

110TH CONGRESS  
1ST SESSION

# S. 1283

To amend title 10, United States Code, to improve the management of medical care, personnel actions, and quality of life issues for members of the Armed Forces who are receiving medical care in an outpatient status, and for other purposes.

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## IN THE SENATE OF THE UNITED STATES

MAY 3, 2007

Mr. PRYOR (for himself and Mr. CHAMBLISS) introduced the following bill; which was read twice and referred to the Committee on Armed Services

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# A BILL

To amend title 10, United States Code, to improve the management of medical care, personnel actions, and quality of life issues for members of the Armed Forces who are receiving medical care in an outpatient status, 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; TABLE OF CONTENTS.**

4       (a) SHORT TITLE.—This Act may be cited as the  
5 “Wounded Warrior Assistance Act of 2007”.

6       (b) TABLE OF CONTENTS.—The table of contents of  
7 this Act is as follows:

Sec. 1. Short title; table of contents.

Sec. 2. Definitions.

## TITLE I—WOUNDED WARRIOR ASSISTANCE

- Sec. 101. Improvements to medical and dental care for members of the Armed Forces assigned to hospitals in an outpatient status.
- Sec. 102. Establishment of a Department of Defense-wide Ombudsman Office.
- Sec. 103. Establishment of toll-free hot line for reporting deficiencies in medical services and medical-related support facilities and expedited response to reports of deficiencies.
- Sec. 104. Notification to Congress of hospitalization of combat wounded service members.
- Sec. 105. Independent medical advocate for members before medical evaluation boards.
- Sec. 106. Training and workload for physical evaluation board liaison officers.
- Sec. 107. Standardized training program and curriculum for Department of Defense disability evaluation system.
- Sec. 108. Improved training for health care professionals, medical care case managers, and service member advocates on particular conditions of recovering service members.
- Sec. 109. Pilot program to establish an Army Wounded Warrior Battalion at an appropriate active duty base.
- Sec. 110. Criteria for removal of member from temporary disability retired list.
- Sec. 111. Improved transition of members of the Armed Forces to Department of Veterans Affairs upon retirement or separation.
- Sec. 112. Establishment of Medical Support Fund for support of members of the Armed Forces returning to military service or civilian life.
- Sec. 113. Oversight Board for Wounded Warriors.
- Sec. 114. Option for members of reserve components to use military medical treatment facilities closest to home for certain injuries.
- Sec. 115. Plans and research for reducing post traumatic stress disorder.

## TITLE II—STUDIES AND REPORTS

- Sec. 201. Annual report on military medical facilities.
- Sec. 202. Access of recovering service members to adequate outpatient residential facilities.
- Sec. 203. Evaluation and report on Department of Defense and Department of Veterans Affairs disability evaluation systems.
- Sec. 204. Study and report on support services for families of recovering service members.
- Sec. 205. Report on traumatic brain injury classifications.
- Sec. 206. Evaluation of the Polytrauma Liaison Officer/Non-Commissioned Officer Program.
- Sec. 207. Study and report on waiting periods for appointments at Department of Veterans Affairs medical facilities.
- Sec. 208. Study and report on standard soldier patient tracking system.

## TITLE III—GENERAL PROVISIONS

- Sec. 301. Moratorium on conversion to contractor performance of Department of Defense functions at military medical facilities.
- Sec. 302. Prohibition on transfer of resources from medical care.
- Sec. 303. Veterans beneficiary travel program.

1 **SEC. 2. DEFINITIONS.**

2 In this Act:

3 (1) CONGRESSIONAL DEFENSE COMMITTEES.—

4 The term “congressional defense committees” has  
5 the meaning given that term in section 101(a)(16)  
6 of title 10, United States Code.7 (2) DISABILITY EVALUATION SYSTEM.—The  
8 term “disability evaluation system” means the De-  
9 partment of Defense system or process for eval-  
10 uating the nature of and extent of disabilities affect-  
11 ing members of the Armed Forces (other than the  
12 Coast Guard) and comprised of medical evaluation  
13 boards, physical evaluation boards, counseling of  
14 members, and final disposition by appropriate per-  
15 sonnel authorities, as operated by the Secretaries of  
16 the military departments, and, in the case of the  
17 Coast Guard, a similar system or process operated  
18 by the Secretary of Homeland Security.19 (3) FAMILY MEMBER.—The term “family mem-  
20 ber”, with respect to a recovering service member,  
21 has the meaning given that term in section 411h(b)  
22 of title 37, United States Code.23 (4) RECOVERING SERVICE MEMBER.—The term  
24 “recovering service member” means a member of the  
25 Armed Forces, including a member of the National  
26 Guard or a Reserve, who is undergoing medical

1 treatment, recuperation, or therapy, or is otherwise  
2 in medical hold or holdover status, for an injury, ill-  
3 ness, or disease incurred or aggravated while on ac-  
4 tive duty in the Armed Forces.

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

## 7 **TITLE I—WOUNDED WARRIOR 8 ASSISTANCE**

### 9 **SEC. 101. IMPROVEMENTS TO MEDICAL AND DENTAL CARE**

10 **FOR MEMBERS OF THE ARMED FORCES AS-**  
11 **SIGNED TO HOSPITALS IN AN OUTPATIENT**  
12 **STATUS.**

13 (a) **MEDICAL AND DENTAL CARE OF MEMBERS As-**  
14 **SIGNED TO HOSPITALS IN AN OUTPATIENT STATUS.—**

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

18 **“§ 1074l. Management of medical and dental care:**  
19 **members assigned to receive care in an**  
20 **outpatient status**

21 “(a) **MEDICAL CARE CASE MANAGERS.**—(1) A mem-  
22 ber in an outpatient status at a military medical treatment  
23 facility shall be assigned a medical care case manager.

24 “(2)(A) The duties of the medical care case manager  
25 shall include the following with respect to the member (or

1 the member's immediate family if the member is incapable  
2 of making judgments about personal medical care):

3                 “(i) To assist in understanding the member's  
4 medical status.

5                 “(ii) To assist in receiving prescribed medical  
6 care.

7                 “(iii) To conduct a review, at least once a week,  
8 of the member's medical status.

9                 “(iv) To ensure the member has means to at-  
10 tend all required medical appointments, to document  
11 attendance at such appointments, to follow up on  
12 unscheduled absence from such appointments, and  
13 to provide documentation to the member's chain of  
14 command of attendance at such appointments.

15                 “(B) The weekly medical status review described in  
16 subparagraph (A)(iii) shall be conducted in person with  
17 the member. If such a review is not practicable, the med-  
18 ical care case manager shall provide a written statement  
19 to the case manager's supervisor indicating why an in-per-  
20 son medical status review was not possible.

21                 “(3)(A) Except as provided in subparagraph (B),  
22 each medical care case manager shall be assigned to man-  
23 age not more than 17 members in an outpatient status.

1       “(B) The Secretary concerned may waive for up to  
2 120 days the requirement of subparagraph (A) if required  
3 due to unforeseen circumstances.

4       “(4)(A) The medical care case manager office at each  
5 facility shall be headed by a commissioned officer of appro-  
6 priate rank and appropriate military occupation specialty,  
7 designator, or specialty code.

8       “(B) For purposes of subparagraph (A), an appro-  
9 priate military occupation specialty, designator, or spe-  
10 cialty code includes membership in the Army Medical  
11 Corps, Army Medical Service Corps, Army Nurse Corps,  
12 Navy Medical Corps, Navy Medical Service Corps, Navy  
13 Nurse Corps, Air Force Medical Service, or other corps  
14 comprised of health care professionals at the discretion of  
15 the Secretary of Defense.

16       “(5) The Secretary of Defense shall establish a stand-  
17 ard training program and curriculum for medical care case  
18 managers. Successful completion of the training program  
19 shall be required before a person may assume the duties  
20 of a medical care case manager.

