

may be taken intermittently or on a reduced leave schedule.”; and

(ii) in paragraph (2), by inserting “or subsection (a)(3)” after “subsection (a)(1)”.

(B) SUBSTITUTION OF PAID LEAVE.—Section 6382(d) of such title is amended by adding at the end the following: “An employee may elect to substitute for leave under subsection (a)(3) any of the employee’s accrued or accumulated annual or sick leave under subchapter I for any part of the 26-week period of leave under such subsection.”.

(C) NOTICE.—Section 6382(e) of such title is amended by adding at the end the following:

“(3) In any case in which an employee seeks leave under subsection (a)(3), the employee shall provide such notice as is practicable.”.

(D) CERTIFICATION.—Section 6383 of such title is amended by adding at the end the following:

“(f) An employing agency may require that a request for leave under section 6382(a)(3) be supported by a certification issued at such time and in such manner as the Office of Personnel Management may by regulation prescribe.”.

## NOTICE OF HEARING

### COMMITTEE ON ENERGY AND NATURAL RESOURCES

Mr. BINGAMAN. Mr. President, I would like to announce for the information of the Senate and the public that a hearing has been scheduled before the Committee on Energy and Natural Resources. The hearing will be held on August 14, 2007, at 9:30 a.m., at the Clovis-Carver Library, North Annex, located at 701 N. Main Street in Clovis, NM.

The purpose of the hearing is to receive testimony on the Bureau of Reclamation’s implementation of the Rural Water Supply Act of 2006, and Federal, State, and local efforts to plan and develop the Eastern New Mexico Rural Water Supply Project.

Because of the limited time available for the hearing, witnesses may testify by invitation only. However, those wishing to submit written testimony for the hearing record should send it to the Committee on Energy and Natural Resources, United States Senate, Washington, DC 20510-6150, or by email to

Gina\_Weinstock@energy.senate.gov.

For further information, please contact Michael Connor at (202) 224-5479 or Gina Weinstock at (202) 224-5684.

## PRIVILEGES OF THE FLOOR

Mr. HARKIN. Mr. President, I ask unanimous consent that Evan Eschmeyer and Stacie Milbern of my staff be granted the privilege of the floor for the duration of today’s session.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Mr. BAUCUS. Mr. President, I ask unanimous consent that the following fellows and interns be granted floor privileges during the consideration of the Children’s Health Insurance Bill:

Amy Branger, Jennifer Donohue, Eric Willborg, Lindsay Erickson, Davie Lee, Brandon Perkins, Mary Baker, Tom Louthan, Sara Shepherd, Alex Hart, Grace Stephens, Susan Douglas, Diedra Henry-Spires, Elise Stein, Russ Ugone, George Serletis, Neil Ohlenkamp, Suzanne Payne, Jennifer Smith, Avi Salzman.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Mr. GRASSLEY. Mr. President, I ask unanimous consent that Tyler Tigges, Anne Freeman, and Lynda Simmons of the Finance Committee staff be given the privilege of the floor during the duration of the debate on H.R. 976.

The PRESIDING OFFICER. Without objection, it is so ordered.

## WOUNDED WARRIOR ASSISTANCE ACT OF 2007

On Wednesday, July 25, 2007, the Senate passed H.R. 1538, as amended, as follows:

### H.R. 1538

*Resolved*, That the bill from the House of Representatives (H.R. 1538) entitled “An Act to amend title 10, United States Code, to improve the management of medical care, personnel actions, and quality of life issues for members of the Armed Forces who are receiving medical care in an outpatient status, and for other purposes.”, do pass with the following amendment:

Strike out all after the enacting clause and insert:

### SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

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

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

*Sec. 1. Short title; table of contents.*

### TITLE I—WOUNDED WARRIOR MATTERS

*Sec. 101. General definitions.*

*Subtitle A—Policy on Care, Management, and Transition of Servicemembers With Serious Injuries or Illnesses*

*Sec. 111. Comprehensive policy on care, management, and transition of members of the Armed Forces with serious injuries or illnesses.*

*Sec. 112. Consideration of needs of women members of the Armed Forces and veterans.*

### Subtitle B—Health Care

### PART I—ENHANCED AVAILABILITY OF CARE FOR SERVICEMEMBERS

*Sec. 121. Medical care and other benefits for members and former members of the Armed Forces with severe injuries or illnesses.*

*Sec. 122. Reimbursement of certain former members of the uniformed services with service-connected disabilities for travel for follow-on specialty care and related services.*

### PART II—CARE AND SERVICES FOR DEPENDENTS

*Sec. 126. Medical care and services and support services for families of members of the Armed Forces recovering from serious injuries or illnesses.*

*Sec. 127. Extended benefits under TRICARE for primary caregivers of members of the uniformed services who incur a serious injury or illness on active duty.*

### PART III—TRAUMATIC BRAIN INJURY AND POST-TRAUMATIC STRESS DISORDER

*Sec. 131. Comprehensive plans on prevention, diagnosis, mitigation, and treatment of traumatic brain injury and post-traumatic stress disorder in members of the Armed Forces.*

*Sec. 132. Improvement of medical tracking system for members of the Armed Forces deployed overseas.*

*Sec. 133. Centers of excellence in the prevention, diagnosis, mitigation, treatment, and rehabilitation of traumatic brain injury and post-traumatic stress disorder.*

*Sec. 134. Review of mental health services and treatment for female members of the Armed Forces and veterans.*

*Sec. 135. Funding for improved diagnosis, treatment, and rehabilitation of members of the Armed Forces with traumatic brain injury or post-traumatic stress disorder.*

*Sec. 136. Reports.*

### PART IV—OTHER MATTERS

*Sec. 141. Joint electronic health record for the Department of Defense and Department of Veterans Affairs.*

*Sec. 142. 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. 143. Personnel shortages in the mental health workforce of the Department of Defense, including personnel in the mental health workforce.*

### Subtitle C—Disability Matters

### PART I—DISABILITY EVALUATIONS

*Sec. 151. Utilization of veterans’ presumption of sound condition in establishing eligibility of members of the Armed Forces for retirement for disability.*

*Sec. 152. Requirements and limitations on Department of Defense determinations of disability with respect to members of the Armed Forces.*

*Sec. 153. Review of separation of members of the Armed Forces separated from service with a disability rating of 20 percent disabled or less.*

*Sec. 154. Pilot programs on revised and improved disability evaluation system for members of the Armed Forces.*

*Sec. 155. Reports on Army action plan in response to deficiencies in the Army physical disability evaluation system.*

### PART II—OTHER DISABILITY MATTERS

*Sec. 161. Enhancement of disability severance pay for members of the Armed Forces.*

*Sec. 162. Traumatic Servicemembers’ Group Life Insurance.*

*Sec. 163. Electronic transfer from the Department of Defense to the Department of Veterans Affairs of documents supporting eligibility for benefits.*

*Sec. 164. Assessments of temporary disability retired list.*

### Subtitle D—Improvement of Facilities Housing Patients

*Sec. 171. Standards for military medical treatment facilities, specialty medical care facilities, and military quarters housing patients.*

*Sec. 172. Reports on Army action plan in response to deficiencies identified at Walter Reed Army Medical Center.*

Sec. 173. Construction of facilities required for the closure of Walter Reed Army Medical Center, District of Columbia.

*Subtitle E—Outreach and Related Information on Benefits*

Sec. 181. Handbook for members of the Armed Forces on compensation and benefits available for serious injuries and illnesses.

*Subtitle F—Other Matters*

Sec. 191. 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.

**TITLE II—VETERANS MATTERS**

Sec. 201. Sense of Congress on Department of Veterans Affairs efforts in the rehabilitation and reintegration of veterans with traumatic brain injury.

Sec. 202. Individual rehabilitation and community reintegration plans for veterans and others with traumatic brain injury.

Sec. 203. Use of non-Department of Veterans Affairs facilities for implementation of rehabilitation and community reintegration plans for traumatic brain injury.

Sec. 204. Research, education, and clinical care program on severe traumatic brain injury.

Sec. 205. Pilot program on assisted living services for veterans with traumatic brain injury.

Sec. 206. Research on traumatic brain injury.

Sec. 207. Age-appropriate nursing home care.

Sec. 208. Extension of period of eligibility for health care for combat service in the Persian Gulf war or future hostilities.

Sec. 209. Mental health: service-connection status and evaluations for certain veterans.

Sec. 210. Modification of requirements for furnishing outpatient dental services to veterans with a service-connected dental condition or disability.

Sec. 211. Demonstration program on preventing veterans at-risk of homelessness from becoming homeless.

Sec. 212. Clarification of purpose of the outreach services program of the Department of Veterans Affairs.

**TITLE III**

Sec. 301. Fiscal year 2008 increase in military basic pay.

**TITLE I—WOUNDED WARRIOR MATTERS**

**SEC. 101. GENERAL DEFINITIONS.**

In this title:

(1) The term “appropriate committees of Congress” means—

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

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

(2) The term “covered member of the Armed Forces” means a member of the Armed Forces, including a member of the National Guard or a Reserve, who is undergoing medical treatment, recuperation, or therapy, is otherwise in medical hold or medical holdover status, or is otherwise on the temporary disability retired list for a serious injury or illness.

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

(4) The term “medical hold or medical holdover status” means—

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

(B) the status of a member of a reserve component of the Armed Forces who is separated, whether pre-deployment or post-deployment, from the member’s unit while in need of health care based on a medical condition identified while the member is on active duty in the Armed Forces.

(5) The term “serious injury or illness”, in the case of a member of the Armed Forces, means an injury or illness incurred by the member in line of duty on active duty in the Armed Forces that may render the member medically unfit to perform the duties of the member’s office, grade, rank, or rating.

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

**Subtitle A—Policy on Care, Management, and Transition of Servicemembers With Serious Injuries or Illnesses**

**SEC. 111. COMPREHENSIVE POLICY ON CARE, MANAGEMENT, AND TRANSITION OF MEMBERS OF THE ARMED FORCES WITH SERIOUS INJURIES OR ILLNESSES.**

(a) COMPREHENSIVE POLICY REQUIRED.—

(1) IN GENERAL.—Not later than January 1, 2008, the Secretary of Defense and the Secretary of Veterans Affairs shall, to the extent feasible, jointly develop and implement a comprehensive policy on the care and management of members of the Armed Forces who are undergoing medical treatment, recuperation, or therapy, are otherwise in medical hold or medical holdover status, or are otherwise on the temporary disability retired list for a serious injury or illness (hereafter in this section referred to as a “covered servicemembers”).

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

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

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

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

(D) The transition of covered servicemembers from receipt of care and services through the Department of Defense to receipt of care and services through the Department of Veterans Affairs.

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

(4) UPDATE.—The Secretary of Defense and the Secretary of Veterans Affairs shall jointly update the policy on a periodic basis, but not less often than annually, in order to incorporate in the policy, as appropriate, the results of the reviews under subsections (b) and (c) and the best practices identified through pilot programs under section 154.

**(b) REVIEW OF CURRENT POLICIES AND PROCEDURES.—**

(1) REVIEW REQUIRED.—In developing the policy required by this section, the Secretary of Defense and the Secretary of Veterans Affairs shall, to the extent necessary, jointly and separately conduct a review of all policies and procedures of the Department of Defense and the Department of Veterans Affairs that apply to, or shall be covered by, the policy.

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

(A) incorporating such approaches into the policy; and

(B) extending such approaches, where applicable, to care and management of other injured or ill members of the Armed Forces and veterans.

