

110TH CONGRESS  
1ST SESSION

# S. 1044

To improve the medical care of members of the Armed Forces and veterans,  
and for other purposes.

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IN THE SENATE OF THE UNITED STATES

MARCH 29, 2007

Mr. BIDEN introduced the following bill; which was read twice and referred  
to the Committee on Armed Services

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## A BILL

To improve the medical care of members of the Armed  
Forces and veterans, and for other purposes.

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 “Effective Care for the  
5       Armed Forces and Veterans Act of 2007”.

6       **SEC. 2. PROHIBITION ON COMPETITIVE SOURCING OF CER-**  
7                               **TAIN ACTIVITIES AT MEDICAL FACILITIES OF**  
8                               **THE DEPARTMENT OF DEFENSE.**

9       (a) FINDINGS.—Congress finds the following:

1           (1) The health and recovery of wounded mem-  
 2           bers of the Armed Forces may be risked by competi-  
 3           tive sourcing of services at military medical facilities.

4           (2) The provision of medical services to mem-  
 5           bers and former members of the Armed Forces who  
 6           were injured while serving in Operation Iraqi Free-  
 7           dom or Operation Enduring Freedom is a basic serv-  
 8           ice that is the responsibility of the Government and  
 9           any disruption is unacceptable when it risks the  
 10          health of veterans and members of the Armed  
 11          Forces.

12          (3) The Department of Defense has attempted  
 13          to implement competitive sourcing of services at  
 14          military medical facilities despite the fact that doing  
 15          so provides no improvement in the efficiency or ef-  
 16          fectiveness of such services.

17          (b) PROHIBITION ON INITIATION OF COMPETITIVE  
 18          SOURCING ACTIVITIES AT MEDICAL FACILITIES OF DE-  
 19          PARTMENT OF DEFENSE DURING PERIOD OF MAJOR  
 20          MILITARY CONFLICT.—

21          (1) IN GENERAL.—Except as provided in para-  
 22          graph (2), during a period in which the Armed  
 23          Forces are involved in a major military conflict, the  
 24          Secretary of Defense shall not take any action under  
 25          the Office of Management and Budget Circular A—

1       76 or any other similar administrative regulation, di-  
2       rective, or policy—

3               (A) to subject work performed by an em-  
4       ployee of a medical facility of the Department  
5       of Defense or employee of a private contractor  
6       of such a medical facility to public-private com-  
7       petition; or

8               (B) to convert such employee or the work  
9       performed by such employee to private con-  
10      tractor performance.

11           (2) EXCEPTION TO PREVENT NEGATIVE IMPACT  
12      ON PROVISION OF SERVICES.—Paragraph (1) shall  
13      not apply to any action at a medical facility of the  
14      Department of Defense if the Secretary of Defense  
15      certifies to Congress that not initiating such action  
16      during such period would have a negative impact on  
17      the provision of services at such military medical fa-  
18      cility.

19           (c) STUDY ON COMPETITIVE SOURCING ACTIVITIES  
20      AT MEDICAL FACILITIES OF DEPARTMENT OF DE-  
21      FENSE.—The Comptroller General of the United States  
22      shall assess the efficiency and advisability of subjecting  
23      work performed by an employee of a medical facility of  
24      the Department of Defense or a private contractor of such  
25      a medical facility to public-private competition, or con-

1 verting such employee or the work performed by such em-  
 2 ployee to private contractor performance, under the Office  
 3 of Management and Budget Circular A-76 or any other  
 4 similar administrative regulation, directive, or policy.

5 **SEC. 3. MINIMUM BUDGET FOR MEDICAL SERVICES OF THE**  
 6 **ARMED FORCES DURING PERIOD OF MAJOR**  
 7 **MILITARY CONFLICT.**

8 (a) FINDINGS.—Congress finds the following:

9 (1) Pressure to reduce the budget for the med-  
 10 ical services of the Department of Defense has con-  
 11 tributed to many of the current problems at Walter  
 12 Reed Army Medical Center.

13 (2) It is inappropriate to reduce the budget for  
 14 medical services of the Department of Defense or  
 15 the Department of Veterans Affairs while such serv-  
 16 ices are needed to treat members of the Armed  
 17 Forces or veterans who were wounded in Iraq and  
 18 Afghanistan.