21       “(6) The Secretary concerned shall ensure that med-  
22 ical care case managers have the resources necessary to  
23 ensure that they expeditiously carry out the responsibil-  
24 ities and duties of their position.

1       “(b) SERVICE MEMBER ADVOCATE.—(1) A member  
2 in an outpatient status shall be assigned a service member  
3 advocate.

4       “(2) The duties of the service member advocate shall  
5 include—

6           “(A) communicating with the member and with  
7 the member’s family or other individuals designated  
8 by the member;

9           “(B) assisting with oversight of the member’s  
10 welfare and quality of life; and

11           “(C) assisting the member in resolving prob-  
12 lems involving financial, administrative, personnel,  
13 transitional, and other matters.

14       “(3)(A) Except as provided in subparagraph (B),  
15 each service member advocate shall be assigned to not  
16 more than 30 members in an outpatient status.

17       “(B) The Secretary concerned may waive for up to  
18 120 days the requirement of subparagraph (A) if required  
19 due to unforeseen circumstances.

20       “(4) The service member advocate office at each facil-  
21 ity shall be headed by a commissioned officer of appro-  
22 priate rank and appropriate military occupation specialty,  
23 designator, or specialty code in order to handle service-  
24 specific personnel and financial issues.

1       “(5) The Secretary of Defense shall establish a stand-  
2 ard training program and curriculum for service member  
3 advocates. Successful completion of the training program  
4 shall be required before a person may assume the duties  
5 of a service member advocate.

6       “(6) A service member advocate shall continue to per-  
7 form the duties described in paragraph (2) with respect  
8 to a member until the member is returned to duty or sepa-  
9 rated or retired from the armed forces.

10       “(7) The Secretary concerned shall ensure that serv-  
11 ice member advocates have the resources necessary to en-  
12 sure that they expeditiously carry out the responsibilities  
13 and duties of their position.

14       “(c) OUTREACH.—The Secretary of Defense shall  
15 make available to each member beginning treatment in an  
16 outpatient status at a military medical treatment facility,  
17 and to the family members of all such members, informa-  
18 tion on the availability of services provided by the medical  
19 care case managers and service member advocates, includ-  
20 ing information on how to contact such managers and ad-  
21 vocates and how to use their services.

22       “(d) SEMIANNUAL SURVEYS BY SECRETARIES CON-  
23 CERNED.—The Secretary concerned shall conduct a semi-  
24 annual survey of members in an outpatient status at in-  
25 stallations under the Secretary’s supervision. The survey

1 shall include, at a minimum, the members' assessment of  
2 the quality of medical care at the facility, the timeliness  
3 of medical care at the facility, the adequacy of living facili-  
4 ties and other quality of life programs, the adequacy of  
5 case management support, and the fairness and timeliness  
6 of the physical disability evaluation system. The survey  
7 shall be conducted in coordination with installation med-  
8 ical commanders and authorities, and shall be coordinated  
9 with such commanders and authorities before submission  
10 to the Secretary.

11       “(e) DEFINITIONS.—In this section:

12           “(1) The term ‘member in an outpatient status’  
13       means a member of the armed forces assigned to a  
14       military medical treatment facility as an outpatient  
15       or to a unit established for the purpose of providing  
16       command and control of members receiving medical  
17       care as outpatients.

18           “(2) The term ‘disability evaluation system’  
19       means the Department of Defense system or process  
20       for evaluating the nature of and extent of disabilities  
21       affecting members of the armed forces (other than  
22       the Coast Guard) and comprised of medical evalua-  
23       tion boards, physical evaluation boards, counseling  
24       of members, and final disposition by appropriate  
25       personnel authorities, as operated by the Secretaries

1 of the military departments, and, in the case of the  
2 Coast Guard, a similar system or process operated  
3 by the Secretary of Homeland Security.”.

4 (2) CLERICAL AMENDMENT.—The table of sec-  
5 tions at the beginning of such chapter is amended  
6 by adding at the end the following new item:

“1074l. Management of medical and dental care: members assigned to receive  
care in an outpatient status.”.

7 (b) EFFECTIVE DATE.—Section 1074l of title 10,  
8 United States Code, as added by subsection (a), shall take  
9 effect 180 days after the date of the enactment of this  
10 Act.

11 **SEC. 102. ESTABLISHMENT OF A DEPARTMENT OF DE-**  
12 **FENSE-WIDE OMBUDSMAN OFFICE.**

13 (a) ESTABLISHMENT.—The Secretary of Defense  
14 shall establish a Department of Defense-wide Ombudsman  
15 Office (in this section referred to as the “Ombudsman Of-  
16 fice”) within the Office of the Secretary of Defense.

17 (b) FUNCTIONS.—

18 (1) IN GENERAL.—The functions of the Om-  
19 budsman Office are to provide policy guidance to,  
20 and oversight of, the ombudsman offices in the mili-  
21 tary departments.

22 (2) POLICY GUIDANCE.—The Ombudsman Of-  
23 fice shall develop policy guidance with respect to the  
24 following:

(A) Providing assistance to and answering questions from recovering service members and their families regarding—

(i) administrative processes, financial matters, and non-military related services available to the members and their families throughout the member's evaluation, treatment, and recovery;

(ii) transfer to the care of the Veterans Administration; and

(iii) support services available upon the member's return home.

(B) Accountability standards, including—

(i) creating and maintaining case files for individual specific questions received, and initiating inquiries and tracking responses for all such questions;

(ii) setting standards for timeliness of responses; and

(iii) setting standards for accountability to recovering service members and their families, including requirements for daily updates to the members and their families about steps being taken to alleviate

1                   ate problems and concerns until problems  
2                   are addressed.

3                   (3) REPOSITORY OF LESSONS LEARNED.—The  
4                   Ombudsman Office shall also serve as a repository  
5                   for lessons learned and best practices. In coordina-  
6                   tion with the ombudsman offices of the military de-  
7                   partments, the Ombudsman Office shall follow  
8                   trends, facilitate resolution of recurring issues, and  
9                   ensure the dissemination of best practices to the  
10                   military departments on the matters covered by the  
11                   Ombudsman Office. The Ombudsman Office shall  
12                   develop and implement recommendations, and  
13                   present findings, to the Secretary of Defense on  
14                   such practices when applicable.

15                   (c) STATUS REPORTS.—The ombudsman office in  
16                   each military department shall submit status reports of  
17                   actions taken to address individual concerns to the Om-  
18                   budsman Office, at such times as the Ombudsman Office  
19                   considers appropriate. Such reports shall include—

20                   (1) a description of trends, lessons learned, and  
21                   best practices on the matters covered by the om-  
22                   budsman offices, including the dissemination of such  
23                   information through the military departments; and

(2) a description of any actions to be taken, or policy to be developed, in light of the trends or lessons described in paragraph (1).

4 (d) RESPONSES FROM OTHER OFFICES.—The Sec-  
5 retary of Defense shall ensure that all other offices within  
6 the Department of Defense and the military departments  
7 respond in a timely manner to resolve questions and re-  
8 quests from the Ombudsman Office on behalf of recov-  
9 ering service members and their families, including offices  
10 responsible for medical matters (including medical hold  
11 and medical holdover processes), financial and accounting  
12 matters, legal matters, human resources matters, reserve  
13 component matters, installation and management matters,  
14 and physical disability matters.

15 (e) STAFF OF OFFICE.—The staff of the Ombudsman  
16 Office shall include representatives from each military de-  
17 partment, including persons with experience in medical  
18 hold and medical holdover processes and other medical  
19 matters.

