

113TH CONGRESS
1ST SESSION

H. R. 984

To direct the Secretary of Defense to establish a task force on urotrauma.

IN THE HOUSE OF REPRESENTATIVES

MARCH 6, 2013

Mr. GUTHRIE introduced the following bill; which was referred to the Committee on Armed Services, and in addition to the Committee on Veterans' Affairs, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To direct the Secretary of Defense to establish a task force
on urotrauma.

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. TASK FORCE ON UROTRAUMA.**

4 (a) ESTABLISHMENT.—Subject to the availability of
5 appropriations for such purpose, the Secretary of Defense
6 shall establish a task force to be known as the “Task
7 Force on Urotrauma” (in this section referred to as the
8 “Task Force”) to continue and expand the report of the

1 Secretary on urotrauma titled “Genitourinary Trauma in
2 the Military” and dated December 27, 2011.

3 (b) CONSULTATION.—In carrying out this section,
4 the Secretary of Defense shall consult with the Secretary
5 of Veterans Affairs and the Secretary of Health and
6 Human Services.

7 (c) DUTIES.—The Task Force shall conduct a study
8 on urotrauma among members of the Armed Forces and
9 veterans, including—

10 (1) an analysis of the incidence, duration, mor-
11 bidity rate, and mortality rate of urotrauma;

12 (2) an analysis of the social and economic costs
13 and effects of urotrauma;

14 (3) with respect to the Department of Defense
15 and Department of Veterans Affairs, an evaluation
16 of the facilities, access to private facilities, resources,
17 personnel, and research activities that are related to
18 the diagnosis, prevention, and treatment of
19 urotrauma;

20 (4) an evaluation of programs (including such
21 biological, behavioral, environmental, and social pro-
22 grams) that improve the prevention or treatment of
23 urotrauma;

1 (5) a long-term plan for the use and organiza-
2 tion of the resources of the Federal Government to
3 improve the prevention and treatment of urotrauma;

4 (6) an analysis of shortfalls in research, exper-
5 tise, and health care infrastructure for female vic-
6 tims of urotrauma;

7 (7) an analysis of technical, administrative, and
8 budgetary mechanisms to allow for enhanced repro-
9 ductive services for members who have been affected
10 by urotrauma or who are at high risk of urotrauma;

11 (8) an assessment of opportunities to enhance
12 the coordination of—

13 (A) Federal resources used to research,
14 prevent, and continuously improve the manage-
15 ment of urotrauma; and

16 (B) inter-agency efforts regarding the
17 chronic physical, behavioral, and emotional care
18 of victims of urotrauma; and

19 (9) updates to the report referred to in sub-
20 section (a).

21 (d) MEMBERSHIP.—

22 (1) APPOINTED MEMBERS.—In addition to the
23 ex officio members described in paragraph (2), the
24 Task Force shall be composed of 19 members as fol-
25 lows:

1 (A) Sixteen members appointed by the Sec-
2 retary of Defense.

3 (B) One member appointed by the Sec-
4 retary of Health and Human Services from
5 among officers or employees of the National In-
6 stitute of Diabetes and Digestive and Kidney
7 Diseases whose primary interest is in the field
8 of urotrauma.

9 (C) The Chief of the Department of Sur-
10 gery of Walter Reed National Military Medical
11 Center.

12 (D) The Chief Medical Director of the De-
13 partment of Veterans Affairs.

14 (2) EX OFFICIO MEMBERS.—The nonvoting, ex
15 officio members of the Task Force are as follows:

16 (A) The Surgeon General of the Navy.

17 (B) The Surgeon General of the Army.

18 (C) The Surgeon General of the Air Force.

19 (D) The Medical Officer of the Marine
20 Corps.

21 (E) The Director of the National Institutes
22 of Health.

23 (F) The Director of the National Institute
24 of Diabetes and Digestive and Kidney Diseases.

1 (G) The Director of the Division of Kid-
2 ney, Urologic, and Hematologic Diseases of the
3 National Institute of Diabetes and Digestive
4 Kidney Diseases.

5 (H) The Director of the National Institute
6 of Biomedical Imaging and Bioengineering.

7 (3) QUALIFICATIONS.—In appointing members
8 under paragraph (1)(A), the Secretary of Defense
9 shall appoint individuals with experience related to—

10 (A) studying or researching urotrauma;

11 (B) preventing or treating urotrauma; or

12 (C) suffering from urotrauma.

13 (4) TERM.—Each member shall be appointed
14 for the life of the Task Force.

15 (5) VACANCIES.—A vacancy in the Task Force
16 shall be filled in the manner in which the original
17 appointment was made.

18 (6) PAY.—

19 (A) Except as provided in subparagraph
20 (C), members of the Task Force shall serve
21 without pay.

22 (B) Except as provided in subparagraph
23 (C), members of the Task Force who are full-
24 time officers or employees of the United States
25 may not receive additional pay, allowances, or

1 benefits by reason of their service on the Task
2 Force.

