defense and the Department of Veterans Affairs;

(D) an assessment of the effects of undiagnosed injuries such as post-traumatic stress disorder and traumatic brain injury, an estimate of the long-term costs associated with such injuries, and an assessment of the efficacy of screenings and treatment approaches for post-traumatic stress disorder and other mental health conditions within the Department of Defense and Department of Veterans Affairs;

(E) an assessment of the gender- and ethnic group-specific needs and concerns of members of the Armed Forces and veterans;

(F) an assessment of the particular needs and concerns of children of members of the Armed Forces, taking into account differing age groups, impacts on development and education, and the mental and emotional well being of children;

(G) an assessment of the particular educational and vocational needs of such members and former members and their families, and an assessment of the efficacy of existing educational and vocational programs to address such needs;

(H) an assessment of the impacts on communities with high populations of military families, including military housing communities and townships with deployed members of the National Guard and Reserve, of deployments associated with Operation Iraqi Freedom and Operation

Enduring Freedom, and an assessment of the efficacy of programs that address community outreach and education concerning military deployments of community residents;

(I) an assessment of the impacts of increasing numbers of older and married members of the Armed Forces on readjustment requirements;

(J) the development, based on such assessments, of recommendations for programs, treatments, or policy remedies targeted at preventing, minimizing, or addressing the impacts, gaps, and needs identified; and

(K) the development, based on such assessments, of recommendations for additional research on such needs.

(c) POPULATIONS TO BE STUDIED.—The study required under subsection (a) shall consider the readjustment needs of each population of individuals as follows:

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

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

(3) Veterans of Operation Iraqi Freedom or Operation Enduring Freedom.

(4) Family members of the members and veterans described in paragraphs (1) through (3).

(d) ACCESS TO INFORMATION.—The National Academy of Sciences shall have access to such personnel, information, records, and systems of the Department of Defense and the Department of Veterans Affairs as the National Academy of Sciences requires in order to carry out the study required under subsection (a).

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

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

(g) DoD AND VA RESPONSE TO NAS REPORTS.—Not later than 90 days after the receipt of a report under subsection (f) on each phase of the study required under subsection (a), the Secretary of Defense and the Secretary of Veterans Affairs shall develop a final joint Department of Defense-Department of Veterans Affairs response to the findings and recommendations of the National Academy of Sciences contained in such report.

SEC. 1662. [10 U.S.C. 1071 note] ACCESS OF RECOVERING SERVICE MEMBERS TO ADEQUATE OUTPATIENT RESIDENTIAL FACILITIES.

All quarters of the United States and housing facilities under the jurisdiction of the Armed Forces that are occupied by recovering service members shall be inspected at least once every two years by the inspectors general of the regional medical commands.

SEC. 1663. STUDY AND REPORT ON SUPPORT SERVICES FOR FAMILIES OF RECOVERING SERVICE MEMBERS.

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

(b) **MATTERS COVERED.**—The study under subsection (a) shall include the following:

(1) A determination of the types of support services, including job placement services, that are currently provided by the Department of Defense to eligible family members, and the cost of providing such services.

(2) A determination of additional types of support services that would be feasible for the Department to provide to such family members, and the costs of providing such services, including the following types of services:

(A) The provision of medical care at military medical treatment facilities.

(B) The provision of additional employment services, and the need for employment protection, of such family members who are placed on leave from employment or otherwise displaced from employment while caring for a recovering service member for more than 45 days during a one-year period.

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

(3) A survey of military medical treatment facilities to estimate the number of family members to whom the support services would be provided.

(4) A determination of any discrimination in employment that such family members experience, including denial of retention in employment, promotion, or any benefit of employment by an employer on the basis of the person's absence from employment, and a determination, in consultation with the Secretary of Labor, of the options available for such family members.

(c) **REPORT.**—Not later than 180 days after the date of the enactment of this Act, the Secretary of Defense shall submit to the Committees on Armed Services of the Senate and the House of Representatives a report on the results of the study, with such findings and recommendations as the Secretary considers appropriate.

SEC. 1664. REPORT ON TRAUMATIC BRAIN INJURY CLASSIFICATIONS.