1   **SEC. 103. ESTABLISHMENT OF TOLL-FREE HOT LINE FOR**  
2                   **REPORTING DEFICIENCIES IN MEDICAL**  
3                   **SERVICES AND MEDICAL-RELATED SUPPORT**  
4                   **FACILITIES AND EXPEDITED RESPONSE TO**  
5                   **REPORTS OF DEFICIENCIES.**

6           (a) ESTABLISHMENT.—Chapter 80 of title 10,  
7   United States Code, is amended by adding at the end the  
8   following new section:

9   **“§ 1567. Identification and investigation of defi-**  
10               **ciencies: medical services; adequacy,**  
11               **quality, and state of repair of medical-re-**  
12               **lated support facilities**

13           “(a) TOLL-FREE HOT LINE.—(1) The Secretary of  
14   Defense shall establish and maintain a toll-free telephone  
15   number (commonly referred to as a ‘hot line’) at which  
16   personnel are accessible at all times to collect, maintain,  
17   and update information regarding possible deficiencies in  
18   medical services and in the adequacy, quality, and state  
19   of repair of medical-related support facilities.

20           “(2) The toll-free telephone number shall be manned  
21   by personnel affiliated with the armed forces who have a  
22   working relationship with the military medical community  
23   and are located in the United States.

24           “(3) The Secretary shall widely disseminate informa-  
25   tion regarding the existence and availability of the toll-  
26   free telephone number to members of the armed forces

1 and their dependents upon the initial enlistment of mem-  
2 bers of the armed forces and upon the admission of mem-  
3 bers of the armed forces for treatment in medical-related  
4 support facilities.

5       “(b) CONFIDENTIALITY.—(1) Individuals who seek to  
6 provide information through use of the toll-free telephone  
7 number under subsection (a) shall be notified, immediately  
8 before they provide such information, of their option to  
9 elect, at their discretion, to have their identity remain con-  
10 fidential.

11       “(2) In the case of information provided through use  
12 of the toll-free telephone number by an individual who  
13 elects to maintain the confidentiality of his or her identity,  
14 any individual who, by necessity, has had access to such  
15 information for purposes of conducting the investigation  
16 or executing the response plan required by subsection (c)  
17 may not disclose the identity of the individual who pro-  
18 vided the information.

19       “(c) INVESTIGATION AND RESPONSE PLAN.—Not  
20 later than 96 hours after a report of deficiencies in med-  
21 ical services, or in the adequacy, quality, or state of repair  
22 of a medical-related support facility, is received by way  
23 of the toll-free telephone number or other source, the Sec-  
24 retary of Defense shall ensure that—

1           “(1) the deficiencies referred to in the report  
2        are investigated; and

3           “(2) if substantiated, a plan of action for reme-  
4        diation of the deficiencies is developed and imple-  
5        mented.

6           “(d) RELOCATION.—If the Secretary of Defense de-  
7        termines, on the basis of the investigation conducted in  
8        response to a report of deficiencies at a medical-related  
9        support facility, that conditions at the facility violate  
10      health and safety standards, the Secretary shall relocate  
11      the occupants of the facility while the violations are cor-  
12      rected.

13           “(e) MEDICAL-RELATED SUPPORT FACILITY DE-  
14        FINED.—In this section, the term ‘medical-related support  
15        facility’ means any facility of the Department of Defense  
16        that provides support to any of the following:

17           “(1) Members of the armed forces admitted for  
18        treatment to a military medical treatment facility.

19           “(2) Members of the armed forces assigned to  
20        a military medical treatment facility as an out-  
21        patient.

22           “(3) Family members accompanying any mem-  
23        ber described in paragraph (1) or (2) as a nonmed-  
24        ical attendant.”.

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

“1567. Identification and investigation of deficiencies: medical services; adequacy, quality, and state of repair of medical-related support facilities.”.

4        (c) EFFECTIVE DATE.—The toll-free telephone number  
5 required to be established by section 1567 of title 10,  
6 United States Code, as added by subsection (a), shall be  
7 fully operational not later than 180 days after the date  
8 of the enactment of this Act.

9 **SEC. 104. NOTIFICATION TO CONGRESS OF HOSPITALIZA-**  
10 **TION OF COMBAT WOUNDED SERVICE MEM-**  
11 **BERS.**

12        (a) NOTIFICATION REQUIRED.—Chapter 55 of title  
13 10, United States Code, is further amended by inserting  
14 after section 1074l the following new section:

15 **“§ 1074m. Notification to Congress of hospitalization**  
16 **of combat wounded members**

17        “(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 to the appropriate Members of Congress.

21        “(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 and the Members of

1 the House of Representatives representing the States or  
2 districts, respectively, that include the member's home of  
3 record and, if different, the residence of the next of kin,  
4 or a different location as provided by the member.

5       “(c) CONSENT OF MEMBER REQUIRED.—The notifi-  
6 cation under subsection (a) may be provided only with the  
7 consent of the member of the armed forces about whom  
8 notification is to be made.”.

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

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

12 SEC. 105. INDEPENDENT MEDICAL ADVOCATE FOR MEM-  
13 BERS BEFORE MEDICAL EVALUATION  
14 BOARDS.

15 (a) ASSIGNMENT OF INDEPENDENT MEDICAL ADVO-  
16 CATE.—Section 1222 of title 10, United States Code, is  
17 amended by adding at the end the following new sub-  
18 section:

19       “(d) INDEPENDENT MEDICAL ADVOCATE FOR MEM-  
20 BERS BEFORE MEDICAL EVALUATION BOARDS.—(1) The  
21 Secretary of each military department shall ensure, in the  
22 case of any member of the armed forces being considered  
23 by a medical evaluation board under that Secretary’s su-  
24 pervision, that the member has access to a physician or

1 other appropriate health care professional who is inde-  
2 pendent of the medical evaluation board.

3       “(2) The physician or other health care professional  
4 assigned to a member shall—

5           “(A) serve as an advocate for the best interests  
6 of the member; and

7           “(B) provide the member with advice and coun-  
8 sel regarding the medical condition of the member  
9 and the findings and recommendations of the med-  
10 ical evaluation board.”.

11       (b) CLERICAL AMENDMENTS.—

12           (1) SECTION HEADING.—The heading of such  
13 section is amended to read as follows:

14       **“§ 1222. Physical evaluation boards and medical eval-  
15 uation boards”.**

16           (2) TABLE OF SECTIONS.—The table of sections  
17 at the beginning of chapter 61 of such title is  
18 amended by striking the item relating to section  
19 1222 and inserting the following new item:

“1222. Physical evaluation boards and medical evaluation boards.”.

20       (c) EFFECTIVE DATE.—Subsection (d) of section  
21 1222 of title 10, United States Code, as added by sub-  
22 section (a), shall apply with respect to medical evaluation  
23 boards convened after the end of the 180-day period begin-  
24 ning on the date of the enactment of this Act.

1 **SEC. 106. TRAINING AND WORKLOAD FOR PHYSICAL EVAL-**2 **UATION BOARD LIAISON OFFICERS.**

3 (a) REQUIREMENTS.—Section 1222(b) of title 10,

4 United States Code, is amended—

5 (1) in paragraph (1)—

6 (A) by striking “establishing—” and all  
7 that follows through “a requirement” and in-  
8 serting “establishing a requirement”; and9 (B) by striking “that Secretary; and” and  
10 all that follows through the end of subpara-  
11 graph (B) and inserting “that Secretary. A  
12 physical evaluation board liaison officer may  
13 not be assigned more than 20 members at any  
14 one time, except that the Secretary concerned  
15 may authorize the assignment of additional  
16 members, for not more than 120 days, if re-  
17 quired due to unforeseen circumstances.”;18 (2) in paragraph (2), by inserting after “(2)”  
19 the following new sentences: “The Secretary of De-  
20 fense shall establish a standardized training program  
21 and curriculum for physical evaluation board liaison  
22 officers. Successful completion of the training pro-  
23 gram shall be required before a person may assume  
24 the duties of a physical evaluation board liaison offi-  
25 cer.”; and

1 (3) by adding at the end the following new  
2 paragraph:

3        “(3) In this subsection, the term ‘physical evaluation  
4 board liaison officer’ includes any person designated as,  
5 or assigned the duties of, an assistant to a physical evalua-  
6 tion board liaison officer.”.

