

111TH CONGRESS
1ST SESSION

S. 262

To improve and enhance the operations of the reserve components of the Armed Forces, to improve mobilization and demobilization processes for members of the reserve components of the Armed Forces, and for other purposes.

IN THE SENATE OF THE UNITED STATES

JANUARY 15, 2009

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

A BILL

To improve and enhance the operations of the reserve components of the Armed Forces, to improve mobilization and demobilization processes for members of the reserve components of the Armed Forces, 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 “Fortifying Operational
5 Reserve Component Efforts Act of 2009” or “FORCE Act
6 of 2009”.

7 **SEC. 2. FINDINGS.**

8 Congress makes the following findings:

1 (1) The number of troops deployed to Iraq and
2 Afghanistan from at least 35 States exceeds the
3 number of troops deployed from such States to any
4 war since World War II.

5 (2) As of March 31, 2008, more than 267,399
6 members of the National Guard have been deployed
7 abroad since September 11, 2001.

8 (3) 41 percent of the members of the National
9 Guard and Reserves who have been deployed over-
10 seas report mental health symptoms within three to
11 six months of returning home from deployment,
12 compared with 32 percent of the members of the
13 regular components of the Armed Forces who have
14 been so deployed.

15 (4) In June 2007, the Department of Defense
16 reported that almost half of the members of the Na-
17 tional Guard and Reserves who had served in Iraq
18 or Afghanistan suffer considerable post-combat psy-
19 chological problems.

20 (5) In 2007, the Department of Defense found
21 that members of the National Guard who had been
22 deployed to Iraq and Afghanistan were 25 percent
23 more likely to have suffered a combat related psy-
24 chological wound than regular members of the Army
25 who had been so deployed.

1 (6) In the December 2006 Status of Forces
2 Survey of Reserve Component Members conducted
3 by the Defense Manpower Data Center, 13 percent
4 of respondents indicated a preferable availability of
5 health care providers through the TRICARE pro-
6 gram while 47 percent of respondents indicated a
7 preferable availability of health care providers
8 through civilian health care plans.

9 (7) In June 2007, the Task Force on Mental
10 Health of the Department of Defense reported that
11 at many locations members of the Armed Forces
12 and their families who rely on the TRICARE pro-
13 gram for health care have less access to care than
14 health care provider lists under the TRICARE pro-
15 gram would otherwise suggest because the mental
16 health care providers on such lists routinely included
17 providers who do not accept patients under the
18 TRICARE program.

19 (8) The Commission on the National Guard and
20 Reserve found that families of members of the re-
21 serve components of the Armed Forces who live con-
22 siderable distances from military treatment facilities,
23 and thus tend to rely on the TRICARE Standard
24 program for health care benefits, often have an espe-

1 cially difficult time finding civilian health care pro-
 2 viders under that program.

3 (9) In April 2008, the Government Account-
 4 ability Office reported that coordination between
 5 Federal officials and the Adjutants General of the
 6 States in the development of homeland defense,
 7 homeland security, and civil response plans remained
 8 inadequate.

9 (10) It is in the national interest to have a
 10 large cadre of volunteers to assist family support
 11 programs for families of members of the reserve
 12 components of the Armed Forces. However, without
 13 an adequate number of paid professional staff posi-
 14 tions within such programs, such programs may suf-
 15 fer.

16 **SEC. 3. ENHANCEMENT OF DEPARTMENT OF DEFENSE**
 17 **COMMUNICATIONS TO MEMBERS OF THE RE-**
 18 **SERVE COMPONENTS OF THE ARMED**
 19 **FORCES AND THEIR FAMILIES ON HEALTH**
 20 **BENEFITS AND FAMILY SUPPORT PROGRAMS.**

21 (a) REVIEW OF COMMUNICATIONS FOR PURPOSES OF
 22 IMPROVEMENT.—The Secretary of Defense shall conduct
 23 a comprehensive review of the programs and activities of
 24 the Department of Defense regarding communications to
 25 members of the reserve components of the Armed Forces

1 and their families on health benefits, family support, and
2 other resources available to such members and families
3 through the Department of Defense. The review shall
4 serve as a basis for the Secretary to identify means by
5 which such programs and activities may be improved to
6 enhance the availability of information to such members
7 and families on such benefits, support, and resources and
8 the communication of such information to such members
9 and families.