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

(A) identify among the policies and procedures described in paragraph (1) best practices in approaches to the care and management described in that paragraph;

(B) identify among such policies and procedures existing and potential shortfalls in such care and management (including care and management of covered servicemembers on the temporary disability retired list), 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.

(c) 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:

(A) The Independent Review Group on Rehabilitative Care and Administrative Processes at Walter Reed Army Medical Center and National Naval Medical Center appointed by the Secretary of Defense.

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

(C) The President’s Commission on Care for America’s Returning Wounded Warriors.

(D) The Veterans’ Disability Benefits Commission established by title XV of the National Defense Authorization Act for Fiscal Year 2004 (Public Law 108-136; 117 Stat. 1676; 38 U.S.C. 1101 note).

(E) The President’s Commission on Veterans’ Pensions, of 1956, chaired by General Omar N. Bradley.

(F) The Report of the Congressional Commission on Servicemembers and Veterans Transition Assistance, of 1999, chaired by Anthony J. Principi.

(G) The President’s Task Force to Improve Health Care Delivery for Our Nation’s Veterans, of March 2003.

(2) The experience and best practices of the Department of Defense and the military departments on matters relating to the policy.

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

(4) Such other matters as the Secretary of Defense and the Secretary of Veterans Affairs consider appropriate.

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

(1) RESPONSIBILITY FOR COVERED SERVICEMEMBERS IN MEDICAL HOLD OR MEDICAL HOLDOVER STATUS OR ON TEMPORARY DISABILITY RETIRED LIST.—Mechanisms to ensure responsibility for covered servicemembers in medical hold or medical holdover status or on the temporary disability retired list, including the following:

(A) Uniform standards for access of covered servicemembers to non-urgent health care services from the Department of Defense or other providers under the TRICARE program, with such access to be—

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

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

(iii) for diagnostic referrals and studies, within 5 days of request; and

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

(B) Requirements for the assignment of adequate numbers of personnel for the purpose of responsibility for and administration of covered servicemembers in medical hold or medical holdover status or on the temporary disability retired list.

(C) Requirements for the assignment of adequate numbers of medical personnel and non-medical personnel to roles and responsibilities for caring for and administering covered servicemembers in medical hold or medical holdover status or on the temporary disability retired list, and a description of the roles and responsibilities of personnel so assigned.

(D) Guidelines for the location of care for covered servicemembers in medical hold or medical holdover status or on the temporary disability retired list, which guidelines shall address the assignment of such servicemembers to care and residential facilities closest to their duty station or home of record or the location of their designated caregiver at the earliest possible time.

(E) Criteria for work and duty assignments of covered servicemembers in medical hold or medical holdover status or on the temporary disability retired list, including a prohibition on the assignment of duty to a servicemember which is incompatible with the servicemember's medical condition.

(F) Guidelines for the provision of care and counseling for eligible family members of covered servicemembers in medical hold or medical holdover status or on the temporary disability retired list.

(G) Requirements for case management of covered servicemembers in medical hold or medical holdover status or on the temporary disability retired list, including qualifications for personnel providing such case management.

(H) Requirements for uniform quality of care and administration for all covered servicemembers in medical hold or medical holdover status or on the temporary disability retired list, whether members of the regular components of the Armed Forces or members of the reserve components of the Armed Forces.

(I) Standards for the conditions and accessibility of residential facilities for covered servicemembers in medical hold or medical holdover status or on the temporary disability retired list who are in outpatient status, and for their immediate family members.

(J) Requirements on the provision of transportation and subsistence for covered servicemembers in medical hold or medical holdover status or on the temporary disability retired list, whether in inpatient status or outpatient status, to facilitate obtaining needed medical care and services.

(K) Requirements on the provision of educational and vocational training and rehabilitation opportunities for covered servicemembers in medical hold or medical holdover status or on the temporary disability retired list.

(L) Procedures for tracking and informing covered servicemembers in medical hold or medical holdover status or on the temporary disability retired list about medical evaluation board and physical disability evaluation board processing.

(M) Requirements for integrated case management of covered servicemembers in medical hold or medical holdover status or on the temporary disability retired list during their transition from care and treatment through the Department of Defense to care and treatment through the Department of Veterans Affairs.

(N) Requirements and standards for advising and training, as appropriate, family members with respect to care for covered servicemembers in medical hold or medical holdover 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.—

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

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

(I) applicable uniformly throughout the military departments; and

(II) applicable uniformly with respect to such servicemembers who are members of the regular components of the Armed Forces and such servicemembers who are members of the National Guard and Reserve.

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

(iii) Standard timelines for each of the following:

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

(II) Specialty consultations for covered servicemembers.

(III) Preparation of medical documents for covered servicemembers.

(IV) Appeals by covered servicemembers of medical evaluation determinations, including determinations of fitness for duty.

(iv) Uniform standards for qualifications and training of medical evaluation board personnel, including physicians, case workers, and physical disability evaluation board liaison officers, in conducting medical evaluations of covered servicemembers.

(v) Standards for the maximum number of medical evaluation cases of covered servicemembers that are pending before a medical evaluation board at any one time, and requirements for the establishment of additional medical evaluation boards in the event such number is exceeded.

(vi) Uniform standards for information for covered servicemembers, and their families, on the medical evaluation board process and the rights and responsibilities of such servicemembers under that process, including a standard handbook on such information.

(B) PHYSICAL DISABILITY EVALUATIONS.—Processes, procedures, and standards for physical disability evaluations of covered servicemembers, including the following:

(i) A non-adversarial process of the Department of Defense and the Department of Veterans Affairs for disability determinations of covered servicemembers.

(ii) To the extent feasible, procedures to eliminate unacceptable discrepancies among disability ratings assigned by the military departments and the Department of Veterans Affairs, particularly in the disability evaluation of covered servicemembers, which procedures shall be subject to the following requirements and limitations:

(I) Such procedures shall apply uniformly with respect to covered servicemembers who are

members of the regular components of the Armed Forces and covered servicemembers who are members of the National Guard and Reserve.

(II) Under such procedures, each Secretary of a military department shall, to the extent feasible, utilize the standard schedule for rating disabilities in use by the Department of Veterans Affairs, including any applicable interpretation of such schedule by the United States Court of Appeals for Veterans Claims, in making any determination of disability of a covered servicemember.

(iii) Standard timelines for appeals of determinations of disability of covered servicemembers, including timelines for presentation, consideration, and disposition of appeals.

(iv) Uniform standards for qualifications and training of physical disability evaluation board personnel in conducting physical disability evaluations of covered servicemembers.

(v) Standards for the maximum number of physical disability evaluation cases of covered servicemembers that are pending before a physical disability evaluation board at any one time, and requirements for the establishment of additional physical disability evaluation boards in the event such number is exceeded.

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

(vii) Uniform standards on the roles and responsibilities of case managers, servicemember advocates, and judge advocates assigned to covered servicemembers undergoing evaluation by a physical disability board, and uniform standards on the maximum number of cases involving such servicemembers that are to be assigned to such managers and advocates.

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

(D) TRANSITION OF COVERED SERVICEMEMBERS FROM DOD TO VA.—Processes, procedures, and standards for the transition of covered servicemembers from care and treatment by the Department of Defense to care and treatment by the Department of Veterans Affairs before, during, and after separation from the Armed Forces, including the following:

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

(ii) Procedures for the identification and tracking of covered servicemembers during the transition, and for the coordination of care and treatment of such servicemembers during the transition, including a system of cooperative case management of such servicemembers by the Department of Defense and the Department of Veterans Affairs during the transition.

(iii) Procedures for the notification of Department of Veterans Affairs liaison personnel of the commencement by covered servicemembers of the medical evaluation process and the physical disability evaluation process.

(iv) Procedures and timelines for the enrollment of covered servicemembers in applicable enrollment or application systems of the Department of Veterans Affairs with respect to health care, disability, education, vocational rehabilitation, or other benefits.

(v) Procedures to ensure the access of covered servicemembers during the transition to vocational, educational, and rehabilitation benefits available through the Department of Veterans Affairs.

(vi) Standards for the optimal location of Department of Defense and Department of Veterans Affairs liaison and case management personnel at military medical treatment facilities, medical centers, and other medical facilities of the Department of Defense.

(vii) Standards and procedures for integrated medical care and management for covered

servicemembers during the transition, including procedures for the assignment of medical personnel of the Department of Veterans Affairs to Department of Defense facilities to participate in the needs assessments of such servicemembers before, during, and after their separation from military service.

(vii) Standards for the preparation of detailed plans for the transition of covered servicemembers from care and treatment by the Department of Defense to care and treatment by the Department of Veterans Affairs, which plans shall be based on standardized elements with respect to care and treatment requirements and other applicable requirements.

(E) OTHER MATTERS.—The following additional matters with respect to covered servicemembers:

(i) Access by the Department of Veterans Affairs to the military health records of covered servicemembers who are receiving care and treatment, or are anticipating receipt of care and treatment, in Department of Veterans Affairs health care facilities.

(ii) Requirements for utilizing, in appropriate cases, a single physical examination that meets requirements of both the Department of Defense and the Department of Veterans Affairs for covered servicemembers who are being retired, separated, 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.

(3) REPORT ON REDUCTION IN DISABILITY RATINGS BY THE DEPARTMENT OF DEFENSE.—The Secretary of Defense shall submit a report to the Committees on Armed Services of the Senate and House of Representatives on the number of instances in which a disability rating assigned to a member of the Armed Forces by an informal physical evaluation board of the Department of Defense was reduced upon appeal, and the reasons for such reduction. Such report shall cover the period beginning October 7, 2001, and ending September 30, 2006, and shall be submitted to the appropriate committees of Congress by February 1, 2008.

(e) 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.

(f) COMPTROLLER GENERAL ASSESSMENT OF IMPLEMENTATION.—Not later than six months after the date of the enactment of this Act and every year thereafter, the Comptroller General of the United States shall submit to the appropriate committees of Congress a report setting forth the assessment of the Comptroller General of the progress of the Secretary of Defense and the Secretary of Veterans Affairs in developing and implementing the policy required by this section.

## SEC. 112. CONSIDERATION OF NEEDS OF WOMEN MEMBERS OF THE ARMED FORCES AND VETERANS.

(a) IN GENERAL.—In developing and implementing the policy required by section 111, and in otherwise carrying out any other provision of this title or any amendment made by this title,

the Secretary of Defense and the Secretary of Veterans Affairs shall take into account and fully address any unique specific needs of women members of the Armed Forces and women veterans under such policy or other provision.

(b) REPORTS.—In submitting any report required by this title or an amendment made by this title, the Secretary of Defense and the Secretary of Veterans Affairs shall, to the extent applicable, include a description of the manner in which the matters covered by such report address the unique specific needs of women members of the Armed Forces and women veterans.

### Subtitle B—Health Care

## PART I—ENHANCED AVAILABILITY OF CARE FOR SERVICEMEMBERS

### SEC. 121. 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 and subject to regulations prescribed by the Secretary of Defense, 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 (2) of such section who is entitled to medical and dental care under such section.

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

(i) in the case of a member or former member whose severe injury or illness concerned is incurred or aggravated during the period beginning on October 7, 2001, and ending on the date of the enactment of this Act, during the three-year period beginning on the date of the enactment of this Act, except that no compensation is payable by reason of this subsection for any period before the date of the enactment of this Act; or

(ii) in the case of a member or former member whose severe injury or illness concerned is incurred or aggravated on or after the date of the enactment of this Act, during the three-year period beginning on the date on which such injury or illness is so incurred or aggravated.