7 (b) EFFECTIVE DATE.—The limitation on the max-  
8 imum number of members of the Armed Forces who may  
9 be assigned to a physical evaluation board liaison officer  
10 shall take effect 180 days after the date of the enactment  
11 of this Act. The training program and curriculum for  
12 physical evaluation board liaison officers shall be imple-  
13 mented not later than 180 days after the date of the en-  
14 actment of this Act.

15 SEC. 107. STANDARDIZED TRAINING PROGRAM AND CUR-  
16 RICULUM FOR DEPARTMENT OF DEFENSE  
17 DISABILITY EVALUATION SYSTEM.

18 (a) TRAINING PROGRAM REQUIRED.—Section 1216  
19 of title 10, United States Code, is amended by adding at  
20 the end the following new subsection:

21       “(e)(1) The Secretary of Defense shall establish a  
22 standardized training program and curriculum for persons  
23 described in paragraph (2) who are involved in the dis-  
24 ability evaluation system. The training under the program  
25 shall be provided as soon as practicable in coordination

1 with other training associated with the responsibilities of  
2 the person.

3 “(2) Persons covered by paragraph (1) include—

4 “(A) Commanders.

5 “(B) Enlisted members who perform super-  
6 visory functions.

7 “(C) Health care professionals.

8 “(D) Others persons with administrative, pro-  
9 fessional, or technical responsibilities in the dis-  
10 ability evaluation system.

11 “(3) In this subsection, the term ‘disability evaluation  
12 system’ means the Department of Defense system or proc-  
13 ess for evaluating the nature of and extent of disabilities  
14 affecting members of the armed forces (other than the  
15 Coast Guard) and comprised of medical evaluation boards,  
16 physical evaluation boards, counseling of members, and  
17 final disposition by appropriate personnel authorities, as  
18 operated by the Secretaries of the military departments,  
19 and, in the case of the Coast Guard, a similar system or  
20 process operated by the Secretary of Homeland Security.”.

21 (b) EFFECTIVE DATE.—The standardized training  
22 program and curriculum required by subsection (e) of sec-  
23 tion 1216 of title 10, United States Code, as added by  
24 subsection (a), shall be established not later than 180 days  
25 after the date of the enactment of this Act.

1 **SEC. 108. IMPROVED TRAINING FOR HEALTH CARE PRO-**  
2 **FESSIONALS, MEDICAL CARE CASE MAN-**  
3 **AGERS, AND SERVICE MEMBER ADVOCATES**  
4 **ON PARTICULAR CONDITIONS OF RECOV-**  
5 **ERING SERVICE MEMBERS.**

6 (a) RECOMMENDATIONS.—Not later than 90 days  
7 after the date of the enactment of this Act, the Secretary  
8 of Defense shall submit to the appropriate congressional  
9 committees a report setting forth recommendations for the  
10 improvement of the training provided to health care pro-  
11 fessionals, medical care case managers, and service mem-  
12 ber advocates who provide care for or assistance to recov-  
13 ering service members. The recommendations shall in-  
14 clude, at a minimum, specific recommendations to ensure  
15 that such health care professionals, medical care case  
16 managers, and service member advocates are adequately  
17 trained and able to detect early warning signs of post-  
18 traumatic stress disorder (PTSD), suicidal tendencies,  
19 and other mental health conditions among recovering serv-  
20 ice members and make prompt notification to the appro-  
21 priate health care professionals.

22 (b) ANNUAL REVIEW OF TRAINING.—Not later than  
23 180 days after the date of the enactment of this Act and  
24 annually thereafter, the Secretary shall submit to the ap-  
25 propriate congressional committees a report on the fol-  
26 lowing:

7 (c) TRACKING SYSTEM.—Not later than 180 days  
8 after the date of the enactment of this Act, the Secretary  
9 shall develop a system to track the number of notifications  
10 made by medical care case managers and service member  
11 advocates to health care professionals regarding early  
12 warning signs of post-traumatic stress disorder and sui-  
13 cide in recovering service members assigned to the man-  
14 agers and advocates.

15 SEC. 109. PILOT PROGRAM TO ESTABLISH AN ARMY  
16 WOUNDED WARRIOR BATTALION AT AN AP-  
17 PROPRIATE ACTIVE DUTY BASE.

18 (a) PILOT PROGRAM REQUIRED.—

19 (1) ESTABLISHMENT.—The Secretary of the  
20 Army shall establish a pilot program, at an appro-  
21 priate active duty base with a major medical facility,  
22 based on the Wounded Warrior Regiment program  
23 of the Marine Corps. The pilot program shall be  
24 known as the Army Wounded Warrior Battalion.

- 5 (A) the course of their treatment;
- 6 (B) medical and physical evaluation
- 7 boards;
- 8 (C) transition back to their parent units;
- 9 and

(D) medical retirement and subsequent transition into the Department of Veterans Affairs medical system.

1 the Department of Defense Medical Support Fund  
2 established under this Act.

3 (5) COORDINATION.—The Secretary of the  
4 Army shall consult with appropriate Marine Corps  
5 counterparts to ensure coordination of best practices  
6 and lessons learned.

7 (6) PERIOD OF PILOT PROGRAM.—The pilot  
8 program shall be in effect for a period of one year.

9 (b) REPORTING REQUIREMENT.—Not later than 90  
10 days after the end of the one-year period for the pilot  
11 project, the Secretary of the Army shall submit to Con-  
12 gress a report containing—

13 (1) an evaluation of the results of the pilot  
14 project;

15 (2) an assessment of the Army's ability to es-  
16 tablish Wounded Warrior Battalions at other major  
17 Army bases.

18 (3) recommendations regarding—

19 (A) the adaptability of the Wounded War-  
20 rior Battalion concept for the Army's larger  
21 wounded population; and

22 (B) closer coordination and sharing of re-  
23 sources with counterpart programs of the Ma-  
24 rine Corps.

1       (c) EFFECTIVE DATE.—The pilot program required  
2 by this section shall be implemented not later than 180  
3 days after the date of the enactment of this Act.

4 **SEC. 110. CRITERIA FOR REMOVAL OF MEMBER FROM TEM-  
5                   PORARY DISABILITY RETIRED LIST.**

6       (a) CRITERIA.—Section 1210(e) of title 10, United  
7 States Code, is amended by inserting “of a permanent na-  
8 ture and stable and is” after “physical disability is”.

9       (b) EFFECTIVE DATE.—The amendment made by  
10 subsection (a) shall apply to any case received for consid-  
11 eration by a physical evaluation board after the date of  
12 the enactment of this Act.

13 **SEC. 111. IMPROVED TRANSITION OF MEMBERS OF THE  
14                   ARMED FORCES TO DEPARTMENT OF VET-  
15                   ERANS AFFAIRS UPON RETIREMENT OR SEP-  
16                   ARATION.**

17       (a) TRANSITION OF MEMBERS SEPARATED OR RE-  
18 TIRED.—

19               (1) TRANSITION PROCESS.—Chapter 58 of title  
20 10, United States Code, is amended by inserting  
21 after section 1142 the following new section:

4       “(a) TRANSITION PLAN.—(1) The Secretary of De-  
5 fense shall ensure that each member of the armed forces  
6 who is being separated or retired under chapter 61 of this  
7 title receives a written transition plan that—

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

11               “(B) provides for a coordinated transition of  
12               the member from the Department of Defense dis-  
13               ability system to the Department of Veterans Af-  
14               fairs.

15       “(2) A member being separated or retired under  
16 chapter 61 of this title shall receive the transition plan  
17 before the separation or retirement date of the member.

18       “(3) The transition plan for a member under this  
19 subsection shall include information and guidance de-  
20 signed to assist the member in understanding and meeting  
21 the schedule and milestones for the member’s transition.

22        "(b) FORMAL TRANSITION PROCESS.—(1) The Sec-  
23    retary of Defense, in cooperation with the Secretary of  
24    Veterans Affairs, shall establish a formal process for the  
25    transmittal to the Secretary of Veterans Affairs of the  
26    records and other information described in paragraph (2)

1 as part of the separation or retirement of a member of  
2 the armed forces under chapter 61 of this title.

