

110TH CONGRESS  
1ST SESSION

# H. R. 1578

To establish and monitor medical holdover performance standards.

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## IN THE HOUSE OF REPRESENTATIVES

MARCH 20, 2007

Mr. SHAYS (for himself, Mr. TOM DAVIS of Virginia, Mr. BUCHANAN, and Mr. BILIRAKIS) introduced the following bill; which was referred to the Committee on Armed Services

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## A BILL

To establish and monitor medical holdover performance standards.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

3       **SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “Wounded Warriors  
5       Joint Health Care Performance Metrics and Transparency  
6       Act”.

7       **SEC. 2. ESTABLISHMENT AND MONITORING OF MEDICAL**  
8       **HOLDOVER PERFORMANCE STANDARDS.**

9       (a) REQUIREMENT FOR PERFORMANCE STANDARDS  
10      FOR MEDICAL HOLDOVER PROCESS.—The Secretary of

1 Defense shall assign the Assistant Secretary of Defense  
2 for Health Affairs the responsibility for establishing per-  
3 formance standards for each step of the medical holdover  
4 process, including the following:

5 (1) Mobilization.

6 (2) Medical condition.

7 (3) MNO decision.

8 (4) Disposition plan.

9 (5) Execution plan.

10 (6) Final disposition decision of a medical eval-  
11 uation board or physical evaluation board.

12 (7) Transition.

13 (b) QUARTERLY INSPECTIONS.—

14 (1) REQUIREMENT FOR INSPECTIONS.—The  
15 Secretary of Defense, acting through the Assistant  
16 Secretary of Defense for Health Affairs, shall re-  
17 quire each military medical installation to perform a  
18 quarterly inspection based on the performance  
19 standards established under subsection (a) of the  
20 following: command and control responsibilities,  
21 billeting, staffing, soldier administration, staff train-  
22 ing, in and out processing, transition and separation  
23 processing, dining facilities and other non-medical  
24 patient services, transportation, medical case man-  
25 agement, medical care, access and documentation,

1 and medical database and medical records quality.  
2 Inspections teams should include representatives  
3 from all commands with jurisdiction over medical  
4 and administrative services provided to injured and  
5 wounded soldiers, and shall include representatives  
6 from the Department of Defense and the Inspector  
7 General of the Department of Defense.

8 (2) INSPECTION REPORTS.—The Assistant Sec-  
9 retary shall require a report on each inspection car-  
10 ried out under paragraph (1) to be submitted to the  
11 Secretary of Defense, the Inspector General of the  
12 Department of Defense, each command or agency  
13 with jurisdiction, the Secretary of each military de-  
14 partment, the chief of staff of each Armed Force,  
15 and the inspector general of each military depart-  
16 ment.

17 (c) ADDITIONAL SPECIFIC STANDARDS.—

18 (1) SECURITY AND MEDICAL PERSONNEL.—The  
19 Assistant Secretary of Defense for Health Affairs  
20 shall develop and enforce standards for security per-  
21 sonnel and medical personnel to perform daily  
22 rounds of each medical inpatient and outpatient fa-  
23 cility. The standards shall include a requirement for  
24 access to help 24 hours a day for patients with med-  
25 ical emergencies or needs.

1           (2) TIMELINESS.—The Assistant Secretary also  
2       shall develop and enforce standards for setting time  
3       standards for responding to patient questions and  
4       scheduling appointments for medical evaluation  
5       board and physical evaluation board evaluations.

6           (3) PROCESSING.—The Assistant Secretary also  
7       shall develop and enforce in-processing and out-proc-  
8       essing standards, patient counseling standards, and  
9       information standards to address patient and family  
10      members on all aspects of care, including medical  
11      and administrative evaluation procedures and re-  
12      quirements.

13      (d) MONTHLY REPORTS.—

14           (1) REQUIREMENT.—The Assistant Secretary  
15      of Defense for Health Affairs shall submit to the  
16      Secretary of Defense and the Inspector General of  
17      the Department of Defense a monthly report on  
18      military service performance in all categories of med-  
19      ical holdover patient care including, at a minimum,  
20      inspections, individual patient information, trends  
21      and problems, statistical information on time of pa-  
22      tients in medical holdover status, performance of  
23      service commands, and other service personnel serv-  
24      ing patients and families in medical holder status.

1           (2) ADDITIONAL MATTERS COVERED.—The re-  
2       port also shall contain—

3           (A) information on all individual patient  
4       complaints and action taken to mediate the pa-  
5       tient concern;

6           (B) information on all concerns raised by  
7       patient advocates to military service installation  
8       commanders and report on actions taken; and

9           (C) statistical information on the inci-  
10      dence, treatments, and outcomes of traumatic  
11      brain injury patients among the medical hold-  
12      over patient population.

13       (e) SEMI-ANNUAL MEETINGS.—The Assistant Sec-  
14      retary of Defense for Health Affairs shall meet semi-annu-  
15      ally with the Secretaries of the military departments to  
16      address medical holdover program execution, including all  
17      medical and administrative issues, force structure, man-  
18      ning, training, and resource requirements.

19       (f) INSPECTOR GENERAL RESPONSIBILITIES.—The  
20      Inspector General of the Department of Defense shall  
21      audit and review the medical holdover system and the per-  
22      formance standards developed under this section and shall  
23      submit quarterly reports to the Assistant Secretary of De-  
24      fense for Health Affairs, the Secretaries of the military  
25      departments, and the following congressional committees:

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

3           (2) The Committee on Homeland Security and  
4       Governmental Affairs of the Senate.

5           (3) The Committee on Oversight and Govern-  
6       ment Reform of the House of Representatives.

7       (g) MEDICAL HOLDOVER PATIENT.—In this Act, the  
8   term “medical holdover patient” means a member of the  
9   Armed Forces, including a member of the National Guard  
10   or other reserve component, who is undergoing medical  
11   treatment, recuperation, or therapy, or is otherwise in  
12   medical hold or holdover status, for an injury, illness, or  
13   disease incurred or aggravated while on active duty in the  
14   Armed Forces.

15       (h) AUTHORIZATION.—There is authorized to be ap-  
16   propriated to carry out—

17           (1) subsections (a) through (e) of this Act,  
18       \$1,000,000 for fiscal year 2007; and

19           (2) subsection (f) of this Act, \$2,000,000 for  
20       fiscal year 2007 and \$3,000,000 for fiscal year  
21       2008.

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