10 (b) SURVEY ON FAMILY PARTICIPATION IN MOBILI-
11 ZATION AND DEMOBILIZATION PROGRAMS AND ACTIVI-
12 TIES.—

13 (1) IN GENERAL.—In conducting the review re-
14 quired by subsection (a), the Secretary shall conduct
15 a survey of members of the reserve components of
16 the Armed Forces and their families regarding
17 means of enhancing the participation of families of
18 such members in programs and activities associated
19 with the mobilization and demobilization of such
20 members.

21 (2) ELEMENTS.—The survey required by this
22 subsection shall obtain information on the following:

23 (A) The level and extent of understanding
24 by family members of members of the reserve
25 components of the benefits, assistance, and

1 other resources available to such family mem-
2 bers through the Department of Defense during
3 the mobilization and demobilization of members
4 of the reserve components.

5 (B) The level of utilization by family mem-
6 bers of members of the reserve components of
7 the benefits, assistance, and resources available
8 to such family members as described in sub-
9 paragraph (A).

10 (C) Particular concerns of family members
11 of members of the reserve components under-
12 going demobilization during the demobilization
13 process, including the adequacy of the benefits,
14 assistance, and other resources available to such
15 family members as described in subparagraph
16 (A) to address such concerns.

17 (D) Any other matters that the Secretary
18 considers appropriate.

19 (3) DEADLINE FOR COMPLETION.—The survey
20 required by this subsection shall be completed not
21 later than 180 days after the date of the enactment
22 of this Act.

23 (c) ENHANCEMENT OF COMMUNICATIONS MATE-
24 RIALS.—Utilizing the results of the review required by
25 subsection (a), the Secretary shall undertake such im-

1 improvements of the educational materials provided by the
 2 Department of Defense to members of the reserve compo-
 3 nents of the Armed Forces and their families on health
 4 benefits, family support programs, and other resources
 5 available to such members and families through the De-
 6 partment of Defense in order to enhance their utility and
 7 ease of use.

8 (d) DATABASE ON HEALTH CARE PROVIDERS
 9 UNDER TRICARE.—

10 (1) DATABASE REQUIRED.—The Secretary shall
 11 maintain and make available to beneficiaries of the
 12 TRICARE program a current, comprehensive elec-
 13 tronic database on the health care providers partici-
 14 pating in the TRICARE program and on the health
 15 care services available through such providers under
 16 that program.

17 (2) UPDATE.—The Secretary shall update the
 18 electronic database required by this subsection at
 19 least once each year and at such other times as the
 20 Secretary considers appropriate.

21 (3) TRICARE PROGRAM DEFINED.—In this
 22 subsection, the term “TRICARE program” has the
 23 meaning given that term in section 1072(7) of title
 24 10, United States Code.

1 **SEC. 4. ENHANCEMENT OF STAFFING OF RESERVE COMPO-**
2 **NENTS OF THE ARMED FORCES REGARDING**
3 **DEPLOYMENT AND OTHER TRANSITION MAT-**
4 **TERS.**

5 (a) STAFF FOR FAMILY ASSISTANCE.—

6 (1) IN GENERAL.—The Secretary of the mili-
7 tary department concerned shall assign to each unit
8 (as determined by the Secretary for purposes of this
9 subsection) of the reserve components of the Armed
10 Forces under the jurisdiction of the Secretary full-
11 time non-dual status personnel of the military de-
12 partment who shall provide assistance to the family
13 members of the members of the reserve components
14 in such unit during and in connection with the mobi-
15 lization and deployment of such unit.