(B) The period of care authorized for a member or former member under this paragraph may be extended by the Secretary concerned for an additional period of up to two years if the Secretary concerned determines that such extension is necessary to assure the maximum feasible recovery and rehabilitation of the member or former member. Any such determination shall be made on a case-by-case basis.

(3) INTEGRATED CARE MANAGEMENT.—The Secretary of Defense shall provide for a program of integrated care management in the provision of care and services under this subsection, which management shall be provided by appropriate medical and case management personnel of the Department of Defense and the Department of Veterans Affairs (as approved by the Secretary of Veterans Affairs) and with appropriate support from the Department of Defense regional health care support contractors.

(4) WAIVER OF LIMITATIONS TO MAXIMIZE CARE.—The Secretary of Defense may, in providing medical and dental care to a member or former member under this subsection during the period referred to in paragraph (2), waive any limitation otherwise applicable under chapter 55 of title 10, United States Code, to the provision

of such care to the member or former member if the Secretary considers the waiver appropriate to assure the maximum feasible recovery and rehabilitation of the member or former member.

(5) CONSTRUCTION WITH ELIGIBILITY FOR VETERANS BENEFITS.—Nothing in this subsection shall be construed to reduce, alter, or otherwise affect the eligibility or entitlement of a member or former member of the Armed Forces to any health care, disability, or other benefits to which the member of former member would otherwise be eligible or entitled as a veteran under the laws administered by the Secretary of Veterans Affairs.

(6) SUNSET.—The Secretary of Defense may not provide medical or dental care to a member or former member of the Armed Forces under this subsection after December 31, 2012, if the Secretary has not provided medical or dental care to the member or former member under this subsection before that date.

(b) REHABILITATION AND VOCATIONAL BENEFITS.—

(1) IN GENERAL.—Effective as of the date of the enactment of this Act, a member of the Armed Forces with a severe injury or illness is entitled to such benefits (including rehabilitation and vocational benefits, but not including compensation) from the Secretary of Veterans Affairs to facilitate the recovery and rehabilitation of such member as the Secretary otherwise provides to members of the Armed Forces receiving medical care in medical facilities of the Department of Veterans Affairs facilities in order to facilitate the recovery and rehabilitation of such members.

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

(3) REIMBURSEMENT.—The Secretary of Defense shall reimburse the Secretary of Veterans Affairs for the cost of any benefits provided under this subsection in accordance with applicable mechanisms for the reimbursement of the Secretary of Veterans Affairs for the provision of medical care to members of the Armed Forces.

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

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

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

(A) Expenses for health care services for which coverage would be provided under section 1074(c) of title 10, United States Code, for members of the uniformed services on active duty.

(B) Expenses of travel of a non-medical attendant who accompanies a member or former member of the Armed Forces for required medical care that is not available to such member or former member locally, if such attendant is appointed for that purpose by a competent medical authority (as determined under regulations prescribed by the Secretary of Defense for purposes of this subsection).

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

(3) AMOUNT OF REIMBURSEMENT.—The amount of reimbursement under paragraph (1) for expenses covered by paragraph (2) shall be determined in accordance with regulations prescribed by the Secretary of Defense for purposes of this subsection.

(d) SEVERE INJURY OR ILLNESS DEFINED.—In this section, the term “severe injury or illness”

means any serious injury or illness that is assigned a disability rating of 30 percent or higher under the schedule for rating disabilities in use by the Department of Defense.

**SEC. 122. REIMBURSEMENT OF CERTAIN FORMER MEMBERS OF THE UNIFORMED SERVICES WITH SERVICE-CONNECTED DISABILITIES FOR TRAVEL FOR FOLLOW-ON SPECIALTY CARE AND RELATED SERVICES.**

(a) TRAVEL.—Section 1074i of title 10, United States Code, is amended—

(1) by redesignating subsection (b) as subsection (c); and

(2) by inserting after subsection (a) the following new subsection (b):

“(b) FOLLOW-ON SPECIALTY CARE AND RELATED SERVICES.—In any case in which a former member of a uniformed service who incurred a disability while on active duty in a combat zone or during performance of duty in combat related operations (as designated by the Secretary of Defense), and is entitled to retired or retainer pay, or equivalent pay, requires follow-on specialty care, services, or supplies related to such disability at a specific military treatment facility more than 100 miles from the location in which the former member resides, the Secretary shall provide reimbursement for reasonable travel expenses comparable to those provided under subsection (a) for the former member, and when accompanied by an adult is determined by competent medical authority to be necessary, for a spouse, parent, or guardian of the former member, or another member of the former member's family who is at least 21 years of age.”

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall take effect January 1, 2008, and shall apply with respect to travel that occurs on or after that date.

**PART II—CARE AND SERVICES FOR DEPENDENTS**

**SEC. 126. MEDICAL CARE AND SERVICES AND SUPPORT SERVICES FOR FAMILIES OF MEMBERS OF THE ARMED FORCES RECOVERING FROM SERIOUS INJURIES OR ILLNESSES.**

(a) MEDICAL CARE.—

(1) IN GENERAL.—A family member of a covered member of the Armed Forces who is not otherwise eligible for medical care at a military medical treatment facility or at medical facilities of the Department of Veterans Affairs shall be eligible for such care at such facilities, on a space-available basis, if the family member is—

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

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

(C) receiving per diem payments from the Department of Defense while caring for the covered member of the Armed Forces.

(2) SPECIFICATION OF FAMILY MEMBERS.—Notwithstanding section 101(3), the Secretary of Defense and the Secretary of Veterans Affairs shall jointly prescribe in regulations the family members of covered members of the Armed Forces who shall be considered to be a family member of a covered member of the Armed Forces for purposes of paragraph (1).

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

(B) The Secretary of Veterans Affairs shall prescribe in regulations the medical care and counseling that shall be available to family members under paragraph (1) at medical facilities of the Department of Veterans Affairs.

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

(A) From third-party payers, in the same manner as the United States may collect costs of the charges of health care provided to covered

beneficiaries from third-party payers under section 1095 of title 10, United States Code.

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

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

(c) REPORT ON NEED FOR ADDITIONAL SERVICES.—Not later than 90 days after the date of the enactment of this Act, the Secretary of Defense shall submit to the congressional defense committees a report setting forth the assessment of the Secretary of the need for additional employment services, and of the need for employment protection, of family members described in subsection (b) who are placed on leave from employment or otherwise displaced from employment while caring for a covered member of the Armed Forces as described in that subsection.

**SEC. 127. EXTENDED BENEFITS UNDER TRICARE FOR PRIMARY CAREGIVERS OF MEMBERS OF THE UNIFORMED SERVICES WHO INCUR A SERIOUS INJURY OR ILLNESS ON ACTIVE DUTY.**

(a) IN GENERAL.—Section 1079(d) of title 10, United States Code, is amended—

(1) by redesignating paragraphs (2) and (3) as paragraphs (3) and (4), respectively; and

(2) by inserting after paragraph (1) the following new paragraph (2):

“(2)(A) Subject to such terms, conditions, and exceptions as the Secretary of Defense considers appropriate, the program of extended benefits for eligible dependents under this subsection shall include extended benefits for the primary caregivers of members of the uniformed services who incur a serious injury or illness on active duty.

“(B) The Secretary of Defense shall prescribe in regulations the individuals who shall be treated as the primary caregivers of a member of the uniformed services for purposes of this paragraph.

“(C) For purposes of this section, a serious injury or illness, with respect to a member of the uniformed services, is an injury or illness that may render the member medically unfit to perform the duties of the member's office, grade, rank, or rating and that renders a member of the uniformed services dependant upon a caregiver.”

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall take effect on January 1, 2008.

**PART III—TRAUMATIC BRAIN INJURY AND POST-TRAUMATIC STRESS DISORDER**

**SEC. 131. COMPREHENSIVE PLANS ON PREVENTION, DIAGNOSIS, MITIGATION, AND TREATMENT OF TRAUMATIC BRAIN INJURY AND POST-TRAUMATIC STRESS DISORDER IN MEMBERS OF THE ARMED FORCES.**

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

(b) ELEMENTS.—Each plan submitted under subsection (a) shall include comprehensive proposals of the Department on the following:

(1) The designation by the Secretary of Defense of a lead agent or executive agent for the Department to coordinate development and implementation of the plan.

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

(3) The improvement of methods and mechanisms for the detection and treatment of traumatic brain injury and post-traumatic stress disorder in members of the Armed Forces in the field.

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

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

(6) The development and deployment of effective means of assessing traumatic brain injury and post-traumatic stress disorder in members of the Armed Forces, including a system of pre-deployment and post-deployment screenings of cognitive ability in members for the detection of cognitive impairment, as required by the amendments made by section 132.

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

(8) The development and deployment of an education and awareness training initiative designed to reduce the negative stigma associated with traumatic brain injury, post-traumatic stress disorder, and mental health treatment.

(9) The provision of education and outreach to families of members of the Armed Forces with traumatic brain injury or post-traumatic stress disorder on a range of matters relating to traumatic brain injury or post-traumatic stress disorder, as applicable, including detection, mitigation, and treatment.

(10) The assessment of the current capabilities of the Department for the prevention, diagnosis, mitigation, treatment, and rehabilitation of traumatic brain injury and post-traumatic stress disorder in members of the Armed Forces.

(11) The identification of gaps in current capabilities of the Department for the prevention, diagnosis, mitigation, treatment, and rehabilitation of traumatic brain injury and post-traumatic stress disorder in members of the Armed Forces.

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

(13) The development of joint planning among the Department of Defense, the military departments, and the Department of Veterans Affairs for the prevention, diagnosis, mitigation, treatment, and rehabilitation of traumatic brain injury and post-traumatic stress disorder in members of the Armed Forces, including planning for the seamless transition of such members from care through the Department of Defense care through the Department of Veterans Affairs.

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

(15) The development of clinical practice guidelines for the diagnosis and treatment of blast injuries in members of the Armed Forces, including, but not limited to, traumatic brain injury.

(16) A program under which each member of the Armed Forces who incurs a traumatic brain injury or post-traumatic stress disorder during service in the Armed Forces—

(A) is enrolled in the program; and

(B) receives, under the program, treatment and rehabilitation meeting a standard of care such that each individual who is a member of the Armed Forces who qualifies for care under the program shall—

(i) be provided the highest quality of care possible based on the medical judgment of qualified medical professionals in facilities that most appropriately meet the specific needs of the individual; and

(ii) be rehabilitated to the fullest extent possible using the most up-to-date medical technology, medical rehabilitation practices, and medical expertise available.

(17) A requirement that if a member of the Armed Forces participating in a program established in accordance with paragraph (16) believes that care provided to such participant does not meet the standard of care specified in subparagraph (B) of such paragraph, the Secretary of Defense shall, upon request of the participant, provide to such participant a referral to another Department of Defense or Department of Veterans Affairs provider of medical or rehabilitative care for a second opinion regarding the care that would meet the standard of care specified in such subparagraph.

(18) The provision of information by the Secretary of Defense to members of the Armed Forces with traumatic brain injury or post-traumatic stress disorder and their families about their rights with respect to the following:

(A) The receipt of medical and mental health care from the Department of Defense and the Department of Veterans Affairs.

(B) The options available to such members for treatment of traumatic brain injury and post-traumatic stress disorder.

(C) The options available to such members for rehabilitation.