3 (C) Each member shall receive travel ex-
4 penses, including per diem in lieu of subsist-
5 ence, in accordance with applicable provisions
6 under subchapter I of chapter 57 of title 5,
7 United States Code.

8 (7) QUORUM.—A majority of members of the
9 Task Force shall constitute a quorum but a lesser
10 number may hold hearings.

11 (8) CHAIRPERSON.—The Secretary of Defense
12 shall designate a member as the chairperson of the
13 Task Force.

14 (9) MEETINGS.—The Task Force shall meet at
15 the call of the chairperson.

16 (e) STAFF.—

17 (1) DIRECTOR.—The Task Force shall have a
18 director who shall be appointed by the chairperson.

19 (2) STAFF.—Subject to rules prescribed by the
20 Task Force, the chairperson may appoint additional
21 personnel as the chairperson considers appropriate.

22 (3) APPLICABILITY OF CERTAIN CIVIL SERVICE
23 LAWS.—The director and staff of the Task Force
24 shall be appointed subject to the provisions of title
25 5, United States Code, governing appointments in

1 the competitive service, and shall be paid in accord-
2 ance with the provisions of chapter 51 and sub-
3 chapter III of chapter 53 of that title relating to
4 classification and General Schedule pay rates.

5 (4) EXPERTS AND CONSULTANTS.—Subject to
6 rules prescribed by the Task Force, the chairperson
7 may procure temporary and intermittent services
8 under section 3109(b) of title 5, United States Code.

9 (5) STAFF TO FEDERAL AGENCIES.—Upon re-
10 quest of the chairperson, the head of any Federal
11 department or agency may detail, on a reimbursable
12 basis, any of the personnel of that department or
13 agency to the Task Force to assist it in carrying out
14 its duties under this section.

15 (f) POWERS OF TASK FORCE.—

16 (1) HEARINGS AND SESSIONS.—The Task
17 Force may, for the purpose of carrying out this sec-
18 tion, hold hearings, sit and act at times and places,
19 take testimony, and receive evidence as the Task
20 Force considers appropriate. The Task Force may
21 administer oaths or affirmations to witnesses ap-
22 pearing before it.

23 (2) POWERS OF MEMBERS AND AGENTS.—Any
24 member or agent of the Task Force may, if author-

1 ized by the Task Force, take any action which the
2 Task Force is authorized to take by this section.

3 (3) OBTAINING OFFICIAL DATA.—The Task
4 Force may secure directly from any department or
5 agency of the United States information necessary
6 to enable it to carry out this section. Upon request
7 of the chairperson of the Task Force, the head of
8 that department or agency shall furnish that infor-
9 mation to the Task Force.

10 (4) MAILS.—The Task Force may use the
11 United States mails in the same manner and under
12 the same conditions as other departments and agen-
13 cies of the United States.

14 (5) ADMINISTRATIVE SUPPORT SERVICES.—
15 Upon the request of the Task Force, the Adminis-
16 trator of General Services shall provide to the Task
17 Force, on a reimbursable basis, the administrative
18 support services necessary for the Task Force to
19 carry out its responsibilities under this section.

20 (g) REPORTS.—

21 (1) INTERIM REPORT.—Not later than one year
22 after the date on which the members are appointed
23 under subsection (d)(1), the Task Force shall submit
24 to the appropriate congressional committees an in-

1 interim report on the study conducted under sub-
2 section (c).

3 (2) FINAL REPORT.—Not later than two years
4 after the date on which the members are appointed
5 under subsection (d)(1), the Task Force shall submit
6 to the appropriate congressional committees a final
7 report on the study conducted under subsection (c),
8 including any recommendations the Task Force con-
9 siders appropriate to improve the prevention and
10 treatment of urotrauma among members of the
11 Armed Forces and veterans.

12 (h) TERMINATION.—The Task Force shall terminate
13 on the date that is 60 days after the date on which the
14 Task Force submits the final report under subsection
15 (g)(2).

16 (i) DEFINITIONS.—In this section:

17 (1) The term “appropriate congressional com-
18 mittees” means—

19 (A) the Committees on Armed Services of
20 the House of Representatives and Senate; and

21 (B) the Committees on Veterans’ Affairs of
22 the House of Representatives and Senate.

23 (2) The term “urotrauma” means injury to the
24 urinary tract (including the kidneys, ureters, urinary
25 bladder, urethra, and female and male genitalia)

1 from a penetrating, blunt, blast, thermal, chemical,
2 or biological cause.

3 (j) AUTHORIZATION OF APPROPRIATIONS.—

4 (1) AUTHORIZATION.—There is authorized to
5 be appropriated to carry out this section \$1,000,000
6 for each of fiscal years 2014 through 2017.

7 (2) OFFSET.—The amount otherwise author-
8 ized to be appropriated for operation and mainte-
9 nance, Defense-wide, for the Office of the Secretary
10 of Defense for each of fiscal years 2014 through
11 2017 is reduced by \$1,000,000.

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