

110TH CONGRESS
1ST SESSION

S. 1682

To amend title 10, United States Code, to improve the management of medical care for members of the Armed Forces, to improve the speed and efficiency of the physical disability evaluation system of the Department of Defense, and for other purposes.

IN THE SENATE OF THE UNITED STATES

JUNE 22, 2007

Ms. SNOWE (for herself and Mrs. LINCOLN) introduced the following bill; which was read twice and referred to the Committee on Armed Services

A BILL

To amend title 10, United States Code, to improve the management of medical care for members of the Armed Forces, to improve the speed and efficiency of the physical disability evaluation system of the Department of Defense, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-
2 tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Servicemembers’
5 Healthcare Benefits and Rehabilitation Enhancement Act
6 of 2007”.

1 **SEC. 2. IMPROVEMENTS TO MEDICAL AND DENTAL CARE**2 **FOR RECOVERING SERVICE MEMBERS.**

3 (a) IN GENERAL.—Chapter 55 of title 10, United
4 States Code, is amended by inserting after section 1074k
5 the following new section:

6 **“SEC. 1074l. MANAGEMENT OF MEDICAL AND DENTAL CARE**7 **FOR RECOVERING SERVICE MEMBERS.**

8 “(a) MEDICAL CARE MANAGERS.—(1) The Secretary
9 of Defense shall assign a medical care manager to each
10 recovering service member.

11 “(2)(A) The duties of the medical care manager shall
12 include the following with respect to the recovering service
13 member:

14 “(i) To assist in understanding the recovering
15 service member’s medical status.

16 “(ii) To assist in receiving prescribed medical
17 care.

18 “(iii) To conduct a review, at least once a week,
19 of the recovering service member’s medical status.

20 “(B) The weekly medical status review described in
21 subparagraph (A)(iii) shall be conducted in person with—

22 “(i) in the case the recovering service member
23 is not incapacitated, the recovering service member;
24 or

25 “(ii) in the case the recovering service member
26 is incapacitated—

1 “(I) in the case a family member of the re-
2 covering service member is available, such fam-
3 ily member; or

4 “(II) in the case a family member of the re-
5 covering service member is not available, an
6 independent service member advocate from a
7 veterans service organization.

8 “(3) Each medical care manager shall not be as-
9 signed at any one time to manage more than 17 recovering
10 service members.

11 “(4)(A) The Secretary of Defense shall establish a
12 standard training and certification program and cur-
13 riculum for medical care managers.

14 “(B) Successful completion of the training program
15 and annual certification shall be required before a person
16 may assume the duties of a medical care case manager.

17 “(b) CASEWORKERS.—(1) The Secretary of Defense
18 shall assign a caseworker to each recovering service mem-
19 ber.

20 “(2) The duties of a caseworker shall include assist-
21 ing each such recovering service member and their family
22 members in obtaining all the information necessary for the
23 following:

24 “(A) The recovery of such recovering service
25 member from an injury or illness.

1 “(B) The transition of such recovering service
2 member to civilian life or to other duties within the
3 Department of Defense.

4 “(C) The receipt of benefits to which such re-
5 covering service member is entitled under the laws
6 administered by the Secretary of Defense.

7 “(3) Each caseworker shall not be assigned at any
8 one time to manage more than 34 recovering service mem-
9 bers.

10 “(4)(A) The Secretary of Defense shall establish a
11 standard training and certification program and cur-
12 riculum for caseworkers.

13 “(B) Successful completion of the training program
14 and annual certification shall be required before a person
15 may assume the duties of a caseworker.

16 “(5) Each caseworker shall report to the department-
17 wide Ombudsman Office established by section 3 of the
18 Servicemembers’ Healthcare Benefits and Rehabilitation
19 Enhancement Act of 2007.

20 “(c) INDEPENDENT SERVICE MEMBER ADVO-
21 CATES.—The Secretary of Defense shall work to expand
22 access to veterans service organizations to provide inde-
23 pendent service member advocates to recovering service
24 members that—

25 “(1) do not report to the Secretary of Defense;

1 “(2) advise recovering service members on
2 issues related to the medical records and service
3 records of such recovering service members; and

4 “(3) provide recovering service members with
5 such information as may be necessary for such re-
6 covering service members to prepare for reviews by
7 physical evaluation boards.