(D) The options available to such members for a referral to a public or private provider of medical or rehabilitative care.

(E) The right to administrative review of any decision with respect to the provision of care by the Department of Defense for such members.

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

(d) **ADDITIONAL ACTIVITIES.**—In carrying out programs and activities for the prevention, diagnosis, mitigation, and treatment of traumatic brain injury and post-traumatic stress disorder in members of the Armed Forces, the Secretary of Defense shall—

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

(2) determine if Department of Defense funding for a Phase 3 clinical trial on the use of progesterone for acute traumatic brain injury, or for further research regarding the use of progesterone or its metabolites for treatment of traumatic brain injury, is warranted; and

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

**SEC. 132. IMPROVEMENT OF MEDICAL TRACKING SYSTEM FOR MEMBERS OF THE ARMED FORCES DEPLOYED OVERSEAS.**

(a) **PROTOCOL FOR ASSESSMENT OF COGNITIVE FUNCTIONING.**—

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

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

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

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

“(3)(A) The Secretary shall establish for purposes of subparagraphs (B) and (C) of paragraph (2) a protocol for the predeployment assessment and documentation of the cognitive (including memory) functioning of a member who is deployed outside the United States in order to facilitate the assessment of the postdeployment cognitive (including memory) functioning of the member.

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

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

(B) Not later than 60 days after the completion of the pilot projects conducted under this paragraph, the Secretary shall submit to the appropriate committees of Congress a report on the pilot projects. The report shall include—

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

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

(iii) a description of any mechanisms evaluated under each such pilot project that will be incorporated into the protocol.

(C) Not later than 180 days after completion of the pilot projects conducted under this paragraph, the Secretary shall establish a mechanism for implementing any mechanism evaluated under such a pilot project that is selected for incorporation in the protocol.

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

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

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

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

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

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

**SEC. 133. CENTERS OF EXCELLENCE IN THE PREVENTION, DIAGNOSIS, MITIGATION, TREATMENT, AND REHABILITATION OF TRAUMATIC BRAIN INJURY AND POST-TRAUMATIC STRESS DISORDER.**

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

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

“(a) **IN GENERAL.**—The Secretary of Defense shall establish within the Department of Defense a center of excellence in the prevention, diagnosis, mitigation, treatment, and rehabilitation of traumatic brain injury (TBI), including mild, moderate, and severe traumatic brain injury, to carry out the responsibilities specified in subsection (c). The center shall be known as a ‘Center of Excellence in Prevention, Diagnosis, Mitigation, Treatment, and Rehabilitation of Traumatic Brain Injury’.

“(b) **PARTNERSHIPS.**—The Secretary shall ensure that the Center collaborates to the maximum extent practicable with the Department of Veterans Affairs, institutions of higher education, and other appropriate public and private entities (including international entities) to carry out the responsibilities specified in subsection (c).

“(c) **RESPONSIBILITIES.**—The Center shall have responsibilities as follows:

“(1) To direct and oversee, based on expert research, the development and implementation of a long-term, comprehensive plan and strategy for the Department of Defense for the prevention, diagnosis, mitigation, treatment, and rehabilitation of traumatic brain injury.

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

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

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

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

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

“(7) To conduct basic science and translational research on traumatic brain injury for the purposes of understanding the etiology of traumatic brain injury and developing preventive interventions and new treatments.

“(8) To develop outreach strategies and treatments for families of members of the armed forces with traumatic brain injury in order to mitigate the negative impacts of traumatic brain injury on such family members and to support the recovery of such members from traumatic brain injury.

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

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

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

“(12) To conduct longitudinal studies (using imaging technology and other proven research methods) on members of the armed forces with traumatic brain injury to identify early signs of Alzheimer’s disease, Parkinson’s disease, or other manifestations of neurodegeneration in such members, which studies should be conducted in coordination with the studies authorized by section 721 of the John Warner National Defense Authorization Act for Fiscal Year 2007 (Public Law 109-364; 120 Stat. 2294) and other studies of the Department of Defense and the Department of Veterans Affairs that address the connection between exposure to combat and the development of Alzheimer’s disease, Parkinson’s disease, and other neurodegenerative disorders.

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

“(14) To develop a program on comprehensive pain management, including management of acute and chronic pain, to utilize current and develop new treatments for pain, and to identify and disseminate best practices on pain management.

“(15) Such other responsibilities as the Secretary shall specify.”

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

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

“(a) **IN GENERAL.**—The Secretary of Defense shall establish within the Department of Defense a center of excellence in the prevention, diagnosis, mitigation, treatment, and rehabilitation of post-traumatic stress disorder (PTSD), including mild, moderate, and severe post-traumatic stress disorder, to carry out the responsibilities specified in subsection (c). The center shall be known as a ‘Center of Excellence in Prevention, Diagnosis, Mitigation, Treatment, and Rehabilitation of Post-Traumatic Stress Disorder’.

“(b) **PARTNERSHIPS.**—The Secretary shall ensure that the Center collaborates to the maximum extent practicable with the National Center for Post-Traumatic Stress Disorder of the Department of Veterans Affairs, institutions of higher education, and other appropriate public and private entities (including international entities) to carry out the responsibilities specified in subsection (c).

“(c) **RESPONSIBILITIES.**—The Center shall have responsibilities as follows:

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

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

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

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

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

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

“(7) To conduct basic science and translational research on post-traumatic stress disorder for the purposes of understanding the etiology of post-traumatic

stress disorder and developing preventive interventions and new treatments.

“(8) To develop outreach strategies and treatments for families of members of the armed forces with post-traumatic stress disorder in order to mitigate the negative impacts of traumatic brain injury on such family members and to support the recovery of such members from post-traumatic stress disorder.

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

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

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

“(12) To develop and oversee a long-term plan to increase the number of mental health and neurological health professionals within the Department in order to facilitate the meeting by the Department of the needs of members of the armed forces with post-traumatic stress disorder until their transition to care and treatment from the Department of Veterans Affairs.

“(13) To develop a program on comprehensive pain management, including management of acute and chronic pain, to utilize current and develop new treatments for pain, and to identify and disseminate best practices on pain management.

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

(c) **CLERICAL AMENDMENT.**—The table of sections at the beginning of chapter 55 of such title is amended by inserting after the item relating to section 1105 the 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.”

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

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

(2) assess the progress of such Center in discharging the responsibilities of such Center.

(e) **AUTHORIZATION OF APPROPRIATIONS.**—There is hereby authorized to be appropriated for fiscal year 2008 for the Department of Defense for Defense Health Program, \$10,000,000, of which—

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

(2) \$5,000,000 shall be available for the Center of Excellence in Prevention, Diagnosis, Mitiga-

tion, Treatment, and Rehabilitation of Post-Traumatic Stress Disorder required by section 1105b of title 10, United States Code.

**SEC. 134. REVIEW OF MENTAL HEALTH SERVICES AND TREATMENT FOR FEMALE MEMBERS OF THE ARMED FORCES AND VETERANS.**

(a) **COMPREHENSIVE REVIEW.**—The Secretary of Defense and the Secretary of Veterans Affairs shall jointly conduct a comprehensive review of—

(1) the need for mental health treatment and services for female members of the Armed Forces and veterans; and

(2) the efficacy and adequacy of existing mental health treatment programs and services for female members of the Armed Forces and veterans.

(b) **ELEMENTS.**—The review required by subsection (a) shall include, but not be limited to, an assessment of the following:

(1) The need for mental health outreach, prevention, and treatment services specifically for female members of the Armed Forces and veterans.

(2) The access to and efficacy of existing mental health outreach, prevention, and treatment services and programs (including substance abuse programs) for female veterans who served in a combat zone.

(3) The access to and efficacy of services and treatment for female members of the Armed Forces and veterans who experience post-traumatic stress disorder (PTSD).

(4) The availability of services and treatment for female members of the Armed Forces and veterans who experienced sexual assault or abuse.

(5) The access to and need for treatment facilities focusing on the mental health care needs of female members of the Armed Forces and veterans.

(6) The need for further clinical research on the unique needs of female veterans who served in a combat zone.

(c) **REPORT.**—Not later than 90 days after the date of the enactment of this Act, the Secretary of Defense and the Secretary of Veterans Affairs shall jointly submit to the appropriate committees of Congress a report on the review required by subsection (a).

(d) **POLICY REQUIRED.**—Not later than 120 days after the date of the enactment of this Act, the Secretary of Defense and the Secretary of Veterans Affairs shall jointly develop a comprehensive policy to address the treatment and care needs of female members of the Armed Forces and veterans who experience mental health problems and conditions, including post-traumatic stress disorder. The policy shall take into account and reflect the results of the review required by subsection (a).

**SEC. 135. FUNDING FOR IMPROVED DIAGNOSIS, TREATMENT, AND REHABILITATION OF MEMBERS OF THE ARMED FORCES WITH TRAUMATIC BRAIN INJURY OR POST-TRAUMATIC STRESS DISORDER.**

(a) **AUTHORIZATION OF APPROPRIATIONS.**—

(1) **IN GENERAL.**—Funds are hereby authorized to be appropriated for fiscal year 2008 for the Department of Defense for Defense Health Program in the amount of \$50,000,000, with such amount to be available for activities as follows:

(A) Activities relating to the improved diagnosis, treatment, and rehabilitation of members of the Armed Forces with traumatic brain injury (TBI).

(B) Activities relating to the improved diagnosis, treatment, and rehabilitation of members of the Armed Forces with post-traumatic stress disorder (PTSD).

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

(b) **SUPPLEMENT NOT SUPPLANT.**—The amount authorized to be appropriated by subsection (a)

for Defense Health Program is in addition to any other amounts authorized to be appropriated by this Act for Defense Health Program.

**SEC. 136. REPORTS.**

(a) **REPORTS ON IMPLEMENTATION OF CERTAIN REQUIREMENTS.**—Not later than 90 days after the date of the enactment of this Act, the Secretary of Defense shall submit to the congressional defense committees a report describing the progress in implementing the requirements as follows:

(1) The requirements of section 721 of the John Warner National Defense Authorization Act for Fiscal Year 2007 (Public Law 109-364; 120 Stat. 2294), relating to a longitudinal study on traumatic brain injury incurred by members of the Armed Forces in Operation Iraqi Freedom and Operation Enduring Freedom.

(2) The requirements arising from the amendments made by section 738 of the John Warner National Defense Authorization Act for Fiscal Year 2007 (120 Stat. 2303), relating to enhanced mental health screening and services for members of the Armed Forces.

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

(b) **ANNUAL REPORTS ON EXPENDITURES FOR ACTIVITIES ON TBI AND PTSD.**—

(1) **REPORTS REQUIRED.**—Not later than March 1, 2008, and each year thereafter through 2013, the Secretary of Defense shall submit to the congressional defense committees a report setting forth the amounts expended by the Department of Defense during the preceding calendar year on activities described in paragraph (2), including the amount allocated during such calendar year to the Defense and Veterans Brain Injury Center of the Department.

(2) **COVERED ACTIVITIES.**—The activities described in this paragraph are activities as follows:

(A) Activities relating to the improved diagnosis, treatment, and rehabilitation of members of the Armed Forces with traumatic brain injury (TBI).

(B) Activities relating to the improved diagnosis, treatment, and rehabilitation of members of the Armed Forces with post-traumatic stress disorder (PTSD).

