

110TH CONGRESS
1ST SESSION

H. R. 1580

To create a Department of Defense-wide Ombudsman Office.

IN THE HOUSE OF REPRESENTATIVES

MARCH 20, 2007

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

A BILL

To create a Department of Defense-wide Ombudsman Office.

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 Ombudsman Act”.

**6 SEC. 2. ESTABLISHMENT OF A DEPARTMENT OF DEFENSE-
7 WIDE OMBUDSMAN OFFICE.**

8 (a) ESTABLISHMENT.—The Secretary of Defense
9 shall establish a Department of Defense-wide Ombudsman
10 Office (in this Act referred to as the “Ombudsman Of-
11 fice”) and assign the responsibility for overseeing the Of-

1 fice to the Assistant Secretary of Defense for Health Af-
2 fairs.

3 (b) FUNCTIONS.—The functions of the Ombudsman
4 Office are to provide assistance to and answer questions
5 from medical holdover patients and their families regard-
6 ing—

7 (1) administrative processes, financial matters,
8 and non-military related services available to the pa-
9 tients and their families throughout the patient's
10 evaluation, treatment, and recovery;

11 (2) transfer to the care of the Veterans Admin-
12 istration; and

13 (3) support services available upon the patient's
14 return home.

15 (c) ADDITIONAL REQUIREMENTS.—

16 (1) ACCOUNTABILITY STANDARDS.—The Om-
17 budsman Office shall—

18 (A) create and maintain case files for indi-
19 vidual specific questions received, and initiate
20 inquiries and track responses for all such ques-
21 tions;

22 (B) set standards for timeliness of re-
23 sponds; and

24 (C) set standards for accountability to
25 medical holdover patients and their families, in-

1 cluding requirements for daily updates to pa-
2 tients and family members about steps being
3 taken to alleviate problems and concerns until
4 problems are addressed.

5 (2) TOLL-FREE PHONE NUMBERS.—The Om-
6 budsman shall establish and maintain toll-free tele-
7 phone assistance phone numbers as follows:

8 (A) One number shall be available for med-
9 ical holdover patients and their families and
10 shall operate 8 hours a day and 7 days a week.

11 (B) One number shall be available for
12 medical emergency questions 24 hours a day
13 and 7 days a week.

14 (3) STATUS REPORTS.—The Ombudsman Office
15 shall submit weekly status reports of actions taken
16 to address individual concerns to the Secretary of
17 Defense, the Secretary of each military department,
18 and the inspector general of each military depart-
19 ment. The Office shall also report to the commander
20 or director of the office or facility with responsibility
21 for the patients covered by the status report.

22 (d) RESPONSES FROM OTHER OFFICES.—The Sec-
23 retary of Defense shall ensure that all other offices within
24 the Department of Defense and the military departments
25 respond in a timely manner to resolve questions and re-

1 quests from the Ombudsman Office on behalf of medical
2 holdover patients and their families, including offices re-
3 sponsible for medical matters (including medical holdover
4 processes), financial and accounting matters, legal mat-
5 ters, human resources matters, reserve component mat-
6 ters, installation and management matters, and physical
7 disability matters.

8 (e) BRIEFINGS.—The head of the Ombudsman Office
9 shall conduct briefings of senior leadership in the military
10 departments on all medical holdover trends, issues, and
11 problems in person on a monthly basis.

12 (f) CONGRESSIONAL INQUIRIES.—The Ombudsman
13 Office shall be responsible for handling, and for setting
14 standards regarding the handling of, all inquiries from
15 Congress regarding medical holdover patients and other
16 medical questions related to the Armed Forces. The Om-
17 budsman Office may report about congressional inquiries
18 to the congressional liaison headquarters of each military
19 department.

20 (g) STAFF OF THE OFFICE.—

21 (1) HEAD.—The Ombudsman Office should be
22 headed by a general or flag officer.

23 (2) STAFF.—The Ombudsman Office shall be
24 staffed by personnel from offices of the Surgeon
25 General of each military department and also shall

1 include representatives from each military depart-
2 ment with responsibility for a part of patient proc-
3 essing and representatives from reserve components.

4 Personnel in the Ombudsman office should—

5 (A) be highly trained in their office and
6 command processes;

7 (B) be given standardized and updated in-
8 formation on all military retention facility per-
9 sonnel charged with on-location assistance; and

10 (C) in the case of military personnel, be
11 assigned to the Office for a period of at least
12 3 years, and in the case of civilian personnel, be
13 assigned to the Office permanently if prac-
14 ticable.

15 (3) TRAINING AND TESTING.—Ombudsman per-
16 sonnel should be tested and evaluated on a standard-
17 ized basis. Ombudsman personnel should be also
18 trained to deal with members of the Armed Forces
19 with post-traumatic stress disorder and other brain
20 injuries.

21 (h) MEDICAL HOLDOVER PATIENT.—In this Act, the
22 term “medical holdover patient” means a member of the
23 Armed Forces, including a member of the National Guard
24 or other reserve component, who is undergoing medical
25 treatment, recuperation, or therapy, or is otherwise in

1 medical hold or holdover status, for an injury, illness, or
2 disease incurred or aggravated while on active duty in the
3 Armed Forces.

4 (I) AUTHORIZATION.—There is authorized to be ap-
5 propriated to carry out this Act \$2,000,000 for fiscal year
6 2007, and \$1,000,000 for each of fiscal years 2008 and
7 2009.

○