8 “(d) DEFINITIONS.—In this section:

9 “(1) The term ‘family member’, with respect to
10 a recovering service member, has the meaning given
11 that term in section 411h(b) of title 37.

12 “(2) The term ‘physical disability evaluation
13 system’ means the Department of Defense system or
14 process for evaluating the nature of and extent of
15 disabilities affecting members of the armed forces
16 (other than the Coast Guard) and comprised of med-
17 ical evaluation boards, physical evaluation boards,
18 counseling of members, and final disposition by ap-
19 propriate personnel authorities, as operated by the
20 Secretaries concerned, and, in the case of the Coast
21 Guard, a similar system or process operated by the
22 Secretary of Homeland Security.

23 “(3) The term ‘recovering service member’
24 means a member of the armed forces, including a
25 member of the National Guard or a Reserve, who is

1 undergoing medical treatment, recuperation, or therapy,
2 or is otherwise in medical hold or holdover status,
3 for an injury, illness, or disease incurred or aggravated
4 while on active duty in the armed forces.

5 “(4) The term ‘veterans service organization’
6 means any organization organized by the Secretary
7 of Veterans Affairs for the representation of veterans
8 under section 5902 of title 38.”.

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

“1074l. Management of medical and dental care for recovering service members.”.

12 **SEC. 3. ESTABLISHMENT OF OMBUDSMAN OFFICE FOR EN-**
13 **TIRE DEPARTMENT OF DEFENSE.**

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

18 (b) FUNCTIONS.—The functions of the Ombudsman
19 Office established under subsection (a) are—

20 (1) to provide policy guidance to, and oversight
21 of, the ombudsman offices in the military departments;
22 and

23 (2) to monitor the medical system of the Department
24 of Defense, including the following:

1 (A) The physical disability evaluation sys-
2 tem.

7 (C) The condition of health care treatment
8 facilities of the Department of Defense.

9 (D) The transition of care for recovering
10 service members from care provided by the De-
11 partment of Defense to care provided by the
12 Department of Veterans Affairs.

13 SEC. 4. IMPROVEMENT OF PHYSICAL DISABILITY EVALUA-
14 TION SYSTEM, SCHEDULE FOR RATING DIS-
15 ABILITIES, AND DISABILITY RETIREMENT
16 EVALUATION.

17 (a) IMPROVEMENT OF PHYSICAL DISABILITY EVAL-
18 UATION SYSTEM.—Section 1222 of title 10, United States
19 Code, is amended by adding at the end the following new
20 subsection:

21 “(d) EFFORTS TO IMPROVE SPEED AND EFFICIENCY
22 OF PHYSICAL DISABILITY EVALUATION SYSTEM.—(1)
23 The Secretary of Defense shall undertake efforts to im-
24 prove the speed and efficiency of the physical disability
25 evaluation system.

1 “(2) The Secretary of Defense shall place the phys-
2 ical evaluation boards of each military department under
3 one command to make the physical disability evaluation
4 system more expeditious.

5 “(3) In this subsection, the term ‘physical disability
6 evaluation system’ means the Department of Defense sys-
7 tem or process for evaluating the nature of and extent of
8 disabilities affecting members of the armed forces (other
9 than the Coast Guard) and comprised of medical evalua-
10 tion boards, physical evaluation boards, counseling of
11 members, and final disposition by appropriate personnel
12 authorities, as operated by the Secretaries concerned, and,
13 in the case of the Coast Guard, a similar system or process
14 operated by the Secretary of Homeland Security.”.

15 (b) JOINT REPORT ON MODERNIZATION OF THE
16 SCHEDULE FOR RATING DISABILITIES IN USE BY DE-
17 PARTMENT OF VETERANS AFFAIRS.—Not later than 180
18 days after the date of the enactment of this Act, the Sec-
19 retary of Veterans Affairs shall submit to the appropriate
20 committees of Congress a plan to update the schedule for
21 rating disabilities in use by the Department of Veterans
22 Affairs to reflect the effects of mental health disorders,
23 including traumatic brain injury and post-traumatic stress
24 disorder, on the modern workforce.

