

Calendar No. 203

110TH CONGRESS
1ST SESSION

S. 1606

To provide for the establishment of a comprehensive policy on the care and management of wounded warriors in order to facilitate and enhance their care, rehabilitation, physical evaluation, transition from care by the Department of Defense to care by the Department of Veterans Affairs, and transition from military service to civilian life, and for other purposes.

IN THE SENATE OF THE UNITED STATES

JUNE 13, 2007

Mr. LEVIN (for himself, Mr. AKAKA, Mr. MCCAIN, Mr. WARNER, Mrs. MURRAY, Mr. GRAHAM, Mr. KENNEDY, Mr. SESSIONS, Mr. ROCKEFELLER, Ms. COLLINS, Mr. BYRD, Mr. CHAMBLISS, Mr. OBAMA, Mrs. DOLE, Mr. LIEBERMAN, Mr. CORNYN, Mr. SANDERS, Mr. THUNE, Mr. REED, Mr. MARTINEZ, Mr. BROWN, Mr. NELSON of Florida, Mr. TESTER, Mr. NELSON of Nebraska, Mr. BAYH, Mrs. CLINTON, Mr. PRYOR, Mr. WEBB, Mrs. McCASKILL, Mr. DURBIN, and Ms. STABENOW) introduced the following bill; which was read twice and referred to the Committee on Armed Services

JUNE 18, 2007

Reported by Mr. LEVIN, with an amendment

[Strike out all after the enacting clause and insert the part printed in *italic*]

A BILL

To provide for the establishment of a comprehensive policy on the care and management of wounded warriors in order to facilitate and enhance their care, rehabilitation, physical evaluation, transition from care by the Depart-

ment of Defense to care by the Department of Veterans Affairs, and transition from military service to civilian life, 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 “Dignified Treatment of Wounded Warriors Act”.

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

Sec. 1. Short title; table of contents.

Sec. 2. General definitions.

**TITLE I—POLICY ON CARE, MANAGEMENT, AND TRANSITION OF
 SERVICEMEMBERS WITH SERIOUS INJURIES OR ILLNESSES**

Sec. 101. Comprehensive policy on care, management, and transition of mem-
 bers of the Armed Forces with serious injuries or illnesses.

TITLE II—HEALTH CARE

Subtitle A—Enhanced Availability of Care for Servicemembers

Sec. 201. Medical care and other benefits for members and former members of
 the Armed Forces with severe injuries or illnesses.

Subtitle B—Care and Services for Dependents

Sec. 211. Medical care and services and support services for families of mem-
 bers of the Armed Forces recovering from serious injuries or
 illnesses.

Subtitle C—Traumatic Brain Injury and Post-Traumatic Stress Disorder

Sec. 221. Comprehensive plans on prevention, diagnosis, mitigation, and treat-
 ment of traumatic brain injury and post-traumatic stress dis-
 order in members of the Armed Forces.

Sec. 222. Improvement of medical tracking system for members of the Armed
 Forces deployed overseas.

Sec. 223. Centers of excellence in the prevention, diagnosis, mitigation, treat-
 ment, and rehabilitation of traumatic brain injury and post-
 traumatic stress disorder.

Sec. 224. Funding for improved diagnosis, treatment, and rehabilitation of
 members of the Armed Forces with traumatic brain injury or
 post-traumatic stress disorder.

Sec. 225. Reports.

Subtitle D—Other Matters

- Sec. 231. Joint electronic health record for the Department of Defense and Department of Veterans Affairs.
- Sec. 232. Enhanced personnel authorities for the Department of Defense for health care professionals for care and treatment of wounded and injured members of the Armed Forces.
- Sec. 233. Personnel shortages in the mental health workforce of the Department of Defense.

TITLE III—DISABILITY MATTERS

Subtitle A—Disability Evaluations

- Sec. 301. Utilization of veterans' presumption of sound condition in establishing eligibility of members of the Armed Forces for retirement for disability.
- Sec. 302. Requirements and limitations on Department of Defense determinations of disability with respect to members of the Armed Forces.
- Sec. 303. Review of separation of members of the Armed Forces separated from service with a disability rating of 20 percent disabled or less.
- Sec. 304. Pilot programs on revised and improved disability evaluation system for members of the Armed Forces.
- Sec. 305. Reports on Army action plan in response to deficiencies in the Army physical disability evaluation system.

Subtitle B—Other Disability Matters

- Sec. 311. Enhancement of disability severance pay for members of the Armed Forces.

TITLE IV—IMPROVEMENT OF FACILITIES HOUSING PATIENTS

- Sec. 401. Standards for military medical treatment facilities, specialty medical care facilities, and military quarters housing patients.
- Sec. 402. Reports on Army action plan in response to deficiencies identified at Walter Reed Army Medical Center.
- Sec. 403. Construction of facilities required for the closure of Walter Reed Army Medical Center, District of Columbia.

TITLE V—OUTREACH AND RELATED INFORMATION ON BENEFITS

- Sec. 501. Handbook for members of the Armed Forces on compensation and benefits available for serious injuries and illnesses.

1 **SEC. 2. GENERAL DEFINITIONS.**

2 In this Act:

3 (1) The term “appropriate committees of Con-
4 gress” means—

1 (A) the Committees on Armed Services
2 and Veterans' Affairs of the Senate; and

3 (B) the Committees on Armed Services
4 and Veterans' Affairs of the House of Rep-
5 resentatives.

6 (2) The term "congressional defense commit-
7 tees" has the meaning given that term in section
8 101(a)(16) of title 10, United States Code.

9 (3) The term "covered member of the Armed
10 Forces" means a member of the Armed Forces, in-
11 cluding a member of the National Guard or a Re-
12 serve, who is undergoing medical treatment, recuper-
13 ation, or therapy, or is otherwise in medical hold or
14 medical holdover status, for a serious injury or ill-
15 ness.

16 (4) The term "family member", with respect to
17 a member of the Armed Forces or a veteran, has the
18 meaning given that term in section 411h(b) of title
19 37, United States Code.

20 (5) The term "medical hold or medical holdover
21 status" means—

22 (A) the status of a member of the Armed
23 Forces, including a member of the National
24 Guard or Reserve, assigned or attached to a
25 military hospital for medical care; and

1 ~~(B)~~ the status of a member of a reserve
2 component of the Armed Forces who is separated,
3 whether pre-deployment or post-deployment,
4 from the member's unit while in need of
5 health care based on a medical condition identified
6 while the member is on active duty in the
7 Armed Forces.

8 ~~(6)~~ The term “serious injury or illness”, in the
9 case of a member of the Armed Forces, means an
10 injury or illness incurred by the member in line of
11 duty on active duty in the Armed Forces that may
12 render the member medically unfit to perform the
13 duties of the member's office, grade, rank, or rating.

14 ~~(7)~~ The term “TRICARE program” has the
15 meaning given that term in section 1072(7) of title
16 10, United States Code.

1 **TITLE I—POLICY ON CARE, MAN-**
 2 **AGEMENT, AND TRANSITION**
 3 **OF SERVICEMEMBERS WITH**
 4 **SERIOUS INJURIES OR ILL-**
 5 **NESSES**

6 **SEC. 101. COMPREHENSIVE POLICY ON CARE, MANAGE-**
 7 **MENT, AND TRANSITION OF MEMBERS OF**
 8 **THE ARMED FORCES WITH SERIOUS INJU-**
 9 **RIES OR ILLNESSES.**

10 ~~(a) COMPREHENSIVE POLICY REQUIRED.—~~

11 ~~(1) IN GENERAL.—Not later than January 1,~~
 12 ~~2008, the Secretary of Defense and the Secretary of~~
 13 ~~Veterans Affairs shall, to the extent feasible, jointly~~
 14 ~~develop a comprehensive policy on the care and man-~~
 15 ~~agement of members of the Armed Forces who are~~
 16 ~~undergoing medical treatment, recuperation, or ther-~~
 17 ~~apy, or are otherwise in medical hold or medical~~
 18 ~~holdover status, for a serious injury or illness (here-~~
 19 ~~after in this section referred to as a “covered~~
 20 ~~servicemembers”).~~

21 ~~(2) SCOPE OF POLICY.—The policy shall cover~~
 22 ~~each of the following:~~

23 ~~(A) The care and management of covered~~
 24 ~~servicemembers while in medical hold or med-~~
 25 ~~ical holdover status.~~

1 (B) The medical evaluation and disability
2 evaluation of covered servicemembers.

3 (C) The return of covered servicemembers
4 to active duty when appropriate.

5 (D) The transition of covered
6 servicemembers from receipt of care and serv-
7 ices through the Department of Defense to re-
8 ceipt of care and services through the Depart-
9 ment of Veterans Affairs.

10 (3) CONSULTATION.—The Secretary of Defense
11 and the Secretary of Veterans Affairs shall develop
12 the policy in consultation with the heads of other ap-
13 propriate departments and agencies of the Federal
14 Government and with appropriate non-governmental
15 organizations having an expertise in matters relating
16 to the policy.

17 (4) UPDATE.—The Secretary of Defense and
18 the Secretary of Veterans Affairs shall jointly update
19 the policy on a periodic basis in order to incorporate
20 in the policy, as appropriate, the results of the re-
21 views under subsections (b) and (c) and the best
22 practices identified through pilot programs under
23 section 304.

24 (b) REVIEW OF CURRENT POLICIES AND PROCE-
25 DURES.—

1 (1) REVIEW REQUIRED.—In developing the pol-
2 icy required by this section, the Secretary of Defense
3 and the Secretary of Veterans Affairs shall, to the
4 extent necessary, jointly and separately conduct a
5 review of all policies and procedures of the Depart-
6 ment of Defense and the Department of Veterans
7 Affairs that apply to, or shall be covered by, the pol-
8 icy.

9 (2) PURPOSE.—The purpose of the review shall
10 be to identify the most effective and patient-oriented
11 approaches to care and management of covered
12 servicemembers for purposes of—

13 (A) incorporating such approaches into the
14 policy; and

15 (B) extending such approaches, where ap-
16 plicable, to care and management of other in-
17 jured or ill members of the Armed Forces and
18 veterans.

19 (3) ELEMENTS.—In conducting the review, the
20 Secretary of Defense and the Secretary of Veterans
21 Affairs shall—

22 (A) identify among the policies and proce-
23 dures described in paragraph (1) best practices
24 in approaches to the care and management de-
25 scribed in that paragraph;

(B) identify among such policies and procedures existing and potential shortfalls in such care and management, and determine means of addressing any shortfalls so identified;

(C) determine potential modifications of such policies and procedures in order to ensure consistency and uniformity among the military departments and the regions of the Department of Veterans Affairs in their application and discharge; and

(D) develop recommendations for legislative and administrative action necessary to implement the results of the review.

(4) DEADLINE FOR COMPLETION.—The review shall be completed not later than 90 days after the date of the enactment of this Act.

(e) CONSIDERATION OF FINDINGS, RECOMMENDATIONS, AND PRACTICES.—In developing the policy required by this section, the Secretary of Defense and the Secretary of Veterans Affairs shall take into account the following:

(1) The findings and recommendations of applicable studies, reviews, reports, and evaluations that address matters relating to the policy, including, but not limited, to the following:

1 (A) The Independent Review Group on Re-
2 habilitative Care and Administrative Processes
3 at Walter Reed Army Medical Center and Na-
4 tional Naval Medical Center appointed by the
5 Secretary of Defense.

6 (B) The Secretary of Veterans Affairs
7 Task Force on Returning Global War on Terror
8 Heroes appointed by the President.

9 (C) The President's Commission on Care
10 for America's Returning Wounded Warriors.

11 (D) The Veterans' Disability Benefits
12 Commission established by title XV of the Na-
13 tional Defense Authorization Act for Fiscal
14 Year 2004 (Public Law 108-136, 117 Stat.
15 1676; 38 U.S.C. 1101 note).

16 (E) The President's Commission on Vet-
17 erans' Pensions, of 1956, chaired by General
18 Omar N. Bradley.

19 (F) The Report of the Congressional Com-
20 mission on Servicemembers and Veterans Tran-
21 sition Assistance, of 1999, chaired by Anthony
22 J. Principi.

23 (G) The President's Task Force to Im-
24 prove Health Care Delivery for Our Nation's
25 Veterans, of March 2003.

1 (2) The experience and best practices of the
2 Department of Defense and the military depart-
3 ments on matters relating to the policy.

4 (3) The experience and best practices of the
5 Department of Veterans Affairs on matters relating
6 to the policy.

7 (4) Such other matters as the Secretary of De-
8 fense and the Secretary of Veterans Affairs consider
9 appropriate.

10 (d) PARTICULAR ELEMENTS OF POLICY.—The policy
11 required by this section shall provide, in particular, the
12 following:

13 (1) RESPONSIBILITY FOR COVERED
14 SERVICEMEMBERS IN MEDICAL HOLD OR MEDICAL
15 HOLDOVER STATUS.—Mechanisms to ensure respon-
16 sibility for covered servicemembers in medical hold
17 or medical holdover status, including the following:

18 (A) Uniform standards for access of cov-
19 ered servicemembers to non-urgent health care
20 services from the Department of Defense or
21 other providers under the TRICARE program,
22 with such access to be—

23 (i) for follow-up care, within 2 days of
24 request of care;

1 (ii) for specialty care, within 3 days of
2 request of care;

3 (iii) for diagnostic referrals and stud-
4 ies, within 5 days of request; and

5 (iv) for surgery based on a physician's
6 determination of medical necessity, within
7 14 days of request.

8 (B) Requirements for the assignment of
9 adequate numbers of personnel for the purpose
10 of responsibility for and administration of cov-
11 ered servicemembers in medical hold or medical
12 holdover status.

13 (C) Requirements for the assignment of
14 adequate numbers of medical personnel and
15 non-medical personnel to roles and responsibil-
16 ities for caring for and administering covered
17 servicemembers in medical hold or medical hold-
18 over status; and a description of the roles and
19 responsibilities of personnel so assigned.

20 (D) Guidelines for the location of care for
21 covered servicemembers in medical hold or med-
22 ical holdover status; which guidelines shall ad-
23 dress the assignment of such servicemembers to
24 care and residential facilities closest to their

1 duty station or home of record at the earliest
2 possible time.

3 (E) Criteria for work and duty assign-
4 ments of covered servicemembers in medical
5 hold or medical holdover status, including a
6 prohibition on the assignment of duty to a
7 servicemember which is incompatible with the
8 servicemember's medical condition.

9 (F) Guidelines for the provision of care
10 and counseling for eligible family members of
11 covered servicemembers in medical hold or med-
12 ical holdover status.

13 (G) Requirements for case management of
14 covered servicemembers in medical hold or med-
15 ical holdover status, including qualifications for
16 personnel providing such case management.

17 (H) Requirements for uniform quality of
18 care and administration for all covered
19 servicemembers in medical hold or medical hold-
20 over status, whether members of the regular
21 components of the Armed Forces or members of
22 the reserve components of the Armed Forces.

23 (I) Standards for the conditions and acces-
24 sibility of residential facilities for covered
25 servicemembers in medical hold or medical hold-

1 over status who are in outpatient status, and
2 for their immediate family members.

3 ~~(J)~~ Requirements on the provision of
4 transportation and subsistence for covered
5 servicemembers in medical hold or medical hold-
6 over status, whether in inpatient status or out-
7 patient status, to facilitate obtaining needed
8 medical care and services.

9 ~~(K)~~ Requirements on the provision of edu-
10 cational and vocational training and rehabilita-
11 tion opportunities for covered servicemembers
12 in medical hold or medical holdover status.

13 ~~(L)~~ Procedures for tracking and informing
14 covered servicemembers in medical hold or med-
15 ical holdover status about medical evaluation
16 board and physical disability evaluation board
17 processing.

18 ~~(M)~~ Requirements for integrated case man-
19 agement of covered servicemembers in medical
20 hold or medical holdover status during their
21 transition from care and treatment through the
22 Department of Defense to care and treatment
23 through the Department of Veterans Affairs.

24 ~~(N)~~ Requirements and standards for advis-
25 ing and training, as appropriate, family mem-

bers with respect to care for covered
servicemembers in medical hold or medical hold-
over status with serious medical conditions, par-
ticularly traumatic brain injury (TBI) and post-
traumatic stress disorder (PTSD).

(O) Requirements for periodic reassess-
ments of covered servicemembers, and limits on
the length of time such servicemembers may be
retained in medical hold or medical holdover
status.

(P) Requirements to inform covered
servicemembers and their family members of
their rights and responsibilities while in medical
hold or medical holdover status.

(2) MEDICAL EVALUATION AND PHYSICAL DIS-
ABILITY EVALUATION FOR COVERED
SERVICEMEMBERS.—

(A) MEDICAL EVALUATIONS.—Processes,
procedures, and standards for medical evalua-
tions of covered servicemembers, including the
following:

(i) Processes for medical evaluations
of covered servicemembers that are—

(I) applicable uniformly through-
out the military departments; and

1 (II) applicable uniformly with re-
2 spect to such servicemembers who are
3 members of the regular components of
4 the Armed Forces and such
5 servicemembers who are members of
6 the National Guard and Reserve.

7 (ii) Standard criteria and definitions
8 for determining the achievement for cov-
9 ered servicemembers of the maximum med-
10 ical benefit from treatment and rehabilita-
11 tion.

12 (iii) Standard timelines for each of
13 the following:

14 (I) Determinations of fitness for
15 duty of covered servicemembers.

16 (II) Specialty consultations for
17 covered servicemembers.

18 (III) Preparation of medical doc-
19 uments for covered servicemembers.

20 (IV) Appeals by covered
21 servicemembers of medical evaluation
22 determinations, including determina-
23 tions of fitness for duty.

24 (iv) Uniform standards for qualifica-
25 tions and training of medical evaluation

1 board personnel, including physicians, case
2 workers, and physical disability evaluation
3 board liaison officers, in conducting med-
4 ical evaluations of covered servicemembers.

5 (v) Standards for the maximum num-
6 ber of medical evaluation cases of covered
7 servicemembers that are pending before a
8 medical evaluation board at any one time,
9 and requirements for the establishment of
10 additional medical evaluation boards in the
11 event such number is exceeded.

12 (vi) Uniform standards for informa-
13 tion for covered servicemembers, and their
14 families, on the medical evaluation board
15 process and the rights and responsibilities
16 of such servicemembers under that process,
17 including a standard handbook on such in-
18 formation.

19 (B) PHYSICAL DISABILITY EVALUA-
20 TIONS.—Processes, procedures, and standards
21 for physical disability evaluations of covered
22 servicemembers, including the following:

23 (i) A non-adversarial process of the
24 Department of Defense and the Depart-

1 ment of Veterans Affairs for disability de-
2 terminations of covered servicemembers.

3 (ii) To the extent feasible, procedures
4 to eliminate unacceptable discrepancies
5 among disability ratings assigned by the
6 military departments and the Department
7 of Veterans Affairs, particularly in the dis-
8 ability evaluation of covered
9 servicemembers, which procedures shall be
10 subject to the following requirements and
11 limitations:

12 (I) Such procedures shall apply
13 uniformly with respect to covered
14 servicemembers who are members of
15 the regular components of the Armed
16 Forces and covered servicemembers
17 who are members of the National
18 Guard and Reserve.

19 (II) Under such procedures, each
20 Secretary of a military department
21 shall, to the extent feasible, utilize the
22 standard schedule for rating disabil-
23 ities in use by the Department of Vet-
24 erans Affairs, including any applicable
25 interpretation of such schedule by the

1 United States Court of Appeals for
2 Veterans Claims, in making any de-
3 termination of disability of a covered
4 servicemember.

5 (iii) Standard timelines for appeals of
6 determinations of disability of covered
7 servicemembers, including timelines for
8 presentation, consideration, and disposition
9 of appeals.

10 (iv) Uniform standards for qualifica-
11 tions and training of physical disability
12 evaluation board personnel in conducting
13 physical disability evaluations of covered
14 servicemembers.

15 (v) Standards for the maximum num-
16 ber of physical disability evaluation cases
17 of covered servicemembers that are pend-
18 ing before a physical disability evaluation
19 board at any one time, and requirements
20 for the establishment of additional physical
21 disability evaluation boards in the event
22 such number is exceeded.

23 (vi) Procedures for the provision of
24 legal counsel to covered servicemembers

1 while undergoing evaluation by a physical
2 disability evaluation board.

3 (vii) Uniform standards on the roles
4 and responsibilities of case managers;
5 servicemember advocates, and judge advo-
6 cates assigned to covered servicemembers
7 undergoing evaluation by a physical dis-
8 ability board, and uniform standards on
9 the maximum number of cases involving
10 such servicemembers that are to be as-
11 signed to such managers and advocates.

12 ~~(C) RETURN OF COVERED~~
13 ~~SERVICEMEMBERS TO ACTIVE DUTY.—Stand-~~
14 ~~ards for determinations by the military depart-~~
15 ~~ments on the return of covered servicemembers~~
16 ~~to active duty in the Armed Forces.~~

17 ~~(D) TRANSITION OF COVERED~~
18 ~~SERVICEMEMBERS FROM DOD TO VA.—Proc-~~
19 ~~esses, procedures, and standards for the transi-~~
20 ~~tion of covered servicemembers from care and~~
21 ~~treatment by the Department of Defense to~~
22 ~~care and treatment by the Department of Vet-~~
23 ~~erans Affairs before, during, and after separa-~~
24 ~~tion from the Armed Forces, including the fol-~~
25 ~~lowing:~~

1 (i) A uniform, patient-focused policy
2 to ensure that the transition occurs with-
3 out gaps in medical care and the quality of
4 care and services.

5 (ii) Procedures for the identification
6 and tracking of covered servicemembers
7 during the transition, and for the coordina-
8 tion of care and treatment of such
9 servicemembers during the transition, in-
10 cluding a system of cooperative case man-
11 agement of such servicemembers by the
12 Department of Defense and the Depart-
13 ment of Veterans Affairs during the transi-
14 tion.

15 (iii) Procedures for the notification of
16 Department of Veterans Affairs liaison
17 personnel of the commencement by covered
18 servicemembers of the medical evaluation
19 process and the physical disability evalua-
20 tion process.

21 (iv) Procedures and timelines for the
22 enrollment of covered servicemembers in
23 applicable enrollment or application sys-
24 tems of the Department of Veterans with

1 respect to health care, disability, education,
2 vocational rehabilitation, or other benefits.

3 (v) Procedures to ensure the access of
4 covered servicemembers during the transi-
5 tion to vocational, educational, and reha-
6 bilitation benefits available through the
7 Department of Veterans Affairs.

8 (vi) Standards for the optimal location
9 of Department of Defense and Department
10 of Veterans Affairs liaison and case man-
11 agement personnel at military medical
12 treatment facilities, medical centers, and
13 other medical facilities of the Department
14 of Defense.

15 (vii) Standards and procedures for in-
16 tegrated medical care and management for
17 covered servicemembers during the transi-
18 tion, including procedures for the assign-
19 ment of medical personnel of the Depart-
20 ment of Veterans Affairs to Department of
21 Defense facilities to participate in the
22 needs assessments of such servicemembers
23 before, during, and after their separation
24 from military service.

1 (viii) Standards for the preparation of
2 detailed plans for the transition of covered
3 servicemembers from care and treatment
4 by the Department of Defense to care and
5 treatment by the Department of Veterans
6 Affairs, which plans shall be based on
7 standardized elements with respect to care
8 and treatment requirements and other ap-
9 plicable requirements.

10 (E) OTHER MATTERS.—The following ad-
11 ditional matters with respect to covered
12 servicemembers:

13 (i) Access by the Department of Vet-
14 erans Affairs to the military health records
15 of covered servicemembers who are receiv-
16 ing care and treatment in Department of
17 Veterans Affairs health care facilities.

18 (ii) Requirements for utilizing, in ap-
19 propriate cases, a single physical examina-
20 tion that meets requirements of both the
21 Department of Defense and the Depart-
22 ment of Veterans Affairs for covered
23 servicemembers who are being retired, sep-
24 arated, or released from military service.

(iii) Surveys and other mechanisms to measure patient and family satisfaction with the provision by the Department of Defense and the Department of Veterans Affairs of care and services for covered servicemembers, and to facilitate appropriate oversight by supervisory personnel of the provision of such care and services.

(c) REPORTS.—

(1) REPORT ON POLICY.—Upon the development of the policy required by this section but not later than January 1, 2008, the Secretary of Defense and the Secretary of Veterans Affairs shall jointly submit to the appropriate committees of Congress a report on the policy, including a comprehensive and detailed description of the policy and of the manner in which the policy addresses the findings and recommendations of the reviews under subsections (b) and (c).

(2) REPORTS ON UPDATE.—Upon updating the policy under subsection (a)(4), the Secretary of Defense and the Secretary of Veterans Affairs shall jointly submit to the appropriate committees of Congress a report on the update of the policy, including

a comprehensive and detailed description of such update and of the reasons for such update.

TITLE II—HEALTH CARE

Subtitle A—Enhanced Availability of Care for Servicemembers

SEC. 201. MEDICAL CARE AND OTHER BENEFITS FOR MEMBERS AND FORMER MEMBERS OF THE ARMED FORCES WITH SEVERE INJURIES OR ILLNESSES.

(a) MEDICAL AND DENTAL CARE FOR MEMBERS AND FORMER MEMBERS.—

(1) IN GENERAL.—Effective as of the date of the enactment of this Act, any covered member of the Armed Forces, and any former member of the Armed Forces, with a severe injury or illness is entitled to medical and dental care in any facility of the uniformed services under section 1074(a) of title 10, United States Code, or through any civilian health care provider authorized by the Secretary to provide health and mental health services to members of the uniformed services, including traumatic brain injury (TBI) and post-traumatic stress disorder (PTSD), as if such member or former member were a member of the uniformed services described in paragraph

1 ~~(2)~~ of such section who is entitled to medical and
2 dental care under such section.

3 ~~(2) PERIOD OF AUTHORIZED CARE.~~—A member
4 or former member described in paragraph ~~(1)~~ is en-
5 titled to care under that paragraph during the three-
6 year period beginning on the date the member or
7 former member leaves active duty, except that such
8 period may be extended by the Secretary concerned
9 for an additional period of up to two years if the
10 Secretary concerned determines that such extension
11 is necessary to assure the maximum feasible recov-
12 ery and rehabilitation of the member or former
13 member. Any such determination shall be made on
14 a case-by-case basis.

15 ~~(3) INTEGRATED CARE MANAGEMENT.~~—The
16 Secretary of Defense shall provide for a program of
17 integrated care management in the provision of care
18 and services under this subsection, which manage-
19 ment shall be provided by appropriate medical and
20 case management personnel of the Department of
21 Defense and the Department of Veterans Affairs (as
22 approved by the Secretary of Veterans Affairs) and
23 with appropriate support from the Department of
24 Defense regional health care support contractors.

1 (4) WAIVER OF LIMITATIONS TO MAXIMIZE
2 CARE.—The Secretary of Defense may, in providing
3 medical and dental care to a member or former
4 member under this subsection during the period re-
5 ferred to in paragraph (2), waive any limitation oth-
6 erwise applicable under chapter 55 of title 10,
7 United States Code, to the provision of such care to
8 the member or former member if the Secretary con-
9 siders the waiver appropriate to assure the max-
10 imum feasible recovery and rehabilitation of the
11 member or former member.

12 (5) CONSTRUCTION WITH ELIGIBILITY FOR
13 VETERANS BENEFITS.—Nothing in this subsection
14 shall be construed to reduce, alter, or otherwise af-
15 fect the eligibility or entitlement of a member or
16 former member of the Armed Forces to any health
17 care, disability, or other benefits to which the mem-
18 ber or former member would otherwise be eligible or
19 entitled as a veteran under the laws administered by
20 the Secretary of Veterans Affairs.

21 (6) SUNSET.—The Secretary of Defense may
22 not provide medical or dental care to a member or
23 former member of the Armed Forces under this sub-
24 section after December 31, 2012, if the Secretary
25 has not provided medical or dental care to the mem-

1 ber or former member under this subsection before
2 that date.

3 ~~(b) RECOVERY OF CERTAIN EXPENSES OF MEDICAL~~
4 ~~CARE AND RELATED TRAVEL.—~~

5 ~~(1) IN GENERAL.—~~Commencing not later than
6 60 days after the date of the enactment of this Act,
7 the Secretary of the military department concerned
8 may reimburse covered members of the Armed
9 Forces, and former members of the Armed Forces,
10 with a severe injury or illness for covered expenses
11 incurred by such members or former members, or
12 their family members, in connection with the receipt
13 by such members or former members of medical care
14 that is required for such injury or illness.

15 ~~(2) COVERED EXPENSES.—~~Expenses for which
16 reimbursement may be made under paragraph ~~(1)~~
17 include the following:

18 ~~(A)~~ Expenses for health care services for
19 which coverage would be provided under section
20 1074(e) of title 10, United States Code, for
21 members of the uniformed services on active
22 duty.

23 ~~(B)~~ Expenses of travel of a non-medical at-
24 tendant who accompanies a member or former
25 member of the Armed Forces for required med-

1 ical care that is not available to such member
 2 or former member locally, if such attendant is
 3 appointed for that purpose by a competent
 4 medical authority (as determined under regula-
 5 tions prescribed by the Secretary of Defense for
 6 purposes of this subsection).

7 (C) Such other expenses for medical care
 8 as the Secretary may prescribe for purposes of
 9 this subsection.

10 (2) AMOUNT OF REIMBURSEMENT.—The
 11 amount of reimbursement under paragraph (1) for
 12 expenses covered by paragraph (2) shall be deter-
 13 mined in accordance with regulations prescribed by
 14 the Secretary of Defense for purposes of this sub-
 15 section.

16 (c) SEVERE INJURY OR ILLNESS DEFINED.—In this
 17 section, the term “severe injury or illness” means any seri-
 18 ous injury or illness that is assigned a disability rating
 19 of 50 percent or higher under the schedule for rating dis-
 20 abilities in use by the Department of Veterans Affairs.