16 (2) DUTIES.—In providing assistance to the
17 family members of members of the reserve compo-
18 nents under this subsection, the personnel assigned
19 under paragraph (1) shall provide information, as-
20 sistance, and support to such family members on the
21 following:

22 (A) Deployment readiness.

23 (B) Education benefits available to such
24 family members.

1 (C) Benefits available to such family mem-
2 bers as family members of members of the re-
3 serve components.

4 (D) Healthcare benefits available to such
5 family members, including benefits under the
6 TRICARE program, mental health services,
7 and dental services.

8 (E) Financial matters.

9 (F) Reintegration matters.

10 (G) Career and employment matters.

11 (b) TRANSITION ASSISTANCE ADVISORS.—

12 (1) MINIMUM NUMBER OF ADVISORS.—The
13 Secretary of Defense shall take appropriate actions
14 to ensure that the number of Transition Assistance
15 Advisors (TAAs) in each State is not less than the
16 number equal to one Transition Assistance Advisor
17 for each 10,000 members of the reserve components
18 of the Armed Forces who reside in such State.

19 (2) REPORT.—Not later than 90 days after the
20 date of the enactment of this Act, the Secretary
21 shall submit to Congress a report setting forth a de-
22 scription of the efforts of the Secretary to implement
23 the requirements of this subsection.

24 (3) STATE DEFINED.—In this subsection, the
25 term “State” means the several States, the Com-

1 monwealth of Puerto Rico, the District of Columbia,
2 and the Virgin Islands.

3 **SEC. 5. POST-DEPLOYMENT HEALTH REASSESSMENTS FOR**
4 **MEMBERS OF THE RESERVE COMPONENTS**
5 **OF THE ARMED FORCES.**

6 (a) SCHEDULE FOR POST-DEPLOYMENT HEALTH
7 REASSESSMENTS.—

8 (1) IN GENERAL.—The Secretary of Defense
9 shall provide a Post-Deployment Health Reassess-
10 ment (PDHRA) to each member of a reserve compo-
11 nent of the Armed Forces returning from deploy-
12 ment in Operation Iraqi Freedom or Operation En-
13 during Freedom as follows:

14 (A) Not later than six months after the
15 initial health assessment of such member con-
16 ducted upon the member's return from such de-
17 ployment, and at least once every six months
18 thereafter for the next 18 months.

19 (B) After the completion of the reassess-
20 ments required by subparagraph (A), at the
21 same time as each Periodic Health Assessment
22 (PHA) of such member conducted thereafter
23 while such member remains a member of a re-
24 serve component of the Armed Forces.

1 (2) INDIVIDUALS DISCHARGED UPON RETURN
2 FROM DEPLOYMENT.—In the case of an individual
3 who is discharged or released from the Armed
4 Forces upon the individual's return from deploy-
5 ment, the individual shall be provided each of the
6 Post-Deployment Health Reassessments required
7 under paragraph (1)(A) together with the unit with
8 which the individual was previously deployed, with-
9 out regard to the individual's discharge or release
10 from the Armed Forces upon return.

11 (b) REQUIREMENTS FOR CERTAIN REASSESS-
12 MENTS.—The Secretary shall ensure that not less than
13 two of the Post-Deployment Health Reassessments pro-
14 vided for a member of the reserve components under sub-
15 section (a)(1)(A)—

16 (1) are performed in person; and

17 (2) include the participation of a practitioner
18 trained and certified as qualified to participate in
19 the performance of Post-Deployment Health Reas-
20 sements.

21 (c) PERFORMANCE OF REASSESSMENTS FOR MEM-
22 BERS REDEPLOYED FROM OIF/OEF.—The Secretary
23 shall take appropriate actions to provide a Post-Deploy-
24 ment Health Reassessment to each member of a reserve
25 component of the Armed Forces who has returned from

1 deployment in Operation Iraqi Freedom or Operation En-
 2 during Freedom before the date of the enactment of this
 3 Act and who has not been provided a Post-Deployment
 4 Health Reassessment as soon as practicable after the date
 5 of the enactment of this Act.