(3) **ELEMENTS.**—Each report under paragraph (1) shall include—

(A) a description of the amounts expended as described in that paragraph, including a description of the activities for which expended;

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

(C) a statement of priorities of the Department in activities relating to the prevention, diagnosis, research, treatment, and rehabilitation of traumatic brain injury in members of the Armed Forces during the year in which such report is submitted and in future calendar years;

(D) a statement of priorities of the Department in activities relating to the prevention, diagnosis, research, treatment, and rehabilitation of post-traumatic stress disorder in members of the Armed Forces during the year in which such report is submitted and in future calendar years; and

(E) an assessment of the progress made toward achieving the priorities stated in subparagraphs (C) and (D) in the report under paragraph (1) in the previous year, and a description of any actions planned during the year in which such report is submitted to achieve any unfulfilled priorities during such year.

#### **PART IV—OTHER MATTERS**

#### **SEC. 141. JOINT ELECTRONIC HEALTH RECORD FOR THE DEPARTMENT OF DEFENSE AND DEPARTMENT OF VETERANS AFFAIRS.**

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

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

(2) accelerate the exchange of health care information between the Department of Defense and the Department of Veterans Affairs in order to support the delivery of health care by both Departments.

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

(1) **IN GENERAL.**—There is hereby established a joint element of the Department of Defense and the Department of Veterans Affairs to be known as the “Department of Defense-Department of Veterans Affairs Interagency Program Office for a Joint Electronic Health Record” (in this section referred to as the “Office”).

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

(A) To act as a single point of accountability for the Department of Defense and the Department of Veterans Affairs in the rapid development, test, and implementation of a joint electronic health record for use by the Department of Defense and the Department of Veterans Affairs.

(B) To accelerate the exchange of health care information between Department of Defense and the Department of Veterans Affairs in order to support the delivery of health care by both Departments.

(c) **LEADERSHIP.**—

(1) **DIRECTOR.**—The Director of the Department of Defense-Department of Veterans Affairs Interagency Program Office for a Joint Electronic Health Record shall be the head of the Office.

(2) **DEPUTY DIRECTOR.**—The Deputy Director of the Department of Defense-Department of Veterans Affairs Interagency Program Office for a Joint Electronic Health Record shall be the deputy head of the office and shall assist the Director in carrying out the duties of the Director.

(3) **APPOINTMENTS.**—(A) The Director shall be appointed by the Secretary of Defense, with the concurrence of the Secretary of Veterans Affairs, from among employees of the Department of Defense and the Department of Veterans Affairs in the Senior Executive Service who are qualified to direct the development and acquisition of major information technology capabilities.

(B) The Deputy Director shall be appointed by the Secretary of Veterans Affairs, with the concurrence of the Secretary of Defense, from among employees of the Department of Defense and the Department of Veterans Affairs in the Senior Executive Service who are qualified to direct the development and acquisition of major information technology capabilities.

(4) **ADDITIONAL GUIDANCE.**—In addition to the direction, supervision, and control provided by the Secretary of Defense and the Secretary of Veterans Affairs, the Office shall also receive guidance from the Department of Veterans Affairs-Department of Defense Joint Executive Committee under section 320 of title 38, United States Code, in the discharge of the functions of the Office under this section.

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

(d) **FUNCTION.**—The function of the Office shall be to develop and prepare for deployment, by not later than September 30, 2010, a joint electronic health record to be utilized by both the Department of Defense and the Department of Veterans Affairs in the provision of medical care and treatment to members of the Armed Forces and veterans, which health record shall comply with applicable interoperability standards, implementation specifications, and certi-

cation criteria (including for the reporting of quality measures) of the Federal Government.

(e) **SCHEDULES AND BENCHMARKS.**—Not later than 30 days after the date of the enactment of this Act, the Secretary of Defense and the Secretary of Veterans Affairs shall jointly establish a schedule and benchmarks for the discharge by the Office of its function under this section, including each of the following:

(1) A schedule for the establishment of the Office.

(2) A schedule and deadline for the establishment of the requirements for the joint electronic health record described in subsection (d), including coordination with the Office of the National Coordinator for Health Information Technology in the development of a nationwide interoperable health information technology infrastructure.

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

(4) A schedule and associated deadlines and requirements for the deployment of the joint electronic health record.

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

(f) **PILOT PROJECTS.**—

(1) **AUTHORITY.**—In order to assist the Office in the discharge of its function under this section, the Secretary of Defense and the Secretary of Veterans Affairs may, acting jointly, carry out one or more pilot projects to assess the feasibility and advisability of various technological approaches to the achievement of the joint electronic health record described in subsection (d).

(2) **TREATMENT AS SINGLE HEALTH CARE SYSTEM.**—For purposes of each pilot project carried out under this subsection, the health care system of the Department of Defense and the health care system of the Department of Veterans Affairs shall be treated as a single health care system for purposes of the regulations promulgated under section 264(c) of the Health Insurance Portability and Accountability Act of 1996 (42 U.S.C. 1320d-2 note).

(g) **STAFF AND OTHER RESOURCES.**—

(1) **IN GENERAL.**—The Secretary of Defense and the Secretary of Veterans Affairs shall assign to the Office such personnel and other resources of the Department of Defense and the Department of Veterans Affairs as are required for the discharge of its function under this section.

(2) **ADDITIONAL SERVICES.**—Subject to the approval of the Secretary of Defense and the Secretary of Veterans Affairs, the Director may utilize the services of private individuals and entities as consultants to the Office in the discharge of its function under this section. Amounts available to the Office shall be available for payment for such services.

(h) **ANNUAL REPORTS.**—

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

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

(B) An assessment of the progress made by the Department of Defense and the Department of Veterans Affairs in the development and implementation of the joint electronic health record described in subsection (d).

(2) **AVAILABILITY TO PUBLIC.**—The Secretary of Defense and the Secretary of Veterans Affairs shall make available to the public each report submitted under paragraph (1), including by

posting such report on the Internet website of the Department of Defense and the Department of Veterans Affairs, respectively, that is available to the public.

(i) **COMPTROLLER GENERAL ASSESSMENT OF IMPLEMENTATION.**—Not later than six months after the date of the enactment of this Act and every six months thereafter until the completion of the implementation of the joint electronic health record described in subsection (d), the Comptroller General of the United States shall submit to the appropriate committees of Congress a report setting forth the assessment of the Comptroller General of the progress of the Department of Defense and the Department of Veterans Affairs in developing and implementing the joint electronic health record.

(j) **FUNDING.**—

(1) **IN GENERAL.**—The Secretary of Defense and the Secretary of Veterans Affairs shall each contribute equally to the costs of the Office in fiscal year 2008 and fiscal years thereafter. The amount so contributed by each Secretary in fiscal year 2008 shall be up to \$10,000,000.

(2) **SOURCE OF FUNDS.**—(A) Amounts contributed by the Secretary of Defense under paragraph (1) shall be derived from amounts authorized to be appropriated for the Department of Defense for the Defense Health Program and available for program management and technology resources.

(B) Amounts contributed by the Secretary of Veterans Affairs under paragraph (1) shall be derived from amounts authorized to be appropriated for the Department of Veterans Affairs for Medical Care and available for program management and technology resources.

(k) **JOINT ELECTRONIC HEALTH RECORD DEFINED.**—In this section, the term “joint electronic health record” means a single system that includes patient information across the continuum of medical care, including inpatient care, outpatient care, pharmacy care, patient safety, and rehabilitative care.

**SEC. 142. 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.**

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

**“§1599c. Health care professionals: enhanced appointment and compensation authority for personnel for care and treatment of wounded and injured members of the armed forces**

**“(a) IN GENERAL.**—The Secretary of Defense may, in the discretion of the Secretary, exercise any authority for the appointment and pay of health care personnel under chapter 74 of title 38 for purposes of the recruitment, employment, and retention of civilian health care professionals for the Department of Defense if the Secretary determines that the exercise of such authority is necessary in order to provide or enhance the capacity of the Department to provide care and treatment for members of the armed forces who are wounded or injured on active duty in the armed forces and to support the ongoing patient care and medical readiness, education, and training requirements of the Department of Defense.

**“(b) RECRUITMENT OF PERSONNEL.**—(1) The Secretaries of the military departments shall each develop and implement a strategy to disseminate among appropriate personnel of the military departments authorities and best practices for the recruitment of medical and health professionals, including the authorities under subsection (a).

**“(2) Each strategy under paragraph (1) shall—**

**“(A) assess current recruitment policies, procedures, and practices of the military department concerned to assure that such strategy facilitates the implementation of efficiencies**

**which reduce the time required to fill vacant positions for medical and health professionals; and**

**“(B) clearly identify processes and actions that will be used to inform and educate military and civilian personnel responsible for the recruitment of medical and health professionals.”.**

**(b) CLERICAL AMENDMENT.**—The table of sections at the beginning of chapter 81 of such title is amended by striking the item relating to section 1599c and inserting the following new item:

**“1599c. Health care professionals: enhanced appointment and compensation authority for personnel for care and treatment of wounded and injured members of the armed forces.”.**

**(c) REPORTS ON STRATEGIES ON RECRUITMENT OF MEDICAL AND HEALTH PROFESSIONALS.**—Not later than six months after the date of the enactment of this Act, each Secretary of a military department shall submit to the congressional defense committees a report setting forth the strategy developed by such Secretary under section 1599c(b) of title 10, United States Code, as added by subsection (a).

**SEC. 143. PERSONNEL SHORTAGES IN THE MENTAL HEALTH WORKFORCE OF THE DEPARTMENT OF DEFENSE, INCLUDING PERSONNEL IN THE MENTAL HEALTH WORKFORCE.**

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

**(1) REPORT.**—Not later than 45 days after the date of the enactment of this Act, the Secretary of Defense shall submit to the Committees on Armed Services of the Senate and the House of Representatives a report setting forth the recommendations of the Secretary for such legislative or administrative actions as the Secretary considers appropriate to address shortages in health care professionals within the Department of Defense, including personnel in the mental health workforce.

**(2) ELEMENTS.**—The report required by paragraph (1) shall address the following:

**(A) Enhancements or improvements of financial incentives for health care professionals, including personnel in the mental health workforce, of the Department of Defense in order to enhance the recruitment and retention of such personnel, including recruitment, accession, or retention bonuses and scholarship, tuition, and other financial assistance.**

**(B) Modifications of service obligations of health care professionals, including 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 Secretary of Defense shall implement programs to recruit qualified individuals in health care fields (including mental health) to serve in the Armed Forces as health care and mental health personnel of the Armed Forces.

**Subtitle C—Disability Matters**

**PART I—DISABILITY EVALUATIONS**

**SEC. 151. UTILIZATION OF VETERANS' PRESUMPTION OF SOUND CONDITION IN ESTABLISHING ELIGIBILITY 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)(B) 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 disability was not noted at the time of the member's entrance on active duty (unless compelling evidence or medical judgment is such to warrant a finding that the disability existed before the member's entrance on active duty);”.**

**(b) SEPARATION OF REGULARS AND MEMBERS ON ACTIVE DUTY FOR MORE THAN 30 DAYS.**—Section 1203(b)(4)(B) of such title is amended by striking “and the member has at least eight

years of service computed under section 1208 of this title” and inserting “, the member has six months or more of active military service, and the disability was not noted at the time of the member's entrance on active duty (unless evidence or medical judgment is such to warrant a finding that the disability existed before the member's entrance on active duty)”.