3       “(2) The records and other information to be trans-  
4 mitted under paragraph (1) with respect to a member  
5 shall include, at a minimum, the following:

6           “(A) The member’s address and contact infor-  
7 mation.

8           “(B) The member’s DD-214 discharge form,  
9 which shall be transmitted electronically.

10          “(C) A copy of the member’s service record, in-  
11 cluding medical records and any results of a Phys-  
12 ical Evaluation Board.

13          “(D) Whether the member is entitled to transi-  
14 tional health care, a conversion health policy, or  
15 other health benefits through the Department of De-  
16 fense under section 1145 of this title.

17          “(E) Any requests by the member for assist-  
18 ance in enrolling in, or completed applications for  
19 enrollment in, the health care system of the Depart-  
20 ment of Veterans Affairs for health care benefits for  
21 which the member may be eligible under laws admin-  
22 istered by the Secretary of Veterans Affairs.

23          “(F) Any requests by the member for assist-  
24 ance in applying for, or completed applications for,  
25 compensation and vocational rehabilitation benefits

1 to which the member may be entitled under laws ad-  
2 ministered by the Secretary of Veterans Affairs, if  
3 the member is being medically separated or is being  
4 retired under chapter 61 of this title.

5 “(3) The transmittal of information under paragraph  
6 (1) shall be subject to the consent of the member, as re-  
7 quired by statute.

8 “(4) With the consent of the member, the member’s  
9 address and contact information shall also be submitted  
10 to the department or agency for veterans affairs of the  
11 State in which the member intends to reside after the sep-  
12 aration or retirement of the member.

13 “(c) MEETING.—(1) The formal process required by  
14 subsection (b) for the transmittal of records and other in-  
15 formation with respect to a member shall include a meet-  
16 ing between representatives of the Secretary concerned  
17 and the Secretary of Veterans Affairs, which shall take  
18 place at a location designated by the Secretaries. The  
19 member shall be informed of the meeting at least 30 days  
20 in advance of the meeting, except that the member may  
21 waive the notice requirement in order to accelerate trans-  
22 mission of the member’s records and other information to  
23 the Department of Veterans Affairs.

1       “(2) A member shall be given an opportunity to sub-  
2 mit a written statement for consideration by the Secretary  
3 of Veterans Affairs.

4       “(d) TIME FOR TRANSMITTAL OF RECORDS.—The  
5 Secretary concerned shall provide for the transmittal to  
6 the Department of Veterans Affairs of records and other  
7 information with respect to a member at the earliest prac-  
8 ticable date. In no case should the transmittal occur later  
9 than the date of the separation or retirement of the mem-  
10 ber.

11       “(e) ARMED FORCES.—In this section, the term  
12 ‘armed forces’ means the Army, Navy, Air Force, and Ma-  
13 rine Corps.”.

14       (2) TABLE OF SECTIONS.—The table of sections  
15 at the beginning of such chapter is amended by in-  
16 serting after the item relating to section 1142 the  
17 following new item:

“1142a. Process for transition of members to health care and physical disability  
systems of Department of Veterans Affairs.”.

18       (b) UNIFORM SEPARATION AND EVALUATION PHYS-  
19 ICAL.—Section 1145 of such title is amended—

20           (1) by redesignating subsections (d) and (e) as  
21 subsections (e) and (f), respectively; and

22           (2) by inserting after subsection (c) the fol-  
23 lowing new subsection:

1       “(d) UNIFORM SEPARATION AND EVALUATION PHYS-  
2   ICAL.—The joint separation and evaluation physical, as  
3   described in DD-2808 and DD-2697, shall be used by  
4   the Secretary of Defense in connection with the medical  
5   separation or retirement of all members of the armed  
6   forces, including members separated or retired under  
7   chapter 61 of this title. The Secretary of Veterans Affairs  
8   shall adopt the same separation and evaluation physical  
9   for use by the Department of Veterans Affairs.”.

10       (c) INTEROPERABILITY OF MEDICAL INFORMATION  
11   SYSTEMS AND BI-DIRECTIONAL ACCESS.—The Secretary  
12   of Defense and the Secretary of Veterans Affairs shall es-  
13   tablish and implement a single medical information system  
14   for the Department of Defense and the Department of  
15   Veterans Affairs for the purpose of ensuring the complete  
16   interoperability and bi-directional, real-time exchange of  
17   critical medical information.

18       (d) CO-LOCATION OF VA BENEFIT TEAMS.—

19           (1) CO-LOCATION.—The Secretary of Defense  
20   and the Secretary of Veterans Affairs shall jointly  
21   determine the optimal locations for the deployment  
22   of Department of Veterans Affairs benefits team to  
23   support recovering service members assigned to mili-  
24   tary medical treatment facilities, medical-related

1 support facilities, and community-based health care  
2 organizations.

3 (2) MILITARY MEDICAL TREATMENT FACILITY  
4 DEFINED.—In this subsection, the term “medical-re-  
5 lated support facility” has the meaning given that  
6 term in subsection (b) of section 490 of title 10,  
7 United States Code, as added by section 201(a) of  
8 this Act.

9 (e) REPEAL OF SUPERSEDED CHAPTER 61 MEDICAL  
10 RECORD TRANSMITTAL REQUIREMENT.—

11 (1) REPEAL.—Section 1142 of such title is  
12 amended by striking subsection (c).

13 (2) SECTION HEADING.—The heading of such  
14 section is amended to read as follows:

15 **“§ 1142. Preseparation counseling”.**

16 (3) TABLE OF SECTIONS.—The table of sections  
17 at the beginning of chapter 58 of such title is  
18 amended by striking the item relating to section  
19 1142 and inserting the following new item:

“1142. Preseparation counseling.”.

20 (f) EFFECTIVE DATES.—Section 1142a of title 10,  
21 United States Code, as added by subsection (a), and sub-  
22 section (d) of section 1145 of such title, as added by sub-  
23 section (b), shall apply with respect to members of the  
24 Armed Forces who are separated or retired from the  
25 Armed Forces on or after the first day of the eighth month

1 beginning after the date of the enactment of this Act. The  
2 requirements of subsections (c) and (d), and the amend-  
3 ments made by subsection (e), shall take effect on the first  
4 day of such eighth month.

5 **SEC. 112. ESTABLISHMENT OF MEDICAL SUPPORT FUND**  
6 **FOR SUPPORT OF MEMBERS OF THE ARMED**  
7 **FORCES RETURNING TO MILITARY SERVICE**  
8 **OR CIVILIAN LIFE.**

9 (a) **ESTABLISHMENT AND PURPOSE.**—There is es-  
10 tablished on the books of the Treasury a fund to be known  
11 as the Department of Defense Medical Support Fund  
12 (hereinafter in this section referred to as the “Fund”),  
13 which shall be administered by the Secretary of the Treas-  
14 ury.

15 (b) **PURPOSES.**—The Fund shall be used—  
16 (1) to support programs and activities relating  
17 to the medical treatment, care, rehabilitation, recov-  
18 ery, and support of wounded and injured members  
19 of the Armed Forces and their return to military  
20 service or transition to civilian society; and  
21 (2) to support programs and facilities intended  
22 to support the families of wounded and injured  
23 members of the Armed Forces.

1       (c) ASSETS OF FUND.—There shall be deposited into  
2 the Fund any amount appropriated to the Fund, which  
3 shall constitute the assets of the Fund.

4       (d) TRANSFER OF FUNDS.—

5               (1) AUTHORITY TO TRANSFER.—The Secretary  
6 of Defense may transfer amounts in the Fund to ap-  
7 propriations accounts for military personnel; oper-  
8 ation and maintenance; procurement; research, de-  
9 velopment, test, and evaluation; military construc-  
10 tion; and the Defense Health Program. Amounts so  
11 transferred shall be available to carry out this Act  
12 (and the amendments made by this Act) for the  
13 same time period as the appropriation account to  
14 which transferred.