1 (c) RETIREMENT OR SEPARATION FOR PHYSICAL
2 DISABILITY.—

3 (1) IN GENERAL.—Chapter 61 of title 10,
4 United States Code, is amended by adding at the
5 end the following new section:

6 **“§ 1223. Members with multiple disabilities**

7 “In making a determination under this chapter, the
8 Secretary concerned shall consider all of the disabilities,
9 injuries, illnesses, or disease of a member incurred or ag-
10 gravated while on active duty and consider the cumulative
11 severity of all of those disabilities, injuries, illnesses, or
12 diseases.”.

13 (2) CLERICAL AMENDMENT.—The table of sec-
14 tions at the beginning of chapter 61 is amended by
15 adding at the end the following new item:

“1223. Members with multiple disabilities.”.

16 (d) PRIORITIZATION OF RETIREMENT PROC-
17 ESSING.—The Secretary of Defense shall establish a sys-
18 tem for the prioritization of processing the separation of
19 members of the Armed Forces. Such system shall place
20 the highest priority on recovering service members.

21 (e) NO REDUCTION IN DISABILITY RATING.—Once
22 a disability rating is assigned by an informal physical eval-
23 uation board, the Secretary of Defense may not reduce
24 such rating upon appeal.

1 **SEC. 5. ESTABLISHMENT OF MEDICAL RECORD DATABASE.**

2 (a) IN GENERAL.—The Secretary of Defense shall es-
3 tablish a medical record database to track and record the
4 medical status of all members of the Armed Forces.

5 (b) DATABASE DESIGN.—To the extent practicable,
6 the database established under subsection (a) shall be sub-
7 stantially the same as the Computerized Patient Record
8 System of the Department of Veterans Affairs' Veterans
9 Health Information Systems and Technology Architecture
10 (VistA).

11 (c) ACCESS TO DEPARTMENT OF DEFENSE MEDICAL
12 RECORD DATABASE BY DEPARTMENT OF VETERANS AF-
13 FAIRS.—The Secretary of Defense shall make such system
14 accessible to the Department of Veterans Affairs through
15 the Joint Patient Tracking Application of the Department
16 of Defense.

17 (d) PRIVACY AND SECURITY.—The Secretary of De-
18 fense shall—

19 (1) ensure that the system conforms with all
20 applicable privacy laws; and
21 (2) take appropriate measures to ensure the se-
22 curity of the system.

23 (e) TRACKING OF MEMBERS OF THE ARMED FORCES
24 AND VETERANS WITH TRAUMATIC BRAIN INJURY.—

25 (1) MEMBERS OF THE ARMED FORCES.—The
26 Secretary of Defense shall use the system estab-

1 lished under subsection (a) to track members of the
2 Armed Forces who have been diagnosed with trau-
3 matic brain injury.

4 (2) VETERANS.—The Secretary of Veterans Af-
5 fairs shall use the Veterans Health Information Sys-
6 tems and Technology Architecture (VistA) to track
7 veterans who have been diagnosed with traumatic
8 brain injury.

9 **SEC. 6. ASSESSING THE MENTAL HEALTH OF MEMBERS OF**
10 **THE ARMED FORCES BEFORE AND AFTER DE-**
11 **PLOYMENT IN A COMBAT THEATER.**

12 (a) IN GENERAL.—The Secretary of Defense shall as-
13 sess the mental health of each member of the Armed
14 Forces who is deployed to a combat theater, or who the
15 Secretary expects to deploy to a combat theater, at least
16 once during—

17 (1) the 240-day period beginning 120 days be-
18 fore the date on which a member is deployed in a
19 combat theater;

20 (2) the 60-day period beginning on the date
21 that such member returns from deployment in a
22 combat theater; and

23 (3) the predischarge physical of such member.

24 (b) TESTING OF NEUROCOGNITIVE FUNCTIONING.—
25 A mental health assessment provided to a member in ac-

1 cordance with subsection (a)(1) shall test the
2 neurocognitive functioning of such member.