Not later than 90 days after the date of the enactment of this Act, the Secretary of Defense and the Secretary of Veterans Affairs jointly shall submit to the Committees on Armed Services of the Senate and the House of Representatives a report describing the changes undertaken within the Department of Defense and the De-

partment of Veterans Affairs to ensure that traumatic brain injury victims receive a medical designation concomitant with their injury rather than a medical designation that assigns a generic classification (such as “organic psychiatric disorder”).

SEC. 1665. EVALUATION OF THE POLYTRAUMA LIAISON OFFICER/NON-COMMISSIONED OFFICER PROGRAM.

(a) **EVALUATION REQUIRED.**—The Secretary of Defense shall conduct an evaluation of the Polytrauma Liaison Officer/Non-Commissioned Officer program, which is the program operated by each of the military departments and the Department of Veterans Affairs for the purpose of—

- (1) assisting in the seamless transition of members of the Armed Forces from the Department of Defense health care system to the Department of Veterans Affairs system; and
- (2) expediting the flow of information and communication between military treatment facilities and the Veterans Affairs Polytrauma Centers.

(b) **MATTERS COVERED.**—The evaluation of the Polytrauma Liaison Officer/Non-Commissioned Officer program shall include an evaluation of the following:

- (1) The program’s effectiveness in the following areas:
 - (A) Handling of military patient transfers.
 - (B) Ability to access military records in a timely manner.
 - (C) Collaboration with Polytrauma Center treatment teams.
 - (D) Collaboration with veteran service organizations.
 - (E) Functioning as the Polytrauma Center’s subject-matter expert on military issues.
 - (F) Supporting and assisting family members.
 - (G) Providing education, information, and referrals to members of the Armed Forces and their family members.
 - (H) Functioning as uniformed advocates for members of the Armed Forces and their family members.
 - (I) Inclusion in Polytrauma Center meetings.
 - (J) Completion of required administrative reporting.
 - (K) Ability to provide necessary administrative support to all members of the Armed Forces.

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

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

(c) **REPORTING REQUIREMENT.**—Not later than 90 days after the date of the enactment of this Act, the Secretary of Defense shall submit to Congress a report containing—

- (1) the results of the evaluation; and
- (2) recommendations for any improvements in the program.

Subtitle F—Other Matters

SEC. 1671. [10 U.S.C. 1071 note] PROHIBITION ON TRANSFER OF RESOURCES FROM MEDICAL CARE.

Neither the Secretary of Defense nor the Secretaries of the military departments may transfer funds or personnel from medical care functions to administrative functions within the Department of Defense in order to comply with the new administrative requirements imposed by this title or the amendments made by this title.

SEC. 1672. [10 U.S.C. 1071 note] MEDICAL CARE FOR FAMILIES OF MEMBERS OF THE ARMED FORCES RECOVERING FROM SERIOUS INJURIES OR ILLNESSES.

(a) MEDICAL CARE AT MILITARY MEDICAL FACILITIES.—

(1) MEDICAL CARE.—A family member of a recovering service member who is not otherwise eligible for medical care at a military medical treatment facility may be eligible for such care at such facilities, on a space-available basis, if the family member is—

(A) on invitational orders while caring for the service member;

(B) a non-medical attendee caring for the service member; or

(C) receiving per diem payments from the Department of Defense while caring for the service member.

(2) SPECIFICATION OF FAMILY MEMBERS.—The Secretary of Defense may prescribe in regulations the family members of recovering service members who shall be considered to be a family member of a service member for purposes of this subsection.

(3) SPECIFICATION OF CARE.—The Secretary of Defense shall prescribe in regulations the medical care that may be available to family members under this subsection at military medical treatment facilities.

(4) RECOVERY OF COSTS.—The United States may recover the costs of the provision of medical care under this subsection as follows (as applicable):

(A) From third-party payers, in the same manner as the United States may collect costs of the charges of health care provided to covered beneficiaries from third-party payers under section 1095 of title 10, United States Code.

(B) As if such care was provided under the authority of section 1784 of title 38, United States Code.