6 (d) GENERAL REQUIREMENTS REGARDING POST-
 7 DEPLOYMENT HEALTH REASSESSMENTS.—

8 (1) IN GENERAL.—Section 1074a of title 10,
 9 United States Code, is amended—

10 (A) by redesignating subsection (h) as sub-
 11 section (i); and

12 (B) by inserting after subsection (g) the
 13 following new subsection (h):

14 “(h) The Secretary concerned shall administer a
 15 Post-Deployment Health Reassessment (PDHRA) to each
 16 member of a reserve component of the Armed Forces re-
 17 turning from deployment to the member’s home station
 18 or county of residence, in the case of a member of the
 19 Individual Ready Reserve, not later than 10 days after the
 20 member’s return to such station or county, as the case
 21 may be, but in no event later than the member’s release
 22 from active duty following such deployment.”.

23 (2) FUNDING.—Subsection (i) of such section,
 24 as redesignated by paragraph (1)(A), is amended—

25 (A) by inserting “(1)” after “(i)”; and

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

3 “(2) Amounts described in paragraph (1) shall also
 4 be available for the provision of Post-Deployment Health
 5 Reassessments under subsection (h).”.

6 **SEC. 6. ANNUAL BRIEFINGS FOR MEMBERS OF THE RE-**
 7 **SERVE COMPONENTS OF THE ARMED**
 8 **FORCES ON BENEFITS UNDER THE TRICARE**
 9 **PROGRAM.**

10 (a) BRIEFINGS REQUIRED.—The Secretary of the
 11 military department concerned shall provide to each mem-
 12 ber of the reserve components of the Armed Forces under
 13 the jurisdiction of the Secretary an annual briefing on the
 14 benefits available to members and dependents under the
 15 TRICARE program. The briefing shall be provided indi-
 16 vidually to such member as part of an annual review of
 17 military records and benefits during an Individual Duty
 18 Training period or during annual training.

19 (b) TRICARE PROGRAM DEFINED.—In this section,
 20 the term “TRICARE program” has the meaning given
 21 that term in section 1072(7) of title 10, United States
 22 Code.

1 **SEC. 7. STIPEND FOR PRIVATE HEALTH INSURANCE FOR**
 2 **CERTAIN DEPENDENTS OF MEMBERS OF THE**
 3 **RESERVE COMPONENTS OF THE ARMED**
 4 **FORCES CALLED TO ACTIVE DUTY.**

5 (a) MONTHLY STIPEND AUTHORIZED.—Chapter 17
 6 of title 37, United States Code, is amended by adding at
 7 the end the following new section:

8 **“§ 911. Healthcare for dependents: stipend for con-**
 9 **tinuation of private health insurance for**
 10 **certain dependents of mobilized reserve**
 11 **component members**

12 “(a) STIPEND AUTHORIZED.—(1) The Secretary con-
 13 cerned may pay to an eligible member of a reserve compo-
 14 nent of the Armed Forces an amount equal to the monthly
 15 cost to the United States of the provision of health care
 16 services to the eligible spouse and covered dependents of
 17 the member under TRICARE Standard, TRICARE
 18 Prime, TRICARE Prime Remote, or TRICARE Extra, as
 19 applicable, during the period of the member’s active duty
 20 as described in subsection (b)(1)(A).

21 “(2) The purpose of any payment under this section
 22 shall be to facilitate the continuation by an eligible mem-
 23 ber’s spouse and covered dependents of private insurance
 24 for health care services that covers the member, spouse,
 25 and such dependents as of the time of the member’s call

1 or order to active duty as described in subsection
2 (b)(1)(A).

3 “(3) Any payments under this section shall be made
4 on a monthly basis.