1 **Subtitle B—Care and Services for**
 2 **Dependents**

3 **SEC. 211. MEDICAL CARE AND SERVICES AND SUPPORT**
 4 **SERVICES FOR FAMILIES OF MEMBERS OF**
 5 **THE ARMED FORCES RECOVERING FROM SE-**
 6 **RIOUS INJURIES OR ILLNESSES.**

7 ~~(a) URGENT AND EMERGENCY MEDICAL CARE.—~~

8 ~~(1) ELIGIBILITY.—~~A family member of a cov-
 9 ~~ered member of the Armed Forces who is not other-~~
 10 ~~wise eligible for medical care at a military medical~~
 11 ~~treatment facility shall be eligible for urgent and~~
 12 ~~emergency medical care and counseling at military~~
 13 ~~medical treatment facilities and medical facilities of~~
 14 ~~the Department of Veterans Affairs if the family~~
 15 ~~member is—~~

16 ~~(A) on invitational orders while caring for~~
 17 ~~the covered member;~~

18 ~~(B) a non-medical attendee caring for the~~
 19 ~~covered member; or~~

20 ~~(C) receiving per diem payments from the~~
 21 ~~Department of Defense while caring for the~~
 22 ~~covered member.~~

23 ~~(2) SPECIFICATION OF FAMILY MEMBERS.—~~

24 ~~Notwithstanding section 2(4), the Secretary of De-~~
 25 ~~fense and the Secretary of Veterans Affairs shall~~

1 jointly prescribe in regulations the family members
2 of covered members of the Armed Forces who shall
3 be considered to be a family member of a covered
4 member of the Armed Forces for purposes of para-
5 graph (1):

6 ~~(3)~~ SPECIFICATION OF CARE.—(A) The Sec-
7 retary of Defense shall prescribe in regulations the
8 urgent and emergency medical care and counseling
9 that shall be available to family members under
10 paragraph (1) at military medical treatment facili-
11 ties:

12 (B) The Secretary of Veterans Affairs shall pre-
13 scribe in regulations the urgent and emergency med-
14 ical care and counseling that shall be available to
15 family members under paragraph (1) at medical fa-
16 cilities of the Department of Veterans Affairs:

17 (4) RECOVERY OF COSTS.—The United States
18 may recover the costs of the provision of medical
19 care and counseling under paragraph (1) as follows
20 (as applicable):

21 (A) From third-party payers, in the same
22 manner as the United States may collect costs
23 of the charges of health care provided to cov-
24 ered beneficiaries from third-party payers under
25 section 1095 of title 10, United States Code:

1 (B) As if such care and counseling was
 2 provided under the authority of section 1784 of
 3 title 38, United States Code.

4 (b) **JOB PLACEMENT SERVICES.**—A family member
 5 who is on invitational orders or is a non-medical attendee
 6 while caring for a covered member of the Armed Forces
 7 for more than 45 days during a one-year period shall be
 8 eligible for job placement services otherwise offered by the
 9 Department of Defense.

10 **Subtitle C—Traumatic Brain Injury**
 11 **and Post-Traumatic Stress Dis-**
 12 **order**

13 **SEC. 221. COMPREHENSIVE PLANS ON PREVENTION, DIAG-**
 14 **NOSIS, MITIGATION, AND TREATMENT OF**
 15 **TRAUMATIC BRAIN INJURY AND POST-TRAU-**
 16 **MATIC STRESS DISORDER IN MEMBERS OF**
 17 **THE ARMED FORCES.**

18 (a) **PLANS REQUIRED.**—Not later than 180 days
 19 after the date of the enactment of this Act, the Secretary
 20 of Defense shall, in consultation with the Secretary of Vet-
 21 erans Affairs, submit to the congressional defense commit-
 22 tees one or more comprehensive plans for programs and
 23 activities of the Department of Defense to prevent, diag-
 24 nose, mitigate, treat, and otherwise respond to traumatic

1 brain injury (TBI) and post-traumatic stress disorder
2 (PTSD) in members of the Armed Forces.

3 (b) ELEMENTS.—Each plan submitted under sub-
4 section (a) shall include comprehensive proposals of the
5 Department on the following:

6 (1) The designation by the Secretary of Defense
7 of a lead agent or executive agent for the Depart-
8 ment to coordinate development and implementation
9 of the plan.

10 (2) The improvement of personnel protective
11 equipment for members of the Armed Forces in
12 order to prevent traumatic brain injury.

13 (3) The improvement of methods and mecha-
14 nisms for the detection and treatment of traumatic
15 brain injury and post-traumatic stress disorder in
16 members of the Armed Forces in the field.

17 (4) The development and deployment of diag-
18 nostic criteria for the detection and evaluation of the
19 range of traumatic brain injury and post-traumatic
20 stress disorder in members of the Armed Forces;
21 which criteria shall be employed uniformly across the
22 military departments in all applicable circumstances;
23 including provision of clinical care and assessment of
24 future deployability of members of the Armed
25 Forces.

1 (5) The development and deployment of effective
2 means of assessing traumatic brain injury and
3 post-traumatic stress disorder in members of the
4 Armed Forces, including a system of pre-deployment
5 and post-deployment screenings of cognitive ability
6 in members for the detection of cognitive impairment,
7 as required by the amendments made by section 222.
8

9 (6) The development and deployment of effective
10 means of managing and monitoring members of
11 the Armed Forces with traumatic brain injury or
12 post-traumatic stress disorder in the receipt of care
13 for traumatic brain injury or post-traumatic stress
14 disorder, as applicable, including the monitoring and
15 assessment of treatment and outcomes.

16 (7) The requirements for research on traumatic
17 brain injury and post-traumatic stress disorder, including
18 (in particular) research on pharmacological
19 approaches to treatment for traumatic brain injury
20 or post-traumatic stress disorder, as applicable, and
21 the allocation of priorities among such research.

22 (8) The provision of education and outreach to
23 families of members of the Armed Forces with traumatic
24 brain injury or post-traumatic stress disorder
25 on a range of matters relating to traumatic brain in-

1 jury or post-traumatic stress disorder, as applicable,
2 including detection, mitigation, and treatment.

3 (9) The assessment of the current capabilities
4 of the Department for the prevention, diagnosis,
5 mitigation, treatment, and rehabilitation of trau-
6 matic brain injury and post-traumatic stress dis-
7 order in members of the Armed Forces.

8 (10) The identification of gaps in current capa-
9 bilities of the Department for the prevention, diag-
10 nosis, mitigation, treatment, and rehabilitation of
11 traumatic brain injury and post-traumatic stress dis-
12 order in members of the Armed Forces.

13 (11) The identification of the resources required
14 for the Department in fiscal years 2009 thru 2013
15 to address the gaps in capabilities identified under
16 paragraph (10).

17 (12) The development of joint planning among
18 the Department of Defense, the military depart-
19 ments, and the Department of Veterans Affairs for
20 the prevention, diagnosis, mitigation, treatment, and
21 rehabilitation of traumatic brain injury and post-
22 traumatic stress disorder in members of the Armed
23 Forces, including planning for the seamless transi-
24 tion of such members from care through the Depart-

1 ment of Defense care through the Department of
2 Veterans Affairs.

3 ~~(13) A requirement that exposure to a blast or~~
4 ~~blasts be recorded in the records of members of the~~
5 ~~Armed Forces.~~

6 ~~(14) The development of clinical practice guide-~~
7 ~~lines for the diagnosis and treatment of blast inju-~~
8 ~~ries in members of the Armed Forces, including, but~~
9 ~~not limited to, traumatic brain injury.~~

10 ~~(c) COORDINATION IN DEVELOPMENT.—Each plan~~
11 ~~submitted under subsection (a) shall be developed in co-~~
12 ~~ordination with the Secretary of the Army (who was des-~~
13 ~~ignated by the Secretary of Defense as executive agent for~~
14 ~~the prevention, mitigation, and treatment of blast injuries~~
15 ~~under section 256 of the National Defense Authorization~~
16 ~~Act for Fiscal Year 2006 (Public Law 109–163, 119 Stat.~~
17 ~~3181; 10 U.S.C. 1071 note)).~~

18 **SEC. 222. IMPROVEMENT OF MEDICAL TRACKING SYSTEM**
19 **FOR MEMBERS OF THE ARMED FORCES DE-**
20 **PLOYED OVERSEAS.**

21 ~~(a) PROTOCOL FOR ASSESSMENT OF COGNITIVE~~
22 ~~FUNCTIONING.—~~

23 ~~(1) PROTOCOL REQUIRED.—Subsection (b) of~~
24 ~~section 1074f of title 10, United States Code, is~~
25 ~~amended—~~

1 (A) in paragraph (2), by adding at the end
2 the following new subparagraph:

3 “(C) An assessment of post-traumatic stress
4 disorder.”; and

5 (B) by adding at the end the following new
6 paragraph:

7 “(3)(A) The Secretary shall establish for purposes of
8 subparagraphs (B) and (C) of paragraph (2) a protocol
9 for the predeployment assessment and documentation of
10 the cognitive (including memory) functioning of a member
11 who is deployed outside the United States in order to fa-
12 cilitate the assessment of the postdeployment cognitive
13 (including memory) functioning of the member.

14 “(B) The protocol under subparagraph (A) shall in-
15 clude appropriate mechanisms to permit the differential
16 diagnosis of traumatic brain injury in members returning
17 from deployment in a combat zone.”.

18 (2) PILOT PROJECTS.—(A) In developing the
19 protocol required by paragraph (3) of section
20 1074f(b) of title 10, United States Code (as amend-
21 ed by paragraph (1) of this subsection), for purposes
22 of assessments for traumatic brain injury, the Sec-
23 retary of Defense shall conduct up to three pilot
24 projects to evaluate various mechanisms for use in
25 the protocol for such purposes. One of the mecha-

1 nisms to be so evaluated shall be a computer-based
2 assessment tool.

3 ~~(B)~~ Not later than 60 days after the completion
4 of the pilot projects conducted under this paragraph,
5 the Secretary shall submit to the appropriate com-
6 mittees of Congress a report on the pilot projects.
7 The report shall include—

8 (i) a description of the pilot projects so
9 conducted;

10 (ii) an assessment of the results of each
11 such pilot project; and

12 (iii) a description of any mechanisms eval-
13 uated under each such pilot project that will in-
14 corporated into the protocol.

15 ~~(C)~~ There is hereby authorized to be appro-
16 priated to the Department of Defense, \$3,000,000
17 for the pilot projects authorized by this paragraph.
18 Of the amount so authorized to be appropriated, not
19 more than \$1,000,000 shall be available for any par-
20 ticular pilot project.

21 ~~(b) QUALITY ASSURANCE.~~—Subsection ~~(d)(2)~~ of sec-
22 tion 1074f of title 10, United States Code, is amended
23 by adding at the end the following new subparagraph:

24 ~~“(F)~~ The diagnosis and treatment of traumatic
25 brain injury and post-traumatic stress disorder.”.

1 (c) STANDARDS FOR DEPLOYMENT.—Subsection (f)
2 of such section is amended—

3 (1) in the subsection heading, by striking
4 “MENTAL HEALTH”; and

5 (2) in paragraph (2)(B), by striking “or” and
6 inserting “, traumatic brain injury, or”.

7 **SEC. 223. CENTERS OF EXCELLENCE IN THE PREVENTION,**
8 **DIAGNOSIS, MITIGATION, TREATMENT, AND**
9 **REHABILITATION OF TRAUMATIC BRAIN IN-**
10 **JURY AND POST-TRAUMATIC STRESS DIS-**
11 **ORDER.**

12 (a) CENTER OF EXCELLENCE ON TRAUMATIC BRAIN
13 INJURY.—Chapter 55 of title 10, United States Code, is
14 amended by inserting after section 1105 the following new
15 section:

16 **“§ 1105a. Center of Excellence in Prevention, Diag-**
17 **nosis, Mitigation, Treatment, and Reha-**
18 **bilitation of Traumatic Brain Injury**

19 “(a) IN GENERAL.—The Secretary of Defense shall
20 establish within the Department of Defense a center of
21 excellence in the prevention, diagnosis, mitigation, treat-
22 ment, and rehabilitation of traumatic brain injury (TBI),
23 including mild, moderate, and severe traumatic brain in-
24 jury, to carry out the responsibilities specified in sub-
25 section (c). The center shall be known as a ‘Center of Ex-

1 cellence in Prevention, Diagnosis, Mitigation, Treatment,
 2 and Rehabilitation of Traumatic Brain Injury’.

3 “(b) PARTNERSHIPS.—The Secretary shall authorize
 4 the Center to enter into such partnerships, agreements,
 5 or other arrangements as the Secretary considers appro-
 6 priate with the Department of Veterans Affairs, institu-
 7 tions of higher education, and other appropriate public
 8 and private entities (including international entities) to
 9 carry out the responsibilities specified in subsection (c).

10 “(c) RESPONSIBILITIES.—The Center shall have re-
 11 sponsibilities as follows:

12 “(1) To direct and oversee, based on expert re-
 13 search, the development and implementation of a
 14 long-term, comprehensive plan and strategy for the
 15 Department of Defense for the prevention, diagnosis,
 16 mitigation, treatment, and rehabilitation of trau-
 17 matic brain injury.

18 “(2) To provide for the development, testing,
 19 and dissemination within the Department of best
 20 practices for the treatment of traumatic brain in-
 21 jury.

22 “(3) To provide guidance for the mental health
 23 system of the Department in determining the mental
 24 health and neurological health personnel required to

1 provide quality mental health care for members of
2 the armed forces with traumatic brain injury.

3 “(4) To establish, implement, and oversee a
4 comprehensive program to train mental health and
5 neurological health professionals of the Department
6 in the treatment of traumatic brain injury.

7 “(5) To facilitate advancements in the study of
8 the short-term and long-term psychological effects of
9 traumatic brain injury.

10 “(6) To disseminate within the military medical
11 treatment facilities of the Department best practices
12 for training mental health professionals, including
13 neurological health professionals, with respect to
14 traumatic brain injury.

15 “(7) To conduct basic science and translational
16 research on traumatic brain injury for the purposes
17 of understanding the etiology of traumatic brain in-
18 jury and developing preventive interventions and new
19 treatments.

20 “(8) To develop outreach strategies and treat-
21 ments for families of members of the armed forces
22 with traumatic brain injury in order to mitigate the
23 negative impacts of traumatic brain injury on such
24 family members and to support the recovery of such
25 members from traumatic brain injury.

1 “(9) To conduct research on the unique mental
2 health needs of women members of the armed forces
3 with traumatic brain injury and develop treatments
4 to meet any needs identified through such research.

5 “(10) To conduct research on the unique men-
6 tal health needs of ethnic minority members of the
7 armed forces with traumatic brain injury and de-
8 velop treatments to meet any needs identified
9 through such research.

10 “(11) To conduct research on the mental health
11 needs of families of members of the armed forces
12 with traumatic brain injury and develop treatments
13 to meet any needs identified through such research.

14 “(12) To develop and oversee a long-term plan
15 to increase the number of mental health and neuro-
16 logical health professionals within the Department in
17 order to facilitate the meeting by the Department of
18 the needs of members of the armed forces with trau-
19 matic brain injury until their transition to care and
20 treatment from the Department of Veterans Affairs.

21 “(13) Such other responsibilities as the Sec-
22 retary shall specify.”

23 (b) CENTER OF EXCELLENCE ON POST-TRAUMATIC
24 STRESS DISORDER.—Chapter 55 of such title is further

1 amended by inserting after section 1105a, as added by
 2 subsection (a), the following new section:

3 **“§ 1105b. Center of Excellence in Prevention, Diag-**
 4 **nosis, Mitigation, Treatment, and Reha-**
 5 **bilitation of Post-Traumatic Stress Dis-**
 6 **order**

7 “(a) IN GENERAL.—The Secretary of Defense shall
 8 establish within the Department of Defense a center of
 9 excellence in the prevention, diagnosis, mitigation, treat-
 10 ment, and rehabilitation of post-traumatic stress disorder
 11 (PTSD), including mild, moderate, and severe post-trau-
 12 matic stress disorder, to carry out the responsibilities
 13 specified in subsection (c). The center shall be known as
 14 a ‘Center of Excellence in Prevention, Diagnosis, Mitiga-
 15 tion, Treatment, and Rehabilitation of Post-Traumatic
 16 Stress Disorder’.

17 “(b) PARTNERSHIPS.—The Secretary shall authorize
 18 the Center to enter into such partnerships, agreements,
 19 or other arrangements as the Secretary considers appro-
 20 priate with the National Center for Post-Traumatic Stress
 21 Disorder of the Department of Veterans Affairs, institu-
 22 tions of higher education, and other appropriate public
 23 and private entities (including international entities) to
 24 carry out the responsibilities specified in subsection (c).

1 “(c) RESPONSIBILITIES.—The Center shall have re-
2 sponsibilities as follows:

3 “(1) To direct and oversee, based on expert re-
4 search, the development and implementation of a
5 long-term, comprehensive plan and strategy for the
6 Department of Defense for the prevention, diagnosis,
7 mitigation, treatment, and rehabilitation of post-
8 traumatic stress disorder.

9 “(2) To provide for the development, testing,
10 and dissemination within the Department of best
11 practices for the treatment of post-traumatic stress
12 disorder.

13 “(3) To provide guidance for the mental health
14 system of the Department in determining the mental
15 health and neurological health personnel required to
16 provide quality mental health care for members of
17 the armed forces with post-traumatic stress disorder.

18 “(4) To establish, implement, and oversee a
19 comprehensive program to train mental health and
20 neurological health professionals of the Department
21 in the treatment of post-traumatic stress disorder.

22 “(5) To facilitate advancements in the study of
23 the short-term and long-term psychological effects of
24 post-traumatic stress disorder.

1 “(6) To disseminate within the military medical
2 treatment facilities of the Department best practices
3 for training mental health professionals, including
4 neurological health professionals, with respect to
5 post-traumatic stress disorder.

6 “(7) To conduct basic science and translational
7 research on post-traumatic stress disorder for the
8 purposes of understanding the etiology of post-trau-
9 matic stress disorder and developing preventive
10 interventions and new treatments.

11 “(8) To develop outreach strategies and treat-
12 ments for families of members of the armed forces
13 with post-traumatic stress disorder in order to miti-
14 gate the negative impacts of traumatic brain injury
15 on such family members and to support the recovery
16 of such members from post-traumatic stress dis-
17 order.

18 “(9) To conduct research on the unique mental
19 health needs of women members of the armed forces,
20 including victims of sexual assault, with post-trau-
21 matic stress disorder and develop treatments to meet
22 any needs identified through such research.

23 “(10) To conduct research on the unique men-
24 tal health needs of ethnic minority members of the
25 armed forces with post-traumatic stress disorder and

1 develop treatments to meet any needs identified
2 through such research.

3 “(11) To conduct research on the mental health
4 needs of families of members of the armed forces
5 with post-traumatic stress disorder and develop
6 treatments to meet any needs identified through
7 such research.

8 “(12) To develop and oversee a long-term plan
9 to increase the number of mental health and neuro-
10 logical health professionals within the Department in
11 order to facilitate the meeting by the Department of
12 the needs of members of the armed forces with post-
13 traumatic stress disorder until their transition to
14 care and treatment from the Department of Vet-
15 erans Affairs.

16 “(13) Such other responsibilities as the Sec-
17 retary shall specify.”.

18 (c) ~~CLERICAL AMENDMENT.~~—The table of sections
19 at the beginning of chapter 55 of such title is amended
20 by inserting after the item relating to section 1105 the
21 following new items:

 “1105a. Center of Excellence in Prevention, Diagnosis, Mitigation, Treatment,
 and Rehabilitation of Traumatic Brain Injury.

 “1105b. Center of Excellence in Prevention, Diagnosis, Mitigation, Treatment,
 and Rehabilitation of Post-Traumatic Stress Disorder.”.

22 (d) ~~REPORT ON ESTABLISHMENT.~~—Not later than
23 180 days after the date of the enactment of this Act, the

1 Secretary of Defense shall submit to Congress a report
2 on the establishment of the Center of Excellence in Pre-
3 vention, Diagnosis, Mitigation, Treatment, and Rehabili-
4 tation of Traumatic Brain Injury required by section
5 1105a of title 10, United States Code (as added by sub-
6 section (a)), and the establishment of the Center of Excel-
7 lence in Prevention, Diagnosis, Mitigation, Treatment,
8 and Rehabilitation of Post-Traumatic Stress Disorder re-
9 quired by section 1105b of title 10, United States Code
10 (as added by subsection (b)). The report shall, for each
11 such Center—

12 (1) describe in detail the activities and proposed
13 activities of such Center; and

14 (2) assess the progress of such Center in dis-
15 charging the responsibilities of such Center.

16 (c) AUTHORIZATION OF APPROPRIATIONS.—There is
17 hereby authorized to be appropriated for fiscal year 2008
18 for the Department of Defense for Defense Health Pro-
19 gram, \$10,000,000, of which—

20 (1) \$5,000,000 shall be available for the Center
21 of Excellence in Prevention, Diagnosis, Mitigation,
22 Treatment, and Rehabilitation of Traumatic Brain
23 Injury required by section 1105a of title 10, United
24 States Code; and

1 ~~(2) \$5,000,000 shall be available for the Center~~
 2 ~~of Excellence in Prevention, Diagnosis, Mitigation,~~
 3 ~~Treatment, and Rehabilitation of Post-Traumatic~~
 4 ~~Stress Disorder required by section 1105b of title~~
 5 ~~10, United States Code.~~

6 **SEC. 224. FUNDING FOR IMPROVED DIAGNOSIS, TREAT-**
 7 **MENT, AND REHABILITATION OF MEMBERS**
 8 **OF THE ARMED FORCES WITH TRAUMATIC**
 9 **BRAIN INJURY OR POST-TRAUMATIC STRESS**
 10 **DISORDER.**

11 ~~(a) AUTHORIZATION OF APPROPRIATIONS.—~~

12 ~~(1) IN GENERAL.—~~Funds are hereby authorized
 13 to be appropriated for fiscal year 2008 for the De-
 14 partment of Defense for Defense Health Program in
 15 the amount of \$50,000,000, with such amount to be
 16 available for activities as follows:

17 ~~(A) Activities relating to the improved di-~~
 18 ~~agnosis, treatment, and rehabilitation of mem-~~
 19 ~~bers of the Armed Forces with traumatic brain~~
 20 ~~injury (TBI).~~

21 ~~(B) Activities relating to the improved di-~~
 22 ~~agnosis, treatment, and rehabilitation of mem-~~
 23 ~~bers of the Armed Forces with post-traumatic~~
 24 ~~stress disorder (PTSD).~~

1 (2) AVAILABILITY OF AMOUNT.—Of the amount
 2 authorized to be appropriated by paragraph (1),
 3 \$17,000,000 shall be available for the Defense and
 4 Veterans Brain Injury Center of the Department of
 5 Defense.

6 (b) SUPPLEMENT NOT SUPPLANT.—The amount au-
 7 thorized to be appropriated by subsection (a) for Defense
 8 Health Program is in addition to any other amounts au-
 9 thorized to be appropriated by this Act for Defense Health
 10 Program.

11 **SEC. 225. REPORTS.**

12 (a) REPORTS ON IMPLEMENTATION OF CERTAIN RE-
 13 QUIREMENTS.—Not later than 90 days after the date of
 14 the enactment of this Act, the Secretary of Defense shall
 15 submit to the congressional defense committees a report
 16 describing the progress in implementing the requirements
 17 as follows:

18 (1) The requirements of section 721 of the
 19 John Warner National Defense Authorization Act
 20 for Fiscal Year 2007 (Public Law 109–364; 120
 21 Stat. 2294), relating to a longitudinal study on trau-
 22 matic brain injury incurred by members of the
 23 Armed Forces in Operation Iraqi Freedom and Op-
 24 eration Enduring Freedom.

1 (2) The requirements arising from the amend-
 2 ments made by section 738 of the John Warner Na-
 3 tional Defense Authorization Act for Fiscal Year
 4 2007 (120 Stat. 2303), relating to enhanced mental
 5 health screening and services for members of the
 6 Armed Forces.

7 (3) The requirements of section 741 of the
 8 John Warner National Defense Authorization Act
 9 for Fiscal Year 2007 (120 Stat. 2304), relating to
 10 pilot projects on early diagnosis and treatment of
 11 post-traumatic stress disorder and other mental
 12 health conditions.

13 (b) ANNUAL REPORTS ON EXPENDITURES FOR AC-
 14 TIVITIES ON TBI AND PTSD.—

15 (1) REPORTS REQUIRED.—Not later than
 16 March 1, 2008, and each year thereafter, the Sec-
 17 retary of Defense shall submit to the congressional
 18 defense committees a report setting forth the
 19 amounts expended by the Department of Defense
 20 during the preceding calendar year on activities de-
 21 scribed in paragraph (2), including the amount allo-
 22 cated during such calendar year to the Defense and
 23 Veterans Brain Injury Center of the Department.

24 (2) COVERED ACTIVITIES.—The activities de-
 25 scribed in this paragraph are activities as follows:

1 (A) Activities relating to the improved di-
2 agnosis, treatment, and rehabilitation of mem-
3 bers of the Armed Forces with traumatic brain
4 injury (TBI).

5 (B) Activities relating to the improved di-
6 agnosis, treatment, and rehabilitation of mem-
7 bers of the Armed Forces with post-traumatic
8 stress disorder (PTSD).

9 ~~(3) ELEMENTS.~~—Each report under paragraph
10 ~~(1)~~ shall include—

11 (A) a description of the amounts expended
12 as described in that paragraph, including a de-
13 scription of the activities for which expended;

14 (B) a description and assessment of the
15 outcome of such activities;

16 (C) a statement of priorities of the Depart-
17 ment in activities relating to the prevention, di-
18 agnosis, research, treatment, and rehabilitation
19 of traumatic brain injury in members of the
20 Armed Forces during the year in which such re-
21 port is submitted and in future calendar years;
22 and

23 (D) a statement of priorities of the De-
24 partment in activities relating to the prevention,
25 diagnosis, research, treatment, and rehabilita-

1 tion of post-traumatic stress disorder in mem-
 2 bers of the Armed Forces during the year in
 3 which such report is submitted and in future
 4 calendar years.

5 **Subtitle D—Other Matters**

6 **SEC. 231. JOINT ELECTRONIC HEALTH RECORD FOR THE** 7 **DEPARTMENT OF DEFENSE AND DEPART-** 8 **MENT OF VETERANS AFFAIRS.**

9 (a) **IN GENERAL.**—The Secretary of Defense and the
 10 Secretary of Veterans Affairs shall jointly—

11 (1) develop and implement a joint electronic
 12 health record for use by the Department of Defense
 13 and the Department of Veterans Affairs; and

14 (2) accelerate the exchange of health care infor-
 15 mation between the Department of Defense and the
 16 Department of Veterans Affairs in order to support
 17 the delivery of health care by both Departments.

18 (b) **DEPARTMENT OF DEFENSE-DEPARTMENT OF**
 19 **VETERANS AFFAIRS INTERAGENCY PROGRAM OFFICE**
 20 **FOR A JOINT ELECTRONIC HEALTH RECORD.**—

21 (1) **IN GENERAL.**—There is hereby established
 22 a joint element of the Department of Defense and
 23 the Department of Veterans Affairs to be known as
 24 the “Department of Defense-Department of Vet-
 25 erans Affairs Interagency Program Office for a

1 Joint Electronic Health Record” (in this section re-
 2 ferred to as the “Office”).

3 (2) PURPOSES.—The purposes of the Office
 4 shall be as follows:

5 (A) To act as a single point of account-
 6 ability for the Department of Defense and the
 7 Department of Veterans Affairs in the rapid de-
 8 velopment, test, and implementation of a joint
 9 electronic health record for use by the Depart-
 10 ment of Defense and the Department of Vet-
 11 erans Affairs.

12 (B) To accelerate the exchange of health
 13 care information between Department of De-
 14 fense and the Department of Veterans Affairs
 15 in order to support the delivery of health care
 16 by both Departments.

17 (c) LEADERSHIP.—

18 (1) DIRECTOR.—The Director of the Depart-
 19 ment of Defense-Department of Veterans Affairs
 20 Interagency Program Office for a Joint Electronic
 21 Health Record shall be the head of the Office.

22 (2) DEPUTY DIRECTOR.—The Deputy Director
 23 of the Department of Defense-Department of Vet-
 24 erans Affairs Interagency Program Office for a
 25 Joint Electronic Health Record shall be the deputy

1 head of the office and shall assist the Director in
2 carrying out the duties of the Director.

3 ~~(3) APPOINTMENTS.—~~(A) The Director shall be
4 appointed by the Secretary of Defense, with the con-
5 currence of the Secretary of Veterans Affairs, from
6 among employees of the Department of Defense and
7 the Department of Veterans Affairs in the Senior
8 Executive Service who are qualified to direct the de-
9 velopment and acquisition of major information tech-
10 nology capabilities.

11 ~~(B)~~ The Deputy Director shall be appointed by
12 the Secretary of Veterans Affairs, with the concu-
13 rence of the Secretary of Defense, from among em-
14 ployees of the Department of Defense and the De-
15 partment of Veterans Affairs in the Senior Execu-
16 tive Service who are qualified to direct the develop-
17 ment and acquisition of major information tech-
18 nology capabilities.

19 ~~(4) ADDITIONAL GUIDANCE.—~~In addition to the
20 direction, supervision, and control provided by the
21 Secretary of Defense and the Secretary of Veterans
22 Affairs, the Office shall also receive guidance from
23 the Department of Veterans Affairs-Department of
24 Defense Joint Executive Committee under section

1 320 of title 38, United States Code, in the discharge
 2 of the functions of the Office under this section.

3 (5) TESTIMONY.—Upon request by any of the
 4 appropriate committees of Congress, the Director
 5 and the Deputy Director shall testify before such
 6 committee regarding the discharge of the functions
 7 of the Office under this section.

8 (d) FUNCTION.—The function of the Office shall be
 9 to develop and prepare for deployment, by not later than
 10 September 30, 2010, a joint electronic health record to
 11 be utilized by both the Department of Defense and the
 12 Department of Veterans Affairs in the provision of med-
 13 ical care and treatment to members of the Armed Forces
 14 and veterans.