(b) MEDICAL CARE AT DEPARTMENT OF VETERANS AFFAIRS MEDICAL FACILITIES.—

(1) MEDICAL CARE.—When a recovering service member is receiving hospital care and medical services at a medical facility of the Department of Veterans Affairs, the Secretary of Veterans Affairs may provide medical care for eligible family members under this section when that care is readily available at that Department facility and on a space-available basis.

(2) REGULATIONS.—The Secretary of Veterans Affairs shall prescribe in regulations the medical care that may be available

to family members under this subsection at medical facilities of the Department of Veterans Affairs.

SEC. 1673. IMPROVEMENT OF MEDICAL TRACKING SYSTEM FOR MEMBERS OF THE ARMED FORCES DEPLOYED OVERSEAS.

(a) **PROTOCOL FOR ASSESSMENT OF COGNITIVE FUNCTIONING.**—

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

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

“(C) An assessment of post-traumatic stress disorder.”; and

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

“(3)(A) The Secretary shall establish for purposes of subparagraphs (B) and (C) of paragraph (2) a protocol for the predeployment assessment and documentation of the cognitive (including memory) functioning of a member who is deployed outside the United States in order to facilitate the assessment of the postdeployment cognitive (including memory) functioning of the member.

“(B) The protocol under subparagraph (A) shall include appropriate mechanisms to permit the differential diagnosis of traumatic brain injury in members returning from deployment in a combat zone.”.

(2) **PILOT PROJECTS.**—(A) In developing the protocol required by paragraph (3) of section 1074f(b) of title 10, United States Code (as amended by paragraph (1) of this subsection), for purposes of assessments for traumatic brain injury, the Secretary of Defense shall conduct up to three pilot projects to evaluate various mechanisms for use in the protocol for such purposes. One of the mechanisms to be so evaluated shall be a computer-based assessment tool which shall, at a minimum, include the following:

(i) Administration of computer-based neurocognitive assessment.

(ii) Pre-deployment assessments to establish a neurocognitive baseline for members of the Armed Forces for future treatment.

(B) Not later than 60 days after the completion of the pilot projects conducted under this paragraph, the Secretary shall submit to the appropriate committees of Congress a report on the pilot projects. The report shall include—

(i) a description of the pilot projects so conducted;

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

(iii) a description of any mechanisms evaluated under each such pilot project that will be incorporated into the protocol.

(C) Not later than 180 days after completion of the pilot projects conducted under this paragraph, the Secretary shall establish a means for implementing any mechanism evaluated under such a pilot project that is selected for incorporation in the protocol.

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

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

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

(1) in the subsection heading, by striking “MENTAL HEALTH”; and

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

SEC. 1674. GUARANTEED FUNDING FOR WALTER REED ARMY MEDICAL CENTER, DISTRICT OF COLUMBIA.

(a) **MINIMUM FUNDING.**—The amount of funds available for the commander of Walter Reed Army Medical Center, District of Columbia, for a fiscal year shall be not less than the amount expended by the commander of Walter Reed Army Medical Center in fiscal year 2006 until the first fiscal year beginning after the date on which the Secretary of Defense submits to the congressional defense committees a plan for the provision of health care for military beneficiaries and their dependents in the National Capital Region.

(b) **MATTERS COVERED.**—The plan under subsection (a) shall at a minimum include—

(1) the manner in which patients, staff, bed capacity, and functions will move from the Walter Reed Army Medical Center to expanded facilities;

(2) a timeline, including milestones, for such moves;

(3) projected budgets, including planned budget transfers, for military treatment facilities within the region;

(4) the management or disposition of real property of military treatment facilities within the region; and

(5) staffing projections for the region.

(c) **CERTIFICATION.**—Patients, staff, bed capacity, functions, or parts of functions at Walter Reed Army Medical Center may not be moved or disestablished until the Secretary of Defense has certified to the congressional defense committees that the expanded facilities at the National Naval Medical Center, Bethesda, Maryland, and DeWitt Army Community Hospital, Fort Belvoir, Virginia, are completed, equipped, and staffed with sufficient capacity to accept and provide, at a minimum, the same level of and access to care as patients received at Walter Reed Army Medical Center during fiscal year 2006.²

(d) **DEFINITIONS.**—In this section:

(1) The term “expanded facilities” means the other two military hospitals/medical centers within the National Capital Region, namely—

(A) the National Naval Medical Center, Bethesda, Maryland (or its successor resulting from implementation of the recommendations of the 2005 Defense Base Closure and Realignment Commission); and

(B) the DeWitt Army Community Hospital, Fort Belvoir, Virginia.