**SEC. 152. REQUIREMENTS AND LIMITATIONS ON DEPARTMENT OF DEFENSE DETERMINATIONS OF DISABILITY WITH RESPECT TO MEMBERS OF THE ARMED FORCES.**

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

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

**“(a) UTILIZATION OF VA SCHEDULE FOR RATING DISABILITIES IN DETERMINATIONS OF DISABILITY.**—(1) In making a determination of disability of a member of the armed forces for purposes of this chapter, the Secretary concerned—

**“(A) shall, to the extent feasible, utilize the schedule for rating disabilities in use by the Department of Veterans Affairs, including any applicable interpretation of the schedule by the United States Court of Appeals for Veterans Claims; and**

**“(B) except as provided in paragraph (2), may not deviate from the schedule or any such interpretation of the schedule.**

**“(2) In making a determination described in paragraph (1), the Secretary concerned may utilize in lieu of the schedule described in that paragraph such criteria as the Secretary of Defense and the Secretary of Veterans Affairs may jointly prescribe for purposes of this subsection if the utilization of such criteria will result in a determination of a greater percentage of disability than would be otherwise determined through the utilization of the schedule.**

**“(b) CONSIDERATION OF ALL MEDICAL CONDITIONS.**—In making a determination of the rating of disability of a member of the armed forces for purposes of this chapter, the Secretary concerned shall take into account all medical conditions, whether individually or collectively, that render the member unfit to perform the duties of the member's office, grade, rank, or rating.”.

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

**“1216a. Determinations of disability: requirements and limitations on determinations.”.**

**SEC. 153. REVIEW OF SEPARATION OF MEMBERS OF THE ARMED FORCES SEPARATED FROM SERVICE WITH A DISABILITY RATING OF 20 PERCENT DISABLED OR LESS.**

**(a) BOARD REQUIRED.**—

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

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

**“(a) IN GENERAL.**—(1) The Secretary of Defense shall establish within the Office of the Secretary of Defense a board of review to review the disability determinations of covered individuals by Physical Evaluation Boards. The board shall be known as the ‘Physical Disability Board of Review’.

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

**(b) COVERED INDIVIDUALS.**—For purposes of this section, covered individuals are members and former members of the armed forces who, during the period beginning on September 11, 2001, and ending on December 31, 2009—

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

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

“(c) REVIEW.—(1) Upon its own motion, or upon the request of a covered individual, or a surviving spouse, next of kin, or legal representative of a covered individual, the Board shall review the findings and decisions of the Physical Evaluation Board with respect to such covered individual.

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

“(d) AUTHORIZED RECOMMENDATIONS.—The Board may, as a result of its findings under a review under subsection (c), recommend to the Secretary concerned the following (as applicable) with respect to a covered individual:

“(1) No recharacterization of the separation of such individual or modification of the disability rating previously assigned such individual.

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

“(3) The modification of the disability rating previously assigned such individual by the Physical Evaluation Board concerned, which modified disability rating may not be a reduction of the disability rating previously assigned such individual by that Physical Evaluation Board.

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

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

“(2) In the case of a member previously separated pursuant to the findings and decision of a Physical Evaluation Board together with a lump-sum or other payment of back pay and allowances at separation, the amount of pay or other monetary benefits to which such member would be entitled based on the member's military record as corrected shall be reduced to take into account receipt of such lump-sum or other payment in such manner as the Secretary of Defense considers appropriate.

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

“(f) REGULATIONS.—(1) This section shall be carried out in accordance with regulations prescribed by the Secretary of Defense.

“(2) The regulations under paragraph (1) shall specify reasonable deadlines for the performance of reviews required by this section.

“(3) The regulations under paragraph (1) shall specify the effect of a determination or pending determination of a Physical Evaluation Board on considerations by boards for correction of military records under section 1552 of this title.”

(2) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 79 of such title is amended by inserting after the item relating to section 1554 the following new item:

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

(b) IMPLEMENTATION.—The Secretary of Defense shall establish the board of review required by section 1554a of title 10, United States Code (as added by subsection (a)), and prescribe the regulations required by such section, not later than 90 days after the date of the enactment of this Act.

# **SEC. 154. PILOT PROGRAMS ON REVISED AND IMPROVED DISABILITY EVALUATION SYSTEM FOR MEMBERS OF THE ARMED FORCES.**

## **(a) PILOT PROGRAMS.—**

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

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

(3) AUTHORIZED PILOT PROGRAMS.—In carrying out this section, the Secretary of Defense may carry out such other pilot programs as the Secretary of Defense, in consultation with the Secretary of Veterans Affairs, considers appropriate.

(b) DISABILITY EVALUATION SYSTEM OF THE DEPARTMENT OF DEFENSE.—For purposes of this section, the disability evaluation system of the Department of Defense is the system of the Department for the evaluation of the disabilities of members of the Armed Forces who are being separated or retired from the Armed Forces for disability under chapter 61 of title 10, United States Code.

## **(c) SCOPE OF PILOT PROGRAMS.—**

(1) DISABILITY DETERMINATIONS BY DOD UTILIZING VA ASSIGNED DISABILITY RATING.—Under one of the pilot programs under subsection (a), for purposes of making a determination of disability of a member of the Armed Forces under section 1201(b) of title 10, United States Code, for the retirement, separation, or placement of the member on the temporary disability retired list under chapter 61 of such title, upon a determination by the Secretary of the military department concerned that the member is unfit to perform the duties of the member's office, grade, rank, or rating because of a physical disability as described in section 1201(a) of such title—

(A) the Secretary of Veterans Affairs shall—

(i) conduct an evaluation of the member for physical disability; and

(ii) assign the member a rating of disability in accordance with the schedule for rating disabilities utilized by the Secretary of Veterans Affairs based on all medical conditions (whether individually or collectively) that render the member unfit for duty; and

(B) the Secretary of the military department concerned shall make the determination of disability regarding the member utilizing the rating of disability assigned under subparagraph (A)(i).

(2) DISABILITY DETERMINATIONS UTILIZING JOINT DOD/VA ASSIGNED DISABILITY RATING.—Under one of the pilot programs under subsection (a), in making a determination of disability of a member of the Armed Forces under section 1201(b) of title 10, United States Code, for the retirement, separation, or placement of the member on the temporary disability retired list under chapter 61 of such title, the Secretary of the military department concerned shall, upon determining that the member is unfit to perform the duties of the member's office, grade, rank, or rating because of a physical disability as described in section 1201(a) of such title—

(A) provide for the joint evaluation of the member for disability by the Secretary of the military department concerned and the Secretary of Veterans Affairs, including the assignment of a rating of disability for the member in accordance with the schedule for rating disabilities utilized by the Secretary of Veterans Affairs based on all medical conditions (whether individually or collectively) that render the member unfit for duty; and

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

(3) ELECTRONIC CLEARING HOUSE.—Under one of the pilot programs, the Secretary of Defense shall establish and operate a single Internet website for the disability evaluation system of the Department of Defense that enables participating members of the Armed Forces to fully utilize such system through the Internet, with such Internet website to include the following:

(A) The availability of any forms required for the utilization of the disability evaluation system by members of the Armed Forces under the system.

(B) Secure mechanisms for the submission of such forms by members of the Armed Forces under the system, and for the tracking of the acceptance and review of any forms so submitted.

(C) Secure mechanisms for advising members of the Armed Forces under the system of any additional information, forms, or other items that are required for the acceptance and review of any forms so submitted.

(D) The continuous availability of assistance to members of the Armed Forces under the system (including assistance through the case-workers assigned to such members of the Armed Forces) in submitting and tracking such forms, including assistance in obtaining information, forms, or other items described by subparagraph (C).

(E) Secure mechanisms to request and receive personnel files or other personnel records of members of the Armed Forces under the system that are required for submission under the disability evaluation system, including the capability to track requests for such files or records and to determine the status of such requests and of responses to such requests.

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

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

(1) to provide for the development, evaluation, and identification of revised and improved practices and procedures under the disability evaluation system of the Department of Defense in order to—

(A) reduce the processing time under the disability evaluation system of members of the Armed Forces who are likely to be retired or separated for disability, and who have not requested continuation on active duty, including, in particular, members who are severely wounded;

(B) identify and implement or seek the modification of statutory or administrative policies and requirements applicable to the disability evaluation system that—

(i) are unnecessary or contrary to applicable best practices of civilian employers and civilian healthcare systems; or

(ii) otherwise result in hardship, arbitrary, or inconsistent outcomes for members of the Armed Forces, or unwarranted inefficiencies and delays;

(C) eliminate material variations in policies, interpretations, and overall performance standards among the military departments under the disability evaluation system; and

(D) determine whether it enhances the capability of the Department of Veterans Affairs to receive and determine claims from members of the Armed Forces for compensation, pension, hospitalization, or other veterans benefits; and

(2) in conjunction with the findings and recommendations of applicable Presidential and Department of Defense study groups, to provide for the eventual development of revised and improved practices and procedures for the disability evaluation system in order to achieve the objectives set forth in paragraph (1).

(e) **UTILIZATION OF RESULTS IN UPDATES OF COMPREHENSIVE POLICY ON CARE, MANAGEMENT, AND TRANSITION OF COVERED SERVICEMEMBERS.**—The Secretary of Defense and the Secretary of Veterans Affairs shall jointly incorporate responses to any findings and recommendations arising under the pilot programs required by subsection (a) in updating the comprehensive policy on the care and management of covered servicemembers under section 111.

(f) **CONSTRUCTION WITH OTHER AUTHORITIES.**—

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

(A) the rules and regulations of the Department of Defense and the Department of Veterans Affairs relating to methods of determining fitness or unfitness for duty and disability ratings for members of the Armed Forces shall apply to the pilot program only to the extent provided in the report on the pilot program under subsection (h)(1); and

(B) the Secretary of Defense and the Secretary of Veterans Affairs may waive any provision of title 10, 37, or 38, United States Code, relating to methods of determining fitness or unfitness for duty and disability ratings for members of the Armed Forces if the Secretaries determine in writing that the application of such provision would be inconsistent with the purpose of the pilot program.

(2) **LIMITATION.**—Nothing in paragraph (1) shall be construed to authorize the waiver of any provision of section 1216a of title 10, United States Code, as added by section 152 of this Act.

(g) **DURATION.**—Each pilot program under subsection (a) shall be completed not later than one year after the date of the commencement of such pilot program under that subsection.

(h) **REPORTS.**—

(1) **INITIAL REPORT.**—Not later than 90 days after the date of the enactment of this Act, the Secretary of Defense shall submit to the appropriate committees of Congress a report on the pilot programs under subsection (a). The report shall include—

(A) a description of the scope and objectives of each pilot program;

(B) a description of the methodology to be used under such pilot program to ensure rapid identification under such pilot program of revised or improved practices under the disability evaluation system of the Department of Defense in order to achieve the objectives set forth in subsection (d)(1); and

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

(2) **INTERIM REPORT.**—Not later than 150 days after the date of the submittal of the report required by paragraph (1), the Secretary shall submit to the appropriate committees of Congress a report describing the current status of such pilot program.

(3) **FINAL REPORT.**—Not later than 90 days after the completion of all the pilot programs described in paragraphs (1) through (3) of subsection (c), the Secretary shall submit to the appropriate committees of Congress a report setting forth a final evaluation and assessment of such pilot programs. The report shall include such recommendations for legislative or administrative action as the Secretary considers appropriate in light of such pilot programs.