15 (e) SCHEDULES AND BENCHMARKS.—Not later than
 16 30 days after the date of the enactment of this Act, the
 17 Secretary of Defense and the Secretary of Veterans Af-
 18 fairs shall jointly establish a schedule and benchmarks for
 19 the discharge by the Office of its function under this sec-
 20 tion, including each of the following:

21 (1) A schedule for the establishment of the Of-
 22 fice.

23 (2) A schedule and deadline for the establish-
 24 ment of the requirements for the joint electronic
 25 health record described in subsection (d).

1 ~~(3)~~ A schedule and associated deadlines for any
 2 acquisition and testing required in the development
 3 and deployment of the joint electronic health record.

4 ~~(4)~~ A schedule and associated deadlines and re-
 5 quirements for the deployment of the joint electronic
 6 health record.

7 ~~(5)~~ Proposed funding for the Office for each of
 8 fiscal years 2009 through 2013 for the discharge of
 9 its function.

10 ~~(f)~~ PILOT PROJECTS.—

11 ~~(1)~~ AUTHORITY.—In order to assist the Office
 12 in the discharge of its function under this section,
 13 the Secretary of Defense and the Secretary of Vet-
 14 erans Affairs may, acting jointly, carry out one or
 15 more pilot projects to assess the feasibility and ad-
 16 visability of various technological approaches to the
 17 achievement of the joint electronic health record de-
 18 scribed in subsection ~~(d)~~.

19 ~~(2)~~ TREATMENT AS SINGLE HEALTH CARE SYS-
 20 TEM.—For purposes of each pilot project carried out
 21 under this subsection, the health care system of the
 22 Department of Defense and the health care system
 23 of the Department of Veterans Affairs shall be treat-
 24 ed as a single health care system for purposes of the
 25 regulations promulgated under section 264(c) of the

1 Health Insurance Portability and Accountability Act
 2 of 1996 (42 U.S.C. 1320d–2 note).

3 ~~(g) STAFF AND OTHER RESOURCES.—~~

4 ~~(1) IN GENERAL.—~~The Secretary of Defense
 5 and the Secretary of Veterans Affairs shall assign to
 6 the Office such personnel and other resources of the
 7 Department of Defense and the Department of Vet-
 8 erans Affairs as are required for the discharge of its
 9 function under this section.

10 ~~(2) ADDITIONAL SERVICES.—~~Subject to the ap-
 11 proval of the Secretary of Defense and the Secretary
 12 of Veterans Affairs, the Director may utilize the
 13 services of private individuals and entities as con-
 14 sultants to the Office in the discharge of its function
 15 under this section. Amounts available to the Office
 16 shall be available for payment for such services.

17 ~~(h) ANNUAL REPORTS.—~~

18 ~~(1) IN GENERAL.—~~Not later than January 1,
 19 2009, and each year thereafter through 2014, the
 20 Director shall submit to the Secretary of Defense
 21 and the Secretary of Veterans Affairs, and to the
 22 appropriate committees of Congress, a report on the
 23 activities of the Office during the preceding calendar
 24 year. Each report shall include, for the year covered
 25 by such report, the following:

1 (A) A detailed description of the activities
 2 of the Office, including a detailed description of
 3 the amounts expended and the purposes for
 4 which expended.

5 (B) An assessment of the progress made
 6 by the Department of Defense and the Depart-
 7 ment of Veterans Affairs in the development
 8 and implementation of the joint electronic
 9 health record described in subsection (d).

10 (2) AVAILABILITY TO PUBLIC.—The Secretary
 11 of Defense and the Secretary of Veterans Affairs
 12 shall make available to the public each report sub-
 13 mitted under paragraph (1), including by posting
 14 such report on the Internet website of the Depart-
 15 ment of Defense and the Department of Veterans
 16 Affairs, respectively, that is available to the public.

17 (i) COMPTROLLER GENERAL ASSESSMENT OF IM-
 18 PLEMENTATION.—Not later than six months after the
 19 date of the enactment of this Act and every six months
 20 thereafter until the completion of the implementation of
 21 the joint electronic health record described in subsection
 22 (d), the Comptroller General of the United States shall
 23 submit to the appropriate committees of Congress a report
 24 setting forth the assessment of the Comptroller General
 25 of the progress of the Department of Defense and the De-

1 partment of Veterans Affairs in developing and imple-
 2 menting the joint electronic health record.

3 ~~(j) FUNDING.—~~

4 ~~(1) IN GENERAL.—~~The Secretary of Defense
 5 and the Secretary of Veterans Affairs shall each con-
 6 tribute equally to the costs of the Office in fiscal
 7 year 2008 and fiscal years thereafter. The amount
 8 so contributed by each Secretary in fiscal year 2008
 9 shall be up to \$10,000,000.

10 ~~(2) SOURCE OF FUNDS.—~~(A) Amounts contrib-
 11 uted by the Secretary of Defense under paragraph
 12 ~~(1)~~ shall be derived from amounts authorized to be
 13 appropriated for the Department of Defense for the
 14 Defense Health Program and available for program
 15 management and technology resources.

16 ~~(B)~~ Amounts contributed by the Secretary of
 17 Veterans Affairs under paragraph ~~(1)~~ shall be de-
 18 rived from amounts authorized to be appropriated
 19 for the Department of Veterans Affairs for Medical
 20 Care and available for program management and
 21 technology resources.

22 ~~(k) JOINT ELECTRONIC HEALTH RECORD DE-~~
 23 ~~FINED.—~~In this section, the term “joint electronic health
 24 record” means a single system that includes patient infor-
 25 mation across the continuum of medical care, including

1 inpatient care, outpatient care, pharmacy care, patient
 2 safety, and rehabilitative care.

3 **SEC. 232. ENHANCED PERSONNEL AUTHORITIES FOR THE**
 4 **DEPARTMENT OF DEFENSE FOR HEALTH**
 5 **CARE PROFESSIONALS FOR CARE AND**
 6 **TREATMENT OF WOUNDED AND INJURED**
 7 **MEMBERS OF THE ARMED FORCES.**

8 (a) IN GENERAL.—Section 1599e of title 10, United
 9 States Code, is amended to read as follows:

10 **“§ 1599e. Health care professionals: enhanced ap-**
 11 **pointment and compensation authority**
 12 **for personnel for care and treatment of**
 13 **wounded and injured members of the**
 14 **armed forces**

15 “The Secretary of Defense may, in the discretion of
 16 the Secretary, exercise any authority for the appointment
 17 and pay of health care personnel under chapter 74 of title
 18 38 for purposes of the recruitment, employment, and re-
 19 tention of civilian health care professionals for the Depart-
 20 ment of Defense if the Secretary determines that the exer-
 21 cise of such authority is necessary in order to provide or
 22 enhance the capacity of the Department to provide care
 23 and treatment for members of the armed forces who are
 24 wounded or injured on active duty in the armed forces.”.

1 (b) **CLERICAL AMENDMENT.**—The table of sections
 2 at the beginning of chapter 81 of such title is amended
 3 by striking the item relating to section 1599e and insert-
 4 ing the following new item:

“1599e. Health care professionals: enhanced appointment and compensation au-
 thority for personnel for care and treatment of wounded and
 injured members of the armed forces.”.

5 **SEC. 233. PERSONNEL SHORTAGES IN THE MENTAL**
 6 **HEALTH WORKFORCE OF THE DEPARTMENT**
 7 **OF DEFENSE.**

8 (a) **RECOMMENDATIONS ON MEANS OF ADDRESSING**
 9 **SHORTAGES.**—

10 (1) **REPORT.**—Not later than 45 days after the
 11 date of the enactment of this Act, the Secretary of
 12 Defense shall submit to the Committees on Armed
 13 Services of the Senate and the House of Representa-
 14 tives a report setting forth the recommendations of
 15 the Secretary for such legislative or administrative
 16 actions as the Secretary considers appropriate to ad-
 17 dress current personnel shortages in the mental
 18 health workforce of the Department of Defense.

19 (2) **ELEMENTS.**—The report required by para-
 20 graph (1) shall address the following:

21 (A) Enhancements or improvements of fi-
 22 nancial incentives for personnel in the mental
 23 health workforce of the Department of Defense
 24 in order to enhance the recruitment and reten-

tion of such personnel, including recruitment,
 accession, or retention bonuses and scholarship,
 tuition, and other financial assistance.

(B) Modifications of service obligations of
 personnel in the mental health workforce.

(C) Such other matters as the Secretary
 considers appropriate.

(b) RECRUITMENT.—Commencing not later than 180
 days after the date of the enactment of this Act, the Sec-
 retary of Defense shall implement programs to recruit
 qualified individuals in mental health fields to serve in the
 Armed Forces as mental health personnel of the Armed
 Forces.

TITLE III—DISABILITY MATTERS

Subtitle A—Disability Evaluations

**SEC. 301. UTILIZATION OF VETERANS' PRESUMPTION OF
 SOUND CONDITION IN ESTABLISHING ELIGI-
 BILITY OF MEMBERS OF THE ARMED FORCES
 FOR RETIREMENT FOR DISABILITY.**

(a) RETIREMENT OF REGULARS AND MEMBERS ON
 ACTIVE DUTY FOR MORE THAN 30 DAYS.—Clause (i) of
 section 1201(b)(3)(A) of title 10, United States Code, is
 amended to read as follows:

“(i) the member has six months or
 more of active military service and the dis-

1 ability was not noted at the time of the
 2 member's entrance on active duty (unless
 3 compelling evidence or medical judgment is
 4 such to warrant a finding that the dis-
 5 ability existed before the member's en-
 6 trance on active duty);".

7 (b) SEPARATION OF REGULARS AND MEMBERS ON
 8 ACTIVE DUTY FOR MORE THAN 30 DAYS.—Section
 9 1203(b)(4)(B) of such title is amended by striking "and
 10 the member has at least eight years of service computed
 11 under section 1208 of this title" and inserting "the mem-
 12 ber has six months or more of active military service, and
 13 the disability was not noted at the time of the member's
 14 entrance on active duty (unless evidence or medical judg-
 15 ment is such to warrant a finding that the disability ex-
 16 isted before the member's entrance on active duty)".

17 **SEC. 302. REQUIREMENTS AND LIMITATIONS ON DEPART-**
 18 **MENT OF DEFENSE DETERMINATIONS OF**
 19 **DISABILITY WITH RESPECT TO MEMBERS OF**
 20 **THE ARMED FORCES.**

21 (a) IN GENERAL.—Chapter 61 of title 10, United
 22 States Code, is amended by inserting after section 1216
 23 the following new section:

1 **“§ 1216a. Determinations of disability: requirements**
 2 **and limitations on determinations**

3 ~~“(a) UTILIZATION OF VA SCHEDULE FOR RATING~~
 4 ~~DISABILITIES IN DETERMINATIONS OF DISABILITY.—(1)~~

5 In making a determination of disability of a member of
 6 the armed forces for purposes of this chapter, the Sec-
 7 retary concerned—

8 ~~“(A) shall, to the extent feasible, utilize the~~
 9 ~~schedule for rating disabilities in use by the Depart-~~
 10 ~~ment of Veterans Affairs, including any applicable~~
 11 ~~interpretation of the schedule by the United States~~
 12 ~~Court of Appeals for Veterans Claims; and~~

13 ~~“(B) except as provided in paragraph (2), may~~
 14 ~~not deviate from the schedule or any such interpre-~~
 15 ~~tation of the schedule.~~

16 ~~“(2) In making a determination described in para-~~
 17 ~~graph (1), the Secretary concerned may utilize in lieu of~~
 18 ~~the schedule described in that paragraph such criteria as~~
 19 ~~the Secretary of Defense and the Secretary of Veterans~~
 20 ~~Affairs may jointly prescribe for purposes of this sub-~~
 21 ~~section if the utilization of such criteria will result in a~~
 22 ~~determination of a greater percentage of disability than~~
 23 ~~would be otherwise determined through the utilization of~~
 24 ~~the schedule.~~

25 ~~“(b) CONSIDERATION OF ALL MEDICAL CONDI-~~
 26 ~~TIONS.—In making a determination of the rating of dis-~~

1 ability of a member of the armed forces for purposes of
 2 this chapter, the Secretary concerned shall take into ac-
 3 count all medical conditions, whether individually or collec-
 4 tively, that render the member unfit to perform the duties
 5 of the member's office, grade, rank, or rating.”.

6 (b) CLERICAL AMENDMENT.—The table of sections
 7 at the beginning of chapter 61 of such title is amended
 8 by inserting after the item relating to section 1216 the
 9 following new item:

“1216a. Determinations of disability: requirements and limitations on deter-
 minations.”.

10 **SEC. 303. REVIEW OF SEPARATION OF MEMBERS OF THE**
 11 **ARMED FORCES SEPARATED FROM SERVICE**
 12 **WITH A DISABILITY RATING OF 20 PERCENT**
 13 **DISABLED OR LESS.**

14 (a) BOARD REQUIRED.—

15 (1) IN GENERAL.—Chapter 79 of title 10,
 16 United States Code, is amended by inserting after
 17 section 1554 adding the following new section:

18 **“§ 1554a. Review of separation with disability rating**
 19 **of 20 percent disabled or less**

20 “(a) IN GENERAL.—(1) The Secretary of Defense
 21 shall establish within the Office of the Secretary of De-
 22 fense a board of review to review the disability determina-
 23 tions of covered individuals by Physical Evaluation

1 Boards. The board shall be known as the ‘Physical Dis-
2 ability Board of Review’.

3 “(2) The Board shall consist of not less than three
4 members appointed by the Secretary.

5 “(b) COVERED INDIVIDUALS.—For purposes of this
6 section, covered individuals are members and former mem-
7 bers of the armed forces who, during the period beginning
8 on September 11, 2001, and ending on December 31,
9 2009—

10 “(1) are separated from the armed forces due
11 to unfitness for duty due to a medical condition with
12 a disability rating of 20 percent disabled or less; and

13 “(2) are found to be not eligible for retirement.

14 “(c) REVIEW.—(1) Upon its own motion, or upon the
15 request of a covered individual, or a surviving spouse, next
16 of kin, or legal representative of a covered individual, the
17 Board shall review the findings and decisions of the Phys-
18 ical Evaluation Board with respect to such covered indi-
19 vidual.

20 “(2) The review by the Board under paragraph (1)
21 shall be based on the records of the armed force concerned
22 and such other evidence as may be presented to the Board.
23 A witness may present evidence to the Board by affidavit
24 or by any other means considered acceptable by the Sec-
25 retary of Defense.

1 “(d) ~~AUTHORIZED RECOMMENDATIONS.—~~The Board
 2 may, as a result of its findings under a review under sub-
 3 section (e), recommend to the Secretary concerned the fol-
 4 lowing (as applicable) with respect to a covered individual:

5 “(1) No recharacterization of the separation of
 6 such individual or modification of the disability rat-
 7 ing previously assigned such individual.

8 “(2) The recharacterization of the separation of
 9 such individual to retirement for disability.

10 “(3) The modification of the disability rating
 11 previously assigned such individual by the Physical
 12 Evaluation Board concerned.

13 “(4) The issuance of a new disability rating for
 14 such individual.

15 “(e) ~~CORRECTION OF MILITARY RECORDS.—~~(1) The
 16 Secretary concerned may correct the military records of
 17 a covered individual in accordance with a recommendation
 18 made by the Board under subsection (d). Any such correc-
 19 tion may be made effective as of the effective date of the
 20 action taken on the report of the Physical Evaluation
 21 Board to which such recommendation relates.

22 “(2) In the case of a member previously separated
 23 pursuant to the findings and decision of a Physical Eval-
 24 uation Board together with a lump-sum or other payment
 25 of back pay and allowances at separation, the amount of

1 pay or other monetary benefits to which such member
 2 would be entitled based on the member's military record
 3 as corrected shall be reduced to take into account receipt
 4 of such lump-sum or other payment in such manner as
 5 the Secretary of Defense considers appropriate.

6 “(3) If the Board makes a recommendation not to
 7 correct the military records of a covered individual, the
 8 action taken on the report of the Physical Evaluation
 9 Board to which such recommendation relates shall be
 10 treated as final as of the date of such action.

11 “(f) REGULATIONS.—(1) This section shall be carried
 12 out in accordance with regulations prescribed by the Sec-
 13 retary of Defense.

14 “(2) The regulations under paragraph (1) shall speci-
 15 fy the effect of a determination or pending determination
 16 of a Physical Evaluation Board on considerations by
 17 boards for correction of military records under section
 18 1552 of this title.”.

19 (2) CLERICAL AMENDMENT.—The table of sec-
 20 tions at the beginning of chapter 79 of such title is
 21 amended by inserting after the item relating to sec-
 22 tion 1554 the following new item:

“1554a. Review of separation with disability rating of 20 percent disabled or
 less.”.

23 (b) IMPLEMENTATION.—The Secretary of Defense
 24 shall establish the board of review required by section

1 1554a of title 10, United States Code (as added by sub-
2 section (a)), and prescribe the regulations required by
3 such section, not later than 90 days after the date of the
4 enactment of this Act.

5 **SEC. 304. PILOT PROGRAMS ON REVISED AND IMPROVED**
6 **DISABILITY EVALUATION SYSTEM FOR MEM-**
7 **BERS OF THE ARMED FORCES.**

8 (a) PILOT PROGRAMS.—

9 (1) IN GENERAL.—The Secretary of Defense
10 shall, in consultation with the Secretary of Veterans
11 Affairs, carry out pilot programs with respect to the
12 disability evaluation system of the Department of
13 Defense for the purpose set forth in subsection (d).

14 (2) REQUIRED PILOT PROGRAMS.—In carrying
15 out this section, the Secretary of Defense shall carry
16 out the pilot programs described in paragraphs (1)
17 through (3) of subsection (c). Each such pilot pro-
18 gram shall be implemented not later than 90 days
19 after the date of the enactment of this Act.

20 (3) AUTHORIZED PILOT PROGRAMS.—In ear-
21 rying out this section, the Secretary of Defense may
22 carry out such other pilot programs as the Secretary
23 of Defense, in consultation with the Secretary of
24 Veterans Affairs, considers appropriate.

1 (b) ~~DISABILITY EVALUATION SYSTEM OF THE DE-~~
2 ~~PARTMENT OF DEFENSE.~~—For purposes of this section,
3 the disability evaluation system of the Department of De-
4 fense is the system of the Department for the evaluation
5 of the disabilities of members of the Armed Forces who
6 are being separated or retired from the Armed Forces for
7 disability under chapter 61 of title 10, United States
8 Code.

9 (c) ~~SCOPE OF PILOT PROGRAMS.~~—

10 (1) ~~DISABILITY DETERMINATIONS BY DOD UTI-~~
11 ~~LIZING VA ASSIGNED DISABILITY RATING.~~—Under
12 one of the pilot programs under subsection (a), for
13 purposes of making a determination of disability of
14 a member of the Armed Forces under section
15 1201(b) of title 10, United States Code, for the re-
16 tirement, separation, or placement of the member on
17 the temporary disability retired list under chapter 61
18 of such title, upon a determination by the Secretary
19 of the military department concerned that the mem-
20 ber is unfit to perform the duties of the member's
21 office, grade, rank, or rating because of a physical
22 disability as described in section 1201(a) of such
23 title—

24 (A) the Secretary of Veterans Affairs
25 shall—

1 (i) conduct an evaluation of the mem-
 2 ber for physical disability; and

3 (ii) assign the member a rating of dis-
 4 ability in accordance with the schedule for
 5 rating disabilities utilized by the Secretary
 6 of Veterans Affairs based on all medical
 7 conditions (whether individually or collec-
 8 tively) that render the member unfit for
 9 duty; and

10 (B) the Secretary of the military depart-
 11 ment concerned shall make the determination of
 12 disability regarding the member utilizing the
 13 rating of disability assigned under subpara-
 14 graph (A)(ii).

15 ~~(2) DISABILITY DETERMINATIONS UTILIZING~~
 16 ~~JOINT DOD/VA ASSIGNED DISABILITY RATING.—~~

17 Under one of the pilot programs under subsection
 18 (a), in making a determination of disability of a
 19 member of the Armed Forces under section 1201(b)
 20 of title 10, United States Code, for the retirement,
 21 separation, or placement of the member on the tem-
 22 porary disability retired list under chapter 61 of
 23 such title, the Secretary of the military department
 24 concerned shall, upon determining that the member
 25 is unfit to perform the duties of the member's office,

1 grade, rank, or rating because of a physical dis-
2 ability as described in section 1201(a) of such title—

3 (A) provide for the joint evaluation of the
4 member for disability by the Secretary of the
5 military department concerned and the Sec-
6 retary of Veterans Affairs, including the assign-
7 ment of a rating of disability for the member in
8 accordance with the schedule for rating disabili-
9 ties utilized by the Secretary of Veterans Af-
10 fairs based on all medical conditions (whether
11 individually or collectively) that render the
12 member unfit for duty; and

13 (B) make the determination of disability
14 regarding the member utilizing the rating of
15 disability assigned under subparagraph (A).

16 (3) ~~ELECTRONIC CLEARING HOUSE.~~—Under
17 one of the pilot programs, the Secretary of Defense
18 shall establish and operate a single Internet website
19 for the disability evaluation system of the Depart-
20 ment of Defense that enables participating members
21 of the Armed Forces to fully utilize such system
22 through the Internet, with such Internet website to
23 include the following:

24 (A) The availability of any forms required
25 for the utilization of the disability evaluation

1 system by members of the Armed Forces under
2 the system.

3 (B) Secure mechanisms for the submission
4 of such forms by members of the Armed Forces
5 under the system, and for the tracking of the
6 acceptance and review of any forms so sub-
7 mitted.

8 (C) Secure mechanisms for advising mem-
9 bers of the Armed Forces under the system of
10 any additional information, forms, or other
11 items that are required for the acceptance and
12 review of any forms so submitted.

13 (D) The continuous availability of assist-
14 ance to members of the Armed Forces under
15 the system (including assistance through the
16 caseworkers assigned to such members of the
17 Armed Forces) in submitting and tracking such
18 forms, including assistance in obtaining infor-
19 mation, forms, or other items described by sub-
20 paragraph (C).

21 (E) Secure mechanisms to request and re-
22 ceive personnel files or other personnel records
23 of members of the Armed Forces under the sys-
24 tem that are required for submission under the
25 disability evaluation system, including the capa-

1 bility to track requests for such files or records
2 and to determine the status of such requests
3 and of responses to such requests.

4 (4) OTHER PILOT PROGRAMS.—Under any pilot
5 program carried out by the Secretary of Defense
6 under subsection (a)(3), the Secretary shall provide
7 for the development, evaluation, and identification of
8 such practices and procedures under the disability
9 evaluation system of the Department of Defense as
10 the Secretary considers appropriate for purpose set
11 forth in subsection (d).

12 (d) PURPOSE.—The purpose of each pilot program
13 under subsection (a) shall be—

14 (1) to provide for the development, evaluation,
15 and identification of revised and improved practices
16 and procedures under the disability evaluation sys-
17 tem of the Department of Defense in order to—

18 (A) reduce the processing time under the
19 disability evaluation system of members of the
20 Armed Forces who are likely to be retired or
21 separated for disability, and who have not re-
22 quested continuation on active duty, including,
23 in particular, members who are severely wound-
24 ed;

1 ~~(B)~~ identify and implement or seek the
2 modification of statutory or administrative poli-
3 cies and requirements applicable to the dis-
4 ability evaluation system that—

5 (i) are unnecessary or contrary to ap-
6 plicable best practices of civilian employers
7 and civilian healthcare systems; or

8 (ii) otherwise result in hardship, arbi-
9 trary, or inconsistent outcomes for mem-
10 bers of the Armed Forces, or unwarranted
11 inefficiencies and delays;

12 ~~(C)~~ eliminate material variations in poli-
13 cies, interpretations, and overall performance
14 standards among the military departments
15 under the disability evaluation system; and

16 ~~(D)~~ determine whether it enhances the ca-
17 pability of the Department of Veterans Affairs
18 to receive and determine claims from members
19 of the Armed Forces for compensation, pension,
20 hospitalization, or other veterans benefits; and

21 ~~(2)~~ in conjunction with the findings and rec-
22 ommendations of applicable Presidential and De-
23 partment of Defense study groups, to provide for the
24 eventual development of revised and improved prac-
25 tices and procedures for the disability evaluation sys-

1 tem in order to achieve the objectives set forth in
2 paragraph (1).

3 ~~(c) UTILIZATION OF RESULTS IN UPDATES OF COM-~~
4 ~~PREHENSIVE POLICY ON CARE, MANAGEMENT, AND~~
5 ~~TRANSITION OF COVERED SERVICEMEMBERS.~~—The Sec-
6 retary of Defense and the Secretary of Veterans Affairs
7 shall jointly incorporate responses to any findings and rec-
8 ommendations arising under the pilot programs required
9 by subsection (a) in updating the comprehensive policy on
10 the care and management of covered servicemembers
11 under section 101.

12 ~~(f) CONSTRUCTION WITH OTHER AUTHORITIES.~~—

13 ~~(1) IN GENERAL.~~—Subject to paragraph (2), in
14 carrying out a pilot program under subsection (a)—

15 ~~(A)~~ the rules and regulations of the De-
16 partment of Defense and the Department of
17 Veterans Affairs relating to methods of deter-
18 mining fitness or unfitness for duty and dis-
19 ability ratings for members of the Armed
20 Forces shall apply to the pilot program only to
21 the extent provided in the report on the pilot
22 program under subsection ~~(h)~~(1); and

23 ~~(B)~~ the Secretary of Defense and the Sec-
24 retary of Veterans Affairs may waive any provi-
25 sion of title 10, 37, or 38, United States Code,

1 relating to methods of determining fitness or
2 unfitness for duty and disability ratings for
3 members of the Armed Forces if the Secretaries
4 determine in writing that the application of
5 such provision would be inconsistent with the
6 purpose of the pilot program.

7 (2) LIMITATION.—Nothing in paragraph (1)
8 shall be construed to authorize the waiver of any
9 provision of section 1216a of title 10, United States
10 Code, as added by section 302 of this Act.

11 (g) DURATION.—Each pilot program under sub-
12 section (a) shall be completed not later than one year after
13 the date of the commencement of such pilot program
14 under that subsection.

15 (h) REPORTS.—

16 (1) INITIAL REPORT.—Not later than 90 days
17 after the date of the enactment of this Act, the Sec-
18 retary of Defense shall submit to the appropriate
19 committees of Congress a report on the pilot pro-
20 grams under subsection (a). The report shall in-
21 clude—

22 (A) a description of the scope and objec-
23 tives of each pilot program;

24 (B) a description of the methodology to be
25 used under such pilot program to ensure rapid

1 identification under such pilot program of re-
2 vised or improved practices under the disability
3 evaluation system of the Department of Defense
4 in order to achieve the objectives set forth in
5 subsection (d)(1); and

6 (C) a statement of any provision described
7 in subsection (f)(1)(B) that shall not apply to
8 the pilot program by reason of a waiver under
9 that subsection.

10 (2) INTERIM REPORT.—Not later than 150
11 days after the date of the submittal of the report re-
12 quired by paragraph (1), the Secretary shall submit
13 to the appropriate committees of Congress a report
14 describing the current status of such pilot program.

15 (3) FINAL REPORT.—Not later than 90 days
16 after the completion of all the pilot programs de-
17 scribed in paragraphs (1) through (3) of subsection
18 (c), the Secretary shall submit to the appropriate
19 committees of Congress a report setting forth a final
20 evaluation and assessment of such pilot programs.
21 The report shall include such recommendations for
22 legislative or administrative action as the Secretary
23 considers appropriate in light of such pilot pro-
24 grams.

1 **SEC. 305. REPORTS ON ARMY ACTION PLAN IN RESPONSE**
2 **TO DEFICIENCIES IN THE ARMY PHYSICAL**
3 **DISABILITY EVALUATION SYSTEM.**

4 (a) **REPORTS REQUIRED.**—Not later than 30 days
5 after the date of the enactment of this Act, and every 120
6 days thereafter until March 1, 2009, the Secretary of De-
7 fense shall submit to the congressional defense committees
8 a report on the implementation of corrective measures by
9 the Department of Defense with respect to the Physical
10 Disability Evaluation System (PDES) in response to the
11 following:

12 (1) The report of the Inspector General of the
13 Army on that system of March 6, 2007.

14 (2) The report of the Independent Review
15 Group on Rehabilitation Care and Administrative
16 Processes at Walter Reed Army Medical Center and
17 National Naval Medical Center.

18 (3) The report of the Department of Veterans
19 Affairs Task Force on Returning Global War on
20 Terror Heroes.

21 (b) **ELEMENTS OF REPORT.**—Each report under sub-
22 section (a) shall include current information on the fol-
23 lowing:

24 (1) The total number of cases, and the number
25 of cases involving combat disabled servicemembers,
26 pending resolution before the Medical and Physical

1 Disability Evaluation Boards of the Army, including
2 information on the number of members of the Army
3 who have been in a medical hold or holdover status
4 for more than each of 100, 200, and 300 days.

5 (2) The status of the implementation of modi-
6 fications to disability evaluation processes of the De-
7 partment of Defense in response to the following:

8 (A) The report of the Inspector General on
9 such processes dated March 6, 2007.

10 (B) The report of the Independent Review
11 Group on Rehabilitation Care and Administra-
12 tive Processes at Walter Reed Army Medical
13 Center and National Naval Medical Center.

14 (C) The report of the Department of Vet-
15 erans Affairs Task Force on Returning Global
16 War on Terror Heroes.

17 (e) POSTING ON INTERNET.—Not later than 24
18 hours after submitting a report under subsection (a), the
19 Secretary shall post such report on the Internet website
20 of the Department of Defense that is available to the pub-
21 lic.

Subtitle B—Other Disability Matters

SEC. 311. ENHANCEMENT OF DISABILITY SEVERANCE PAY FOR MEMBERS OF THE ARMED FORCES.