19 (b) MINIMUM BUDGET FOR MEDICAL SERVICES.—

20 (1) IN GENERAL.—Except as provided in para-  
 21 graph (2), if the Armed Forces are involved in a  
 22 major military conflict at the time the President  
 23 submits the budget for a fiscal year to Congress, the  
 24 President shall not include in that budget a total ag-  
 25 gregate amount allocated for medical services for the

1 Department of Defense and the Department of Vet-  
 2 erans Affairs that is less than the total aggregate  
 3 amount allocated for such purposes in the budget  
 4 submitted by the President to Congress for the pre-  
 5 vious fiscal year.

6 (2) EXCEPTION.—Paragraph (1) shall not  
 7 apply if the President—

8 (A) certifies to Congress that submitting a  
 9 total aggregate amount allocated for medical  
 10 services for the Department of Defense and the  
 11 Department of Veterans Affairs that is less  
 12 than that required under paragraph (1) is in  
 13 the national interest; and

14 (B) submits to Congress a report on the  
 15 reasons for the reduction described by subpara-  
 16 graph (A).

17 **SEC. 4. LIMITATION ON IMPLEMENTATION OF REC-**  
 18 **COMMENDATION TO CLOSE WALTER REED**  
 19 **ARMY MEDICAL CENTER.**

20 (a) FINDINGS.—Congress finds the following:

21 (1) The final recommendations of the Defense  
 22 Base Closure and Realignment Commission under  
 23 the 2005 round of defense base closure and realign-  
 24 ment include recommendations to close Walter Reed  
 25 Army Medical Center and to build new, modern fa-

1 facilities at the National Naval Medical Center at Be-  
2 thesda and at Fort Belvoir to improve the overall  
3 quality of and access to health care for members of  
4 the Armed Forces.

5 (2) These recommendations include the transfer  
6 of medical services from the Walter Reed Army  
7 Medical Center to the National Naval Medical Cen-  
8 ter at Bethesda and at Fort Belvoir, but they do not  
9 adequately provide for housing for the families of  
10 wounded members of the Armed Forces who will re-  
11 ceive treatment at such new facilities.

12 (3) The recommended closure of the Walter  
13 Reed Army Medical Center has impaired the ability  
14 of the Secretary of Defense to attract the personnel  
15 required to provide proper medical services at such  
16 medical center.

17 (b) LIMITATION ON IMPLEMENTATION OF REC-  
18 OMMENDATIONS.—The Secretary of Defense shall not  
19 take any action to implement the recommendations of the  
20 Defense Base Closure and Realignment Commission under  
21 the 2005 round of defense base closure and realignment  
22 relating to the transfer of medical services from Walter  
23 Reed Army Medical Center to the National Naval Medical  
24 Center at Bethesda and at Fort Belvoir during the period  
25 beginning on the date of the enactment of this Act and

1 ending on the date that is 60 days after the date on which  
2 Congress receives the plan required under subsection (c).

3 (c) PLAN REQUIRED.—Not later than one year after  
4 the date of the enactment of this Act, the Secretary of  
5 Defense shall submit to Congress a plan that includes an  
6 assessment of the following:

7 (1) The feasibility and advisability of providing  
8 current or prospective employees at Walter Reed  
9 Army Medical Center a guarantee that their employ-  
10 ment will continue in the Washington, DC, metro-  
11 politan area for more than two years after the date  
12 on which Walter Reed Army Medical Center is  
13 closed.

14 (2) Detailed construction plans for new medical  
15 facilities and family housing at the National Naval  
16 Medical Center at Bethesda and at Fort Belvoir to  
17 accommodate the transfer of medical services from  
18 Walter Reed Army Medical Center to the National  
19 Naval Medical Center at Bethesda and at Fort  
20 Belvoir.

21 (3) The costs, feasibility, and advisability of  
22 completing all of the construction planned for the  
23 transfer of medical services from Walter Reed Army  
24 Medical Center to the National Naval Medical Cen-  
25 ter at Bethesda and at Fort Belvoir before any pa-

1       tients are transferred to such new facilities from  
2       Walter Reed Army Medical Center as a result of the  
3       recommendations of the Defense Base Closure and  
4       Realignment Commission under the 2005 round of  
5       defense base closure and realignment.