5 “(b) ELIGIBLE MEMBERS.—(1) Except as provided
6 in paragraph (2), a member of a reserve component of
7 the Armed Forces is an eligible member of a reserve com-
8 ponent of the Armed Forces for purposes of subsection
9 (a) if—

10 “(A) the member is on active duty for a period
11 of more than 30 days;

12 “(B) at the time of the member’s call or order
13 to active duty as described in subparagraph (A), the
14 member is covered by private insurance for health
15 care services on a self and dependents basis; and

16 “(C) during the period of the member’s active
17 duty as described in subparagraph (A), the mem-
18 ber’s spouse and any covered dependents would oth-
19 erwise be eligible for health care services under
20 TRICARE Prime, TRICARE Prime Remote,
21 TRICARE Standard, or TRICARE Extra.

22 “(2) A member who is an employee of the Federal
23 Government is not an eligible member of a reserve compo-
24 nent of the Armed Forces for purposes of subsection (a).

1 “(c) LIMITATION ON ELIGIBILITY OF SPOUSE AND
2 DEPENDENTS.—Payment under subsection (a) may be
3 made with respect to the spouse and any covered depend-
4 ent of an eligible member of a reserve component of the
5 Armed Forces during the period of the member’s active
6 duty as described in subsection (b)(1)(A) only if the per-
7 manent residence of the spouse or such covered dependent,
8 as the case may be, during such period is more than 50
9 miles from each of—

10 “(1) the nearest military medical treatment fa-
11 cility;

12 “(2) any provider of health care services under
13 the TRICARE program; or

14 “(3) any provider of health care services under
15 the TRICARE US Family Health Plan.

16 “(d) AMOUNT OF STIPEND.—(1) Except as provided
17 in paragraph (2), the amount payable to an eligible mem-
18 ber under subsection (a) for a month shall be the amount
19 as follows:

20 “(A) In the case of a member whose eligible
21 spouse and covered dependents would otherwise be
22 eligible for health care services under TRICARE
23 Standard during the member’s active duty as de-
24 scribed in subsection (b)(1)(A), the amount that
25 would otherwise be incurred by the United States for

1 the provision of health care services to such spouse
2 and covered dependents under TRICARE Standard
3 during such month.

4 “(B) In the case of a member whose eligible
5 spouse and covered dependents would otherwise be
6 eligible for health care services under TRICARE
7 Prime during the member’s active duty as described
8 in subsection (b)(1)(A), the amount that would oth-
9 erwise be incurred by the United States for the pro-
10 vision of health care services to such spouse and cov-
11 ered dependents under TRICARE Prime during
12 such month.

13 “(C) In the case of a member whose eligible
14 spouse and covered dependents would otherwise be
15 eligible for health care services under TRICARE
16 Prime Remote during the member’s active duty as
17 described in subsection (b)(1)(A), the amount that
18 would otherwise be incurred by the United States for
19 the provision of health care services to such spouse
20 and covered dependents under TRICARE Prime Re-
21 mote during such month.

22 “(D) In the case of a member whose eligible
23 spouse and covered dependents would otherwise be
24 eligible for health care services under TRICARE
25 Extra during the member’s active duty as described

1 in subsection (b)(1)(A), the amount that would oth-
2 erwise be incurred by the United States for the pro-
3 vision of health care services to such spouse and cov-
4 ered dependents under TRICARE Extra during such
5 month.

6 “(2) The amount payable to an eligible member
7 under subsection (a) for a month may not exceed the cost
8 of continuing private insurance for health care services for
9 the member’s spouse and covered dependents as described
10 in subsection (a)(2) for that month.

11 “(e) UTILIZATION OF STIPEND.—(1) Any amount
12 paid an eligible member under subsection (a) shall be uti-
13 lized by the member solely to pay the costs of private in-
14 surance for health care services for the member’s eligible
15 spouse and covered dependents.

16 “(2) Each Secretary concerned shall establish appro-
17 priate mechanisms to ensure the proper utilization by
18 members under this section of amounts paid under sub-
19 section (a).

20 “(f) INELIGIBILITY OF SPOUSE AND DEPENDENTS
21 FOR HEALTH CARE UNDER TRICARE.—The spouse and
22 covered dependents of a member to whom a payment is
23 made under subsection (a) for a month shall not be eligible
24 for health care services under the TRICARE program
25 during such month.