(a) IN GENERAL.—Section 1212 of title 10, United States Code, is amended—

(1) in subsection (a)(1), by striking “his years of service, but not more than 12, computed under section 1208 of this title” in the matter preceding subparagraph (A) and inserting “the member’s years of service computed under section 1208 of this title (subject to the minimum and maximum years of service provided for in subsection (e))”;

(2) by redesignating subsection (e) as subsection (d); and

(3) by inserting after subsection (b) the following new subsection (e):

“(e)(1) The minimum years of service of a member for purposes of subsection (a)(1) shall be as follows:

“(A) Six years in the case of a member separated from the armed forces for a disability incurred in line of duty in a combat zone (as designated by the Secretary of Defense for purposes of this subsection).”

1 “(B) Three years in the case of any other mem-
2 ber:

3 ~~“(2) The maximum years of service of a member for~~
4 ~~purposes of subsection (a)(1) shall be 19 years.”.~~

5 (b) NO DEDUCTION FROM COMPENSATION OF SEV-
6 ERANCE PAY FOR DISABILITIES INCURRED IN COMBAT
7 ZONES.—Subsection (d) of such section, as redesignated
8 by subsection (a)(2) of this section, is further amended—

9 (1) by inserting “(1)” after “(d)”;

10 (2) by striking the second sentence; and

11 (3) by adding at the end the following new
12 paragraphs:

13 ~~“(2) No deduction may be made under paragraph (1)~~
14 ~~in the case of disability severance pay received by a mem-~~
15 ~~ber for a disability incurred in line of duty in a combat~~
16 ~~zone.~~

17 ~~“(3) No deduction may be made under paragraph (1)~~
18 ~~from any death compensation to which a member's de-~~
19 ~~pendents become entitled after the member's death.”.~~

20 (c) EFFECTIVE DATE.—The amendments made by
21 this section shall take effect on the date of the enactment
22 of this Act, and shall apply with respect to members of
23 the Armed Forces separated from the Armed Forces
24 under chapter 61 of title 10, United States Code, on or
25 after that date.

1 **TITLE IV—IMPROVEMENT OF**
 2 **FACILITIES HOUSING PATIENTS**

3 **SEC. 401. STANDARDS FOR MILITARY MEDICAL TREAT-**
 4 **MENT FACILITIES, SPECIALTY MEDICAL**
 5 **CARE FACILITIES, AND MILITARY QUARTERS**
 6 **HOUSING PATIENTS.**

7 (a) ~~ESTABLISHMENT OF STANDARDS.~~—The Sec-
 8 retary of Defense shall establish for the military facilities
 9 referred to in subsection (b) standards with respect to the
 10 matters set forth in subsection (c). The standards shall,
 11 to the maximum extent practicable—

12 (1) be uniform and consistent across such facili-
 13 ties; and

14 (2) be uniform and consistent across the De-
 15 partment of Defense and the military departments.

16 (b) ~~COVERED MILITARY FACILITIES.~~—The military
 17 facilities referred to in this subsection are the military fa-
 18 cilities of the Department of Defense and the military de-
 19 partments as follows:

20 (1) Military medical treatment facilities.

21 (2) Specialty medical care facilities.

22 (3) Military quarters housing patients.

23 (c) ~~SCOPE OF STANDARDS.~~—The standards required
 24 by subsection (a) shall provide minimally acceptable condi-
 25 tions for the following:

1 (1) Appearance and maintenance of facilities
2 generally, including the structure and roofs of facili-
3 ties.

4 (2) Size, appearance, and maintenance of rooms
5 housing or utilized by patients, including furniture
6 and amenities in such rooms.

7 (3) Operation and maintenance of primary and
8 back-up facility utility systems and other systems re-
9 quired for patient care, including electrical systems,
10 plumbing systems, heating, ventilation, and air con-
11 ditioning systems, communications systems, fire pro-
12 tection systems, energy management systems, and
13 other systems required for patient care.

14 (4) Compliance with Federal Government
15 standards for hospital facilities and operations.

16 (5) Compliance of facilities, rooms, and
17 grounds, to the maximum extent practicable and ap-
18 propriate, with the Americans with Disabilities Act
19 of 1990 (42 U.S.C. 12101 et seq.).

20 (6) Such other matters relating to the appear-
21 ance, size, operation, and maintenance of facilities
22 and rooms as the Secretary considers appropriate.

23 (d) COMPLIANCE WITH STANDARDS.—

24 (1) DEADLINE.—In establishing standards
25 under subsection (a), the Secretary shall specify a

1 deadline for compliance with such standards by each
2 facility referred to in subsection (b). The deadline
3 shall be at the earliest date practicable after the
4 date of the enactment of this Act, and shall, to the
5 maximum extent practicable, be uniform across the
6 facilities referred to in subsection (b).

7 (2) INVESTMENT.—In carrying out this section,
8 the Secretary shall also establish guidelines for in-
9 vestment to be utilized by the Department of De-
10 fense and the military departments in determining
11 the allocation of financial resources to facilities re-
12 ferred to in subsection (b) in order to meet the dead-
13 line specified under paragraph (1).

14 (e) REPORT.—

15 (1) IN GENERAL.—Not later than December 30,
16 2007, the Secretary shall submit to the congres-
17 sional defense committees a report on the actions
18 taken to carry out this section.

19 (2) ELEMENTS.—The report under paragraph
20 (1) shall include the following:

21 (A) The standards established under sub-
22 section (a).

23 (B) An assessment of the appearance, con-
24 dition, and maintenance of each facility referred
25 to in subsection (a), including—

1 (i) an assessment of the compliance of
 2 such facility with the standards established
 3 under subsection (a); and

4 (ii) a description of any deficiency or
 5 noncompliance in each facility with the
 6 standards.

7 (C) A description of the investment to be
 8 allocated to address each deficiency or non-
 9 compliance identified under subparagraph
 10 (B)(ii).

11 **SEC. 402. REPORTS ON ARMY ACTION PLAN IN RESPONSE**
 12 **TO DEFICIENCIES IDENTIFIED AT WALTER**
 13 **REED ARMY MEDICAL CENTER.**

14 (a) **REPORTS REQUIRED.**—Not later than 30 days
 15 after the date of the enactment of this Act, and every 120
 16 days thereafter until March 1, 2009, the Secretary of De-
 17 fense shall submit to the congressional defense committees
 18 a report on the implementation of the action plan of the
 19 Army to correct deficiencies identified in the condition of
 20 facilities, and in the administration of outpatients in med-
 21 ical hold or medical holdover status, at Walter Reed Army
 22 Medical Center (WRAMC) and at other applicable Army
 23 installations at which covered members of the Armed
 24 Forces are assigned.

1 (b) ~~ELEMENTS OF REPORT.~~—Each report under sub-
 2 section (a) shall include current information on the fol-
 3 lowing:

4 (1) The number of inpatients at Walter Reed
 5 Army Medical Center, and the number of out-
 6 patients on medical hold or in a medical holdover
 7 status at Walter Reed Army Medical Center, as a
 8 result of serious injuries or illnesses.

9 (2) A description of the lodging facilities and
 10 other forms of housing at Walter Reed Army Med-
 11 ical Center, and at each other Army facility, to
 12 which are assigned personnel in medical hold or
 13 medical holdover status as a result of serious inju-
 14 ries or illnesses, including—

15 (A) an assessment of the conditions of
 16 such facilities and housing; and

17 (B) a description of any plans to correct
 18 inadequacies in such conditions.

19 (3) The status, estimated completion date, and
 20 estimated cost of any proposed or ongoing actions to
 21 correct any inadequacies in conditions as described
 22 under paragraph (2).

23 (4) The number of case managers, platoon ser-
 24 geants, patient advocates, and physical evaluation
 25 board liaison officers stationed at Walter Reed Army

1 Medical Center, and at each other Army facility, to
2 which are assigned personnel in medical hold or
3 medical holdover status as a result of serious inju-
4 ries or illnesses, and the ratio of case workers and
5 platoon sergeants to outpatients for whom they are
6 responsible at each such facility.

7 (5) The number of telephone calls received dur-
8 ing the preceding 60 days on the Wounded Soldier
9 and Family hotline (as established on March 19,
10 2007); a summary of the complaints or communica-
11 tions received through such calls; and a description
12 of the actions taken in response to such calls.

13 (6) A summary of the activities, findings, and
14 recommendations of the Army tiger team of medical
15 and installation professionals who visited the major
16 medical treatment facilities and community-based
17 health care organizations of the Army pursuant to
18 March 2007 orders; and a description of the status
19 of corrective actions being taken with to address de-
20 ficiencies noted by that team.

21 (7) The status of the ombudsman programs at
22 Walter Reed Army Medical Center and at other
23 major Army installations to which are assigned per-
24 sonnel in medical hold or medical holdover status as
25 a result of serious injuries or illnesses.

1 (e) POSTING ON INTERNET.—Not later than 24
 2 hours after submitting a report under subsection (a), the
 3 Secretary shall post such report on the Internet website
 4 of the Department of Defense that is available to the pub-
 5 lic.

6 **SEC. 403. CONSTRUCTION OF FACILITIES REQUIRED FOR**
 7 **THE CLOSURE OF WALTER REED ARMY MED-**
 8 **ICAL CENTER, DISTRICT OF COLUMBIA.**

9 (a) ASSESSMENT OF ACCELERATION OF CONSTRUC-
 10 TION OF FACILITIES.—The Secretary of Defense shall
 11 carry out an assessment of the feasibility (including the
 12 cost-effectiveness) of accelerating the construction and
 13 completion of any new facilities required to facilitate the
 14 closure of Walter Reed Army Medical Center, District of
 15 Columbia, as required as a result of the 2005 round of
 16 defense base closure and realignment under the Defense
 17 Base Closure and Realignment Act of 1990 (part A of title
 18 XXIX of Public Law 101-510; U.S.C. 2687 note).

19 (b) DEVELOPMENT AND IMPLEMENTATION OF PLAN
 20 FOR CONSTRUCTION OF FACILITIES.—

21 (1) IN GENERAL.—The Secretary shall develop
 22 and carry out a plan for the construction and com-
 23 pletion of any new facilities required to facilitate the
 24 closure of Walter Reed Army Medical Center as re-
 25 quired as described in subsection (a). If the Sec-

1 retary determines as a result of the assessment
 2 under subsection (a) that accelerating the construc-
 3 tion and completion of such facilities is feasible, the
 4 plan shall provide for the accelerated construction
 5 and completion of such facilities in a manner con-
 6 sistent with that determination.

7 (2) ~~SUBMITTAL OF PLAN.~~—The Secretary shall
 8 submit to the congressional defense committees the
 9 plan required by paragraph (1) not later than Sep-
 10 tember 30, 2007.

11 (c) ~~CERTIFICATIONS.~~—Not later than September 30,
 12 2007, the Secretary shall submit to the congressional de-
 13 fense committees a certification of each of the following:

14 (1) That a transition plan has been developed,
 15 and resources have been committed, to ensure that
 16 patient care services, medical operations, and facili-
 17 ties are sustained at the highest possible level at
 18 Walter Reed Army Medical Center until facilities to
 19 replace Walter Reed Army Medical Center are
 20 staffed and ready to assume at least the same level
 21 of care previously provided at Walter Reed Army
 22 Medical Center.

23 (2) That the closure of Walter Reed Army Med-
 24 ical Center will not result in a net loss of capacity
 25 in the major military medical centers in the National

1 Capitol Region in terms of total bed capacity or
2 staffed bed capacity.

3 ~~(3) That the capacity and types of medical hold~~
4 ~~and out-patient lodging facilities currently operating~~
5 ~~at Walter Reed Army Medical Center will be avail-~~
6 ~~able at the facilities to replace Walter Reed Army~~
7 ~~Medical Center by the date of the closure of Walter~~
8 ~~Reed Army Medical Center.~~

9 ~~(4) That adequate funds have been provided to~~
10 ~~complete fully all facilities identified in the Base Re-~~
11 ~~alignment and Closure Business Plan for Walter~~
12 ~~Reed Army Medical Center submitted to the con-~~
13 ~~gressional defense committees as part of the budget~~
14 ~~justification materials submitted to Congress to-~~
15 ~~gether with the budget of the President for fiscal~~
16 ~~year 2008 as contemplated in that business plan.~~

17 ~~(d) ENVIRONMENTAL LAWS.—Nothing in this section~~
18 ~~shall require the Secretary or any designated representa-~~
19 ~~tive to waive or ignore responsibilities and actions required~~
20 ~~by the National Environmental Policy Act of 1969 (42~~
21 ~~U.S.C. 4321 et seq.) or the regulations implementing such~~
22 ~~Act.~~

1 **TITLE V—OUTREACH AND RE-**
 2 **LATED INFORMATION ON**
 3 **BENEFITS**

4 **SEC. 501. HANDBOOK FOR MEMBERS OF THE ARMED**
 5 **FORCES ON COMPENSATION AND BENEFITS**
 6 **AVAILABLE FOR SERIOUS INJURIES AND ILL-**
 7 **NESSES.**

8 (a) INFORMATION ON AVAILABLE COMPENSATION
 9 AND BENEFITS.—The Secretary of Defense shall, in con-
 10 sultation with the Secretary of Veterans Affairs and the
 11 Secretary of Health and Human Services, develop and
 12 maintain in handbook form a comprehensive description
 13 of the compensation and other benefits to which a member
 14 of the Armed Forces, and the family of such member,
 15 would be entitled upon the member's separation or retire-
 16 ment from the Armed Forces as a result of a serious in-
 17 jury or illness. The handbook shall set forth the range of
 18 such compensation and benefits based on grade, length of
 19 service, degree of disability at separation or retirement,
 20 and such other factors affecting such compensation and
 21 benefits as the Secretary of Defense considers appropriate.

22 (b) PROVISION TO MEMBERS.—The Secretary of the
 23 military department concerned shall provide the descrip-
 24 tive handbook under subsection (a) to each member of the
 25 Armed Forces described in that subsection as soon as

1 practicable following the injury or illness qualifying the
 2 member for coverage under that subsection.

3 (c) ~~PROVISION TO REPRESENTATIVES.—If a member~~
 4 ~~is incapacitated or otherwise unable to receive the descrip-~~
 5 ~~tive handbook to be provided under subsection (a), the~~
 6 ~~handbook shall be provided to the next of kin or a legal~~
 7 ~~representative of the member (as determined in accord-~~
 8 ~~ance with regulations prescribed by the Secretary of the~~
 9 ~~military department concerned for purposes of this sec-~~
 10 ~~tion).~~

11 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

12 (a) *SHORT TITLE.—This Act may be cited as the*
 13 *“Dignified Treatment of Wounded Warriors Act”.*

14 (b) *TABLE OF CONTENTS.—The table of contents for*
 15 *this Act is as follows:*

Sec. 1. Short title; table of contents.

Sec. 2. General definitions.

**TITLE I—POLICY ON CARE, MANAGEMENT, AND TRANSITION OF
 SERVICEMEMBERS WITH SERIOUS INJURIES OR ILLNESSES**

*Sec. 101. Comprehensive policy on care, management, and transition of members
 of the Armed Forces with serious injuries or illnesses.*

*Sec. 102. Consideration of needs of women members of the Armed Forces and vet-
 erans.*

TITLE II—HEALTH CARE

Subtitle A—Enhanced Availability of Care for Servicemembers

*Sec. 201. Medical care and other benefits for members and former members of the
 Armed Forces with severe injuries or illnesses.*

Subtitle B—Care and Services for Dependents

*Sec. 211. Medical care and services and support services for families of members
 of the Armed Forces recovering from serious injuries or illnesses.*

Subtitle C—Traumatic Brain Injury and Post-Traumatic Stress Disorder

- Sec. 221. Comprehensive plans on prevention, diagnosis, mitigation, and treatment of traumatic brain injury and post-traumatic stress disorder in members of the Armed Forces.*
- Sec. 222. Improvement of medical tracking system for members of the Armed Forces deployed overseas.*
- Sec. 223. Centers of excellence in the prevention, diagnosis, mitigation, treatment, and rehabilitation of traumatic brain injury and post-traumatic stress disorder.*
- Sec. 224. Review of mental health services and treatment for female members of the Armed Forces and veterans.*
- Sec. 225. Funding for improved diagnosis, treatment, and rehabilitation of members of the Armed Forces with traumatic brain injury or post-traumatic stress disorder.*
- Sec. 226. Reports.*

Subtitle D—Other Matters

- Sec. 231. Joint electronic health record for the Department of Defense and Department of Veterans Affairs.*
- Sec. 232. Enhanced personnel authorities for the Department of Defense for health care professionals for care and treatment of wounded and injured members of the Armed Forces.*
- Sec. 233. Personnel shortages in the mental health workforce of the Department of Defense, including personnel in the mental health workforce.*

TITLE III—DISABILITY MATTERS

Subtitle A—Disability Evaluations

- Sec. 301. Utilization of veterans' presumption of sound condition in establishing eligibility of members of the Armed Forces for retirement for disability.*
- Sec. 302. Requirements and limitations on Department of Defense determinations of disability with respect to members of the Armed Forces.*
- Sec. 303. Review of separation of members of the Armed Forces separated from service with a disability rating of 20 percent disabled or less.*
- Sec. 304. Pilot programs on revised and improved disability evaluation system for members of the Armed Forces.*
- Sec. 305. Reports on Army action plan in response to deficiencies in the Army physical disability evaluation system.*

Subtitle B—Other Disability Matters

- Sec. 311. Enhancement of disability severance pay for members of the Armed Forces.*
- Sec. 312. Electronic transfer from the Department of Defense to the Department of Veterans Affairs of documents supporting eligibility for benefits.*
- Sec. 313. Assessments of temporary disability retired list.*

TITLE IV—IMPROVEMENT OF FACILITIES HOUSING PATIENTS

- Sec. 401. Standards for military medical treatment facilities, specialty medical care facilities, and military quarters housing patients.*

Sec. 402. Reports on Army action plan in response to deficiencies identified at Walter Reed Army Medical Center.

Sec. 403. Construction of facilities required for the closure of Walter Reed Army Medical Center, District of Columbia.

TITLE V—OUTREACH AND RELATED INFORMATION ON BENEFITS

Sec. 501. Handbook for members of the Armed Forces on compensation and benefits available for serious injuries and illnesses.

TITLE VI—OTHER MATTERS

Sec. 601. Study on physical and mental health and other readjustment needs of members and former members of the Armed Forces who deployed in Operation Iraqi Freedom and Operation Enduring Freedom and their families.

1 SEC. 2. GENERAL DEFINITIONS.

2 *In this Act:*

3 (1) *The term “appropriate committees of Con-*
4 *gress” means—*

5 (A) *the Committees on Armed Services and*
6 *Veterans’ Affairs of the Senate; and*

7 (B) *the Committees on Armed Services and*
8 *Veterans’ Affairs of the House of Representatives.*

9 (2) *The term “congressional defense committees”*
10 *has the meaning given that term in section*
11 *101(a)(16) of title 10, United States Code.*

12 (3) *The term “covered member of the Armed*
13 *Forces” means a member of the Armed Forces, includ-*
14 *ing a member of the National Guard or a Reserve,*
15 *who is undergoing medical treatment, recuperation,*
16 *or therapy, is otherwise in medical hold or medical*
17 *holdover status, or is otherwise on the temporary dis-*
18 *ability retired list for a serious injury or illness.*

1 (4) *The term “family member”, with respect to*
2 *a member of the Armed Forces or a veteran, has the*
3 *meaning given that term in section 411h(b) of title*
4 *37, United States Code.*

5 (5) *The term “medical hold or medical holdover*
6 *status” means—*

7 (A) *the status of a member of the Armed*
8 *Forces, including a member of the National*
9 *Guard or Reserve, assigned or attached to a*
10 *military hospital for medical care; and*

11 (B) *the status of a member of a reserve com-*
12 *ponent of the Armed Forces who is separated,*
13 *whether pre-deployment or post-deployment,*
14 *from the member’s unit while in need of health*
15 *care based on a medical condition identified*
16 *while the member is on active duty in the Armed*
17 *Forces.*

18 (6) *The term “serious injury or illness”, in the*
19 *case of a member of the Armed Forces, means an in-*
20 *jury or illness incurred by the member in line of duty*
21 *on active duty in the Armed Forces that may render*
22 *the member medically unfit to perform the duties of*
23 *the member’s office, grade, rank, or rating.*

1 (7) *The term “TRICARE program” has the*
 2 *meaning given that term in section 1072(7) of title*
 3 *10, United States Code.*

4 ***TITLE I—POLICY ON CARE, MAN-***
 5 ***AGEMENT, AND TRANSITION***
 6 ***OF SERVICEMEMBERS WITH***
 7 ***SERIOUS INJURIES OR ILL-***
 8 ***NESSES***

9 ***SEC. 101. COMPREHENSIVE POLICY ON CARE, MANAGE-***
 10 ***MENT, AND TRANSITION OF MEMBERS OF***
 11 ***THE ARMED FORCES WITH SERIOUS INJU-***
 12 ***RIES OR ILLNESSES.***

13 ***(a) COMPREHENSIVE POLICY REQUIRED.—***

14 ***(1) IN GENERAL.—****Not later than January 1,*
 15 *2008, the Secretary of Defense and the Secretary of*
 16 *Veterans Affairs shall, to the extent feasible, jointly*
 17 *develop and implement a comprehensive policy on the*
 18 *care and management of members of the Armed*
 19 *Forces who are undergoing medical treatment, recu-*
 20 *peration, or therapy, are otherwise in medical hold or*
 21 *medical holdover status, or are otherwise on the tem-*
 22 *porary disability retired list for a serious injury or*
 23 *illness (hereafter in this section referred to as a “cov-*
 24 *ered servicemembers”).*

1 (2) *SCOPE OF POLICY.*—*The policy shall cover*
2 *each of the following:*

3 (A) *The care and management of covered*
4 *servicemembers while in medical hold or medical*
5 *holdover status or on the temporary disability*
6 *retired list.*

7 (B) *The medical evaluation and disability*
8 *evaluation of covered servicemembers.*

9 (C) *The return of covered servicemembers to*
10 *active duty when appropriate.*

11 (D) *The transition of covered*
12 *servicemembers from receipt of care and services*
13 *through the Department of Defense to receipt of*
14 *care and services through the Department of Vet-*
15 *erans Affairs.*

16 (3) *CONSULTATION.*—*The Secretary of Defense*
17 *and the Secretary of Veterans Affairs shall develop the*
18 *policy in consultation with the heads of other appro-*
19 *priate departments and agencies of the Federal Gov-*
20 *ernment and with appropriate non-governmental or-*
21 *ganizations having an expertise in matters relating to*
22 *the policy.*

23 (4) *UPDATE.*—*The Secretary of Defense and the*
24 *Secretary of Veterans Affairs shall jointly update the*
25 *policy on a periodic basis, but not less often than an-*

1 *nually, in order to incorporate in the policy, as ap-*
 2 *propriate, the results of the reviews under subsections*
 3 *(b) and (c) and the best practices identified through*
 4 *pilot programs under section 304.*

5 *(b) REVIEW OF CURRENT POLICIES AND PROCE-*
 6 *DURES.—*

7 *(1) REVIEW REQUIRED.—In developing the pol-*
 8 *icy required by this section, the Secretary of Defense*
 9 *and the Secretary of Veterans Affairs shall, to the ex-*
 10 *tent necessary, jointly and separately conduct a re-*
 11 *view of all policies and procedures of the Department*
 12 *of Defense and the Department of Veterans Affairs*
 13 *that apply to, or shall be covered by, the policy.*

14 *(2) PURPOSE.—The purpose of the review shall*
 15 *be to identify the most effective and patient-oriented*
 16 *approaches to care and management of covered*
 17 *servicemembers for purposes of—*

18 *(A) incorporating such approaches into the*
 19 *policy; and*

20 *(B) extending such approaches, where ap-*
 21 *plicable, to care and management of other in-*
 22 *jured or ill members of the Armed Forces and*
 23 *veterans.*

1 (3) *ELEMENTS.*—*In conducting the review, the*
2 *Secretary of Defense and the Secretary of Veterans Af-*
3 *fairs shall—*

4 (A) *identify among the policies and proce-*
5 *dures described in paragraph (1) best practices*
6 *in approaches to the care and management de-*
7 *scribed in that paragraph;*

8 (B) *identify among such policies and proce-*
9 *dures existing and potential shortfalls in such*
10 *care and management (including care and man-*
11 *agement of covered servicemembers on the tem-*
12 *porary disability retired list), and determine*
13 *means of addressing any shortfalls so identified;*

14 (C) *determine potential modifications of*
15 *such policies and procedures in order to ensure*
16 *consistency and uniformity among the military*
17 *departments and the regions of the Department*
18 *of Veterans Affairs in their application and dis-*
19 *charge; and*

20 (D) *develop recommendations for legislative*
21 *and administrative action necessary to imple-*
22 *ment the results of the review.*

23 (4) *DEADLINE FOR COMPLETION.*—*The review*
24 *shall be completed not later than 90 days after the*
25 *date of the enactment of this Act.*

1 (c) *CONSIDERATION OF FINDINGS, RECOMMENDA-*
2 *TIONS, AND PRACTICES.*—*In developing the policy required*
3 *by this section, the Secretary of Defense and the Secretary*
4 *of Veterans Affairs shall take into account the following:*

5 (1) *The findings and recommendations of appli-*
6 *cable studies, reviews, reports, and evaluations that*
7 *address matters relating to the policy, including, but*
8 *not limited, to the following:*

9 (A) *The Independent Review Group on Re-*
10 *habilitative Care and Administrative Processes*
11 *at Walter Reed Army Medical Center and Na-*
12 *tional Naval Medical Center appointed by the*
13 *Secretary of Defense.*

14 (B) *The Secretary of Veterans Affairs Task*
15 *Force on Returning Global War on Terror He-*
16 *roes appointed by the President.*

17 (C) *The President's Commission on Care for*
18 *America's Returning Wounded Warriors.*

19 (D) *The Veterans' Disability Benefits Com-*
20 *mission established by title XV of the National*
21 *Defense Authorization Act for Fiscal Year 2004*
22 *(Public Law 108–136; 117 Stat. 1676; 38 U.S.C.*
23 *1101 note).*

1 (E) *The President's Commission on Vet-*
 2 *erans' Pensions, of 1956, chaired by General*
 3 *Omar N. Bradley.*

4 (F) *The Report of the Congressional Com-*
 5 *mission on Servicemembers and Veterans Transi-*
 6 *tion Assistance, of 1999, chaired by Anthony J.*
 7 *Principi.*

8 (G) *The President's Task Force to Improve*
 9 *Health Care Delivery for Our Nation's Veterans,*
 10 *of March 2003.*

11 (2) *The experience and best practices of the De-*
 12 *partment of Defense and the military departments on*
 13 *matters relating to the policy.*

14 (3) *The experience and best practices of the De-*
 15 *partment of Veterans Affairs on matters relating to*
 16 *the policy.*

17 (4) *Such other matters as the Secretary of De-*
 18 *fense and the Secretary of Veterans Affairs consider*
 19 *appropriate.*

20 (d) *PARTICULAR ELEMENTS OF POLICY.—The policy*
 21 *required by this section shall provide, in particular, the fol-*
 22 *lowing:*

23 (1) *RESPONSIBILITY FOR COVERED*
 24 *SERVICEMEMBERS IN MEDICAL HOLD OR MEDICAL*
 25 *HOLDOVER STATUS OR ON TEMPORARY DISABILITY*

1 *RETIRED LIST.—Mechanisms to ensure responsibility*
2 *for covered servicemembers in medical hold or medical*
3 *holdover status or on the temporary disability retired*
4 *list, including the following:*

5 *(A) Uniform standards for access of covered*
6 *servicemembers to non-urgent health care services*
7 *from the Department of Defense or other pro-*
8 *viders under the TRICARE program, with such*
9 *access to be—*

10 *(i) for follow-up care, within 2 days of*
11 *request of care;*

12 *(ii) for specialty care, within 3 days of*
13 *request of care;*

14 *(iii) for diagnostic referrals and stud-*
15 *ies, within 5 days of request; and*

16 *(iv) for surgery based on a physician's*
17 *determination of medical necessity, within*
18 *14 days of request.*

19 *(B) Requirements for the assignment of ade-*
20 *quate numbers of personnel for the purpose of re-*
21 *sponsibility for and administration of covered*
22 *servicemembers in medical hold or medical hold-*
23 *over status or on the temporary disability retired*
24 *list.*

1 (C) *Requirements for the assignment of ade-*
2 *quate numbers of medical personnel and non-*
3 *medical personnel to roles and responsibilities*
4 *for caring for and administering covered*
5 *servicemembers in medical hold or medical hold-*
6 *over status or on the temporary disability retired*
7 *list, and a description of the roles and respon-*
8 *sibilities of personnel so assigned.*

9 (D) *Guidelines for the location of care for*
10 *covered servicemembers in medical hold or med-*
11 *ical holdover status or on the temporary dis-*
12 *ability retired list, which guidelines shall address*
13 *the assignment of such servicemembers to care*
14 *and residential facilities closest to their duty sta-*
15 *tion or home of record or the location of their*
16 *designated caregiver at the earliest possible time.*

17 (E) *Criteria for work and duty assignments*
18 *of covered servicemembers in medical hold or*
19 *medical holdover status or on the temporary dis-*
20 *ability retired list, including a prohibition on*
21 *the assignment of duty to a servicemember which*
22 *is incompatible with the servicemember's medical*
23 *condition.*

24 (F) *Guidelines for the provision of care and*
25 *counseling for eligible family members of covered*

1 *servicemembers in medical hold or medical hold-*
2 *over status or on the temporary disability retired*
3 *list.*

4 *(G) Requirements for case management of*
5 *covered servicemembers in medical hold or med-*
6 *ical holdover status or on the temporary dis-*
7 *ability retired list, including qualifications for*
8 *personnel providing such case management.*

9 *(H) Requirements for uniform quality of*
10 *care and administration for all covered*
11 *servicemembers in medical hold or medical hold-*
12 *over status or on the temporary disability retired*
13 *list, whether members of the regular components*
14 *of the Armed Forces or members of the reserve*
15 *components of the Armed Forces.*

16 *(I) Standards for the conditions and acces-*
17 *sibility of residential facilities for covered*
18 *servicemembers in medical hold or medical hold-*
19 *over status or on the temporary disability retired*
20 *list who are in outpatient status, and for their*
21 *immediate family members.*

22 *(J) Requirements on the provision of trans-*
23 *portation and subsistence for covered*
24 *servicemembers in medical hold or medical hold-*
25 *over status or on the temporary disability retired*

1 *list, whether in inpatient status or outpatient*
2 *status, to facilitate obtaining needed medical*
3 *care and services.*

4 *(K) Requirements on the provision of edu-*
5 *cational and vocational training and rehabilita-*
6 *tion opportunities for covered servicemembers in*
7 *medical hold or medical holdover status or on the*
8 *temporary disability retired list.*

9 *(L) Procedures for tracking and informing*
10 *covered servicemembers in medical hold or med-*
11 *ical holdover status or on the temporary dis-*
12 *ability retired list about medical evaluation*
13 *board and physical disability evaluation board*
14 *processing.*

15 *(M) Requirements for integrated case man-*
16 *agement of covered servicemembers in medical*
17 *hold or medical holdover status or on the tem-*
18 *porary disability retired list during their transi-*
19 *tion from care and treatment through the De-*
20 *partment of Defense to care and treatment*
21 *through the Department of Veterans Affairs.*

22 *(N) Requirements and standards for advis-*
23 *ing and training, as appropriate, family mem-*
24 *bers with respect to care for covered*
25 *servicemembers in medical hold or medical hold-*

over status or on the temporary disability retired list with serious medical conditions, particularly traumatic brain injury (TBI), burns, and post-traumatic stress disorder (PTSD).