15               (2) ADDITION TO OTHER AUTHORITY.—The  
16 transfer authority provided in paragraph (1) is in  
17 addition to any other transfer authority available to  
18 the Department of Defense. Upon a determination  
19 that all or part of the amounts transferred from the  
20 Fund are not necessary for the purposes for which  
21 transferred, such amounts may be transferred back  
22 to the Fund.

23               (3) NOTIFICATION.—The Secretary of Defense  
24 shall, not fewer than five days before making a  
25 transfer from the Fund, notify the congressional de-

1       fense committees in writing of the details of the  
2       transfer.

3       (e) AUTHORIZATION.—There is hereby authorized to  
4       be appropriated to the Medical Support Fund, from an  
5       emergency supplemental appropriation for fiscal year  
6       2007 or 2008, \$50,000,000, to remain available through  
7       September 30, 2008.

8 **SEC. 113. OVERSIGHT BOARD FOR WOUNDED WARRIORS.**

9       (a) ESTABLISHMENT.—There is hereby established a  
10      board to be known as the Oversight Board for Wounded  
11      Warriors (in this section referred to as the “Oversight  
12      Board”).

13       (b) COMPOSITION.—The Oversight Board shall be  
14      composed of 12 members, of whom—

15               (1) two shall be appointed by the majority lead-  
16              er of the Senate;

17               (2) two shall be appointed by the minority lead-  
18              er of the Senate;

19               (3) two shall be appointed by the Speaker of  
20              the House of Representatives;

21               (4) two shall be appointed by the minority lead-  
22              er of the House of Representatives;

23               (5) two shall be appointed by the Secretary of  
24              Veterans Affairs; and

3 (c) QUALIFICATIONS.—All members of the Oversight  
4 Board shall have sufficient knowledge of, or experience  
5 with, the military healthcare system, the disability evalua-  
6 tion system, or the experience of a recovering service mem-  
7 ber or family member of a recovering service member.

8 (d) APPOINTMENT.—

16 (e) DUTIES.—

22 (A) the process for streamlining the dis-  
23 ability evaluation systems of the military de-  
24 partments;

1 (B) the process for correcting and improv-  
2 ing the ratios of case managers and service  
3 member advocates to recovering service mem-  
4 bers;

5 (C) the need to revise Department of Defense policies to improve the experience of recovering service members while under Department of Defense care;

9 (D) the need to revise Department of De-  
10 fense policies to improve counseling, outreach,  
11 and general services provided to family mem-  
12 bers of recovering service members;

13 (E) the need to revise Department of De-  
14 fense policies regarding the provision of quality  
15 lodging to recovering service members; and

16 (F) such other matters relating to the eval-  
17 uation and care of recovering service members,  
18 including evaluation under disability evaluation  
19 systems, as the Board considers appropriate.

1 of all the members of the Board at a military med-  
2 ical treatment facility.

3 (f) STAFF.—The Secretary shall make available the  
4 services of at least two officials or employees of the De-  
5 partment of Defense to provide support and assistance to  
6 members of the Oversight Board.

7 (g) TRAVEL EXPENSES.—Members of the Oversight  
8 Board shall be allowed travel expenses, including per diem  
9 in lieu of subsistence, at rates authorized for employees  
10 of agencies under subchapter I of chapter 57 of title 5,  
11 United States Code, while away from their homes or reg-  
12 ular places of business in the performance of service for  
13 the Oversight Board.

14 (h) ANNUAL REPORTS.—The Oversight Board shall  
15 submit to the Secretary of Defense and the Committees  
16 on Armed Services of the Senate and the House of Rep-  
17 resentatives each year a report on its activities during the  
18 preceding year, including any findings and recommenda-  
19 tions of the Oversight Board as a result of such activities.

20 **SEC. 114. OPTION FOR MEMBERS OF RESERVE COMPO-**  
21 **NENTS TO USE MILITARY MEDICAL TREAT-**  
22 **MENT FACILITIES CLOSEST TO HOME FOR**  
23 **CERTAIN INJURIES.**

24 The Secretary of Defense shall provide that, in the  
25 case of members of the National Guard and the Reserves

1 returning from a combat theater, if a member requires  
2 treatment on an outpatient basis for injuries or wounds  
3 sustained in theater, the member may be provided treat-  
4 ment at the military medical treatment facility closest to  
5 the member's home rather than closest to the base from  
6 which the member was deployed.

7 **SEC. 115. PLANS AND RESEARCH FOR REDUCING POST**  
8 **TRAUMATIC STRESS DISORDER.**

9 (a) PLANS FOR REDUCING POST TRAUMATIC STRESS  
10 DISORDER.—

11 (1) PLAN FOR PREVENTION.—

12 (A) IN GENERAL.—The Secretary of De-  
13 fense shall develop a plan to incorporate evi-  
14 dence-based preventive and early-intervention  
15 measures, practices, or procedures that reduce  
16 the likelihood that personnel in combat will de-  
17 velop post-traumatic stress disorder or other  
18 stress-related psychopathologies (including sub-  
19 stance use conditions) into—

20 (i) basic and pre-deployment training  
21 for enlisted members of the Armed Forces,  
22 noncommissioned officers, and officers;  
23 (ii) combat theater operations; and  
24 (iii) post-deployment service.

14 (b) EVIDENCE-BASED RESEARCH AND TRAINING.—

24 (2) DUTIES.—The working group established  
25 under paragraph (1) shall implement a plan to re-

1 search and develop evidence-based measures, practices, or procedures that reduce the likelihood that  
2 personnel in combat will develop post-traumatic  
3 stress disorder or other stress-related psychological  
4 pathologies (including substance use conditions).

6 (3) PEER-REVIEWED RESEARCH PROGRAM.—  
7 Not later than one year after the date of the enactment  
8 of this Act, the Secretary of Defense shall submit to Congress a plan for a peer-reviewed research  
9 program within the Defense Health Program's re-  
10 search and development function to research and de-  
11 velop evidence-based preventive and early interven-  
12 tion measures, practices, or procedures that reduce  
13 the likelihood that personnel in combat will develop  
14 post-traumatic stress disorder or other stress-related  
15 psychopathologies (including substance use condi-  
16 tions).

18 **TITLE II—STUDIES AND  
19 REPORTS**

20 **SEC. 201. ANNUAL REPORT ON MILITARY MEDICAL FACILI-  
21 TIES.**

22 (a) IN GENERAL.—

23 (1) REPORT REQUIREMENT.—Chapter 23 of  
24 title 10, United States Code, is amended by adding  
25 at the end the following new section:

1     **“§ 490. Annual report on military medical facilities**

2         “(a) ANNUAL REPORT.—Not later than the date on  
3     which the President submits the budget for a fiscal year  
4     to Congress pursuant to section 1105 of title 31, the Sec-  
5     retary of Defense shall submit to the Committees on  
6     Armed Services of the Senate and the House of Represent-  
7     atives a report on the adequacy, suitability, and quality  
8     of medical facilities and medical-related support facilities  
9     at each military installation within the Department of De-  
10   fense.

11         “(b) RESPONSE TO HOT-LINE INFORMATION.—The  
12   Secretary of Defense shall include in each report informa-  
13   tion regarding—

14             “(1) any deficiencies medical services, or in the  
15     adequacy, quality, or state of repair of medical-re-  
16     lated support facilities, raised as a result of informa-  
17     tion received during the period covered by the report  
18     through the toll-free hot line maintained pursuant to  
19     section 1567 of this title; and

20             “(2) the investigations conducted and plans of  
21     action prepared under such section to respond to  
22     such deficiencies.

23         “(c) MEDICAL-RELATED SUPPORT FACILITY.—In  
24   this section, the term ‘medical-related support facility’ is  
25   any facility of the Department of Defense that provides  
26   support to any of the following:

1           “(1) Members of the armed forces admitted for  
2           treatment to military medical treatment facilities.