**SEC. 155. REPORTS ON ARMY ACTION PLAN IN RESPONSE TO DEFICIENCIES IN THE ARMY PHYSICAL DISABILITY EVALUATION SYSTEM.**

(a) **REPORTS REQUIRED.**—Not later than 30 days after the date of the enactment of this Act, and every 120 days thereafter until March 1, 2009, the Secretary of Defense shall submit to the congressional defense committees a report on the implementation of corrective measures by the Department of Defense with respect to the

Physical Disability Evaluation System (PDES) in response to the following:

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

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

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

(b) **ELEMENTS OF REPORT.**—Each report under subsection (a) shall include current information on the following:

(1) The total number of cases, and the number of cases involving combat disabled servicemembers, pending resolution before the Medical and Physical Disability Evaluation Boards of the Army, including information on the number of members of the Army who have been in a medical hold or holdover status 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.

**PART II—OTHER DISABILITY MATTERS**

**SEC. 161. 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 (c))”; and

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

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

“(c)(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) or incurred during the performance of duty in combat-related operations as designated by the Secretary of Defense.

“(B) Three years in the case of any other member.

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

(b) **NO DEDUCTION FROM COMPENSATION OF SEVERANCE PAY FOR DISABILITIES INCURRED IN COMBAT ZONES.**—Subsection (d) of such section, as redesignated by subsection (a)(2) of this section, is further amended—

(1) by inserting “(1)” after “(d)”;

(2) by striking the second sentence; and

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

“(2) No deduction may be made under paragraph (1) in the case of disability severance pay received by a member for a disability incurred in line of duty in a combat zone or incurred during performance of duty in combat-related oper-

ations as designated by the Secretary of Defense.

“(3) No deduction may be made under paragraph (1) from any death compensation to which a member’s dependents become entitled after the member’s death.”.

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

**SEC. 162. TRAUMATIC SERVICEMEMBERS’ GROUP LIFE INSURANCE.**

(a) **DESIGNATION OF FIDUCIARY FOR MEMBERS WITH LOST MENTAL CAPACITY OR EXTENDED LOSS OF CONSCIOUSNESS.**—The Secretary of Defense shall, in consultation with the Secretary of Veterans Affairs, develop a form for the designation of a recipient for the funds distributed under section 1980A of title 38, United States Code, as the fiduciary of a member of the Armed Forces in cases where the member is medically incapacitated (as determined by the Secretary of Defense in consultation with the Secretary of Veterans Affairs) or experiencing an extended loss of consciousness.

(b) **ELEMENTS.**—The form under subsection (a) shall require that a member may elect that—

(1) an individual designated by the member be the recipient as the fiduciary of the member; or

(2) a court of proper jurisdiction determine the recipient as the fiduciary of the member for purposes of this subsection.

(c) **COMPLETION AND UPDATE.**—The form under subsection (a) shall be completed by an individual at the time of entry into the Armed Forces and updated periodically thereafter.

**SEC. 163. ELECTRONIC TRANSFER FROM THE DEPARTMENT OF DEFENSE TO THE DEPARTMENT OF VETERANS AFFAIRS OF DOCUMENTS SUPPORTING ELIGIBILITY FOR BENEFITS.**

The Secretary of Defense and the Secretary of Veterans Affairs shall jointly develop and implement a mechanism to provide for the electronic transfer from the Department of Defense to the Department of Veterans Affairs of any Department of Defense documents (including Department of Defense form DD-214) necessary to establish or support the eligibility of a member of the Armed Forces for benefits under the laws administered by the Secretary of Veterans Affairs at the time of the retirement, separation, or release of the member from the Armed Forces.

**SEC. 164. ASSESSMENTS OF TEMPORARY DISABILITY RETIRED LIST.**

Not later than 180 days after the date of the enactment of this Act, the Secretary of Defense and the Comptroller General of the United States shall each submit to the congressional defense committees a report assessing the continuing utility of the temporary disability retired list in satisfying the purposes for which the temporary disability retired list was established. Each report shall include such recommendations for the modification or improvement of the temporary disability retired list as the Secretary or the Comptroller General, as applicable, considers appropriate in light of the assessment in such report.

**Subtitle D—Improvement of Facilities Housing Patients**

**SEC. 171. STANDARDS FOR MILITARY MEDICAL TREATMENT FACILITIES, SPECIALTY MEDICAL CARE FACILITIES, AND MILITARY QUARTERS HOUSING PATIENTS.**

(a) **ESTABLISHMENT OF STANDARDS.**—The Secretary of Defense shall establish for the military facilities referred to in subsection (b) standards with respect to the matters set forth in subsection (c). The standards shall, to the maximum extent practicable—

(1) be uniform and consistent across such facilities; and

(2) be uniform and consistent across the Department of Defense and the military departments.

(b) **COVERED MILITARY FACILITIES.**—The military facilities referred to in this subsection are the military facilities of the Department of Defense and the military departments as follows:

(1) Military medical treatment facilities.

(2) Specialty medical care facilities.

(3) Military quarters or leased housing for patients.

(c) **SCOPE OF STANDARDS.**—The standards required by subsection (a) shall include the following:

(1) Generally accepted standards for the accreditation of medical facilities, or for facilities used to quarter individuals that may require medical supervision, as applicable, in the United States.

(2) To the extent not inconsistent with the standards described in paragraph (1), minimally acceptable conditions for the following:

(A) Appearance and maintenance of facilities generally, including the structure and roofs of facilities.

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

(C) Operation and maintenance of primary and back-up facility utility systems and other systems required for patient care, including electrical systems, plumbing systems, heating, ventilation, and air conditioning systems, communications systems, fire protection systems, energy management systems, and other systems required for patient care.

(D) Compliance with Federal Government standards for hospital facilities and operations.

(E) Compliance of facilities, rooms, and grounds, to the maximum extent practicable, with the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.).

(F) Such other matters relating to the appearance, size, operation, and maintenance of facilities and rooms as the Secretary considers appropriate.

(d) **COMPLIANCE WITH STANDARDS.**—

(1) **DEADLINE.**—In establishing standards under subsection (a), the Secretary shall specify a deadline for compliance with such standards by each facility referred to in subsection (b). The deadline shall be at the earliest date practicable after the date of the enactment of this Act, and shall, to the maximum extent practicable, be uniform across the facilities referred to in subsection (b).

(2) **INVESTMENT.**—In carrying out this section, the Secretary shall also establish guidelines for investment to be utilized by the Department of Defense and the military departments in determining the allocation of financial resources to facilities referred to in subsection (b) in order to meet the deadline specified under paragraph (1).

(e) **REPORT.**—

(1) **IN GENERAL.**—Not later than December 30, 2007, the Secretary shall submit to the congressional defense committees a report on the actions taken to carry out this section.

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

(A) The standards established under subsection (a).

(B) An assessment of the appearance, condition, and maintenance of each facility referred to in subsection (a), including—

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

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

(C) A description of the investment to be allocated to address each deficiency or noncompliance identified under subparagraph (B)(ii).

## **SEC. 172. REPORTS ON ARMY ACTION PLAN IN RESPONSE TO DEFICIENCIES IDENTIFIED AT WALTER REED ARMY MEDICAL CENTER.**

(a) **REPORTS REQUIRED.**—Not later than 30 days after the date of the enactment of this Act, and every 120 days thereafter until March 1, 2009, the Secretary of Defense shall submit to the congressional defense committees a report on the implementation of the action plan of the Army to correct deficiencies identified in the condition of facilities, and in the administration of outpatients in medical hold or medical hold-over status, at Walter Reed Army Medical Center (WRAMC) and at other applicable Army installations at which covered members of the Armed Forces are assigned.

(b) **ELEMENTS OF REPORT.**—Each report under subsection (a) shall include current information on the following:

(1) The number of inpatients at Walter Reed Army Medical Center, and the number of outpatients on medical hold or in a medical hold-over status at Walter Reed Army Medical Center, as a result of serious injuries or illnesses.

(2) A description of the lodging facilities and other forms of housing at Walter Reed Army Medical Center, and at each other Army facility, to which are assigned personnel in medical hold or medical holdover status as a result of serious injuries or illnesses, including—

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

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

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

(4) The number of case managers, platoon sergeants, patient advocates, and physical evaluation board liaison officers stationed at Walter Reed Army Medical Center, and at each other Army facility, to which are assigned personnel in medical hold or medical holdover status as a result of serious injuries or illnesses, and the ratio of case workers and platoon sergeants to outpatients for whom they are responsible at each such facility.

(5) The number of telephone calls received during the preceding 60 days on the Wounded Soldier and Family hotline (as established on March 19, 2007), a summary of the complaints or communications received through such calls, and a description of the actions taken in response to such calls.

(6) A summary of the activities, findings, and recommendations of the Army tiger team of medical and installation professionals who visited the major medical treatment facilities and community-based health care organizations of the Army pursuant to March 2007 orders, and a description of the status of corrective actions being taken with to address deficiencies noted by that team.

(7) The status of the ombudsman programs at Walter Reed Army Medical Center and at other major Army installations to which are assigned personnel in medical hold or medical holdover status as a result of serious injuries or illnesses.

(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.

## **SEC. 173. CONSTRUCTION OF FACILITIES REQUIRED FOR THE CLOSURE OF WALTER REED ARMY MEDICAL CENTER, DISTRICT OF COLUMBIA.**

(a) **ASSESSMENT OF ACCELERATION OF CONSTRUCTION OF FACILITIES.**—The Secretary of Defense shall carry out an assessment of the feasi-

bility (including the cost-effectiveness) of accelerating the construction and completion of any new facilities required to facilitate the closure of Walter Reed Army Medical Center, District of Columbia, as required as a result of the 2005 round of defense base closure and realignment under the Defense Base Closure and Realignment Act of 1990 (part A of title XXIX of Public Law 101-510; U.S.C. 2687 note).

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

(1) **IN GENERAL.**—The Secretary shall develop and carry out a plan for the construction and completion of any new facilities required to facilitate the closure of Walter Reed Army Medical Center as required as described in subsection (a). If the Secretary determines as a result of the assessment under subsection (a) that accelerating the construction and completion of such facilities is feasible, the plan shall provide for the accelerated construction and completion of such facilities in a manner consistent with that determination.

(2) **SUBMITTAL OF PLAN.**—The Secretary shall submit to the congressional defense committees the plan required by paragraph (1) not later than September 30, 2007.

(c) **CERTIFICATIONS.**—Not later than September 30, 2007, the Secretary shall submit to the congressional defense committees a certification of each of the following:

(1) That a transition plan has been developed, and resources have been committed, to ensure that patient care services, medical operations, and facilities are sustained at the highest possible level at Walter Reed Army Medical Center until facilities to replace Walter Reed Army Medical Center are staffed and ready to assume at least the same level of care previously provided at Walter Reed Army Medical Center.

(2) That the closure of Walter Reed Army Medical Center will not result in a net loss of capacity in the major military medical centers in the National Capitol Region in terms of total bed capacity or staffed bed capacity.

(3) That the capacity and types of medical hold and out-patient lodging facilities currently operating at Walter Reed Army Medical Center will be available at the facilities to replace Walter Reed Army Medical Center by the date of the closure of Walter Reed Army Medical Center.

(4) That adequate funds have been provided to complete fully all facilities identified in the Base Realignment and Closure Business Plan for Walter Reed Army Medical Center submitted to the congressional defense committees as part of the budget justification materials submitted to Congress together with the budget of the President for fiscal year 2008 as contemplated in that business plan.

(d) **ENVIRONMENTAL LAWS.**—Nothing in this section shall require the Secretary or any designated representative to waive or ignore responsibilities and actions required by the National Environmental Policy Act of 1969 (42 U.S.C. 4321 et seq.) or the regulations implementing such Act.