(O) Requirements for periodic reassessments of covered servicemembers, and limits on the length of time such servicemembers may be retained in medical hold or medical holdover status or on the temporary disability retired list.

(P) Requirements to inform covered servicemembers and their family members of their rights and responsibilities while in medical hold or medical holdover status or on the temporary disability retired list.

(Q) The requirement to establish a Department of Defense-wide Ombudsman Office within the Office of the Secretary of Defense to provide oversight of the ombudsman offices in the military departments and policy guidance to such offices with respect to providing assistance to, and answering questions from, covered servicemembers and their families.

(2) MEDICAL EVALUATION AND PHYSICAL DISABILITY EVALUATION FOR COVERED SERVICEMEMBERS.—

1 (A) *MEDICAL EVALUATIONS.*—Processes,
2 *procedures, and standards for medical evalua-*
3 *tions of covered servicemembers, including the*
4 *following:*

5 (i) *Processes for medical evaluations of*
6 *covered servicemembers that are—*

7 (I) *applicable uniformly through-*
8 *out the military departments; and*

9 (II) *applicable uniformly with re-*
10 *spect to such servicemembers who are*
11 *members of the regular components of*
12 *the Armed Forces and such*
13 *servicemembers who are members of the*
14 *National Guard and Reserve.*

15 (ii) *Standard criteria and definitions*
16 *for determining the achievement for covered*
17 *servicemembers of the maximum medical*
18 *benefit from treatment and rehabilitation.*

19 (iii) *Standard timelines for each of the*
20 *following:*

21 (I) *Determinations of fitness for*
22 *duty of covered servicemembers.*

23 (II) *Specialty consultations for*
24 *covered servicemembers.*

1 (III) *Preparation of medical doc-*
2 *uments for covered servicemembers.*

3 (IV) *Appeals by covered*
4 *servicemembers of medical evaluation*
5 *determinations, including determina-*
6 *tions of fitness for duty.*

7 (iv) *Uniform standards for qualifica-*
8 *tions and training of medical evaluation*
9 *board personnel, including physicians, case*
10 *workers, and physical disability evaluation*
11 *board liaison officers, in conducting medical*
12 *evaluations of covered servicemembers.*

13 (v) *Standards for the maximum num-*
14 *ber of medical evaluation cases of covered*
15 *servicemembers that are pending before a*
16 *medical evaluation board at any one time,*
17 *and requirements for the establishment of*
18 *additional medical evaluation boards in the*
19 *event such number is exceeded.*

20 (vi) *Uniform standards for informa-*
21 *tion for covered servicemembers, and their*
22 *families, on the medical evaluation board*
23 *process and the rights and responsibilities of*
24 *such servicemembers under that process, in-*

1 *cluding a standard handbook on such infor-*
2 *mation.*

3 *(B) PHYSICAL DISABILITY EVALUATIONS.—*

4 *Processes, procedures, and standards for physical*
5 *disability evaluations of covered servicemembers,*
6 *including the following:*

7 *(i) A non-adversarial process of the*
8 *Department of Defense and the Department*
9 *of Veterans Affairs for disability determina-*
10 *tions of covered servicemembers.*

11 *(ii) To the extent feasible, procedures to*
12 *eliminate unacceptable discrepancies among*
13 *disability ratings assigned by the military*
14 *departments and the Department of Vet-*
15 *erans Affairs, particularly in the disability*
16 *evaluation of covered servicemembers, which*
17 *procedures shall be subject to the following*
18 *requirements and limitations:*

19 *(I) Such procedures shall apply*
20 *uniformly with respect to covered*
21 *servicemembers who are members of the*
22 *regular components of the Armed*
23 *Forces and covered servicemembers who*
24 *are members of the National Guard*
25 *and Reserve.*

1 (ii) Under such procedures, each
2 Secretary of a military department
3 shall, to the extent feasible, utilize the
4 standard schedule for rating disabili-
5 ties in use by the Department of Vet-
6 erans Affairs, including any applicable
7 interpretation of such schedule by the
8 United States Court of Appeals for Vet-
9 erans Claims, in making any deter-
10 mination of disability of a covered
11 servicemember.

12 (iii) Standard timelines for appeals of
13 determinations of disability of covered
14 servicemembers, including timelines for
15 presentation, consideration, and disposition
16 of appeals.

17 (iv) Uniform standards for qualifica-
18 tions and training of physical disability
19 evaluation board personnel in conducting
20 physical disability evaluations of covered
21 servicemembers.

22 (v) Standards for the maximum num-
23 ber of physical disability evaluation cases of
24 covered servicemembers that are pending be-
25 fore a physical disability evaluation board

1 *at any one time, and requirements for the*
 2 *establishment of additional physical dis-*
 3 *ability evaluation boards in the event such*
 4 *number is exceeded.*

5 *(vi) Procedures for the provision of*
 6 *legal counsel to covered servicemembers*
 7 *while undergoing evaluation by a physical*
 8 *disability evaluation board.*

9 *(vii) Uniform standards on the roles*
 10 *and responsibilities of case managers,*
 11 *servicemember advocates, and judge advo-*
 12 *cates assigned to covered servicemembers*
 13 *undergoing evaluation by a physical dis-*
 14 *ability board, and uniform standards on the*
 15 *maximum number of cases involving such*
 16 *servicemembers that are to be assigned to*
 17 *such managers and advocates.*

18 (C) RETURN OF COVERED
 19 SERVICEMEMBERS TO ACTIVE DUTY.—*Standards*
 20 *for determinations by the military departments*
 21 *on the return of covered servicemembers to active*
 22 *duty in the Armed Forces.*

23 (D) TRANSITION OF COVERED
 24 SERVICEMEMBERS FROM DOD TO VA.—*Processes,*
 25 *procedures, and standards for the transition of*

1 covered servicemembers from care and treatment
2 by the Department of Defense to care and treat-
3 ment by the Department of Veterans Affairs be-
4 fore, during, and after separation from the
5 Armed Forces, including the following:

6 (i) A uniform, patient-focused policy to
7 ensure that the transition occurs without
8 gaps in medical care and the quality of
9 medical care, benefits, and services.

10 (ii) Procedures for the identification
11 and tracking of covered servicemembers dur-
12 ing the transition, and for the coordination
13 of care and treatment of such
14 servicemembers during the transition, in-
15 cluding a system of cooperative case man-
16 agement of such servicemembers by the De-
17 partment of Defense and the Department of
18 Veterans Affairs during the transition.

19 (iii) Procedures for the notification of
20 Department of Veterans Affairs liaison per-
21 sonnel of the commencement by covered
22 servicemembers of the medical evaluation
23 process and the physical disability evalua-
24 tion process.

1 (iv) *Procedures and timelines for the*
2 *enrollment of covered servicemembers in ap-*
3 *plicable enrollment or application systems*
4 *of the Department of Veterans with respect*
5 *to health care, disability, education, voca-*
6 *tional rehabilitation, or other benefits.*

7 (v) *Procedures to ensure the access of*
8 *covered servicemembers during the transi-*
9 *tion to vocational, educational, and reha-*
10 *bilitation benefits available through the De-*
11 *partment of Veterans Affairs.*

12 (vi) *Standards for the optimal location*
13 *of Department of Defense and Department*
14 *of Veterans Affairs liaison and case man-*
15 *agement personnel at military medical*
16 *treatment facilities, medical centers, and*
17 *other medical facilities of the Department of*
18 *Defense.*

19 (vii) *Standards and procedures for in-*
20 *tegrated medical care and management for*
21 *covered servicemembers during the transi-*
22 *tion, including procedures for the assign-*
23 *ment of medical personnel of the Depart-*
24 *ment of Veterans Affairs to Department of*
25 *Defense facilities to participate in the needs*

1 *assessments of such servicemembers before,*
2 *during, and after their separation from*
3 *military service.*

4 *(viii) Standards for the preparation of*
5 *detailed plans for the transition of covered*
6 *servicemembers from care and treatment by*
7 *the Department of Defense to care and*
8 *treatment by the Department of Veterans*
9 *Affairs, which plans shall be based on*
10 *standardized elements with respect to care*
11 *and treatment requirements and other ap-*
12 *plicable requirements.*

13 *(E) OTHER MATTERS.—The following addi-*
14 *tional matters with respect to covered*
15 *servicemembers:*

16 *(i) Access by the Department of Vet-*
17 *erans Affairs to the military health records*
18 *of covered servicemembers who are receiving*
19 *care and treatment, or are anticipating re-*
20 *ceipt of care and treatment, in Department*
21 *of Veterans Affairs health care facilities.*

22 *(ii) Requirements for utilizing, in ap-*
23 *propriate cases, a single physical examina-*
24 *tion that meets requirements of both the De-*
25 *partment of Defense and the Department of*

1 *Veterans Affairs for covered servicemembers*
2 *who are being retired, separated, or released*
3 *from military service.*

4 *(iii) Surveys and other mechanisms to*
5 *measure patient and family satisfaction*
6 *with the provision by the Department of*
7 *Defense and the Department of Veterans Af-*
8 *fairs of care and services for covered*
9 *servicemembers, and to facilitate appro-*
10 *priate oversight by supervisory personnel of*
11 *the provision of such care and services.*

12 *(e) REPORTS.—*

13 *(1) REPORT ON POLICY.—Upon the development*
14 *of the policy required by this section but not later*
15 *than January 1, 2008, the Secretary of Defense and*
16 *the Secretary of Veterans Affairs shall jointly submit*
17 *to the appropriate committees of Congress a report on*
18 *the policy, including a comprehensive and detailed*
19 *description of the policy and of the manner in which*
20 *the policy addresses the findings and recommenda-*
21 *tions of the reviews under subsections (b) and (c).*

22 *(2) REPORTS ON UPDATE.—Upon updating the*
23 *policy under subsection (a)(4), the Secretary of De-*
24 *fense and the Secretary of Veterans Affairs shall joint-*
25 *ly submit to the appropriate committees of Congress*

1 *a report on the update of the policy, including a com-*
 2 *prehensive and detailed description of such update*
 3 *and of the reasons for such update.*

4 *(f) COMPTROLLER GENERAL ASSESSMENT OF IMPLE-*
 5 *MENTATION.—Not later than six months after the date of*
 6 *the enactment of this Act and every year thereafter, the*
 7 *Comptroller General of the United States shall submit to*
 8 *the appropriate committees of Congress a report setting*
 9 *forth the assessment of the Comptroller General of the*
 10 *progress of the Secretary of Defense and the Secretary of*
 11 *Veterans Affairs in developing and implementing the policy*
 12 *required by this section.*

13 **SEC. 102. CONSIDERATION OF NEEDS OF WOMEN MEMBERS**
 14 **OF THE ARMED FORCES AND VETERANS.**

15 *(a) IN GENERAL.—In developing and implementing*
 16 *the policy required by section 101, and in otherwise car-*
 17 *rying out any other provision of this Act or any amendment*
 18 *made by this Act, the Secretary of Defense and the Sec-*
 19 *retary of Veterans Affairs shall take into account and fully*
 20 *address any unique specific needs of women members of the*
 21 *Armed Forces and women veterans under such policy or*
 22 *other provision.*

23 *(b) REPORTS.—In submitting any report required by*
 24 *this Act or an amendment made by this Act, the Secretary*
 25 *of Defense and the Secretary of Veterans Affairs shall, to*

1 *the extent applicable, include a description of the manner*
 2 *in which the matters covered by such report address the*
 3 *unique specific needs of women members of the Armed*
 4 *Forces and women veterans.*

5 ***TITLE II—HEALTH CARE***
 6 ***Subtitle A—Enhanced Availability***
 7 ***of Care for Servicemembers***

8 ***SEC. 201. MEDICAL CARE AND OTHER BENEFITS FOR MEM-***
 9 ***BERS AND FORMER MEMBERS OF THE ARMED***
 10 ***FORCES WITH SEVERE INJURIES OR ILL-***
 11 ***NESSES.***

12 (a) *MEDICAL AND DENTAL CARE FOR MEMBERS AND*
 13 *FORMER MEMBERS.—*

14 (1) *IN GENERAL.—Effective as of the date of the*
 15 *enactment of this Act and subject to regulations pre-*
 16 *scribed by the Secretary of Defense, any covered mem-*
 17 *ber of the Armed Forces, and any former member of*
 18 *the Armed Forces, with a severe injury or illness is*
 19 *entitled to medical and dental care in any facility of*
 20 *the uniformed services under section 1074(a) of title*
 21 *10, United States Code, or through any civilian*
 22 *health care provider authorized by the Secretary to*
 23 *provide health and mental health services to members*
 24 *of the uniformed services, including traumatic brain*
 25 *injury (TBI) and post-traumatic stress disorder*

1 (PTSD), as if such member or former member were
 2 a member of the uniformed services described in para-
 3 graph (2) of such section who is entitled to medical
 4 and dental care under such section.

5 (2) PERIOD OF AUTHORIZED CARE.—(A) Except
 6 as provided in subparagraph (B), a member or
 7 former member described in paragraph (1) is entitled
 8 to care under that paragraph—

9 (i) in the case of a member or former mem-
 10 ber whose severe injury or illness concerned is in-
 11 curred or aggravated during the period begin-
 12 ning on October 7, 2001, and ending on the date
 13 of the enactment of this Act, during the three-
 14 year period beginning on the date of the enact-
 15 ment of this Act, except that no compensation is
 16 payable by reason of this subsection for any pe-
 17 riod before the date of the enactment of this Act;
 18 or

19 (ii) in the case of a member or former mem-
 20 ber whose severe injury or illness concerned is in-
 21 curred or aggravated on or after the date of the
 22 enactment of this Act, during the three-year pe-
 23 riod beginning on the date on which such injury
 24 or illness is so incurred or aggravated.

1 (B) *The period of care authorized for a member*
2 *or former member under this paragraph may be ex-*
3 *tended by the Secretary concerned for an additional*
4 *period of up to two years if the Secretary concerned*
5 *determines that such extension is necessary to assure*
6 *the maximum feasible recovery and rehabilitation of*
7 *the member or former member. Any such determina-*
8 *tion shall be made on a case-by-case basis.*

9 (3) *INTEGRATED CARE MANAGEMENT.—The Sec-*
10 *retary of Defense shall provide for a program of inte-*
11 *grated care management in the provision of care and*
12 *services under this subsection, which management*
13 *shall be provided by appropriate medical and case*
14 *management personnel of the Department of Defense*
15 *and the Department of Veterans Affairs (as approved*
16 *by the Secretary of Veterans Affairs) and with appro-*
17 *priate support from the Department of Defense re-*
18 *gional health care support contractors.*

19 (4) *WAIVER OF LIMITATIONS TO MAXIMIZE*
20 *CARE.—The Secretary of Defense may, in providing*
21 *medical and dental care to a member or former mem-*
22 *ber under this subsection during the period referred to*
23 *in paragraph (2), waive any limitation otherwise ap-*
24 *plicable under chapter 55 of title 10, United States*
25 *Code, to the provision of such care to the member or*

1 *former member if the Secretary considers the waiver*
2 *appropriate to assure the maximum feasible recovery*
3 *and rehabilitation of the member or former member.*

4 (5) *CONSTRUCTION WITH ELIGIBILITY FOR VET-*
5 *ERANS BENEFITS.*—*Nothing in this subsection shall be*
6 *construed to reduce, alter, or otherwise affect the eligi-*
7 *bility or entitlement of a member or former member*
8 *of the Armed Forces to any health care, disability, or*
9 *other benefits to which the member or former member*
10 *would otherwise be eligible or entitled as a veteran*
11 *under the laws administered by the Secretary of Vet-*
12 *erans Affairs.*

13 (6) *SUNSET.*—*The Secretary of Defense may not*
14 *provide medical or dental care to a member or former*
15 *member of the Armed Forces under this subsection*
16 *after December 31, 2012, if the Secretary has not pro-*
17 *vided medical or dental care to the member or former*
18 *member under this subsection before that date.*

19 (b) *REHABILITATION AND VOCATIONAL BENEFITS.*—

20 (1) *IN GENERAL.*—*Effective as of the date of the*
21 *enactment of this Act, a member of the Armed Forces*
22 *with a severe injury or illness is entitled to such bene-*
23 *fits (including rehabilitation and vocational benefits,*
24 *but not including compensation) from the Secretary*
25 *of Veterans Affairs to facilitate the recovery and reha-*

1 *bilitation of such member as the Secretary otherwise*
 2 *provides to members of the Armed Forces receiving*
 3 *medical care in medical facilities of the Department*
 4 *of Veterans Affairs facilities in order to facilitate the*
 5 *recovery and rehabilitation of such members.*

6 (2) *LIMITATIONS.—The provisions of paragraphs*
 7 *(2) through (6) of subsection (a) shall apply to the*
 8 *provision of benefits under this subsection as if the*
 9 *benefits provided under this subsection were provided*
 10 *under subsection (a).*

11 (3) *REIMBURSEMENT.—The Secretary of Defense*
 12 *shall reimburse the Secretary of Veterans Affairs for*
 13 *the cost of any benefits provided under this subsection*
 14 *in accordance with applicable mechanisms for the re-*
 15 *imbursement of the Secretary of Veterans Affairs for*
 16 *the provision of medical care to members of the*
 17 *Armed Forces.*

18 (c) *RECOVERY OF CERTAIN EXPENSES OF MEDICAL*
 19 *CARE AND RELATED TRAVEL.—*

20 (1) *IN GENERAL.—Commencing not later than*
 21 *60 days after the date of the enactment of this Act,*
 22 *the Secretary of the military department concerned*
 23 *may reimburse covered members of the Armed Forces,*
 24 *and former members of the Armed Forces, with a se-*
 25 *vere injury or illness for covered expenses incurred by*

1 *such members or former members, or their family*
2 *members, in connection with the receipt by such mem-*
3 *bers or former members of medical care that is re-*
4 *quired for such injury or illness.*

5 (2) *COVERED EXPENSES.—Expenses for which*
6 *reimbursement may be made under paragraph (1) in-*
7 *clude the following:*

8 (A) *Expenses for health care services for*
9 *which coverage would be provided under section*
10 *1074(c) of title 10, United States Code, for mem-*
11 *bers of the uniformed services on active duty.*

12 (B) *Expenses of travel of a non-medical at-*
13 *tendant who accompanies a member or former*
14 *member of the Armed Forces for required med-*
15 *ical care that is not available to such member or*
16 *former member locally, if such attendant is ap-*
17 *pointed for that purpose by a competent medical*
18 *authority (as determined under regulations pre-*
19 *scribed by the Secretary of Defense for purposes*
20 *of this subsection).*

21 (C) *Such other expenses for medical care as*
22 *the Secretary may prescribe for purposes of this*
23 *subsection.*

24 (3) *AMOUNT OF REIMBURSEMENT.—The amount*
25 *of reimbursement under paragraph (1) for expenses*

1 covered by paragraph (2) shall be determined in ac-
 2 cordance with regulations prescribed by the Secretary
 3 of Defense for purposes of this subsection.

4 (d) *SEVERE INJURY OR ILLNESS DEFINED.*—In this
 5 section, the term “severe injury or illness” means any seri-
 6 ous injury or illness that is assigned a disability rating
 7 of 30 percent or higher under the schedule for rating disabil-
 8 ities in use by the Department of Defense.

9 ***Subtitle B—Care and Services for***
 10 ***Dependents***

11 ***SEC. 211. MEDICAL CARE AND SERVICES AND SUPPORT***
 12 ***SERVICES FOR FAMILIES OF MEMBERS OF***
 13 ***THE ARMED FORCES RECOVERING FROM SE-***
 14 ***RIOUS INJURIES OR ILLNESSES.***

15 (a) *MEDICAL CARE.*—

16 (1) *IN GENERAL.*—A family member of a covered
 17 member of the Armed Forces who is not otherwise eli-
 18 gible for medical care at a military medical treat-
 19 ment facility or at medical facilities of the Depart-
 20 ment of Veterans Affairs shall be eligible for such care
 21 at such facilities, on a space-available basis, if the
 22 family member is—

23 (A) on invitational orders while caring for
 24 the covered member of the Armed Forces;

1 (B) a non-medical attendee caring for the
2 covered member of the Armed Forces; or

3 (C) receiving per diem payments from the
4 Department of Defense while caring for the cov-
5 ered member of the Armed Forces.

6 (2) SPECIFICATION OF FAMILY MEMBERS.—Not-
7 withstanding section 2(4), the Secretary of Defense
8 and the Secretary of Veterans Affairs shall jointly
9 prescribe in regulations the family members of cov-
10 ered members of the Armed Forces who shall be con-
11 sidered to be a family member of a covered member
12 of the Armed Forces for purposes of paragraph (1).

13 (3) SPECIFICATION OF CARE.—(A) The Secretary
14 of Defense shall prescribe in regulations the medical
15 care and counseling that shall be available to family
16 members under paragraph (1) at military medical
17 treatment facilities.

18 (B) The Secretary of Veterans Affairs shall pre-
19 scribe in regulations the medical care and counseling
20 that shall be available to family members under para-
21 graph (1) at medical facilities of the Department of
22 Veterans Affairs.

23 (4) RECOVERY OF COSTS.—The United States
24 may recover the costs of the provision of medical care

1 *and counseling under paragraph (1) as follows (as*
2 *applicable):*

3 *(A) From third-party payers, in the same*
4 *manner as the United States may collect costs of*
5 *the charges of health care provided to covered*
6 *beneficiaries from third-party payers under sec-*
7 *tion 1095 of title 10, United States Code.*

8 *(B) As if such care and counseling was pro-*
9 *vided under the authority of section 1784 of title*
10 *38, United States Code.*

11 *(b) JOB PLACEMENT SERVICES.—A family member*
12 *who is on invitational orders or is a non-medical attendee*
13 *while caring for a covered member of the Armed Forces for*
14 *more than 45 days during a one-year period shall be eligible*
15 *for job placement services otherwise offered by the Depart-*
16 *ment of Defense.*

17 *(c) REPORT ON NEED FOR ADDITIONAL SERVICES.—*
18 *Not later than 90 days after the date of the enactment of*
19 *this Act, the Secretary of Defense shall submit to the con-*
20 *gressional defense committees a report setting forth the as-*
21 *essment of the Secretary of the need for additional employ-*
22 *ment services, and of the need for employment protection,*
23 *of family members described in subsection (b) who are*
24 *placed on leave from employment or otherwise displaced*

1 *from employment while caring for a covered member of the*
 2 *Armed Forces as described in that subsection.*

3 ***Subtitle C—Traumatic Brain Injury***
 4 ***and Post-Traumatic Stress Dis-***
 5 ***order***

6 ***SEC. 221. COMPREHENSIVE PLANS ON PREVENTION, DIAG-***
 7 ***NOSIS, MITIGATION, AND TREATMENT OF***
 8 ***TRAUMATIC BRAIN INJURY AND POST-TRAU-***
 9 ***MATIC STRESS DISORDER IN MEMBERS OF***
 10 ***THE ARMED FORCES.***

11 *(a) PLANS REQUIRED.—Not later than 180 days after*
 12 *the date of the enactment of this Act, the Secretary of De-*
 13 *fense shall, in consultation with the Secretary of Veterans*
 14 *Affairs, submit to the congressional defense committees one*
 15 *or more comprehensive plans for programs and activities*
 16 *of the Department of Defense to prevent, diagnose, mitigate,*
 17 *treat, and otherwise respond to traumatic brain injury*
 18 *(TBI) and post-traumatic stress disorder (PTSD) in mem-*
 19 *bers of the Armed Forces.*

20 *(b) ELEMENTS.—Each plan submitted under sub-*
 21 *section (a) shall include comprehensive proposals of the De-*
 22 *partment on the following:*

23 *(1) The designation by the Secretary of Defense*
 24 *of a lead agent or executive agent for the Department*

1 to coordinate development and implementation of the
2 plan.

3 (2) The improvement of personnel protective
4 equipment for members of the Armed Forces in order
5 to prevent traumatic brain injury.

6 (3) The improvement of methods and mecha-
7 nisms for the detection and treatment of traumatic
8 brain injury and post-traumatic stress disorder in
9 members of the Armed Forces in the field.

10 (4) The requirements for research on traumatic
11 brain injury and post-traumatic stress disorder, in-
12 cluding (in particular) research on pharmacological
13 approaches to treatment for traumatic brain injury
14 or post-traumatic stress disorder, as applicable, and
15 the allocation of priorities among such research.

16 (5) The development, adoption, and deployment
17 of diagnostic criteria for the detection and evaluation
18 of the range of traumatic brain injury and post-trau-
19 matic stress disorder in members of the Armed Forces,
20 which criteria shall be employed uniformly across the
21 military departments in all applicable circumstances,
22 including provision of clinical care and assessment of
23 future deployability of members of the Armed Forces.

24 (6) The development and deployment of effective
25 means of assessing traumatic brain injury and post-

1 *traumatic stress disorder in members of the Armed*
2 *Forces, including a system of pre-deployment and*
3 *post-deployment screenings of cognitive ability in*
4 *members for the detection of cognitive impairment, as*
5 *required by the amendments made by section 222.*

6 *(7) The development and deployment of effective*
7 *means of managing and monitoring members of the*
8 *Armed Forces with traumatic brain injury or post-*
9 *traumatic stress disorder in the receipt of care for*
10 *traumatic brain injury or post-traumatic stress dis-*
11 *order, as applicable, including the monitoring and as-*
12 *essment of treatment and outcomes.*

13 *(8) The development and deployment of an edu-*
14 *cation and awareness training initiative designed to*
15 *reduce the negative stigma associated with traumatic*
16 *brain injury, post-traumatic stress disorder, and*
17 *mental health treatment.*

18 *(9) The provision of education and outreach to*
19 *families of members of the Armed Forces with trau-*
20 *matic brain injury or post-traumatic stress disorder*
21 *on a range of matters relating to traumatic brain in-*
22 *jury or post-traumatic stress disorder, as applicable,*
23 *including detection, mitigation, and treatment.*

24 *(10) The assessment of the current capabilities of*
25 *the Department for the prevention, diagnosis, mitiga-*

1 *tion, treatment, and rehabilitation of traumatic brain*
2 *injury and post-traumatic stress disorder in members*
3 *of the Armed Forces.*

4 (11) *The identification of gaps in current capa-*
5 *bilities of the Department for the prevention, diag-*
6 *nosis, mitigation, treatment, and rehabilitation of*
7 *traumatic brain injury and post-traumatic stress dis-*
8 *order in members of the Armed Forces.*

9 (12) *The identification of the resources required*
10 *for the Department in fiscal years 2009 thru 2013 to*
11 *address the gaps in capabilities identified under*
12 *paragraph (11).*

13 (13) *The development of joint planning among*
14 *the Department of Defense, the military departments,*
15 *and the Department of Veterans Affairs for the pre-*
16 *vention, diagnosis, mitigation, treatment, and reha-*
17 *bilitation of traumatic brain injury and post-trau-*
18 *matic stress disorder in members of the Armed Forces,*
19 *including planning for the seamless transition of such*
20 *members from care through the Department of Defense*
21 *care through the Department of Veterans Affairs.*

22 (14) *A requirement that exposure to a blast or*
23 *blasts be recorded in the records of members of the*
24 *Armed Forces.*

1 (15) *The development of clinical practice guide-*
 2 *lines for the diagnosis and treatment of blast injuries*
 3 *in members of the Armed Forces, including, but not*
 4 *limited to, traumatic brain injury.*

5 (c) *COORDINATION IN DEVELOPMENT.*—*Each plan*
 6 *submitted under subsection (a) shall be developed in coordi-*
 7 *nation with the Secretary of the Army (who was designated*
 8 *by the Secretary of Defense as executive agent for the pre-*
 9 *vention, mitigation, and treatment of blast injuries under*
 10 *section 256 of the National Defense Authorization Act for*
 11 *Fiscal Year 2006 (Public Law 109–163; 119 Stat. 3181;*
 12 *10 U.S.C. 1071 note)).*

13 (d) *ADDITIONAL ACTIVITIES.*—*In carrying out pro-*
 14 *grams and activities for the prevention, diagnosis, mitiga-*
 15 *tion, and treatment of traumatic brain injury and post-*
 16 *traumatic stress disorder in members of the Armed Forces,*
 17 *the Secretary of Defense shall—*

18 (1) *examine the results of the recently completed*
 19 *Phase 2 study, funded by the National Institutes of*
 20 *Health, on the use of progesterone for acute traumatic*
 21 *brain injury;*

22 (2) *determine if Department of Defense funding*
 23 *for a Phase 3 clinical trial on the use of progesterone*
 24 *for acute traumatic brain injury, or for further re-*
 25 *search regarding the use of progesterone or its metabo-*

1 *lites for treatment of traumatic brain injury, is war-*
 2 *ranted; and*

3 *(3) provide for the collaboration of the Depart-*
 4 *ment of Defense, as appropriate, in clinical trials and*
 5 *research on pharmacological approaches to treatment*
 6 *for traumatic brain injury and post-traumatic stress*
 7 *disorder that is conducted by other departments and*
 8 *agencies of the Federal Government.*

9 **SEC. 222. IMPROVEMENT OF MEDICAL TRACKING SYSTEM**
 10 **FOR MEMBERS OF THE ARMED FORCES DE-**
 11 **PLOYED OVERSEAS.**

12 *(a) PROTOCOL FOR ASSESSMENT OF COGNITIVE FUNC-*
 13 *TIONING.—*

14 *(1) PROTOCOL REQUIRED.—Subsection (b) of*
 15 *section 1074f of title 10, United States Code, is*
 16 *amended—*

17 *(A) in paragraph (2), by adding at the end*
 18 *the following new subparagraph:*

19 *“(C) An assessment of post-traumatic stress dis-*
 20 *order.”; and*

21 *(B) by adding at the end the following new*
 22 *paragraph:*

23 *“(3)(A) The Secretary shall establish for purposes of*
 24 *subparagraphs (B) and (C) of paragraph (2) a protocol for*
 25 *the predeployment assessment and documentation of the*

1 *cognitive (including memory) functioning of a member who*
2 *is deployed outside the United States in order to facilitate*
3 *the assessment of the postdeployment cognitive (including*
4 *memory) functioning of the member.*

5 “(B) *The protocol under subparagraph (A) shall in-*
6 *clude appropriate mechanisms to permit the differential di-*
7 *agnosis of traumatic brain injury in members returning*
8 *from deployment in a combat zone.”.*

9 (2) *PILOT PROJECTS.—(A) In developing the*
10 *protocol required by paragraph (3) of section 1074f(b)*
11 *of title 10, United States Code (as amended by para-*
12 *graph (1) of this subsection), for purposes of assess-*
13 *ments for traumatic brain injury, the Secretary of*
14 *Defense shall conduct up to three pilot projects to*
15 *evaluate various mechanisms for use in the protocol*
16 *for such purposes. One of the mechanisms to be so*
17 *evaluated shall be a computer-based assessment tool.*

18 (B) *Not later than 60 days after the completion*
19 *of the pilot projects conducted under this paragraph,*
20 *the Secretary shall submit to the appropriate commit-*
21 *tees of Congress a report on the pilot projects. The re-*
22 *port shall include—*

23 (i) *a description of the pilot projects so con-*
24 *ducted;*

1 (ii) an assessment of the results of each such
2 pilot project; and

3 (iii) a description of any mechanisms eval-
4 uated under each such pilot project that will in-
5 corporated into the protocol.