3           “(2) Members of the armed forces assigned to  
4           military medical treatment facilities as an out-  
5           patient.

6           “(3) Family members accompanying any mem-  
7           ber described in paragraph (1) or (2) as a nonmed-  
8           ical attendant.”.

9           (2) CLERICAL AMENDMENT.—The table of sec-  
10          tions at the beginning of such chapter is amended  
11          by adding at the end the following new item:

“490. Annual report on military medical facilities.”.

12          (b) EFFECTIVE DATE.—The first report under sec-  
13          tion 490 of title 10, United States Code, as added by sub-  
14          section (a), shall be submitted not later than the date of  
15          submission of the budget for fiscal year 2009.

16 **SEC. 202. ACCESS OF RECOVERING SERVICE MEMBERS TO**  
17           **ADEQUATE OUTPATIENT RESIDENTIAL FA-**  
18           **CILITIES.**

19          (a) REQUIRED INSPECTIONS OF FACILITIES.—All  
20          quarters of the United States and housing facilities under  
21          the jurisdiction of the Armed Forces that are occupied by  
22          recovering service members shall be inspected on a semi-  
23          annual basis for the first two years after the enactment  
24          of this Act and annually thereafter by the inspectors gen-  
25          eral of the regional medical commands.

1       (b) INSPECTOR GENERAL REPORTS.—The inspector  
2 general for each regional medical command shall—

3               (1) submit a report on each inspection of a fa-  
4 cility conducted under subsection (a) to the post  
5 commander at such facility, the commanding officer  
6 of the hospital affiliated with such facility, the sur-  
7 geon general of the military department that oper-  
8 ates such hospital, the Secretary of the military de-  
9 partment concerned, the Assistant Secretary of De-  
10 fense for Health Affairs, the Oversight Board for  
11 Wounded Warriors established pursuant to section  
12 112, and the appropriate congressional committees;  
13 and

14               (2) post each such report on the Internet  
15 website of such regional medical command.

16 **SEC. 203. EVALUATION AND REPORT ON DEPARTMENT OF**  
17 **DEFENSE AND DEPARTMENT OF VETERANS**  
18 **AFFAIRS DISABILITY EVALUATION SYSTEMS.**

19       (a) EVALUATION.—The Secretary of Defense and the  
20 Secretary of Veterans Affairs shall conduct a joint evalua-  
21 tion of the disability evaluation systems used by the De-  
22 partment of Defense and the Department of Veterans Af-  
23 fairs for the purpose of—

24               (1) improving the consistency of the two dis-  
25 ability evaluation systems; and

(2) evaluating the feasibility of, and potential options for, consolidating the two systems.

3 (b) RELATION TO VETERANS' DISABILITY BENEFITS  
4 COMMISSION.—In conducting the evaluation of the dis-  
5 ability evaluation systems used by the Department of De-  
6 fense and the Department of Veterans Affairs, the Sec-  
7 retary of Defense and the Secretary of Veterans Affairs  
8 shall consider the findings and recommendations of the  
9 Veterans' Disability Benefits Commission established pur-  
10 suant to title XV of the National Defense Authorization  
11 Act for Fiscal Year 2004 (Public Law 108–136; 38 U.S.C.  
12 1101 note).

13 (c) REPORT.—Not later than 180 days after the date  
14 of the submission of the final report of the Veterans' Dis-  
15 ability Benefits Commission, the Secretary of Defense and  
16 the Secretary of Veterans Affairs shall submit to Congress  
17 a report containing—

18 (1) the results of the evaluation; and  
19 (2) the recommendations of the Secretaries for  
20 improving the consistency of the two disability eval-  
21 uation systems and such other recommendations as  
22 the Secretaries consider appropriate.

1   **SEC. 204. STUDY AND REPORT ON SUPPORT SERVICES FOR**  
2                   **FAMILIES OF RECOVERING SERVICE MEM-**  
3                   **BERS.**

4       (a) **STUDY REQUIRED.**—The Secretary of Defense  
5 shall conduct a study of the provision of support services  
6 for families of recovering service members.

7       (b) **MATTERS COVERED.**—The study under sub-  
8 section (a) shall include the following:

9               (1) A determination of the types of support  
10       services that are currently provided by the Depart-  
11       ment of Defense to family members described in  
12       subsection (c), and the cost of providing such serv-  
13       ices.

14               (2) A determination of additional types of sup-  
15       port services that would be feasible for the Depart-  
16       ment to provide to such family members, and the  
17       costs of providing such services, including the fol-  
18       lowing types of services:

19               (A) The provision of medical care at mili-  
20       tary medical treatment facilities.

21               (B) The provision of job placement services  
22       offered by the Department of Defense to any  
23       family member caring for a recovering service  
24       member for more than 45 days during a one-  
25       year period.

(C) The provision of meals without charge  
at military medical treatment facilities.

3 (3) A survey of military medical treatment fa-  
4 cilities to estimate the number of family members to  
5 whom the support services would be provided.

15 (c) COVERED FAMILY MEMBERS.—A family member  
16 described in this subsection is a family member of a recov-  
17 ering service member who is—

18 (1) on invitational orders while caring for the  
19 recovering service member;

20 (2) a non-medical attendee caring for the recov-  
21 ering service member; or

22 (3) receiving per diem payments from the De-  
23 partment of Defense while caring for the recovering  
24 service member.

1       (d) REPORT.—Not later than 180 days after the date  
2 of the enactment of this Act, the Secretary of Defense  
3 shall submit to the Committees on Armed Services of the  
4 Senate and the House of Representatives a report on the  
5 results of the study, with such findings and recommenda-  
6 tions as the Secretary considers appropriate.

7 **SEC. 205. REPORT ON TRAUMATIC BRAIN INJURY CLASSI-  
8 FICATIONS.**

9       (a) INTERIM REPORT.—Not later than 90 days after  
10 the date of the enactment of this Act, the Secretary of  
11 Defense shall submit to the Committees on Armed Serv-  
12 ices of the Senate and the House of Representatives an  
13 interim report describing the changes undertaken within  
14 the Department of Defense to ensure that traumatic brain  
15 injury victims receive a proper medical designation con-  
16 comitant with their injury as opposed to the current med-  
17 ical designation which assigns a generic “organic psy-  
18 chiatric disorder” classification.

19       (b) FINAL REPORT.—Not later than 180 days after  
20 the date of the enactment of this Act, the Secretary of  
21 Defense shall submit to the Committees on Armed Serv-  
22 ices of the Senate and the House of Representatives a  
23 final report concerning traumatic brain injury classifica-  
24 tions and an explanation and justification of the Depart-  
25 ment’s use of the international classification of disease

1 (ICD) 9 designation, recommendations for transitioning to  
2 ICD 10 or 11, and the benefits the civilian community  
3 experiences from using ICD 10.

4 **SEC. 206. EVALUATION OF THE POLYTRAUMA LIAISON OF-**  
5 **FICER/NON-COMMISSIONED OFFICER PRO-**  
6 **GRAM.**

7 (a) **EVALUATION REQUIRED.**—The Secretary of De-  
8 fense shall conduct an evaluation of the Polytrauma Liai-  
9 son Officer/Non-Commissioned Officer program, which is  
10 the program operated by each of the military departments  
11 and the Department of Veterans Affairs for the purpose  
12 of—

13 (1) assisting in the seamless transition of mem-  
14 bers of the Armed Forces from the Department of  
15 Defense health care system to the Department of  
16 Veterans Affairs system; and

17 (2) expediting the flow of information and com-  
18 munication between military treatment facilities and  
19 the Veterans Affairs Polytrauma Centers.

20 (b) **MATTERS COVERED.**—The evaluation of the  
21 Polytrauma Liaison Officer/Non-Commissioned Officer  
22 program shall include evaluating the following areas:

23 (1) The program's effectiveness in the following  
24 areas:

25 (A) Handling of military patient transfers.