3 (c) TESTING FOR TRAUMATIC BRAIN INJURY.—A
4 mental health assessment provided to a member in accord-
5 ance with paragraphs (2) and (3) of subsection (a) shall
6 include a comprehensive screening for mild, moderate, and
7 severe cases of traumatic brain injury.

8 **SEC. 7. REPORT ON ACCESS TO PRIVATE HEALTH CARE.**

9 Not later than 180 days after the date of the enact-
10 ment of this Act, the Secretary of Defense and the Sec-
11 retary of Veterans Affairs shall submit to the appropriate
12 committees of Congress a report detailing plans to in-
13 crease the role of eligible private sector rehabilitation pro-
14 viders in the provision of comprehensive post acute inpa-
15 tient and outpatient rehabilitation by the Department of
16 Veterans Affairs to members and former members of the
17 Armed Forces with traumatic brain injury or post-trau-
18 matic stress disorder when the Department is unable to
19 provide such services without the assistance.

20 **SEC. 8. NOTIFICATION TO CONGRESS OF HOSPITALIZATION
21 OF COMBAT WOUNDED SERVICE MEMBERS.**

22 (a) NOTIFICATION REQUIRED.—Chapter 55 of title
23 10, United States Code, is further amended by inserting
24 after section 1074l, as added by section 2 of this Act, the
25 following new section:

1 **“§ 1074m. Notification to Congress of hospitalization**2 **of combat wounded members**

3 “(a) NOTIFICATION REQUIRED.—The Secretary con-
4 cerned shall provide to the appropriate Members of Con-
5 gress notification of the hospitalization of any recovering
6 service member (within the meaning of section 1074l(d)(3)
7 of this title) evacuated from a theater of combat to allow
8 such Members of Congress to provide such recovering
9 service member with assistance if necessary.

10 “(b) APPROPRIATE MEMBERS.—In this section, the
11 term ‘appropriate Members of Congress’, with respect to
12 the member of the armed forces about whom notification
13 is being made, means the Senators and the Members of
14 the House of Representatives representing the States or
15 districts, respectively, that include the member’s home of
16 record and, if different, the residence of the next of kin,
17 or a different location as provided by the member.

18 “(c) CONSENT OF MEMBER REQUIRED.—The notifi-
19 cation under subsection (a) may be provided only with the
20 consent of the member of the armed forces about whom
21 notification is to be made. In the case of a member who
22 is unable to provide consent, information and consent may
23 be provided by next of kin.”.

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

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

1 **SEC. 9. DEFINITIONS.**

2 In this Act:

3 (1) APPROPRIATE COMMITTEES OF CON-
4 GRESS.—The term “appropriate committees of Con-
5 gress” means—

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

8 (B) the Committees on Armed Services
9 and Veterans’ Affairs of the House of Rep-
10 resentatives.

11 (2) PHYSICAL DISABILITY EVALUATION SYS-
12 TEM.—The term “physical disability evaluation sys-
13 tem” means the Department of Defense system or
14 process for evaluating the nature of and extent of
15 disabilities affecting members of the Armed Forces
16 (other than the Coast Guard) and comprised of med-
17 ical evaluation boards, physical evaluation boards,
18 counseling of members, and final disposition by ap-
19 propriate personnel authorities, as operated by the
20 Secretaries of the military departments, and, in the
21 case of the Coast Guard, a similar system or process
22 operated by the Secretary of Homeland Security.

23 (3) RECOVERING SERVICE MEMBER.—The term
24 “recovering service member” means a member of the

1 Armed Forces, including a member of the National
2 Guard or a Reserve, who is undergoing medical
3 treatment, recuperation, or therapy, or is otherwise
4 in medical hold or holdover status, for an injury, ill-
5 ness, or disease incurred or aggravated while on ac-
6 tive duty in the Armed Forces.

7 (4) COMBAT THEATER.—The term “combat
8 theater” means the geographical area outside the
9 continental United States required by combat and
10 support forces for the conduct of military operations.

11 (5) NEUROCOGNITIVE.—The term
12 “neurocognitive” means of, relating to, or involving
13 the central nervous system and cognitive or informa-
14 tion processing abilities (thinking, memory, and rea-
15 soning), as well as sensory processing (sight, hear-
16 ing, touch, taste, and smell), and communication
17 (expression and understanding).

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