6 (C) Not later than 180 days after completion of
7 the pilot projects conducted under this paragraph, the
8 Secretary shall establish a mechanism for imple-
9 menting any mechanism evaluated under such a pilot
10 project that is selected for incorporation in the pro-
11 tocol.

12 (D) There is hereby authorized to be appro-
13 priated to the Department of Defense, \$3,000,000 for
14 the pilot projects authorized by this paragraph. Of the
15 amount so authorized to be appropriated, not more
16 than \$1,000,000 shall be available for any particular
17 pilot project.

18 (b) *QUALITY ASSURANCE.*—Subsection (d)(2) of sec-
19 tion 1074f of title 10, United States Code, is amended by
20 adding at the end the following new subparagraph:

21 “(F) The diagnosis and treatment of traumatic
22 brain injury and post-traumatic stress disorder.”.

23 (c) *STANDARDS FOR DEPLOYMENT.*—Subsection (f) of
24 such section is amended—

1 (1) *in the subsection heading, by striking “MEN-*
2 *TAL HEALTH”*; and

3 (2) *in paragraph (2)(B), by striking “or” and*
4 *inserting “, traumatic brain injury, or”*.

5 **SEC. 223. CENTERS OF EXCELLENCE IN THE PREVENTION,**
6 **DIAGNOSIS, MITIGATION, TREATMENT, AND**
7 **REHABILITATION OF TRAUMATIC BRAIN IN-**
8 **JURY AND POST-TRAUMATIC STRESS DIS-**
9 **ORDER.**

10 (a) *CENTER OF EXCELLENCE ON TRAUMATIC BRAIN*
11 *INJURY.*—Chapter 55 of title 10, United States Code, is
12 *amended by inserting after section 1105 the following new*
13 *section:*

14 **“§ 1105a. Center of Excellence in Prevention, Diag-**
15 **nosis, Mitigation, Treatment, and Reha-**
16 **bilitation of Traumatic Brain Injury**

17 “(a) *IN GENERAL.*—The Secretary of Defense shall es-

18 *tablish within the Department of Defense a center of excel-*
19 *lence in the prevention, diagnosis, mitigation, treatment,*
20 *and rehabilitation of traumatic brain injury (TBI), includ-*
21 *ing mild, moderate, and severe traumatic brain injury, to*
22 *carry out the responsibilities specified in subsection (c). The*
23 *center shall be known as a ‘Center of Excellence in Preven-*
24 *tion, Diagnosis, Mitigation, Treatment, and Rehabilitation*
25 *of Traumatic Brain Injury’.*

1 “(b) *PARTNERSHIPS.*—*The Secretary shall authorize*
2 *the Center to enter into such partnerships, agreements, or*
3 *other arrangements as the Secretary considers appropriate*
4 *with the Department of Veterans Affairs, institutions of*
5 *higher education, and other appropriate public and private*
6 *entities (including international entities) to carry out the*
7 *responsibilities specified in subsection (c).*

8 “(c) *RESPONSIBILITIES.*—*The Center shall have re-*
9 *sponsibilities as follows:*

10 “(1) *To direct and oversee, based on expert re-*
11 *search, the development and implementation of a*
12 *long-term, comprehensive plan and strategy for the*
13 *Department of Defense for the prevention, diagnosis,*
14 *mitigation, treatment, and rehabilitation of trau-*
15 *matic brain injury.*

16 “(2) *To provide for the development, testing, and*
17 *dissemination within the Department of best practices*
18 *for the treatment of traumatic brain injury.*

19 “(3) *To provide guidance for the mental health*
20 *system of the Department in determining the mental*
21 *health and neurological health personnel required to*
22 *provide quality mental health care for members of the*
23 *armed forces with traumatic brain injury.*

24 “(4) *To establish, implement, and oversee a com-*
25 *prehensive program to train mental health and neuro-*

1 *logical health professionals of the Department in the*
2 *treatment of traumatic brain injury.*

3 *“(5) To facilitate advancements in the study of*
4 *the short-term and long-term psychological effects of*
5 *traumatic brain injury.*

6 *“(6) To disseminate within the military medical*
7 *treatment facilities of the Department best practices*
8 *for training mental health professionals, including*
9 *neurological health professionals, with respect to trau-*
10 *matic brain injury.*

11 *“(7) To conduct basic science and translational*
12 *research on traumatic brain injury for the purposes*
13 *of understanding the etiology of traumatic brain in-*
14 *jury and developing preventive interventions and new*
15 *treatments.*

16 *“(8) To develop outreach strategies and treat-*
17 *ments for families of members of the armed forces*
18 *with traumatic brain injury in order to mitigate the*
19 *negative impacts of traumatic brain injury on such*
20 *family members and to support the recovery of such*
21 *members from traumatic brain injury.*

22 *“(9) To conduct research on the unique mental*
23 *health needs of women members of the armed forces*
24 *with traumatic brain injury and develop treatments*
25 *to meet any needs identified through such research.*

1 “(10) *To conduct research on the unique mental*
2 *health needs of ethnic minority members of the armed*
3 *forces with traumatic brain injury and develop treat-*
4 *ments to meet any needs identified through such re-*
5 *search.*

6 “(11) *To conduct research on the mental health*
7 *needs of families of members of the armed forces with*
8 *traumatic brain injury and develop treatments to*
9 *meet any needs identified through such research.*

10 “(12) *To conduct longitudinal studies (using im-*
11 *aging technology and other proven research methods)*
12 *on members of the armed forces with traumatic brain*
13 *injury to identify early signs of Alzheimer’s disease,*
14 *Parkinson’s disease, or other manifestations of*
15 *neurodegeneration in such members, which studies*
16 *should be conducted in coordination with the studies*
17 *authorized by section 721 of the John Warner Na-*
18 *tional Defense Authorization Act for Fiscal Year 2007*
19 *(Public Law 109–364; 120 Stat. 2294) and other*
20 *studies of the Department of Defense and the Depart-*
21 *ment of Veterans Affairs that address the connection*
22 *between exposure to combat and the development of*
23 *Alzheimer’s disease, Parkinson’s disease, and other*
24 *neurodegenerative disorders.*

1 “(13) *To develop and oversee a long-term plan to*
 2 *increase the number of mental health and neurological*
 3 *health professionals within the Department in order*
 4 *to facilitate the meeting by the Department of the*
 5 *needs of members of the armed forces with traumatic*
 6 *brain injury until their transition to care and treat-*
 7 *ment from the Department of Veterans Affairs.*

8 “(14) *Such other responsibilities as the Secretary*
 9 *shall specify.*”.

10 (b) *CENTER OF EXCELLENCE ON POST-TRAUMATIC*
 11 *STRESS DISORDER.*—Chapter 55 of such title is further
 12 *amended by inserting after section 1105a, as added by sub-*
 13 *section (a), the following new section:*

14 **“§ 1105b. Center of Excellence in Prevention, Diag-**
 15 **nosis, Mitigation, Treatment, and Reha-**
 16 **bilitation of Post-Traumatic Stress Dis-**
 17 **order**

18 “(a) *IN GENERAL.*—The Secretary of Defense shall es-
 19 *tablish within the Department of Defense a center of excel-*
 20 *lence in the prevention, diagnosis, mitigation, treatment,*
 21 *and rehabilitation of post-traumatic stress disorder*
 22 *(PTSD), including mild, moderate, and severe post-trau-*
 23 *matic stress disorder, to carry out the responsibilities speci-*
 24 *fied in subsection (c). The center shall be known as a ‘Center*
 25 *of Excellence in Prevention, Diagnosis, Mitigation, Treat-*

1 *ment, and Rehabilitation of Post-Traumatic Stress Dis-*
2 *order’.*

3 “(b) *PARTNERSHIPS.*—*The Secretary shall authorize*
4 *the Center to enter into such partnerships, agreements, or*
5 *other arrangements as the Secretary considers appropriate*
6 *with the National Center for Post-Traumatic Stress Dis-*
7 *order of the Department of Veterans Affairs, institutions of*
8 *higher education, and other appropriate public and private*
9 *entities (including international entities) to carry out the*
10 *responsibilities specified in subsection (c).*

11 “(c) *RESPONSIBILITIES.*—*The Center shall have re-*
12 *sponsibilities as follows:*

13 “(1) *To direct and oversee, based on expert re-*
14 *search, the development and implementation of a*
15 *long-term, comprehensive plan and strategy for the*
16 *Department of Defense for the prevention, diagnosis,*
17 *mitigation, treatment, and rehabilitation of post-*
18 *traumatic stress disorder.*

19 “(2) *To provide for the development, testing, and*
20 *dissemination within the Department of best practices*
21 *for the treatment of post-traumatic stress disorder.*

22 “(3) *To provide guidance for the mental health*
23 *system of the Department in determining the mental*
24 *health and neurological health personnel required to*

1 *provide quality mental health care for members of the*
2 *armed forces with post-traumatic stress disorder.*

3 *“(4) To establish, implement, and oversee a com-*
4 *prehensive program to train mental health and neuro-*
5 *logical health professionals of the Department in the*
6 *treatment of post-traumatic stress disorder.*

7 *“(5) To facilitate advancements in the study of*
8 *the short-term and long-term psychological effects of*
9 *post-traumatic stress disorder.*

10 *“(6) To disseminate within the military medical*
11 *treatment facilities of the Department best practices*
12 *for training mental health professionals, including*
13 *neurological health professionals, with respect to post-*
14 *traumatic stress disorder.*

15 *“(7) To conduct basic science and translational*
16 *research on post-traumatic stress disorder for the pur-*
17 *poses of understanding the etiology of post-traumatic*
18 *stress disorder and developing preventive interven-*
19 *tions and new treatments.*

20 *“(8) To develop outreach strategies and treat-*
21 *ments for families of members of the armed forces*
22 *with post-traumatic stress disorder in order to miti-*
23 *gate the negative impacts of traumatic brain injury*
24 *on such family members and to support the recovery*
25 *of such members from post-traumatic stress disorder.*

1 “(9) To conduct research on the unique mental
2 health needs of women members of the armed forces,
3 including victims of sexual assault, with post-trau-
4 matic stress disorder and develop treatments to meet
5 any needs identified through such research.

6 “(10) To conduct research on the unique mental
7 health needs of ethnic minority members of the armed
8 forces with post-traumatic stress disorder and develop
9 treatments to meet any needs identified through such
10 research.

11 “(11) To conduct research on the mental health
12 needs of families of members of the armed forces with
13 post-traumatic stress disorder and develop treatments
14 to meet any needs identified through such research.

15 “(12) To develop and oversee a long-term plan to
16 increase the number of mental health and neurological
17 health professionals within the Department in order
18 to facilitate the meeting by the Department of the
19 needs of members of the armed forces with post-trau-
20 matic stress disorder until their transition to care
21 and treatment from the Department of Veterans Af-
22 fairs.

23 “(13) Such other responsibilities as the Secretary
24 shall specify.”.

1 (c) *CLERICAL AMENDMENT.*—*The table of sections at*
 2 *the beginning of chapter 55 of such title is amended by in-*
 3 *serting after the item relating to section 1105 the following*
 4 *new items:*

 “1105a. *Center of Excellence in Prevention, Diagnosis, Mitigation, Treatment,*
 and Rehabilitation of Traumatic Brain Injury.

 “1105b. *Center of Excellence in Prevention, Diagnosis, Mitigation, Treatment, and*
 Rehabilitation of Post-Traumatic Stress Disorder.”.

5 (d) *REPORT ON ESTABLISHMENT.*—*Not later than 180*
 6 *days after the date of the enactment of this Act, the Sec-*
 7 *retary of Defense shall submit to Congress a report on the*
 8 *establishment of the Center of Excellence in Prevention, Di-*
 9 *agnosis, Mitigation, Treatment, and Rehabilitation of*
 10 *Traumatic Brain Injury required by section 1105a of title*
 11 *10, United States Code (as added by subsection (a)), and*
 12 *the establishment of the Center of Excellence in Prevention,*
 13 *Diagnosis, Mitigation, Treatment, and Rehabilitation of*
 14 *Post-Traumatic Stress Disorder required by section 1105b*
 15 *of title 10, United States Code (as added by subsection (b)).*
 16 *The report shall, for each such Center—*

17 (1) *describe in detail the activities and proposed*
 18 *activities of such Center; and*

19 (2) *assess the progress of such Center in dis-*
 20 *charging the responsibilities of such Center.*

21 (e) *AUTHORIZATION OF APPROPRIATIONS.*—*There is*
 22 *hereby authorized to be appropriated for fiscal year 2008*

1 *for the Department of Defense for Defense Health Program,*
 2 *\$10,000,000, of which—*

3 *(1) \$5,000,000 shall be available for the Center*
 4 *of Excellence in Prevention, Diagnosis, Mitigation,*
 5 *Treatment, and Rehabilitation of Traumatic Brain*
 6 *Injury required by section 1105a of title 10, United*
 7 *States Code; and*

8 *(2) \$5,000,000 shall be available for the Center*
 9 *of Excellence in Prevention, Diagnosis, Mitigation,*
 10 *Treatment, and Rehabilitation of Post-Traumatic*
 11 *Stress Disorder required by section 1105b of title 10,*
 12 *United States Code.*

13 **SEC. 224. REVIEW OF MENTAL HEALTH SERVICES AND**
 14 **TREATMENT FOR FEMALE MEMBERS OF THE**
 15 **ARMED FORCES AND VETERANS.**

16 *(a) COMPREHENSIVE REVIEW.—The Secretary of De-*
 17 *fense and the Secretary of Veterans Affairs shall jointly con-*
 18 *duct a comprehensive review of—*

19 *(1) the need for mental health treatment and*
 20 *services for female members of the Armed Forces and*
 21 *veterans; and*

22 *(2) the efficacy and adequacy of existing mental*
 23 *health treatment programs and services for female*
 24 *members of the Armed Forces and veterans.*

1 (b) *ELEMENTS.*—*The review required by subsection (a)*
2 *shall include, but not be limited to, an assessment of the*
3 *following:*

4 (1) *The need for mental health outreach, preven-*
5 *tion, and treatment services specifically for female*
6 *members of the Armed Forces and veterans.*

7 (2) *The access to and efficacy of existing mental*
8 *health outreach, prevention, and treatment services*
9 *and programs (including substance abuse programs)*
10 *for female veterans who served in a combat zone.*

11 (3) *The access to and efficacy of services and*
12 *treatment for female members of the Armed Forces*
13 *and veterans who experience post-traumatic stress*
14 *disorder (PTSD).*

15 (4) *The availability of services and treatment for*
16 *female members of the Armed Forces and veterans*
17 *who experienced sexual assault or abuse.*

18 (5) *The access to and need for treatment facili-*
19 *ties focusing on the mental health care needs of female*
20 *members of the Armed Forces and veterans.*

21 (6) *The need for further clinical research on the*
22 *unique needs of female veterans who served in a com-*
23 *bat zone.*

24 (c) *REPORT.*—*Not later than 90 days after the date*
25 *of the enactment of this Act, the Secretary of Defense and*

1 *the Secretary of Veterans Affairs shall jointly submit to the*
 2 *appropriate committees of Congress a report on the review*
 3 *required by subsection (a).*

4 *(d) POLICY REQUIRED.—Not later than 120 days after*
 5 *the date of the enactment of this Act, the Secretary of De-*
 6 *fense and the Secretary of Veterans Affairs shall jointly de-*
 7 *velop a comprehensive policy to address the treatment and*
 8 *care needs of female members of the Armed Forces and vet-*
 9 *erans who experience mental health problems and condi-*
 10 *tions, including post-traumatic stress disorder. The policy*
 11 *shall take into account and reflect the results of the review*
 12 *required by subsection (a).*

13 **SEC. 225. FUNDING FOR IMPROVED DIAGNOSIS, TREAT-**
 14 **MENT, AND REHABILITATION OF MEMBERS**
 15 **OF THE ARMED FORCES WITH TRAUMATIC**
 16 **BRAIN INJURY OR POST-TRAUMATIC STRESS**
 17 **DISORDER.**

18 *(a) AUTHORIZATION OF APPROPRIATIONS.—*

19 *(1) IN GENERAL.—Funds are hereby authorized*
 20 *to be appropriated for fiscal year 2008 for the De-*
 21 *partment of Defense for Defense Health Program in*
 22 *the amount of \$50,000,000, with such amount to be*
 23 *available for activities as follows:*

24 *(A) Activities relating to the improved diag-*
 25 *nosis, treatment, and rehabilitation of members*

1 *of the Armed Forces with traumatic brain injury*
 2 *(TBI).*

3 *(B) Activities relating to the improved diag-*
 4 *nosis, treatment, and rehabilitation of members*
 5 *of the Armed Forces with post-traumatic stress*
 6 *disorder (PTSD).*

7 *(2) AVAILABILITY OF AMOUNT.—Of the amount*
 8 *authorized to be appropriated by paragraph (1),*
 9 *\$17,000,000 shall be available for the Defense and*
 10 *Veterans Brain Injury Center of the Department of*
 11 *Defense.*

12 *(b) SUPPLEMENT NOT SUPPLANT.—The amount au-*
 13 *thorized to be appropriated by subsection (a) for Defense*
 14 *Health Program is in addition to any other amounts au-*
 15 *thorized to be appropriated by this Act for Defense Health*
 16 *Program.*

17 **SEC. 226. REPORTS.**

18 *(a) REPORTS ON IMPLEMENTATION OF CERTAIN RE-*
 19 *QUIREMENTS.—Not later than 90 days after the date of the*
 20 *enactment of this Act, the Secretary of Defense shall submit*
 21 *to the congressional defense committees a report describing*
 22 *the progress in implementing the requirements as follows:*

23 *(1) The requirements of section 721 of the John*
 24 *Warner National Defense Authorization Act for Fiscal*
 25 *Year 2007 (Public Law 109–364; 120 Stat. 2294), re-*

1 *lating to a longitudinal study on traumatic brain in-*
 2 *jury incurred by members of the Armed Forces in Op-*
 3 *eration Iraqi Freedom and Operation Enduring Free-*
 4 *dom.*

5 *(2) The requirements arising from the amend-*
 6 *ments made by section 738 of the John Warner Na-*
 7 *tional Defense Authorization Act for Fiscal Year 2007*
 8 *(120 Stat. 2303), relating to enhanced mental health*
 9 *screening and services for members of the Armed*
 10 *Forces.*

11 *(3) The requirements of section 741 of the John*
 12 *Warner National Defense Authorization Act for Fiscal*
 13 *Year 2007 (120 Stat. 2304), relating to pilot projects*
 14 *on early diagnosis and treatment of post-traumatic*
 15 *stress disorder and other mental health conditions.*

16 *(b) ANNUAL REPORTS ON EXPENDITURES FOR ACTIVI-*
 17 *TIES ON TBI AND PTSD.—*

18 *(1) REPORTS REQUIRED.—Not later than March*
 19 *1, 2008, and each year thereafter through 2013, the*
 20 *Secretary of Defense shall submit to the congressional*
 21 *defense committees a report setting forth the amounts*
 22 *expended by the Department of Defense during the*
 23 *preceding calendar year on activities described in*
 24 *paragraph (2), including the amount allocated during*

1 *such calendar year to the Defense and Veterans Brain*
2 *Injury Center of the Department.*

3 (2) *COVERED ACTIVITIES.—The activities de-*
4 *scribed in this paragraph are activities as follows:*

5 (A) *Activities relating to the improved diag-*
6 *nosis, treatment, and rehabilitation of members*
7 *of the Armed Forces with traumatic brain injury*
8 *(TBI).*

9 (B) *Activities relating to the improved diag-*
10 *nosis, treatment, and rehabilitation of members*
11 *of the Armed Forces with post-traumatic stress*
12 *disorder (PTSD).*

13 (3) *ELEMENTS.—Each report under paragraph*
14 *(1) shall include—*

15 (A) *a description of the amounts expended*
16 *as described in that paragraph, including a de-*
17 *scription of the activities for which expended;*

18 (B) *a description and assessment of the out-*
19 *come of such activities;*

20 (C) *a statement of priorities of the Depart-*
21 *ment in activities relating to the prevention, di-*
22 *agnosis, research, treatment, and rehabilitation*
23 *of traumatic brain injury in members of the*
24 *Armed Forces during the year in which such re-*
25 *port is submitted and in future calendar years;*

1 (D) a statement of priorities of the Depart-
 2 ment in activities relating to the prevention, di-
 3 agnosis, research, treatment, and rehabilitation
 4 of post-traumatic stress disorder in members of
 5 the Armed Forces during the year in which such
 6 report is submitted and in future calendar years;
 7 and

8 (E) an assessment of the progress made to-
 9 ward achieving the priorities stated in subpara-
 10 graphs (C) and (D) in the report under para-
 11 graph (1) in the previous year, and a description
 12 of any actions planned during the year in which
 13 such report is submitted to achieve any
 14 unfulfilled priorities during such year.

15 ***Subtitle D—Other Matters***

16 ***SEC. 231. JOINT ELECTRONIC HEALTH RECORD FOR THE*** 17 ***DEPARTMENT OF DEFENSE AND DEPART-*** 18 ***MENT OF VETERANS AFFAIRS.***

19 (a) *IN GENERAL.*—The Secretary of Defense and the
 20 Secretary of Veterans Affairs shall jointly—

21 (1) *develop and implement a joint electronic*
 22 *health record for use by the Department of Defense*
 23 *and the Department of Veterans Affairs; and*

24 (2) *accelerate the exchange of health care infor-*
 25 *mation between the Department of Defense and the*

1 *Department of Veterans Affairs in order to support*
 2 *the delivery of health care by both Departments.*

3 *(b) DEPARTMENT OF DEFENSE-DEPARTMENT OF VET-*
 4 *ERANS AFFAIRS INTERAGENCY PROGRAM OFFICE FOR A*
 5 *JOINT ELECTRONIC HEALTH RECORD.—*

6 *(1) IN GENERAL.—There is hereby established a*
 7 *joint element of the Department of Defense and the*
 8 *Department of Veterans Affairs to be known as the*
 9 *“Department of Defense-Department of Veterans Af-*
 10 *fairs Interagency Program Office for a Joint Elec-*
 11 *tronic Health Record” (in this section referred to as*
 12 *the “Office”).*

13 *(2) PURPOSES.—The purposes of the Office shall*
 14 *be as follows:*

15 *(A) To act as a single point of account-*
 16 *ability for the Department of Defense and the*
 17 *Department of Veterans Affairs in the rapid de-*
 18 *velopment, test, and implementation of a joint*
 19 *electronic health record for use by the Depart-*
 20 *ment of Defense and the Department of Veterans*
 21 *Affairs.*

22 *(B) To accelerate the exchange of health*
 23 *care information between Department of Defense*
 24 *and the Department of Veterans Affairs in order*

1 to support the delivery of health care by both De-
2 partments.

3 (c) *LEADERSHIP.*—

4 (1) *DIRECTOR.*—*The Director of the Department*
5 *of Defense-Department of Veterans Affairs Inter-*
6 *agency Program Office for a Joint Electronic Health*
7 *Record shall be the head of the Office.*

8 (2) *DEPUTY DIRECTOR.*—*The Deputy Director of*
9 *the Department of Defense-Department of Veterans*
10 *Affairs Interagency Program Office for a Joint Elec-*
11 *tronic Health Record shall be the deputy head of the*
12 *office and shall assist the Director in carrying out the*
13 *duties of the Director.*

14 (3) *APPOINTMENTS.*—(A) *The Director shall be*
15 *appointed by the Secretary of Defense, with the con-*
16 *currence of the Secretary of Veterans Affairs, from*
17 *among employees of the Department of Defense and*
18 *the Department of Veterans Affairs in the Senior Ex-*
19 *ecutive Service who are qualified to direct the develop-*
20 *ment and acquisition of major information technology*
21 *capabilities.*

22 (B) *The Deputy Director shall be appointed by*
23 *the Secretary of Veterans Affairs, with the concur-*
24 *rence of the Secretary of Defense, from among employ-*
25 *ees of the Department of Defense and the Department*

1 *of Veterans Affairs in the Senior Executive Service*
2 *who are qualified to direct the development and ac-*
3 *quisition of major information technology capabili-*
4 *ties.*

5 (4) *ADDITIONAL GUIDANCE.—In addition to the*
6 *direction, supervision, and control provided by the*
7 *Secretary of Defense and the Secretary of Veterans Af-*
8 *fairs, the Office shall also receive guidance from the*
9 *Department of Veterans Affairs-Department of De-*
10 *fense Joint Executive Committee under section 320 of*
11 *title 38, United States Code, in the discharge of the*
12 *functions of the Office under this section.*

13 (5) *TESTIMONY.—Upon request by any of the ap-*
14 *propriate committees of Congress, the Director and*
15 *the Deputy Director shall testify before such com-*
16 *mittee regarding the discharge of the functions of the*
17 *Office under this section.*

18 (d) *FUNCTION.—The function of the Office shall be to*
19 *develop and prepare for deployment, by not later than Sep-*
20 *tember 30, 2010, a joint electronic health record to be uti-*
21 *lized by both the Department of Defense and the Depart-*
22 *ment of Veterans Affairs in the provision of medical care*
23 *and treatment to members of the Armed Forces and vet-*
24 *erans, which health record shall comply with applicable*
25 *interoperability standards, implementation specifications,*

1 *and certification criteria (including for the reporting of*
2 *quality measures) of the Federal Government.*

3 *(e) SCHEDULES AND BENCHMARKS.—Not later than*
4 *30 days after the date of the enactment of this Act, the Sec-*
5 *retary of Defense and the Secretary of Veterans Affairs shall*
6 *jointly establish a schedule and benchmarks for the dis-*
7 *charge by the Office of its function under this section, in-*
8 *cluding each of the following:*

9 *(1) A schedule for the establishment of the Office.*

10 *(2) A schedule and deadline for the establishment*
11 *of the requirements for the joint electronic health*
12 *record described in subsection (d), including coordina-*
13 *tion with the Office of the National Coordinator for*
14 *Health Information Technology in the development of*
15 *a nationwide interoperable health information tech-*
16 *nology infrastructure.*

17 *(3) A schedule and associated deadlines for any*
18 *acquisition and testing required in the development*
19 *and deployment of the joint electronic health record.*

20 *(4) A schedule and associated deadlines and re-*
21 *quirements for the deployment of the joint electronic*
22 *health record.*

23 *(5) Proposed funding for the Office for each of*
24 *fiscal years 2009 through 2013 for the discharge of its*
25 *function.*

1 (f) *PILOT PROJECTS.*—

2 (1) *AUTHORITY.*—*In order to assist the Office in*
3 *the discharge of its function under this section, the*
4 *Secretary of Defense and the Secretary of Veterans Af-*
5 *fairs may, acting jointly, carry out one or more pilot*
6 *projects to assess the feasibility and advisability of*
7 *various technological approaches to the achievement of*
8 *the joint electronic health record described in sub-*
9 *section (d).*

10 (2) *TREATMENT AS SINGLE HEALTH CARE SYS-*
11 *TEM.*—*For purposes of each pilot project carried out*
12 *under this subsection, the health care system of the*
13 *Department of Defense and the health care system of*
14 *the Department of Veterans Affairs shall be treated as*
15 *a single health care system for purposes of the regula-*
16 *tions promulgated under section 264(c) of the Health*
17 *Insurance Portability and Accountability Act of 1996*
18 *(42 U.S.C. 1320d–2 note).*

19 (g) *STAFF AND OTHER RESOURCES.*—

20 (1) *IN GENERAL.*—*The Secretary of Defense and*
21 *the Secretary of Veterans Affairs shall assign to the*
22 *Office such personnel and other resources of the De-*
23 *partment of Defense and the Department of Veterans*
24 *Affairs as are required for the discharge of its func-*
25 *tion under this section.*

1 (2) *ADDITIONAL SERVICES.*—Subject to the ap-
 2 proval of the Secretary of Defense and the Secretary
 3 of Veterans Affairs, the Director may utilize the serv-
 4 ices of private individuals and entities as consultants
 5 to the Office in the discharge of its function under
 6 this section. Amounts available to the Office shall be
 7 available for payment for such services.

