

110TH CONGRESS
1ST SESSION

H. R. 1579

To create a standard soldier patient tracking system.

IN THE HOUSE OF REPRESENTATIVES

MARCH 20, 2007

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

A BILL

To create a standard soldier patient tracking system.

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 Patient Tracking Act”.

**6 SEC. 2. ESTABLISHMENT OF A STANDARD SOLDIER PA-
7 TIENT TRACKING SYSTEM.**

8 (a) REQUIREMENT.—The Surgeons General of the
9 military departments shall develop a joint soldier tracking
10 system for medical holdover patients. The Assistant Sec-
11 retary of Defense for Health Affairs shall have access to

1 the tracking system of each military department for pur-
2 poses of monitoring trends and problems.

3 (b) FUNCTIONS.—

4 (1) IN GENERAL.—The tracking system devel-
5 oped under subsection (a) shall allow each medical
6 holdover patient, each family member of such a pa-
7 tient, each commander of a military installation re-
8 taining medical holdover patients, each patient navi-
9 gator, and ombudsman office personnel, at all times,
10 to be able to locate and understand exactly where a
11 patient is in the medical holdover process.

12 (2) ADDITIONAL FUNCTIONS.—The tracking
13 system also shall be designed to ensure that—

14 (A) the commander of each military instal-
15 lation where medical holdover patients are lo-
16 cated is able to track appointments of such pa-
17 tients to ensure they are meeting timeliness and
18 other standards that serve the patient; and

19 (B) each medical holdover patient is able
20 to know when his appointments and other med-
21 ical evaluation board or physical evaluation
22 board deadlines will be and that they have been
23 scheduled in a timely and accurate manner.

24 (c) MATTERS COVERED BY TRACKING SYSTEM.—

4 (A) The location of each medical holdover
5 patient.

(B) The scheduled and anticipated appointments of the patient.

8 (C) The timelines and deadlines of the
9 processes for evaluating the nature and extent
10 of disabilities affecting the patient, including
11 timelines of the medical evaluation board and
12 physical evaluation board evaluating to the pa-
13 tient.

14 (D) Any other information needed to con-
15 duct oversight of care of the patient throughout
16 the medical holdover process.

21 (d) UPDATING.—The tracking system shall be up-
22 dated daily by personnel that have access to the informa-
23 tion described in subsection (c).

24 (e) MEDICAL HOLDOVER PATIENT.—In this Act, the
25 term “medical holdover patient” means a member of the

1 Armed Forces, including a member of the National Guard
2 or other reserve component, who is undergoing medical
3 treatment, recuperation, or therapy, or is otherwise in
4 medical hold or holdover status, for an injury, illness, or
5 disease incurred or aggravated while on active duty in the
6 Armed Forces.

7 (f) AUTHORIZATION.—There is authorized to be ap-
8 propriated to carry out this Act \$2,000,000 for fiscal year
9 2007 and \$4,000,000 for each of fiscal years 2008 and
10 2009.

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