1 “(g) DEFINITIONS.—In this section:

2 “(1) The term ‘covered dependents’, in the case
3 of a member of a reserve component of the Armed
4 Forces, means any dependent of the member de-
5 scribed by subparagraph (D) or (I) of section
6 1072(2) of title 10.

7 “(2) The term ‘TRICARE program’ has the
8 meaning given that term in section 1072(7) of title
9 10.”.

10 (b) CLERICAL AMENDMENT.—The table of sections
11 at the beginning of chapter 17 of such title is amended
12 by adding at the end the following new item:

“911. Healthcare for dependents: stipend for continuation of private health in-
surance for certain dependents of mobilized reserve component
members.”.

13 **SEC. 8. TRAINING ON MATTERS RELATING TO MENTAL**
14 **HEALTH.**

15 (a) TRAINING FOR RESERVE COMPONENT UNITS.—

16 (1) UNIT-LEVEL TRAINING REQUIRED.—The
17 Secretary of Defense shall carry out a program to
18 provide comprehensive training on mental health
19 matters to units of the reserve components of the
20 Armed Forces. The training shall be designed to
21 provide information to unit commanders and per-
22 sonnel on a unit-wide basis.

23 (2) COMBAT-RELATED STRESS.—The training
24 required by this subsection shall include training on

1 the identification and treatment of Post-Traumatic
2 Stress Disorder (PTSD), Traumatic Brain Injury
3 (TBI), and other combat-related stresses.

4 (3) SCHEDULE FOR PROVISION OF TRAINING.—

5 The training provided under this subsection shall be
6 a required element under the Training Management
7 System for the units of the reserve components, and
8 shall be provided in the course of the Annual Train-
9 ing Calendar for such units.

10 (b) OUTREACH AND TRAINING FOR MENTAL
11 HEALTH CARE PROVIDERS.—The Secretary of Defense
12 and the Secretary of Veterans Affairs shall jointly take
13 appropriate actions to provide outreach and training to
14 State and local mental health care providers on the diag-
15 nosis and treatment of Post-Traumatic Stress Disorder
16 (PTSD), Traumatic Brain Injury (TBI), and other mental
17 health disorders and conditions associated with service in
18 the Armed Forces in areas of combat operations and other
19 areas which such disorders and conditions may arise.

20 **SEC. 9. FUNDING FOR MENTAL HEALTH CARE FOR MEM-**
21 **BERS OF THE NATIONAL GUARD.**

22 (a) AVAILABILITY OF DEFENSE HEALTH PROGRAM
23 FUNDS.—Subject to the provisions of appropriations Acts,
24 amounts available for Defense Health Program shall be
25 available for programs described in subsection (b) for

1 members of the National Guard not on active duty in the
2 Armed Forces who incurred a psychological or mental ill-
3 ness or injury on active duty in the Armed Forces as dem-
4 onstrated by existing medical records or, in the absence
5 of such records, by the opinion of a licensed medical pro-
6 vider in the State where the member resides.

7 (b) COVERED PROGRAMS.—The programs described
8 in this subsection are programs as follows:

9 (1) Programs to assist members of the National
10 Guard described in subsection (a) in case manage-
11 ment in the receipt of non-clinical care for an illness
12 or injury described in that subsection.

13 (2) Programs to advise members of the Na-
14 tional Guard described in subsection (a) on the re-
15 ceipt of care and treatment for an illness or injury
16 described in that subsection under the TRICARE
17 program.

18 (3) Programs of psychological health treatment
19 for members of the National Guard described in sub-
20 section (a) for an illness or injury described in that
21 subsection.

22 (4) Programs supporting the efforts of the mili-
23 tary departments to update and maintain military
24 health electronic records systems.

1 (5) Such other treatment programs as may as-
 2 sist a member of the National Guard described in
 3 subsection (a) for an illness or injury described in
 4 that subsection, as determined by the State Surgeon
 5 General of the National Guard of the State in which
 6 the member reside, the Director of Psychological
 7 Health of the State in which the member resides,
 8 the mental health or equivalent agency of the State
 9 in which the member resides, or the Director of the
 10 Psychological Health Program of the National
 11 Guard Bureau.