8 (h) *ANNUAL REPORTS.*—

9 (1) *IN GENERAL.*—Not later than January 1,
 10 2009, and each year thereafter through 2014, the Di-
 11 rector shall submit to the Secretary of Defense and the
 12 Secretary of Veterans Affairs, and to the appropriate
 13 committees of Congress, a report on the activities of
 14 the Office during the preceding calendar year. Each
 15 report shall include, for the year covered by such re-
 16 port, the following:

17 (A) A detailed description of the activities
 18 of the Office, including a detailed description of
 19 the amounts expended and the purposes for
 20 which expended.

21 (B) An assessment of the progress made by
 22 the Department of Defense and the Department
 23 of Veterans Affairs in the development and im-
 24 plementation of the joint electronic health record
 25 described in subsection (d).

1 (2) *AVAILABILITY TO PUBLIC.*—*The Secretary of*
 2 *Defense and the Secretary of Veterans Affairs shall*
 3 *make available to the public each report submitted*
 4 *under paragraph (1), including by posting such re-*
 5 *port on the Internet website of the Department of De-*
 6 *fense and the Department of Veterans Affairs, respec-*
 7 *tively, that is available to the public.*

8 (i) *COMPTROLLER GENERAL ASSESSMENT OF IMPLE-*
 9 *MENTATION.*—*Not later than six months after the date of*
 10 *the enactment of this Act and every six months thereafter*
 11 *until the completion of the implementation of the joint elec-*
 12 *tronic health record described in subsection (d), the Comp-*
 13 *troller General of the United States shall submit to the ap-*
 14 *propriate committees of Congress a report setting forth the*
 15 *assessment of the Comptroller General of the progress of the*
 16 *Department of Defense and the Department of Veterans Af-*
 17 *fairs in developing and implementing the joint electronic*
 18 *health record.*

19 (j) *FUNDING.*—

20 (1) *IN GENERAL.*—*The Secretary of Defense and*
 21 *the Secretary of Veterans Affairs shall each contribute*
 22 *equally to the costs of the Office in fiscal year 2008*
 23 *and fiscal years thereafter. The amount so contributed*
 24 *by each Secretary in fiscal year 2008 shall be up to*
 25 *\$10,000,000.*

1 (2) *SOURCE OF FUNDS.*—(A) *Amounts contrib-*
 2 *uted by the Secretary of Defense under paragraph (1)*
 3 *shall be derived from amounts authorized to be appro-*
 4 *priated for the Department of Defense for the Defense*
 5 *Health Program and available for program manage-*
 6 *ment and technology resources.*

7 (B) *Amounts contributed by the Secretary of Vet-*
 8 *erans Affairs under paragraph (1) shall be derived*
 9 *from amounts authorized to be appropriated for the*
 10 *Department of Veterans Affairs for Medical Care and*
 11 *available for program management and technology re-*
 12 *sources.*

13 (k) *JOINT ELECTRONIC HEALTH RECORD DEFINED.*—
 14 *In this section, the term “joint electronic health record”*
 15 *means a single system that includes patient information*
 16 *across the continuum of medical care, including inpatient*
 17 *care, outpatient care, pharmacy care, patient safety, and*
 18 *rehabilitative care.*

19 **SEC. 232. ENHANCED PERSONNEL AUTHORITIES FOR THE**
 20 **DEPARTMENT OF DEFENSE FOR HEALTH**
 21 **CARE PROFESSIONALS FOR CARE AND TREAT-**
 22 **MENT OF WOUNDED AND INJURED MEMBERS**
 23 **OF THE ARMED FORCES.**

24 (a) *IN GENERAL.*—Section 1599c of title 10, United
 25 *States Code, is amended to read as follows:*

1 **“§1599c. Health care professionals: enhanced ap-**
 2 **pointment and compensation authority**
 3 **for personnel for care and treatment of**
 4 **wounded and injured members of the**
 5 **armed forces**

6 “(a) *IN GENERAL.*—The Secretary of Defense may, in
 7 the discretion of the Secretary, exercise any authority for
 8 the appointment and pay of health care personnel under
 9 chapter 74 of title 38 for purposes of the recruitment, em-
 10 ployment, and retention of civilian health care professionals
 11 for the Department of Defense if the Secretary determines
 12 that the exercise of such authority is necessary in order to
 13 provide or enhance the capacity of the Department to pro-
 14 vide care and treatment for members of the armed forces
 15 who are wounded or injured on active duty in the armed
 16 forces and to support the ongoing patient care and medical
 17 readiness, education, and training requirements of the De-
 18 partment of Defense.

19 “(b) *RECRUITMENT OF PERSONNEL.*—(1) The Secre-
 20 taries of the military departments shall each develop and
 21 implement a strategy to disseminate among appropriate
 22 personnel of the military departments authorities and best
 23 practices for the recruitment of medical and health profes-
 24 sionals, including the authorities under subsection (a).

25 “(2) Each strategy under paragraph (1) shall—

1 “(A) assess current recruitment policies, proce-
 2 dures, and practices of the military department con-
 3 cerned to assure that such strategy facilitates the im-
 4 plementation of efficiencies which reduce the time re-
 5 quired to fill vacant positions for medical and health
 6 professionals; and

7 “(B) clearly identify processes and actions that
 8 will be used to inform and educate military and civil-
 9 ian personnel responsible for the recruitment of med-
 10 ical and health professionals.”.

11 (b) *CLERICAL AMENDMENT.*—The table of sections at
 12 the beginning of chapter 81 of such title is amended by
 13 striking the item relating to section 1599c and inserting
 14 the following new item:

“1599c. *Health care professionals: enhanced appointment and compensation au-
 thority for personnel for care and treatment of wounded and in-
 jured members of the armed forces.*”.

15 (c) *REPORTS ON STRATEGIES ON RECRUITMENT OF*
 16 *MEDICAL AND HEALTH PROFESSIONALS.*—Not later than
 17 six months after the date of the enactment of this Act, each
 18 Secretary of a military department shall submit to the con-
 19 gressional defense committees a report setting forth the
 20 strategy developed by such Secretary under section 1599c(b)
 21 of title 10, United States Code, as added by subsection (a).

1 **SEC. 233. PERSONNEL SHORTAGES IN THE MENTAL**
2 **HEALTH WORKFORCE OF THE DEPARTMENT**
3 **OF DEFENSE, INCLUDING PERSONNEL IN THE**
4 **MENTAL HEALTH WORKFORCE.**

5 (a) *RECOMMENDATIONS ON MEANS OF ADDRESSING*
6 *SHORTAGES.*—

7 (1) *REPORT.*—Not later than 45 days after the
8 date of the enactment of this Act, the Secretary of De-
9 fense shall submit to the Committees on Armed Serv-
10 ices of the Senate and the House of Representatives a
11 report setting forth the recommendations of the Sec-
12 retary for such legislative or administrative actions
13 as the Secretary considers appropriate to address
14 shortages in health care professionals within the De-
15 partment of Defense, including personnel in the men-
16 tal health workforce.

17 (2) *ELEMENTS.*—The report required by para-
18 graph (1) shall address the following:

19 (A) *Enhancements or improvements of fi-*
20 *nancial incentives for health care professionals,*
21 *including personnel in the mental health work-*
22 *force, of the Department of Defense in order to*
23 *enhance the recruitment and retention of such*
24 *personnel, including recruitment, accession, or*
25 *retention bonuses and scholarship, tuition, and*
26 *other financial assistance.*

1 (B) *Modifications of service obligations of*
 2 *health care professionals, including personnel in*
 3 *the mental health workforce.*

4 (C) *Such other matters as the Secretary*
 5 *considers appropriate.*

6 (b) *RECRUITMENT.*—Commencing not later than 180
 7 days after the date of the enactment of this Act, the Sec-
 8 retary of Defense shall implement programs to recruit
 9 qualified individuals in health care fields (including mental
 10 health) to serve in the Armed Forces as health care and
 11 mental health personnel of the Armed Forces.

12 ***TITLE III—DISABILITY MATTERS***

13 ***Subtitle A—Disability Evaluations***

14 ***SEC. 301. UTILIZATION OF VETERANS' PRESUMPTION OF*** 15 ***SOUND CONDITION IN ESTABLISHING ELIGI-*** 16 ***BILITY OF MEMBERS OF THE ARMED FORCES*** 17 ***FOR RETIREMENT FOR DISABILITY.***

18 (a) *RETIREMENT OF REGULARS AND MEMBERS ON*
 19 *ACTIVE DUTY FOR MORE THAN 30 DAYS.*—Clause (i) of
 20 section 1201(b)(3)(B) of title 10, United States Code, is
 21 amended to read as follows:

22 “(i) *the member has six months or*
 23 *more of active military service and the dis-*
 24 *ability was not noted at the time of the*
 25 *member's entrance on active duty (unless*

1 *compelling evidence or medical judgment is*
 2 *such to warrant a finding that the dis-*
 3 *ability existed before the member's entrance*
 4 *on active duty);”.*

5 **(b) SEPARATION OF REGULARS AND MEMBERS ON AC-**
 6 **TIVE DUTY FOR MORE THAN 30 DAYS.**—*Section*
 7 *1203(b)(4)(B) of such title is amended by striking “and the*
 8 *member has at least eight years of service computed under*
 9 *section 1208 of this title” and inserting “, the member has*
 10 *six months or more of active military service, and the dis-*
 11 *ability was not noted at the time of the member's entrance*
 12 *on active duty (unless evidence or medical judgment is such*
 13 *to warrant a finding that the disability existed before the*
 14 *member's entrance on active duty)”.*

15 **SEC. 302. REQUIREMENTS AND LIMITATIONS ON DEPART-**
 16 **MENT OF DEFENSE DETERMINATIONS OF DIS-**
 17 **ABILITY WITH RESPECT TO MEMBERS OF THE**
 18 **ARMED FORCES.**

19 **(a) IN GENERAL.**—*Chapter 61 of title 10, United*
 20 *States Code, is amended by inserting after section 1216 the*
 21 *following new section:*

22 **“§1216a. Determinations of disability: requirements**
 23 **and limitations on determinations**

24 **“(a) UTILIZATION OF VA SCHEDULE FOR RATING DIS-**
 25 **ABILITIES IN DETERMINATIONS OF DISABILITY.**—*(1) In*

1 *making a determination of disability of a member of the*
 2 *armed forces for purposes of this chapter, the Secretary con-*
 3 *cerned—*

4 “(A) *shall, to the extent feasible, utilize the*
 5 *schedule for rating disabilities in use by the Depart-*
 6 *ment of Veterans Affairs, including any applicable*
 7 *interpretation of the schedule by the United States*
 8 *Court of Appeals for Veterans Claims; and*

9 “(B) *except as provided in paragraph (2), may*
 10 *not deviate from the schedule or any such interpreta-*
 11 *tion of the schedule.*

12 “(2) *In making a determination described in para-*
 13 *graph (1), the Secretary concerned may utilize in lieu of*
 14 *the schedule described in that paragraph such criteria as*
 15 *the Secretary of Defense and the Secretary of Veterans Af-*
 16 *fairs may jointly prescribe for purposes of this subsection*
 17 *if the utilization of such criteria will result in a determina-*
 18 *tion of a greater percentage of disability than would be oth-*
 19 *erwise determined through the utilization of the schedule.*

20 “(b) *CONSIDERATION OF ALL MEDICAL CONDI-*
 21 *TIONS.—In making a determination of the rating of dis-*
 22 *ability of a member of the armed forces for purposes of this*
 23 *chapter, the Secretary concerned shall take into account all*
 24 *medical conditions, whether individually or collectively,*

1 *that render the member unfit to perform the duties of the*
 2 *member's office, grade, rank, or rating.”.*

3 (b) *CLERICAL AMENDMENT.—The table of sections at*
 4 *the beginning of chapter 61 of such title is amended by in-*
 5 *serting after the item relating to section 1216 the following*
 6 *new item:*

“1216a. Determinations of disability: requirements and limitations on determina-
tions.”.

7 **SEC. 303. REVIEW OF SEPARATION OF MEMBERS OF THE**
 8 **ARMED FORCES SEPARATED FROM SERVICE**
 9 **WITH A DISABILITY RATING OF 20 PERCENT**
 10 **DISABLED OR LESS.**

11 (a) *BOARD REQUIRED.—*

12 (1) *IN GENERAL.—Chapter 79 of title 10, United*
 13 *States Code, is amended by inserting after section*
 14 *1554 adding the following new section:*

15 **“§ 1554a. Review of separation with disability rating**
 16 **of 20 percent disabled or less**

17 *“(a) IN GENERAL.—(1) The Secretary of Defense shall*
 18 *establish within the Office of the Secretary of Defense a*
 19 *board of review to review the disability determinations of*
 20 *covered individuals by Physical Evaluation Boards. The*
 21 *board shall be known as the ‘Physical Disability Board of*
 22 *Review’.*

23 *“(2) The Board shall consist of not less than three*
 24 *members appointed by the Secretary.*

1 “(b) *COVERED INDIVIDUALS.*—*For purposes of this*
2 *section, covered individuals are members and former mem-*
3 *bers of the armed forces who, during the period beginning*
4 *on September 11, 2001, and ending on December 31,*
5 *2009—*

6 “(1) *are separated from the armed forces due to*
7 *unfitness for duty due to a medical condition with a*
8 *disability rating of 20 percent disabled or less; and*

9 “(2) *are found to be not eligible for retirement.*

10 “(c) *REVIEW.*—(1) *Upon its own motion, or upon the*
11 *request of a covered individual, or a surviving spouse, next*
12 *of kin, or legal representative of a covered individual, the*
13 *Board shall review the findings and decisions of the Phys-*
14 *ical Evaluation Board with respect to such covered indi-*
15 *vidual.*

16 “(2) *The review by the Board under paragraph (1)*
17 *shall be based on the records of the armed force concerned*
18 *and such other evidence as may be presented to the Board.*
19 *A witness may present evidence to the Board by affidavit*
20 *or by any other means considered acceptable by the Sec-*
21 *retary of Defense.*

22 “(d) *AUTHORIZED RECOMMENDATIONS.*—*The Board*
23 *may, as a result of its findings under a review under sub-*
24 *section (c), recommend to the Secretary concerned the fol-*
25 *lowing (as applicable) with respect to a covered individual:*

1 “(1) No recharacterization of the separation of
2 such individual or modification of the disability rat-
3 ing previously assigned such individual.

4 “(2) The recharacterization of the separation of
5 such individual to retirement for disability.

6 “(3) The modification of the disability rating
7 previously assigned such individual by the Physical
8 Evaluation Board concerned, which modified dis-
9 ability rating may not be a reduction of the disability
10 rating previously assigned such individual by that
11 Physical Evaluation Board.

12 “(4) The issuance of a new disability rating for
13 such individual.

14 “(e) CORRECTION OF MILITARY RECORDS.—(1) The
15 Secretary concerned may correct the military records of a
16 covered individual in accordance with a recommendation
17 made by the Board under subsection (d). Any such correc-
18 tion may be made effective as of the effective date of the
19 action taken on the report of the Physical Evaluation Board
20 to which such recommendation relates.

21 “(2) In the case of a member previously separated pur-
22 suant to the findings and decision of a Physical Evaluation
23 Board together with a lump-sum or other payment of back
24 pay and allowances at separation, the amount of pay or
25 other monetary benefits to which such member would be en-

1 *titled based on the member's military record as corrected*
 2 *shall be reduced to take into account receipt of such lump-*
 3 *sum or other payment in such manner as the Secretary of*
 4 *Defense considers appropriate.*

5 “(3) *If the Board makes a recommendation not to cor-*
 6 *rect the military records of a covered individual, the action*
 7 *taken on the report of the Physical Evaluation Board to*
 8 *which such recommendation relates shall be treated as final*
 9 *as of the date of such action.*

10 “(f) *REGULATIONS.—(1) This section shall be carried*
 11 *out in accordance with regulations prescribed by the Sec-*
 12 *retary of Defense.*

13 “(2) *The regulations under paragraph (1) shall specify*
 14 *reasonable deadlines for the performance of reviews required*
 15 *by this section.*

16 “(3) *The regulations under paragraph (1) shall specify*
 17 *the effect of a determination or pending determination of*
 18 *a Physical Evaluation Board on considerations by boards*
 19 *for correction of military records under section 1552 of this*
 20 *title.”.*

21 (2) *CLERICAL AMENDMENT.—The table of sec-*
 22 *tions at the beginning of chapter 79 of such title is*
 23 *amended by inserting after the item relating to sec-*
 24 *tion 1554 the following new item:*

“1554a. *Review of separation with disability rating of 20 percent disabled or less.”.*

1 (b) *IMPLEMENTATION.*—*The Secretary of Defense shall*
 2 *establish the board of review required by section 1554a of*
 3 *title 10, United States Code (as added by subsection (a)),*
 4 *and prescribe the regulations required by such section, not*
 5 *later than 90 days after the date of the enactment of this*
 6 *Act.*

7 **SEC. 304. PILOT PROGRAMS ON REVISED AND IMPROVED**
 8 **DISABILITY EVALUATION SYSTEM FOR MEM-**
 9 **BERS OF THE ARMED FORCES.**

10 (a) *PILOT PROGRAMS.*—

11 (1) *IN GENERAL.*—*The Secretary of Defense*
 12 *shall, in consultation with the Secretary of Veterans*
 13 *Affairs, carry out pilot programs with respect to the*
 14 *disability evaluation system of the Department of De-*
 15 *fense for the purpose set forth in subsection (d).*

16 (2) *REQUIRED PILOT PROGRAMS.*—*In carrying*
 17 *out this section, the Secretary of Defense shall carry*
 18 *out the pilot programs described in paragraphs (1)*
 19 *through (3) of subsection (c). Each such pilot program*
 20 *shall be implemented not later than 90 days after the*
 21 *date of the enactment of this Act.*

22 (3) *AUTHORIZED PILOT PROGRAMS.*—*In car-*
 23 *rying out this section, the Secretary of Defense may*
 24 *carry out such other pilot programs as the Secretary*

1 of Defense, in consultation with the Secretary of Vet-
2 erans Affairs, considers appropriate.

3 (b) *DISABILITY EVALUATION SYSTEM OF THE DE-*
4 *PARTMENT OF DEFENSE.*—For purposes of this section, the
5 *disability evaluation system of the Department of Defense*
6 *is the system of the Department for the evaluation of the*
7 *disabilities of members of the Armed Forces who are being*
8 *separated or retired from the Armed Forces for disability*
9 *under chapter 61 of title 10, United States Code.*

10 (c) *SCOPE OF PILOT PROGRAMS.*—

11 (1) *DISABILITY DETERMINATIONS BY DOD UTI-*
12 *LIZING VA ASSIGNED DISABILITY RATING.*—Under one
13 *of the pilot programs under subsection (a), for pur-*
14 *poses of making a determination of disability of a*
15 *member of the Armed Forces under section 1201(b) of*
16 *title 10, United States Code, for the retirement, sepa-*
17 *ration, or placement of the member on the temporary*
18 *disability retired list under chapter 61 of such title,*
19 *upon a determination by the Secretary of the mili-*
20 *tary department concerned that the member is unfit*
21 *to perform the duties of the member's office, grade,*
22 *rank, or rating because of a physical disability as de-*
23 *scribed in section 1201(a) of such title—*

24 (A) *the Secretary of Veterans Affairs*
25 *shall—*

1 (i) conduct an evaluation of the mem-
2 ber for physical disability; and

3 (ii) assign the member a rating of dis-
4 ability in accordance with the schedule for
5 rating disabilities utilized by the Secretary
6 of Veterans Affairs based on all medical
7 conditions (whether individually or collec-
8 tively) that render the member unfit for
9 duty; and

10 (B) the Secretary of the military depart-
11 ment concerned shall make the determination of
12 disability regarding the member utilizing the
13 rating of disability assigned under subparagraph
14 (A)(ii).

15 (2) *DISABILITY DETERMINATIONS UTILIZING*
16 *JOINT DOD/VA ASSIGNED DISABILITY RATING.*—Under
17 one of the pilot programs under subsection (a), in
18 making a determination of disability of a member of
19 the Armed Forces under section 1201(b) of title 10,
20 United States Code, for the retirement, separation, or
21 placement of the member on the temporary disability
22 retired list under chapter 61 of such title, the Sec-
23 retary of the military department concerned shall,
24 upon determining that the member is unfit to perform
25 the duties of the member's office, grade, rank, or rat-

1 *ing because of a physical disability as described in*
2 *section 1201(a) of such title—*

3 *(A) provide for the joint evaluation of the*
4 *member for disability by the Secretary of the*
5 *military department concerned and the Sec-*
6 *retary of Veterans Affairs, including the assign-*
7 *ment of a rating of disability for the member in*
8 *accordance with the schedule for rating disabili-*
9 *ties utilized by the Secretary of Veterans Affairs*
10 *based on all medical conditions (whether indi-*
11 *vidually or collectively) that render the member*
12 *unfit for duty; and*

13 *(B) make the determination of disability re-*
14 *garding the member utilizing the rating of dis-*
15 *ability assigned under subparagraph (A).*

16 *(3) ELECTRONIC CLEARING HOUSE.—Under one*
17 *of the pilot programs, the Secretary of Defense shall*
18 *establish and operate a single Internet website for the*
19 *disability evaluation system of the Department of De-*
20 *fense that enables participating members of the*
21 *Armed Forces to fully utilize such system through the*
22 *Internet, with such Internet website to include the fol-*
23 *lowing:*

24 *(A) The availability of any forms required*
25 *for the utilization of the disability evaluation*

1 *system by members of the Armed Forces under*
2 *the system.*

3 *(B) Secure mechanisms for the submission*
4 *of such forms by members of the Armed Forces*
5 *under the system, and for the tracking of the ac-*
6 *ceptance and review of any forms so submitted.*

7 *(C) Secure mechanisms for advising mem-*
8 *bers of the Armed Forces under the system of any*
9 *additional information, forms, or other items*
10 *that are required for the acceptance and review*
11 *of any forms so submitted.*

12 *(D) The continuous availability of assist-*
13 *ance to members of the Armed Forces under the*
14 *system (including assistance through the case-*
15 *workers assigned to such members of the Armed*
16 *Forces) in submitting and tracking such forms,*
17 *including assistance in obtaining information,*
18 *forms, or other items described by subparagraph*
19 *(C).*

20 *(E) Secure mechanisms to request and re-*
21 *ceive personnel files or other personnel records of*
22 *members of the Armed Forces under the system*
23 *that are required for submission under the dis-*
24 *ability evaluation system, including the capa-*
25 *bility to track requests for such files or records*

1 *and to determine the status of such requests and*
2 *of responses to such requests.*

3 (4) *OTHER PILOT PROGRAMS.*—*Under any pilot*
4 *program carried out by the Secretary of Defense*
5 *under subsection (a)(3), the Secretary shall provide*
6 *for the development, evaluation, and identification of*
7 *such practices and procedures under the disability*
8 *evaluation system of the Department of Defense as the*
9 *Secretary considers appropriate for purpose set forth*
10 *in subsection (d).*

11 (d) *PURPOSE.*—*The purpose of each pilot program*
12 *under subsection (a) shall be—*

13 (1) *to provide for the development, evaluation,*
14 *and identification of revised and improved practices*
15 *and procedures under the disability evaluation system*
16 *of the Department of Defense in order to—*

17 (A) *reduce the processing time under the*
18 *disability evaluation system of members of the*
19 *Armed Forces who are likely to be retired or sep-*
20 *arated for disability, and who have not requested*
21 *continuation on active duty, including, in par-*
22 *ticular, members who are severely wounded;*

23 (B) *identify and implement or seek the*
24 *modification of statutory or administrative poli-*

1 *cies and requirements applicable to the disability*
2 *evaluation system that—*

3 *(i) are unnecessary or contrary to ap-*
4 *plicable best practices of civilian employers*
5 *and civilian healthcare systems; or*

6 *(ii) otherwise result in hardship, arbi-*
7 *trary, or inconsistent outcomes for members*
8 *of the Armed Forces, or unwarranted ineffi-*
9 *ciencies and delays;*

10 *(C) eliminate material variations in poli-*
11 *cies, interpretations, and overall performance*
12 *standards among the military departments*
13 *under the disability evaluation system; and*

14 *(D) determine whether it enhances the capa-*
15 *bility of the Department of Veterans Affairs to*
16 *receive and determine claims from members of*
17 *the Armed Forces for compensation, pension,*
18 *hospitalization, or other veterans benefits; and*

19 *(2) in conjunction with the findings and rec-*
20 *ommendations of applicable Presidential and Depart-*
21 *ment of Defense study groups, to provide for the even-*
22 *tual development of revised and improved practices*
23 *and procedures for the disability evaluation system in*
24 *order to achieve the objectives set forth in paragraph*
25 *(1).*

1 (e) *UTILIZATION OF RESULTS IN UPDATES OF COM-*
 2 *PREHENSIVE POLICY ON CARE, MANAGEMENT, AND TRANSI-*
 3 *TION OF COVERED SERVICEMEMBERS.*—*The Secretary of*
 4 *Defense and the Secretary of Veterans Affairs shall jointly*
 5 *incorporate responses to any findings and recommendations*
 6 *arising under the pilot programs required by subsection (a)*
 7 *in updating the comprehensive policy on the care and man-*
 8 *agement of covered servicemembers under section 101.*

9 (f) *CONSTRUCTION WITH OTHER AUTHORITIES.*—

10 (1) *IN GENERAL.*—*Subject to paragraph (2), in*
 11 *carrying out a pilot program under subsection (a)—*

12 (A) *the rules and regulations of the Depart-*
 13 *ment of Defense and the Department of Veterans*
 14 *Affairs relating to methods of determining fitness*
 15 *or unfitness for duty and disability ratings for*
 16 *members of the Armed Forces shall apply to the*
 17 *pilot program only to the extent provided in the*
 18 *report on the pilot program under subsection*
 19 *(h)(1); and*

20 (B) *the Secretary of Defense and the Sec-*
 21 *retary of Veterans Affairs may waive any provi-*
 22 *sion of title 10, 37, or 38, United States Code,*
 23 *relating to methods of determining fitness or*
 24 *unfitness for duty and disability ratings for*
 25 *members of the Armed Forces if the Secretaries*

1 *determine in writing that the application of such*
2 *provision would be inconsistent with the purpose*
3 *of the pilot program.*

4 (2) *LIMITATION.*—*Nothing in paragraph (1)*
5 *shall be construed to authorize the waiver of any pro-*
6 *vision of section 1216a of title 10, United States*
7 *Code, as added by section 302 of this Act.*

8 (g) *DURATION.*—*Each pilot program under subsection*
9 *(a) shall be completed not later than one year after the date*
10 *of the commencement of such pilot program under that sub-*
11 *section.*

12 (h) *REPORTS.*—

13 (1) *INITIAL REPORT.*—*Not later than 90 days*
14 *after the date of the enactment of this Act, the Sec-*
15 *retary of Defense shall submit to the appropriate com-*
16 *mittees of Congress a report on the pilot programs*
17 *under subsection (a). The report shall include—*

18 (A) *a description of the scope and objectives*
19 *of each pilot program;*

20 (B) *a description of the methodology to be*
21 *used under such pilot program to ensure rapid*
22 *identification under such pilot program of re-*
23 *vised or improved practices under the disability*
24 *evaluation system of the Department of Defense*

1 *in order to achieve the objectives set forth in sub-*
 2 *section (d)(1); and*

3 *(C) a statement of any provision described*
 4 *in subsection (f)(1)(B) that shall not apply to*
 5 *the pilot program by reason of a waiver under*
 6 *that subsection.*

7 *(2) INTERIM REPORT.—Not later than 150 days*
 8 *after the date of the submittal of the report required*
 9 *by paragraph (1), the Secretary shall submit to the*
 10 *appropriate committees of Congress a report describ-*
 11 *ing the current status of such pilot program.*

12 *(3) FINAL REPORT.—Not later than 90 days*
 13 *after the completion of all the pilot programs de-*
 14 *scribed in paragraphs (1) through (3) of subsection*
 15 *(c), the Secretary shall submit to the appropriate*
 16 *committees of Congress a report setting forth a final*
 17 *evaluation and assessment of such pilot programs.*
 18 *The report shall include such recommendations for*
 19 *legislative or administrative action as the Secretary*
 20 *considers appropriate in light of such pilot programs.*

21 **SEC. 305. REPORTS ON ARMY ACTION PLAN IN RESPONSE**
 22 **TO DEFICIENCIES IN THE ARMY PHYSICAL**
 23 **DISABILITY EVALUATION SYSTEM.**

24 *(a) REPORTS REQUIRED.—Not later than 30 days*
 25 *after the date of the enactment of this Act, and every 120*

1 *days thereafter until March 1, 2009, the Secretary of De-*
2 *fense shall submit to the congressional defense committees*
3 *a report on the implementation of corrective measures by*
4 *the Department of Defense with respect to the Physical Dis-*
5 *ability Evaluation System (PDES) in response to the fol-*
6 *lowing:*

7 (1) *The report of the Inspector General of the*
8 *Army on that system of March 6, 2007.*

9 (2) *The report of the Independent Review Group*
10 *on Rehabilitation Care and Administrative Processes*
11 *at Walter Reed Army Medical Center and National*
12 *Naval Medical Center.*

13 (3) *The report of the Department of Veterans Af-*
14 *airs Task Force on Returning Global War on Terror*
15 *Heroes.*

16 (b) *ELEMENTS OF REPORT.—Each report under sub-*
17 *section (a) shall include current information on the fol-*
18 *lowing:*

19 (1) *The total number of cases, and the number*
20 *of cases involving combat disabled servicemembers,*
21 *pending resolution before the Medical and Physical*
22 *Disability Evaluation Boards of the Army, including*
23 *information on the number of members of the Army*
24 *who have been in a medical hold or holdover status*
25 *for more than each of 100, 200, and 300 days.*

(2) *The status of the implementation of modifications to disability evaluation processes of the Department of Defense in response to the following:*

(A) *The report of the Inspector General on such processes dated March 6, 2007.*

(B) *The report of the Independent Review Group on Rehabilitation Care and Administrative Processes at Walter Reed Army Medical Center and National Naval Medical Center.*

(C) *The report of the Department of Veterans Affairs Task Force on Returning Global War on Terror Heroes.*

(c) *POSTING ON INTERNET.—Not later than 24 hours after submitting a report under subsection (a), the Secretary shall post such report on the Internet website of the Department of Defense that is available to the public.*

Subtitle B—Other Disability Matters

SEC. 311. ENHANCEMENT OF DISABILITY SEVERANCE PAY FOR MEMBERS OF THE ARMED FORCES.