²The amendment to strike “on a quarterly basis” by section 2712 of Public Law 113–66 could not be carried out because of an earlier amendment made by section 1066(b)(3) of Public Law 112–81.

(2) The term “National Capital Region” has the meaning given that term in section 2674(f) of title 10, United States Code.

SEC. 1675. USE OF LEAVE TRANSFER PROGRAM BY WOUNDED VETERANS WHO ARE FEDERAL EMPLOYEES.

(a) IN GENERAL.—Section 6333(b) of title 5, United States Code, is amended—

(1) by striking “(b)” and inserting “(b)(1)”; and

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

“(2)(A) The requirement under paragraph (1) relating to exhaustion of annual and sick leave shall not apply in the case of a leave recipient who—

“(i) sustains a combat-related disability while a member of the armed forces, including a reserve component of the armed forces; and

“(ii) is undergoing medical treatment for that disability.

“(B) Subparagraph (A) shall apply to a member described in such subparagraph only so long as the member continues to undergo medical treatment for the disability, but in no event for longer than 5 years from the start of such treatment.

“(C) For purposes of this paragraph—

“(i) the term ‘combat-related disability’ has the meaning given such term by section 1413a(e) of title 10; and

“(ii) the term ‘medical treatment’ has such meaning as the Office of Personnel Management shall by regulation prescribe.”.

(b) **[5 U.S.C. 6333 note] EFFECTIVE DATE.**—The amendment made by subsection (a) shall take effect on the date of the enactment of this Act, except that, in the case of a leave recipient who is undergoing medical treatment on such date of enactment, section 6333(b)(2)(B) of title 5, United States Code (as amended by this section) shall be applied as if it had been amended by inserting “or the date of the enactment of this subsection, whichever is later” after “the start of such treatment”.

SEC. 1676. [10 U.S.C. 1071 note] MORATORIUM ON CONVERSION TO CONTRACTOR PERFORMANCE OF DEPARTMENT OF DEFENSE FUNCTIONS AT MILITARY MEDICAL FACILITIES.

(a) MORATORIUM.—No study or competition may be begun or announced pursuant to section 2461 of title 10, United States Code, or otherwise pursuant to Office of Management and Budget circular A-76, relating to the possible conversion to performance by a contractor of any Department of Defense function carried out at a military medical facility until the Secretary of Defense—

(1) submits the certification required by subsection (b) to the Committee on Armed Services of the Senate and the Committee on Armed Services of the House of Representatives together with a description of the steps taken by the Secretary in accordance with the certification; and

(2) submits the report required by subsection (c).

(b) CERTIFICATION.—The certification referred to in paragraph (a)(1) is a certification that the Secretary has taken appropriate steps to ensure that neither the quality of military medical care nor the availability of qualified personnel to carry out Department

of Defense functions related to military medical care will be adversely affected by either—

(1) the process of considering a Department of Defense function carried out at a military medical facility for possible conversion to performance by a contractor; or

(2) the conversion of such a function to performance by a contractor.

(c) REPORT REQUIRED.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Defense shall submit to the Committee on Armed Services of the Senate and the Committee on Armed Services of the House of Representatives a report on the public-private competitions being conducted for Department of Defense functions carried out at military medical facilities as of the date of the enactment of this Act by each military department and defense agency. Such report shall include—

(1) for each such competition—

(A) the cost of conducting the public-private competition;

(B) the number of military personnel and civilian employees of the Department of Defense affected;

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

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

(E) the effect of converting the performance of the function to performance by a contractor on the quality of the performance of the function; and

(2) an assessment of whether any method of business reform or reengineering other than a public-private competition could, if implemented in the future, achieve any anticipated or budgeted savings.