12 (c) BUDGETING.—The Assistant Secretary of De-
 13 fense for Health Affairs shall coordinate with the National
 14 Guard Bureau and other personnel and logistical elements
 15 of the National Guard in determining the budget require-
 16 ments of the National Guard for the programs described
 17 in subsection (b).

18 **SEC. 10. MEASUREMENT OF ACHIEVEMENT OF DEPART-**
 19 **MENT OF DEFENSE OBJECTIVES FOR PAR-**
 20 **TICIPATION OF MEMBERS OF THE RESERVE**
 21 **COMPONENTS IN THE ARMED FORCES THE**
 22 **TRANSITION ASSISTANCE PROGRAM.**

23 (a) IN GENERAL.—The Secretary of Defense shall
 24 carry out appropriate actions to develop the following:

1 (1) Specific mechanisms for the reliable meas-
 2 urement of the participation of members of the re-
 3 serve components of the Armed Forces in the Tran-
 4 sition Assistance Program.

5 (2) Plans to ensure that the participation of
 6 members of the reserve components of the Armed
 7 Forces in the Transition Assistance Program meet
 8 annual Department of Defense goals for the partici-
 9 pation of such members in that program.

10 (b) REPORT.—Not later than 90 days after the date
 11 of the enactment of this Act, the Secretary of Defense
 12 shall submit to the Committees on Armed Services of the
 13 Senate and the House of Representatives a report setting
 14 forth the actions the Secretary proposed to meet the re-
 15 quirements of subsection (a).

16 **SEC. 11. PRE-DEPLOYMENT AND POST-DEPLOYMENT**
 17 **BRIEFINGS OR MEMBERS OF THE INDIVIDUAL**
 18 **READY RESERVE WHO DEPLOY AS IN-**
 19 **DIVIDUALS.**

20 (a) IN GENERAL.—The Secretary of Defense shall
 21 take appropriate actions to ensure that each member of
 22 the Individual Ready Reserve who deploys as an individual
 23 is, to the extent practicable and appropriate, provided in
 24 pre-deployment briefings and post-deployment briefings

1 the same information as members of the Ready Reserve
2 who deploy as members of a unit.

3 (b) REPORT ON SOLDIER READINESS ACTIVITIES.—

4 (1) IN GENERAL.—Not later than 180 days
5 after the date of the enactment of this Act, the Sec-
6 retary shall submit to Congress on soldier readiness
7 activities for members of the Individual Ready Re-
8 serve who deploy as individuals.

9 (2) ELEMENTS.—The report required by this
10 subsection shall include the following:

11 (A) A list of each pre-deployment briefing
12 and each post-deployment briefing provided to
13 members of the Individual Ready Reserve who
14 deploy as individuals.

15 (B) A comparative analysis of the pre-de-
16 ployment briefings and post-deployment brief-
17 ings provided members of the Individual Ready
18 Reserve who deploy as individuals with the pre-
19 deployment briefings and post-deployment brief-
20 ings provided members of the Ready Reserve
21 who deploy as members of a unit.

1 **SEC. 12. SENSE OF CONGRESS ON THE ASSIGNMENT OF**
2 **MEMBERS OF THE NATIONAL GUARD TO**
3 **FULL-TIME NATIONAL GUARD DUTY IMME-**
4 **DIATELY UPON RETURN FROM DEPLOYMENT.**

5 It is the sense of Congress that a member of the Na-
6 tional Guard who is returning from deployment in a con-
7 tingency operation or homeland defense mission for a pe-
8 riod of one year or longer—

9 (1) should not be required to commence full-
10 time National Guard duty immediately upon return
11 from such deployment; but

12 (2) should be permitted to elect to postpone
13 commencement of deactivation from active duty sta-
14 tus until at least 90 days after return from such de-
15 ployment.

○