(a) *IN GENERAL.—Section 1212 of title 10, United States Code, is amended—*

(1) *in subsection (a)(1), by striking “his years of service, but not more than 12, computed under section 1208 of this title” in the matter preceding subpara-*

1 *graph (A) and inserting “the member’s years of serv-*
 2 *ice computed under section 1208 of this title (subject*
 3 *to the minimum and maximum years of service pro-*
 4 *vided for in subsection (c))”;*

5 *(2) by redesignating subsection (c) as subsection*
 6 *(d); and*

7 *(3) by inserting after subsection (b) the following*
 8 *new subsection (c):*

9 *“(c)(1) The minimum years of service of a member for*
 10 *purposes of subsection (a)(1) shall be as follows:*

11 *“(A) Six years in the case of a member separated*
 12 *from the armed forces for a disability incurred in line*
 13 *of duty in a combat zone (as designated by the Sec-*
 14 *retary of Defense for purposes of this subsection) or*
 15 *incurred during the performance of duty in combat-*
 16 *related operations as designated by the Secretary of*
 17 *Defense.*

18 *“(B) Three years in the case of any other mem-*
 19 *ber.*

20 *“(2) The maximum years of service of a member for*
 21 *purposes of subsection (a)(1) shall be 19 years.”.*

22 *(b) NO DEDUCTION FROM COMPENSATION OF SEVER-*
 23 *ANCE PAY FOR DISABILITIES INCURRED IN COMBAT*
 24 *ZONES.—Subsection (d) of such section, as redesignated by*
 25 *subsection (a)(2) of this section, is further amended—*

- 1 (1) *by inserting “(1)” after “(d)”;*
 2 (2) *by striking the second sentence; and*
 3 (3) *by adding at the end the following new para-*
 4 *graphs:*

5 “(2) *No deduction may be made under paragraph (1)*
 6 *in the case of disability severance pay received by a member*
 7 *for a disability incurred in line of duty in a combat zone*
 8 *or incurred during performance of duty in combat-related*
 9 *operations as designated by the Secretary of Defense.*

10 “(3) *No deduction may be made under paragraph (1)*
 11 *from any death compensation to which a member’s depend-*
 12 *ents become entitled after the member’s death.”.*

13 (c) *EFFECTIVE DATE.*—*The amendments made by this*
 14 *section shall take effect on the date of the enactment of this*
 15 *Act, and shall apply with respect to members of the Armed*
 16 *Forces separated from the Armed Forces under chapter 61*
 17 *of title 10, United States Code, on or after that date.*

18 **SEC. 312. ELECTRONIC TRANSFER FROM THE DEPARTMENT**
 19 **OF DEFENSE TO THE DEPARTMENT OF VET-**
 20 **ERANS AFFAIRS OF DOCUMENTS SUP-**
 21 **PORTING ELIGIBILITY FOR BENEFITS.**

22 *The Secretary of Defense and the Secretary of Veterans*
 23 *Affairs shall jointly develop and implement a mechanism*
 24 *to provide for the electronic transfer from the Department*
 25 *of Defense to the Department of Veterans Affairs of any De-*

1 *partment of Defense documents (including Department of*
2 *Defense form DD-214) necessary to establish or support the*
3 *eligibility of a member of the Armed Forces for benefits*
4 *under the laws administered by the Secretary of Veterans*
5 *Affairs at the time of the retirement, separation, or release*
6 *of the member from the Armed Forces.*

7 **SEC. 313. ASSESSMENTS OF TEMPORARY DISABILITY RE-**
8 **TIRED LIST.**

9 *Not later than 180 days after the date of the enactment*
10 *of this Act, the Secretary of Defense and the Comptroller*
11 *General of the United States shall each submit to the con-*
12 *gressional defense committees a report assessing the con-*
13 *tinuing utility of the temporary disability retired list in*
14 *satisfying the purposes for which the temporary disability*
15 *retired list was established. Each report shall include such*
16 *recommendations for the modification or improvement of*
17 *the temporary disability retired list as the Secretary or the*
18 *Comptroller General, as applicable, considers appropriate*
19 *in light of the assessment in such report.*

1 ***TITLE IV—IMPROVEMENT OF***
 2 ***FACILITIES HOUSING PATIENTS***

3 ***SEC. 401. STANDARDS FOR MILITARY MEDICAL TREATMENT***
 4 ***FACILITIES, SPECIALTY MEDICAL CARE FA-***
 5 ***CILITIES, AND MILITARY QUARTERS HOUSING***
 6 ***PATIENTS.***

7 (a) *ESTABLISHMENT OF STANDARDS.*—*The Secretary*
 8 *of Defense shall establish for the military facilities referred*
 9 *to in subsection (b) standards with respect to the matters*
 10 *set forth in subsection (c). The standards shall, to the max-*
 11 *imum extent practicable—*

12 (1) *be uniform and consistent across such facili-*
 13 *ties; and*

14 (2) *be uniform and consistent across the Depart-*
 15 *ment of Defense and the military departments.*

16 (b) *COVERED MILITARY FACILITIES.*—*The military*
 17 *facilities referred to in this subsection are the military fa-*
 18 *cilities of the Department of Defense and the military de-*
 19 *partments as follows:*

20 (1) *Military medical treatment facilities.*

21 (2) *Specialty medical care facilities.*

22 (3) *Military quarters or leased housing for pa-*
 23 *tients.*

24 (c) *SCOPE OF STANDARDS.*—*The standards required*
 25 *by subsection (a) shall include the following:*

1 (1) *Generally accepted standards for the accredi-*
2 *tation of medical facilities, or for facilities used to*
3 *quarter individuals that may require medical super-*
4 *vision, as applicable, in the United States.*

5 (2) *To the extent not inconsistent with the stand-*
6 *ards described in paragraph (1), minimally accept-*
7 *able conditions for the following:*

8 (A) *Appearance and maintenance of facili-*
9 *ties generally, including the structure and roofs*
10 *of facilities.*

11 (B) *Size, appearance, and maintenance of*
12 *rooms housing or utilized by patients, including*
13 *furniture and amenities in such rooms.*

14 (C) *Operation and maintenance of primary*
15 *and back-up facility utility systems and other*
16 *systems required for patient care, including elec-*
17 *trical systems, plumbing systems, heating, ven-*
18 *tilation, and air conditioning systems, commu-*
19 *nications systems, fire protection systems, energy*
20 *management systems, and other systems required*
21 *for patient care.*

22 (D) *Compliance with Federal Government*
23 *standards for hospital facilities and operations.*

24 (E) *Compliance of facilities, rooms, and*
25 *grounds, to the maximum extent practicable,*

1 *with the Americans with Disabilities Act of 1990*
 2 *(42 U.S.C. 12101 et seq.).*

3 *(F) Such other matters relating to the ap-*
 4 *pearance, size, operation, and maintenance of fa-*
 5 *cilities and rooms as the Secretary considers ap-*
 6 *propriate.*

7 *(d) COMPLIANCE WITH STANDARDS.—*

8 *(1) DEADLINE.—In establishing standards under*
 9 *subsection (a), the Secretary shall specify a deadline*
 10 *for compliance with such standards by each facility*
 11 *referred to in subsection (b). The deadline shall be at*
 12 *the earliest date practicable after the date of the en-*
 13 *actment of this Act, and shall, to the maximum extent*
 14 *practicable, be uniform across the facilities referred to*
 15 *in subsection (b).*

16 *(2) INVESTMENT.—In carrying out this section,*
 17 *the Secretary shall also establish guidelines for invest-*
 18 *ment to be utilized by the Department of Defense and*
 19 *the military departments in determining the alloca-*
 20 *tion of financial resources to facilities referred to in*
 21 *subsection (b) in order to meet the deadline specified*
 22 *under paragraph (1).*

23 *(e) REPORT.—*

24 *(1) IN GENERAL.—Not later than December 30,*
 25 *2007, the Secretary shall submit to the congressional*

1 *defense committees a report on the actions taken to*
 2 *carry out this section.*

3 (2) *ELEMENTS.—The report under paragraph*
 4 *(1) shall include the following:*

5 (A) *The standards established under sub-*
 6 *section (a).*

7 (B) *An assessment of the appearance, condi-*
 8 *tion, and maintenance of each facility referred to*
 9 *in subsection (a), including—*

10 (i) *an assessment of the compliance of*
 11 *such facility with the standards established*
 12 *under subsection (a); and*

13 (ii) *a description of any deficiency or*
 14 *noncompliance in each facility with the*
 15 *standards.*

16 (C) *A description of the investment to be al-*
 17 *located to address each deficiency or noncompli-*
 18 *ance identified under subparagraph (B)(ii).*

19 **SEC. 402. REPORTS ON ARMY ACTION PLAN IN RESPONSE**
 20 **TO DEFICIENCIES IDENTIFIED AT WALTER**
 21 **REED ARMY MEDICAL CENTER.**

22 (a) *REPORTS REQUIRED.—Not later than 30 days*
 23 *after the date of the enactment of this Act, and every 120*
 24 *days thereafter until March 1, 2009, the Secretary of De-*
 25 *fense shall submit to the congressional defense committees*

1 *a report on the implementation of the action plan of the*
2 *Army to correct deficiencies identified in the condition of*
3 *facilities, and in the administration of outpatients in med-*
4 *ical hold or medical holdover status, at Walter Reed Army*
5 *Medical Center (WRAMC) and at other applicable Army*
6 *installations at which covered members of the Armed Forces*
7 *are assigned.*

8 (b) *ELEMENTS OF REPORT.*—*Each report under sub-*
9 *section (a) shall include current information on the fol-*
10 *lowing:*

11 (1) *The number of inpatients at Walter Reed*
12 *Army Medical Center, and the number of outpatients*
13 *on medical hold or in a medical holdover status at*
14 *Walter Reed Army Medical Center, as a result of seri-*
15 *ous injuries or illnesses.*

16 (2) *A description of the lodging facilities and*
17 *other forms of housing at Walter Reed Army Medical*
18 *Center, and at each other Army facility, to which are*
19 *assigned personnel in medical hold or medical hold-*
20 *over status as a result of serious injuries or illnesses,*
21 *including—*

22 (A) *an assessment of the conditions of such*
23 *facilities and housing; and*

24 (B) *a description of any plans to correct in-*
25 *adequacies in such conditions.*

1 (3) *The status, estimated completion date, and*
2 *estimated cost of any proposed or ongoing actions to*
3 *correct any inadequacies in conditions as described*
4 *under paragraph (2).*

5 (4) *The number of case managers, platoon ser-*
6 *geants, patient advocates, and physical evaluation*
7 *board liaison officers stationed at Walter Reed Army*
8 *Medical Center, and at each other Army facility, to*
9 *which are assigned personnel in medical hold or med-*
10 *ical holdover status as a result of serious injuries or*
11 *illnesses, and the ratio of case workers and platoon*
12 *sergeants to outpatients for whom they are responsible*
13 *at each such facility.*

14 (5) *The number of telephone calls received during*
15 *the preceding 60 days on the Wounded Soldier and*
16 *Family hotline (as established on March 19, 2007), a*
17 *summary of the complaints or communications re-*
18 *ceived through such calls, and a description of the ac-*
19 *tions taken in response to such calls.*

20 (6) *A summary of the activities, findings, and*
21 *recommendations of the Army tiger team of medical*
22 *and installation professionals who visited the major*
23 *medical treatment facilities and community-based*
24 *health care organizations of the Army pursuant to*
25 *March 2007 orders, and a description of the status of*

1 *corrective actions being taken with to address defi-*
 2 *ciencies noted by that team.*

3 *(7) The status of the ombudsman programs at*
 4 *Walter Reed Army Medical Center and at other major*
 5 *Army installations to which are assigned personnel in*
 6 *medical hold or medical holdover status as a result of*
 7 *serious injuries or illnesses.*

8 *(c) POSTING ON INTERNET.—Not later than 24 hours*
 9 *after submitting a report under subsection (a), the Sec-*
 10 *retary shall post such report on the Internet website of the*
 11 *Department of Defense that is available to the public.*

12 **SEC. 403. CONSTRUCTION OF FACILITIES REQUIRED FOR**
 13 **THE CLOSURE OF WALTER REED ARMY MED-**
 14 **ICAL CENTER, DISTRICT OF COLUMBIA.**

15 *(a) ASSESSMENT OF ACCELERATION OF CONSTRUC-*
 16 *TION OF FACILITIES.—The Secretary of Defense shall carry*
 17 *out an assessment of the feasibility (including the cost-effec-*
 18 *tiveness) of accelerating the construction and completion of*
 19 *any new facilities required to facilitate the closure of Walter*
 20 *Reed Army Medical Center, District of Columbia, as re-*
 21 *quired as a result of the 2005 round of defense base closure*
 22 *and realignment under the Defense Base Closure and Re-*
 23 *alignment Act of 1990 (part A of title XXIX of Public Law*
 24 *101-510; U.S.C. 2687 note).*

1 (b) *DEVELOPMENT AND IMPLEMENTATION OF PLAN*
2 *FOR CONSTRUCTION OF FACILITIES.*—

3 (1) *IN GENERAL.*—*The Secretary shall develop*
4 *and carry out a plan for the construction and com-*
5 *pletion of any new facilities required to facilitate the*
6 *closure of Walter Reed Army Medical Center as re-*
7 *quired as described in subsection (a). If the Secretary*
8 *determines as a result of the assessment under sub-*
9 *section (a) that accelerating the construction and*
10 *completion of such facilities is feasible, the plan shall*
11 *provide for the accelerated construction and comple-*
12 *tion of such facilities in a manner consistent with*
13 *that determination.*

14 (2) *SUBMITTAL OF PLAN.*—*The Secretary shall*
15 *submit to the congressional defense committees the*
16 *plan required by paragraph (1) not later than Sep-*
17 *tember 30, 2007.*

18 (c) *CERTIFICATIONS.*—*Not later than September 30,*
19 *2007, the Secretary shall submit to the congressional defense*
20 *committees a certification of each of the following:*

21 (1) *That a transition plan has been developed,*
22 *and resources have been committed, to ensure that pa-*
23 *tient care services, medical operations, and facilities*
24 *are sustained at the highest possible level at Walter*
25 *Reed Army Medical Center until facilities to replace*

1 *Walter Reed Army Medical Center are staffed and*
2 *ready to assume at least the same level of care pre-*
3 *viously provided at Walter Reed Army Medical Cen-*
4 *ter.*

5 *(2) That the closure of Walter Reed Army Med-*
6 *ical Center will not result in a net loss of capacity*
7 *in the major military medical centers in the National*
8 *Capitol Region in terms of total bed capacity or*
9 *staffed bed capacity.*

10 *(3) That the capacity and types of medical hold*
11 *and out-patient lodging facilities currently operating*
12 *at Walter Reed Army Medical Center will be avail-*
13 *able at the facilities to replace Walter Reed Army*
14 *Medical Center by the date of the closure of Walter*
15 *Reed Army Medical Center.*

16 *(4) That adequate funds have been provided to*
17 *complete fully all facilities identified in the Base Re-*
18 *alignment and Closure Business Plan for Walter Reed*
19 *Army Medical Center submitted to the congressional*
20 *defense committees as part of the budget justification*
21 *materials submitted to Congress together with the*
22 *budget of the President for fiscal year 2008 as con-*
23 *templated in that business plan.*

24 *(d) ENVIRONMENTAL LAWS.—Nothing in this section*
25 *shall require the Secretary or any designated representative*

1 *to waive or ignore responsibilities and actions required by*
 2 *the National Environmental Policy Act of 1969 (42 U.S.C.*
 3 *4321 et seq.) or the regulations implementing such Act.*

4 ***TITLE V—OUTREACH AND RE-***
 5 ***LATED INFORMATION ON***
 6 ***BENEFITS***

7 ***SEC. 501. HANDBOOK FOR MEMBERS OF THE ARMED***
 8 ***FORCES ON COMPENSATION AND BENEFITS***
 9 ***AVAILABLE FOR SERIOUS INJURIES AND ILL-***
 10 ***NESSES.***

11 *(a) INFORMATION ON AVAILABLE COMPENSATION AND*
 12 *BENEFITS.—The Secretary of Defense shall, in consultation*
 13 *with the Secretary of Veterans Affairs, the Secretary of*
 14 *Health and Human Services, and the Commissioner of So-*
 15 *cial Security, develop and maintain in handbook and elec-*
 16 *tronic form a comprehensive description of the compensa-*
 17 *tion and other benefits to which a member of the Armed*
 18 *Forces, and the family of such member, would be entitled*
 19 *upon the member's separation or retirement from the Armed*
 20 *Forces as a result of a serious injury or illness. The hand-*
 21 *book shall set forth the range of such compensation and ben-*
 22 *efits based on grade, length of service, degree of disability*
 23 *at separation or retirement, and such other factors affecting*
 24 *such compensation and benefits as the Secretary of Defense*
 25 *considers appropriate.*

1 (b) *UPDATE.*—*The Secretary of Defense shall update*
2 *the comprehensive description required by subsection (a),*
3 *including the handbook and electronic form of the descrip-*
4 *tion, on a periodic basis, but not less often than annually.*

5 (c) *PROVISION TO MEMBERS.*—*The Secretary of the*
6 *military department concerned shall provide the descriptive*
7 *handbook under subsection (a) to each member of the Armed*
8 *Forces described in that subsection as soon as practicable*
9 *following the injury or illness qualifying the member for*
10 *coverage under that subsection.*

11 (d) *PROVISION TO REPRESENTATIVES.*—*If a member*
12 *is incapacitated or otherwise unable to receive the descrip-*
13 *tive handbook to be provided under subsection (a), the hand-*
14 *book shall be provided to the next of kin or a legal represent-*
15 *ative of the member (as determined in accordance with reg-*
16 *ulations prescribed by the Secretary of the military depart-*
17 *ment concerned for purposes of this section).*

1 ***TITLE VI—OTHER MATTERS***

2 ***SEC. 601. STUDY ON PHYSICAL AND MENTAL HEALTH AND***
 3 ***OTHER READJUSTMENT NEEDS OF MEMBERS***
 4 ***AND FORMER MEMBERS OF THE ARMED***
 5 ***FORCES WHO DEPLOYED IN OPERATION***
 6 ***IRAQI FREEDOM AND OPERATION ENDURING***
 7 ***FREEDOM AND THEIR FAMILIES.***

8 (a) *STUDY REQUIRED.*—*The Secretary of Defense*
 9 *shall, in consultation with the Secretary of Veterans Affairs,*
 10 *enter into an agreement with the National Academy of*
 11 *Sciences for a study on the physical and mental health and*
 12 *other readjustment needs of members and former members*
 13 *of the Armed Forces who deployed in Operation Iraqi Free-*
 14 *dom or Operation Enduring Freedom and their families as*
 15 *a result of such deployment.*

16 (b) *PHASES.*—*The study required under subsection (a)*
 17 *shall consist of two phases:*

18 (1) *A preliminary phase, to be completed not*
 19 *later than 180 days after the date of the enactment*
 20 *of this Act—*

21 (A) *to identify preliminary findings on the*
 22 *physical and mental health and other readjust-*
 23 *ment needs described in subsection (a) and on*
 24 *gaps in care for the members, former members,*
 25 *and families described in that subsection; and*

1 (B) to determine the parameters of the sec-
2 ond phase of the study under paragraph (2).

3 (2) A second phase, to be completed not later
4 than three years after the date of the enactment of this
5 Act, to carry out a comprehensive assessment, in ac-
6 cordance with the parameters identified under the
7 preliminary report required by paragraph (1), of the
8 physical and mental health and other readjustment
9 needs of members and former members of the Armed
10 Forces who deployed in Operation Iraqi Freedom or
11 Operation Enduring Freedom and their families as a
12 result of such deployment, including, at a min-
13 imum—

14 (A) an assessment of the psychological, so-
15 cial, and economic impacts of such deployment
16 on such members and former members and their
17 families;

18 (B) an assessment of the particular impacts
19 of multiple deployments in Operation Iraqi
20 Freedom or Operation Enduring Freedom on
21 such members and former members and their
22 families;

23 (C) an assessment of the full scope of the
24 neurological, psychiatric, and psychological ef-
25 fects of traumatic brain injury (TBI) on mem-

1 *bers and former members of the Armed Forces,*
2 *including the effects of such effects on the family*
3 *members of such members and former members,*
4 *and an assessment of the efficacy of current*
5 *treatment approaches for traumatic brain injury*
6 *in the United States and the efficacy of*
7 *screenings and treatment approaches for trau-*
8 *matic brain injury within the Department of*
9 *Defense and the Department of Veterans Affairs;*

10 *(D) an assessment of the effects of*
11 *undiagnosed injuries such as post-traumatic*
12 *stress disorder (PTSD) and traumatic brain in-*
13 *jury, an estimate of the long-term costs associ-*
14 *ated with such injuries, and an assessment of the*
15 *efficacy of screenings and treatment approaches*
16 *for post-traumatic stress disorder and other men-*
17 *tal health conditions within the Department of*
18 *Defense and Department of Veterans Affairs;*

19 *(E) an assessment of the particular needs*
20 *and concerns of female members of the Armed*
21 *Forces and female veterans;*

22 *(F) an assessment of the particular needs*
23 *and concerns of children of members of the*
24 *Armed Forces, taking into account differing age*
25 *groups, impacts on development and education,*

1 *and the mental and emotional well being of chil-*
2 *dren;*

3 *(G) an assessment of the particular needs*
4 *and concerns of minority members of the Armed*
5 *Forces and minority veterans;*

6 *(H) an assessment of the particular edu-*
7 *cational and vocational needs of such members*
8 *and former members and their families, and an*
9 *assessment of the efficacy of existing educational*
10 *and vocational programs to address such needs;*

11 *(I) an assessment of the impacts on commu-*
12 *nities with high populations of military families,*
13 *including military housing communities and*
14 *townships with deployed members of the Na-*
15 *tional Guard and Reserve, of deployments associ-*
16 *ated with Operation Iraqi Freedom and Oper-*
17 *ation Enduring Freedom, and an assessment of*
18 *the efficacy of programs that address community*
19 *outreach and education concerning military de-*
20 *ployments of community residents;*

21 *(J) an assessment of the impacts of increas-*
22 *ing numbers of older and married members of*
23 *the Armed Forces on readjustment requirements;*

24 *(K) the development, based on such assess-*
25 *ments, of recommendations for programs, treat-*

1 *ments, or policy remedies targeted at preventing,*
 2 *minimizing or addressing the impacts, gaps and*
 3 *needs identified; and*

4 *(L) the development, based on such assess-*
 5 *ments, of recommendations for additional re-*
 6 *search on such needs.*

7 *(c) POPULATIONS TO BE STUDIED.—The study re-*
 8 *quired under subsection (a) shall consider the readjustment*
 9 *needs of each population of individuals as follows:*

10 *(1) Members of the regular components of the*
 11 *Armed Forces who are returning, or have returned, to*
 12 *the United States from deployment in Operation*
 13 *Iraqi Freedom or Operation Enduring Freedom.*

14 *(2) Members of the National Guard and Reserve*
 15 *who are returning, or have returned, to the United*
 16 *States from deployment in Operation Iraqi Freedom*
 17 *or Operation Enduring Freedom.*

18 *(3) Veterans of Operation Iraqi Freedom or Op-*
 19 *eration Enduring Freedom.*

20 *(4) Family members of the members and vet-*
 21 *erans described in paragraphs (1) through (3).*

22 *(d) ACCESS TO INFORMATION.—The National Acad-*
 23 *emy of Sciences shall have access to such personnel, infor-*
 24 *mation, records, and systems of the Department of Defense*
 25 *and the Department of Veterans Affairs as the National*

1 *Academy of Sciences requires in order to carry out the*
 2 *study required under subsection (a).*

3 (e) *PRIVACY OF INFORMATION.*—*The National Acad-*
 4 *emy of Sciences shall maintain any personally identifiable*
 5 *information accessed by the Academy in carrying out the*
 6 *study required under subsection (a) in accordance with all*
 7 *applicable laws, protections, and best practices regarding*
 8 *the privacy of such information, and may not permit access*
 9 *to such information by any persons or entities not engaged*
 10 *in work under the study.*

11 (f) *REPORTS BY NATIONAL ACADEMY OF SCIENCES.*—
 12 *Upon the completion of each phase of the study required*
 13 *under subsection (a), the National Academy of Sciences*
 14 *shall submit to the Secretary of Defense and the Secretary*
 15 *of Veterans Affairs a report on such phase of the study.*

16 (g) *DOD AND VA RESPONSE TO NAS REPORTS.*—

17 (1) *PRELIMINARY RESPONSE.*—*Not later than 45*
 18 *days after the receipt of a report under subsection (f)*
 19 *on each phase of the study required under subsection*
 20 *(a), the Secretary of Defense and the Secretary of Vet-*
 21 *erans Affairs shall jointly develop a preliminary joint*
 22 *Department of Defense-Department of Veterans Af-*
 23 *airs plan to address the findings and recommenda-*
 24 *tions of the National Academy of Sciences contained*
 25 *in such report. The preliminary plan shall provide*

1 *preliminary proposals on the matters set forth in*
2 *paragraph (3).*

3 (2) *FINAL RESPONSE.*—*Not later than 90 days*
4 *after the receipt of a report under subsection (f) on*
5 *each phase of the study required under subsection (a),*
6 *the Secretary of Defense and the Secretary of Veterans*
7 *Affairs shall jointly develop a final joint Department*
8 *of Defense-Department of Veterans Affairs plan to ad-*
9 *dress the findings and recommendations of the Na-*
10 *tional Academy of Sciences contained in such report.*
11 *The final plan shall provide final proposals on the*
12 *matters set forth in paragraph (3).*

13 (3) *COVERED MATTERS.*—*The matters set forth*
14 *in this paragraph with respect to a phase of the study*
15 *required under subsection (a) are as follows:*

16 (A) *Modifications of policy or practice*
17 *within the Department of Defense and the De-*
18 *partment of Veterans Affairs that are necessary*
19 *to address gaps in care or services as identified*
20 *by the National Academy of Sciences under such*
21 *phase of the study.*

22 (B) *Modifications of policy or practice*
23 *within the Department of Defense and the De-*
24 *partment of Veterans Affairs that are necessary*
25 *to address recommendations made by the Na-*

1 *tional Academy of Sciences under such phase of*
2 *the study.*

3 *(C) An estimate of the costs of imple-*
4 *menting the modifications set forth under sub-*
5 *paragraphs (A) and (B), set forth by fiscal year*
6 *for at least the first five fiscal years beginning*
7 *after the date of the plan concerned.*

8 *(4) REPORTS ON RESPONSES.—The Secretary of*
9 *Defense and the Secretary of Veterans Affairs shall*
10 *jointly submit to Congress a report setting forth each*
11 *joint plan developed under paragraphs (1) and (2).*

12 *(5) PUBLIC AVAILABILITY OF RESPONSES.—The*
13 *Secretary of Defense and the Secretary of Veterans Af-*
14 *fairs shall each make available to the public each re-*
15 *port submitted to Congress under paragraph (4), in-*
16 *cluding by posting an electronic copy of such report*
17 *on the Internet website of the Department of Defense*
18 *or the Department of Veterans Affairs, as applicable,*
19 *that is available to the public.*

20 *(6) GAO AUDIT.—Not later than 45 days after*
21 *the submittal to Congress of the report under para-*
22 *graph (4) on the final joint Department of Defense-*
23 *Department of Veterans Affairs plan under para-*
24 *graph (2), the Comptroller General of the United*
25 *States shall submit to Congress a report assessing the*

1 *contents of such report under paragraph (4). The re-*
2 *port of the Comptroller General under this paragraph*
3 *shall include—*

4 *(A) an assessment of the adequacy and suf-*
5 *ficiency of the final joint Department of Defense-*
6 *Department of Veterans Affairs plan in address-*
7 *ing the findings and recommendations of the Na-*
8 *tional Academy of Sciences as a result of the*
9 *study required under subsection (a);*

10 *(B) an assessment of the feasibility and ad-*
11 *visability of the modifications of policy and*
12 *practice proposed in the final joint Department*
13 *of Defense-Department of Veterans Affairs plan;*

14 *(C) an assessment of the sufficiency and ac-*
15 *curacy of the cost estimates in the final joint De-*
16 *partment of Defense-Department of Veterans Af-*
17 *fairs plan; and*

18 *(D) the comments, if any, of the National*
19 *Academy of Sciences on the final joint Depart-*
20 *ment of Defense-Department of Veterans Affairs*
21 *plan.*

22 *(h) AUTHORIZATION OF APPROPRIATIONS.—There is*
23 *hereby authorized to be appropriated to the Department of*
24 *Defense such sums as may be necessary to carry out this*
25 *section.*

Calendar No. 203

110TH CONGRESS
1ST Session
S. 1606

A BILL

To provide for the establishment of a comprehensive policy on the care and management of wounded warriors in order to facilitate and enhance their care, rehabilitation, physical evaluation, transition from care by the Department of Defense to care by the Department of Veterans Affairs, and transition from military service to civilian life, and for other purposes.

JUNE 18, 2007

Reported with an amendment