1 (B) Ability to access military records in a  
2 timely manner.

(C) Collaboration with Polytrauma Center  
treatment teams.

5 (D) Collaboration with Veteran Service Or-  
6 ganizations.

7 (E) Functioning as the Polytrauma Cen-  
8 ter's subject-matter expert on military issues.

9 (F) Supporting and assisting family mem-  
10 bers.

11 (G) Providing education, information, and  
12 referrals to members of the Armed Forces and  
13 their family members.

14 (H) Functioning as uniformed advocates  
15 for members of the Armed Forces and their  
16 family members.

17 (I) Inclusion in Polytrauma Center meetings  
18

19 (J) Completion of required administrative  
20 reporting

21 (K) Ability to provide necessary adminis-  
22 trative support to all members of the Armed  
23 Forces

24 (2) Manpower requirements to effectively carry  
25 out all required functions of the Polytrauma Liaison

1       Officer/Non-Commissioned Officer program given  
2       current and expected case loads.

3                   (3) Expansion of the program to incorporate  
4       Navy and Marine Corps officers and senior enlisted  
5       personnel.

6                   (c) REPORTING REQUIREMENT.—Not later than 90  
7       days after the date of the enactment of this Act, the Sec-  
8       retary of Defense shall submit to Congress a report con-  
9       taining—

10                   (1) the results of the evaluation; and  
11                   (2) recommendations for any improvements in  
12       the program.

13 **SEC. 207. STUDY AND REPORT ON WAITING PERIODS FOR**  
14 **APPOINTMENTS AT DEPARTMENT OF VET-**  
15 **ERANS AFFAIRS MEDICAL FACILITIES.**

16                   (a) STUDY REQUIRED.—The Secretary of Veterans  
17       Affairs shall conduct a study on the average length of time  
18       between the desired date for which a veteran seeks to  
19       schedule an appointment for health care at a Department  
20       of Veterans Affairs medical facility and the date on which  
21       such appointment is completed.

22                   (b) FOCUS OF STUDY.—In conducting the study  
23       under subsection (a), the Secretary shall focus on appoint-  
24       ments scheduled and completed at Department medical fa-  
25       cilities located in both rural and urban areas.

1       (c) REPORT.—Not later than 180 days after the date  
2 of the enactment of this Act, the Secretary shall submit  
3 a report to Congress containing the findings of the study  
4 under subsection (a) and recommendations for decreasing  
5 the waiting time between the desired date of an appoint-  
6 ment and the completion of the appointment to a max-  
7 imum of 15 days.

8       **SEC. 208. STUDY AND REPORT ON STANDARD SOLDIER PA-**

9                   **TIENT TRACKING SYSTEM.**

10       (a) STUDY REQUIRED.—The Secretary of Defense  
11 shall conduct a study on the feasibility of developing a  
12 joint soldier tracking system for recovering service mem-  
13 bers.

14       (b) MATTERS COVERED.—The study under sub-  
15 section (a) shall include the following:

16               (1) Review of the feasibility of allowing each re-  
17 covering service member, each family member of  
18 such a member, each commander of a military in-  
19 stallation retaining medical hold or medical holdover  
20 patients, each patient navigator, and ombudsman of-  
21 fice personnel, at all times, to be able to locate and  
22 understand exactly where a recovering service mem-  
23 ber is in the medical hold or medical holdover proc-  
24 ess.

9 (B) each recovering service member is able  
10 to know when his appointments and other med-  
11 ical evaluation board or physical evaluation  
12 board deadlines will be and that they have been  
13 scheduled in a timely and accurate manner.

14 (3) Any other information needed to conduct  
15 oversight of care of the member through out the  
16 medical hold and medical holdover process.

17 (c) REPORT.—Not later than 180 days after the date  
18 of the enactment of this Act, the Secretary of Defense  
19 shall submit to the Committees on Armed Services of the  
20 Senate and the House of Representatives a report on the  
21 results of the study, with such findings and recommenda-  
22 tions as the Secretary considers appropriate.

# 1                   **TITLE III—GENERAL**

# 2                   **PROVISIONS**

3 SEC. 301. MORATORIUM ON CONVERSION TO CONTRACTOR  
4 PERFORMANCE OF DEPARTMENT OF DE-  
5 FENSE FUNCTIONS AT MILITARY MEDICAL  
6 FACILITIES.

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

20 (b) MORATORIUM.—During the one-year period be-  
21 ginning on the date of the enactment of this Act, no study  
22 or competition may be begun or announced pursuant to  
23 section 2461 of title 10, United States Code, or otherwise  
24 pursuant to Office of Management and Budget Circular  
25 A-76 relating to the possible conversion to performance

1 by a contractor of any Department of Defense function  
2 carried out at a military medical facility .

3 (c) REPORT REQUIRED.—Not later than 180 days  
4 after the date of the enactment of this Act, the Secretary  
5 of Defense shall submit to the Committee on Armed Serv-  
6 ices of the Senate and the Committee on Armed Services  
7 of the House of Representatives a report on the public-  
8 private competitions being conducted for Department of  
9 Defense functions carried out at military medical facilities  
10 as of the date of the enactment of this Act by each military  
11 department and defense agency. Such report shall in-  
12 clude—

13 (1) for each such competition—  
14 (A) the cost of conducting the public-pri-  
15 vate competition;  
16 (B) the number of military personnel and  
17 civilian employees of the Department of De-  
18 fense affected;  
19 (C) the estimated savings identified and  
20 the savings actually achieved;  
21 (D) an evaluation whether the anticipated  
22 and budgeted savings can be achieved through  
23 a public-private competition; and  
24 (E) the effect of converting the perform-  
25 ance of the function to performance by a con-

1           tractor on the quality of the performance of the  
2           function;

3           (2) a description of any public-private competi-  
4           tion the Secretary would conduct if the moratorium  
5           under subsection (b) were not in effect; and

6           (3) an assessment of whether any method of  
7           business reform or reengineering other than a pub-  
8           lic-private competition could, if implemented in the  
9           future, achieve any anticipated or budgeted savings.

10 **SEC. 302. PROHIBITION ON TRANSFER OF RESOURCES**

11           **FROM MEDICAL CARE.**

12           Neither the Secretary of Defense nor the Secretaries  
13           of the military departments may transfer funds or per-  
14           sonnel from medical care functions to administrative func-  
15           tions within the Department of Defense in order to comply  
16           with the new administrative requirements imposed by this  
17           Act or the amendments made by this Act.

18 **SEC. 303. VETERANS BENEFICIARY TRAVEL PROGRAM.**

19           (a) **ELIMINATION OF DEDUCTIBLE.**—Subsection (c)  
20           of section 111 of title 38, United States Code, is repealed.

21           (b) **DETERMINATION OF MILEAGE REIMBURSEMENT  
22           RATE.**—

23           (1) **DETERMINATION.**—Paragraph (1) of sub-  
24           section (g) of such section is amended to read as fol-  
25           lows:

1       “(1) In determining the amount of allowances or re-  
2 imbursement to be paid under this section, the Secretary  
3 shall use the mileage reimbursement rates for the use of  
4 privately owned vehicles by Government employees on offi-  
5 cial business, as prescribed by the Administrator of Gen-  
6 eral Services under section 5707(b) of title 5, United  
7 States Code.”.

8           (2) CONFORMING AMENDMENT.—Subsection (g)  
9 of such section is further amended by striking para-  
10 graphs (3) and (4).

11       (c) SOURCE OF FUNDS.—Such section is further  
12 amended by adding at the end the following new sub-  
13 section:

14       “(i) Funds for payments made under this section  
15 shall be appropriated separately from other amounts ap-  
16 propriated for the Department.”.

17       (d) EFFECTIVE DATE.—The amendments made by  
18 this Act shall apply with respect to travel expenses in-  
19 curred after the expiration of the 90-day period that be-  
20 gins on the date of the enactment of this Act.

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