6       **SEC. 5. IMPROVING CASE MANAGEMENT SERVICES FOR**  
7                               **MEMBERS OF THE ARMED FORCES.**

8       (a) FINDINGS.—Congress makes the following find-  
9       ings:

10               (1) Case managers are important for scheduling  
11       appointments and making sure recovering  
12       servicemembers get the care they need.

13               (2) Many case managers are overwhelmed by  
14       the large number of wounded members of the Armed  
15       Forces returning from deployment in Iraq and Af-  
16       ghanistan.

17               (3) Regular contact between health care pro-  
18       viders and members of the Armed Forces returning  
19       from deployment is important for the diagnosis of  
20       post traumatic stress disorder in such members.

21               (4) It is inappropriate to require a wounded  
22       member of the Armed Forces or a family member of  
23       such member to provide a photo or a medal from de-  
24       ployment in Iraq or Afghanistan to prove that such



1 member served in and was injured from such deploy-  
2 ment.

3 (5) Case managers are well qualified to assist  
4 recovering servicemembers and their families with  
5 the disability evaluation system and discharge proce-  
6 dures of the Department of Defense.

7 (b) CASE MANAGERS.—

8 (1) IN GENERAL.—The Secretary of Defense  
9 shall assign at least one case manager for every 20  
10 recovering servicemembers to assist in the recovery  
11 of such recovering servicemember.

12 (2) MINIMUM CONTACT.—The Secretary of De-  
13 fense shall ensure that case managers contact each  
14 of their assigned recovering servicemembers not less  
15 than once per week.

16 (3) TRAINING.—The Secretary of Defense shall  
17 ensure that case managers of the Department of De-  
18 fense are familiar with the disability and discharge  
19 system of the Department of Defense and that such  
20 case managers are able to assist recovering  
21 servicemembers complete necessary and related  
22 forms.

23 (c) RECOVERING SERVICEMEMBER.—In this section,  
24 the term “recovering servicemember” means a member of  
25 the Armed Forces, including a member of the National

1 Guard or a Reserve, who is undergoing medical treatment,  
2 recuperation, or therapy, or is otherwise in medical hold  
3 or holdover status, for an injury, illness, or disease in-  
4 curred or aggravated while on active duty in the Armed  
5 Forces.

6 **SEC. 6. SCREENING FOR TRAUMATIC BRAIN INJURY.**

7 (a) FINDINGS.—Congress finds the following:

8 (1) Many of the members of the Armed Forces  
9 deployed in Iraq and Afghanistan have brain inju-  
10 ries.

11 (2) In many cases, such injuries are not diag-  
12 nosed because there is no external indication of such  
13 injury.

14 (3) The Secretary of Veterans Affairs carries  
15 out programs to screen all recent combat veterans  
16 for traumatic brain injury; the Secretary of Defense  
17 does not do so.

18 (b) SCREENING REQUIRED.—The Secretary of De-  
19 fense shall screen every member of the Armed Forces re-  
20 turning from deployment in Operation Iraqi Freedom or  
21 Operation Enduring Freedom for traumatic brain injury  
22 upon the return of each such member.

23 (c) STUDIES ON TREATING TRAUMATIC BRAIN IN-  
24 JURY AS PRESUMPTIVE CONDITION FOR DISABILITY COM-  
25 PENSATION.—

1 (1) STUDY BY SECRETARY OF DEFENSE.—

2 (A) IN GENERAL.—The Secretary of De-  
3 fense shall conduct a study on the feasibility  
4 and advisability of treating traumatic brain in-  
5 jury as a presumptive condition for members of  
6 the Armed Forces who served in Operation  
7 Iraqi Freedom or Operation Enduring Freedom  
8 for the qualification for disability compensation  
9 under laws administered by the Secretary of  
10 Defense.

11 (B) REPORT.—Not later than 180 days  
12 after the date of the enactment of this Act, the  
13 Secretary of Defense shall submit to Congress  
14 a report on the results of the study required by  
15 subparagraph (A).

16 (2) STUDY BY SECRETARY OF VETERANS AF-  
17 FAIRS.—

18 (A) IN GENERAL.—The Secretary of Vet-  
19 erans Affairs shall conduct a study on the  
20 feasibility and advisability of treating traumatic  
21 brain injury as a presumptive condition for vet-  
22 erans who served as members of the Armed  
23 Forces in Operation Iraqi Freedom or Oper-  
24 ation Enduring Freedom for the qualification

1 for disability compensation under laws adminis-  
2 tered by the Secretary of Veterans Affairs.

3 (B) REPORT.—Not later than 180 days  
4 after the date of the enactment of this Act, the  
5 Secretary of Veterans Affairs shall submit to  
6 Congress a report on the results of the study  
7 required by subparagraph (A).

8 (3) STUDY BY DIRECTOR OF NATIONAL INSTI-  
9 TUTES OF HEALTH.—

10 (A) IN GENERAL.—The Director of the  
11 National Institutes of Health shall conduct a  
12 study on traumatic brain injury, including the  
13 detection of traumatic brain injury and the  
14 measurement and classification of the severity  
15 of traumatic brain injury.

16 (B) REPORT.—Not later than 180 days  
17 after the date of the enactment of this Act, the  
18 Director of the National Institutes of Health  
19 shall submit to Congress a report on the results  
20 of the study required by subparagraph (A).

1 **SEC. 7. REQUIRING MEDICAL RECORDS MANAGEMENT SYS-**  
2 **TEMS OF DEPARTMENT OF DEFENSE TO COM-**  
3 **MUNICATE WITH MEDICAL RECORDS MAN-**  
4 **AGEMENT SYSTEMS OF DEPARTMENT OF**  
5 **VETERANS AFFAIRS.**

6 (a) FINDINGS.—Congress makes the following find-  
7 ings:

8 (1) The electronic transfer of medical records of  
9 members of the Armed Forces from the medical  
10 records management systems of the Department of  
11 Defense to the medical records management systems  
12 of the Department of Veterans Affairs would be pru-  
13 dent.

14 (2) The Department of Veterans Affairs has  
15 been a leader in the implementation of electronic  
16 medical records management systems.

17 (b) ELECTRONIC COMMUNICATION BETWEEN MED-  
18 ICAL RECORDS MANAGEMENT SYSTEMS REQUIRED.—

19 (1) IN GENERAL.—Not later than two years  
20 after the date of the enactment of this Act, the Sec-  
21 retary of Defense shall ensure that the medical  
22 records management systems of the Department of  
23 Defense are capable of transmitting medical records  
24 to and receiving medical records from the medical  
25 records management systems of the Department of  
26 Veterans Affairs electronically.

1           (2) INITIATION OF ACTIVITIES.—Not later than  
2           one year after the date of the enactment of this Act,  
3           the Secretary of Defense shall begin any activities  
4           required to meet the requirements of paragraph (1).

5 **SEC. 8. DEPARTMENT OF VETERANS AFFAIRS ASSESSMENT**  
6 **OF LONG-TERM CARE NEEDS OF VETERANS.**

7           (a) FINDINGS.—Congress makes the following find-  
8           ings:

9           (1) Multiple studies show that, in the next five  
10          years, the Department of Veterans Affairs will add  
11          hundreds of thousands of new veterans to the med-  
12          ical records management systems of the Department  
13          of Veterans Affairs.

14          (2) During such period, many veterans will  
15          have multiple medical care needs caused by complex  
16          medical conditions.

17          (b) ASSESSMENT OF LONG-TERM CARE NEEDS.—  
18          The Secretary of Veterans Affairs shall assess the current  
19          ability of the Department of Veterans Affairs to meet  
20          long-term care needs of veterans during the 50-year period  
21          that begins on the date of the enactment of this Act.

22          (c) DETERMINATION OF ACTIONS REQUIRED TO  
23          MEET LONG-TERM CARE NEEDS.—The Secretary of Vet-  
24          erans Affairs shall determine what actions are required

1 to ensure that the needs described in subsection (b) are  
2 satisfied.

3 (d) REPORT REQUIRED.—Not later than one year  
4 after the date of the enactment of this Act, the Secretary  
5 of Veterans Affairs shall submit to Congress a report on  
6 the assessment required in subsection (b) and the deter-  
7 mination required in subsection (c).

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