### **Subtitle E—Outreach and Related Information on Benefits**

## **SEC. 181. HANDBOOK FOR MEMBERS OF THE ARMED FORCES ON COMPENSATION AND BENEFITS AVAILABLE FOR SERIOUS INJURIES AND ILLNESSES.**

(a) **INFORMATION ON AVAILABLE COMPENSATION AND BENEFITS.**—The Secretary of Defense shall, in consultation with the Secretary of Veterans Affairs, the Secretary of

Health and Human Services, and the Commissioner of Social Security, develop and maintain in handbook and electronic form a comprehensive description of the compensation and other benefits to which a member of the Armed Forces, and the family of such member, would be entitled upon the member's separation or retirement from the Armed Forces as a result of a serious injury or illness. The handbook shall set forth the range of such compensation and benefits based on grade, length of service, degree of disability at separation or retirement, and such other factors affecting such compensation and benefits as the Secretary of Defense considers appropriate.

(b) **UPDATE.**—The Secretary of Defense shall update the comprehensive description required by subsection (a), including the handbook and electronic form of the description, on a periodic basis, but not less often than annually.

(c) **PROVISION TO MEMBERS.**—The Secretary of the military department concerned shall provide the descriptive handbook under subsection (a) to each member of the Armed Forces described in that subsection as soon as practicable following the injury or illness qualifying the member for coverage under that subsection.

(d) **PROVISION TO REPRESENTATIVES.**—If a member is incapacitated or otherwise unable to receive the descriptive handbook to be provided under subsection (a), the handbook shall be provided to the next of kin or a legal representative of the member (as determined in accordance with regulations prescribed by the Secretary of the military department concerned for purposes of this section).

#### Subtitle F—Other Matters

### SEC. 191. 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.

(a) **STUDY REQUIRED.**—The Secretary of Defense shall, in consultation with the Secretary of Veterans Affairs, enter into an agreement with the National Academy of Sciences for a study on the physical and mental health and other readjustment needs of members and former members of the Armed Forces who deployed in Operation Iraqi Freedom or Operation Enduring Freedom and their families as a result of such deployment.

(b) **PHASES.**—The study required under subsection (a) shall consist of two phases:

(1) A preliminary phase, to be completed not later than 180 days after the date of the enactment of this Act—

(A) to identify preliminary findings on the physical and mental health and other readjustment needs described in subsection (a) and on gaps in care for the members, former members, and families described in that subsection; and

(B) to determine the parameters of the second phase of the study under paragraph (2).

(2) A second phase, to be completed not later than three years after the date of the enactment of this Act, to carry out a comprehensive assessment, in accordance with the parameters identified under the preliminary report required by paragraph (1), of the physical and mental health and other readjustment needs of members and former members of the Armed Forces who deployed in Operation Iraqi Freedom or Operation Enduring Freedom and their families as a result of such deployment, including, at a minimum—

(A) an assessment of the psychological, social, and economic impacts of such deployment on such members and former members and their families;

(B) an assessment of the particular impacts of multiple deployments in Operation Iraqi Freedom or Operation Enduring Freedom on such members and former members and their families;

(C) an assessment of the full scope of the neurological, psychiatric, and psychological effects of traumatic brain injury (TBI) on members and former members of the Armed Forces, including the effects of such effects on the family members of such members and former members, and an assessment of the efficacy of current treatment approaches for traumatic brain injury in the United States and the efficacy of screenings and treatment approaches for traumatic brain injury within the Department of Defense and the Department of Veterans Affairs;

(D) an assessment of the effects of undiagnosed injuries such as post-traumatic stress disorder (PTSD) and traumatic brain injury, an estimate of the long-term costs associated with such injuries, and an assessment of the efficacy of screenings and treatment approaches for post-traumatic stress disorder and other mental health conditions within the Department of Defense and Department of Veterans Affairs;

(E) an assessment of the particular needs and concerns of female members of the Armed Forces and female veterans;

(F) an assessment of the particular needs and concerns of children of members of the Armed Forces, taking into account differing age groups, impacts on development and education, and the mental and emotional well being of children;

(G) an assessment of the particular needs and concerns of minority members of the Armed Forces and minority veterans;

(H) an assessment of the particular educational and vocational needs of such members and former members and their families, and an assessment of the efficacy of existing educational and vocational programs to address such needs;

(I) an assessment of the impacts on communities with high populations of military families, including military housing communities and townships with deployed members of the National Guard and Reserve, of deployments associated with Operation Iraqi Freedom and Operation Enduring Freedom, and an assessment of the efficacy of programs that address community outreach and education concerning military deployments of community residents;

(J) an assessment of the impacts of increasing numbers of older and married members of the Armed Forces on readjustment requirements;

(K) the development, based on such assessments, of recommendations for programs, treatments, or policy remedies targeted at preventing, minimizing or addressing the impacts, gaps and needs identified; and

(L) the development, based on such assessments, of recommendations for additional research on such needs.

(c) **POPULATIONS TO BE STUDIED.**—The study required under subsection (a) shall consider the readjustment needs of each population of individuals as follows:

(1) Members of the regular components of the Armed Forces who are returning, or have returned, to the United States from deployment in Operation Iraqi Freedom or Operation Enduring Freedom.

(2) Members of the National Guard and Reserve who are returning, or have returned, to the United States from deployment in Operation Iraqi Freedom or Operation Enduring Freedom.

(3) Veterans of Operation Iraqi Freedom or Operation Enduring Freedom.

(4) Family members of the members and veterans described in paragraphs (1) through (3).

(d) **ACCESS TO INFORMATION.**—The National Academy of Sciences shall have access to such

personnel, information, records, and systems of the Department of Defense and the Department of Veterans Affairs as the National Academy of Sciences requires in order to carry out the study required under subsection (a).

(e) **PRIVACY OF INFORMATION.**—The National Academy of Sciences shall maintain any personally identifiable information accessed by the Academy in carrying out the study required under subsection (a) in accordance with all applicable laws, protections, and best practices regarding the privacy of such information, and may not permit access to such information by any persons or entities not engaged in work under the study.

(f) **REPORTS BY NATIONAL ACADEMY OF SCIENCES.**—Upon the completion of each phase of the study required under subsection (a), the National Academy of Sciences shall submit to the Secretary of Defense and the Secretary of Veterans Affairs a report on such phase of the study.

(g) **DOD AND VA RESPONSE TO NAS REPORTS.**—

(1) **PRELIMINARY RESPONSE.**—Not later than 45 days after the receipt of a report under subsection (f) on each phase of the study required under subsection (a), the Secretary of Defense and the Secretary of Veterans Affairs shall jointly develop a preliminary joint Department of Defense-Department of Veterans Affairs plan to address the findings and recommendations of the National Academy of Sciences contained in such report. The preliminary plan shall provide preliminary proposals on the matters set forth in paragraph (3).

(2) **FINAL RESPONSE.**—Not later than 90 days after the receipt of a report under subsection (f) on each phase of the study required under subsection (a), the Secretary of Defense and the Secretary of Veterans Affairs shall jointly develop a final joint Department of Defense-Department of Veterans Affairs plan to address the findings and recommendations of the National Academy of Sciences contained in such report. The final plan shall provide final proposals on the matters set forth in paragraph (3).

(3) **COVERED MATTERS.**—The matters set forth in this paragraph with respect to a phase of the study required under subsection (a) are as follows:

(A) Modifications of policy or practice within the Department of Defense and the Department of Veterans Affairs that are necessary to address gaps in care or services as identified by the National Academy of Sciences under such phase of the study.

(B) Modifications of policy or practice within the Department of Defense and the Department of Veterans Affairs that are necessary to address recommendations made by the National Academy of Sciences under such phase of the study.

(C) An estimate of the costs of implementing the modifications set forth under subparagraphs (A) and (B), set forth by fiscal year for at least the first five fiscal years beginning after the date of the plan concerned.

(4) **REPORTS ON RESPONSES.**—The Secretary of Defense and the Secretary of Veterans Affairs shall jointly submit to Congress a report setting forth each joint plan developed under paragraphs (1) and (2).

(5) **PUBLIC AVAILABILITY OF RESPONSES.**—The Secretary of Defense and the Secretary of Veterans Affairs shall each make available to the public each report submitted to Congress under paragraph (4), including by posting an electronic copy of such report on the Internet website of the Department of

Defense or the Department of Veterans Affairs, as applicable, that is available to the public.

(6) GAO AUDIT.—Not later than 45 days after the submittal to Congress of the report under paragraph (4) on the final joint Department of Defense-Department of Veterans Affairs plan under paragraph (2), the Comptroller General of the United States shall submit to Congress a report assessing the contents of such report under paragraph (4). The report of the Comptroller General under this paragraph shall include—

(A) an assessment of the adequacy and sufficiency of the final joint Department of Defense-Department of Veterans Affairs plan in addressing the findings and recommendations of the National Academy of Sciences as a result of the study required under subsection (a);

(B) an assessment of the feasibility and advisability of the modifications of policy and practice proposed in the final joint Department of Defense-Department of Veterans Affairs plan;

(C) an assessment of the sufficiency and accuracy of the cost estimates in the final joint Department of Defense-Department of Veterans Affairs plan; and

(D) the comments, if any, of the National Academy of Sciences on the final joint Department of Defense-Department of Veterans Affairs plan.

(h) AUTHORIZATION OF APPROPRIATIONS.—There is hereby authorized to be appropriated to the Department of Defense such sums as may be necessary to carry out this section.

## TITLE II—VETERANS MATTERS

### SEC. 201. SENSE OF CONGRESS ON DEPARTMENT OF VETERANS AFFAIRS EFFORTS IN THE REHABILITATION AND REINTEGRATION OF VETERANS WITH TRAUMATIC BRAIN INJURY.

It is the sense of Congress that—

(1) the Department of Veterans Affairs is a leader in the field of traumatic brain injury care and coordination of such care;

(2) the Department of Veterans Affairs should have the capacity and expertise to provide veterans who have a traumatic brain injury with patient-centered health care, rehabilitation, and community integration services that are comparable to or exceed similar care and services available to persons with such injuries in the academic and private sector;

(3) rehabilitation for veterans who have a traumatic brain injury should be individualized, comprehensive, and interdisciplinary with the goals of optimizing the independence of such veterans and reintegrating them into their communities;

(4) family support is integral to the rehabilitation and community reintegration of veterans who have sustained a traumatic brain injury, and the Department should provide the families of such veterans with education and support;

(5) the Department of Defense and Department of Veterans Affairs have made efforts to provide a smooth transition of medical care and rehabilitative services to individuals as they transition from the health care system of the Department of Defense to that of the Department of Veterans Affairs, but more can be done to assist veterans and their families in the continuum of the rehabilitation, recovery, and reintegration of wounded or injured veterans into their communities;

(6) in planning for rehabilitation and community reintegration of veterans who have a traumatic brain injury, it is necessary for the Department of Veterans Affairs to provide a system for life-long case management for such veterans; and

(7) in such system for life-long case management, it is necessary to conduct outreach and to

tailor specialized traumatic brain injury case management and outreach for the unique needs of veterans with traumatic brain injury who reside in urban and non-urban settings.

### SEC. 202. INDIVIDUAL REHABILITATION AND COMMUNITY REINTEGRATION PLANS FOR VETERANS AND OTHERS WITH TRAUMATIC BRAIN INJURY.

(a) IN GENERAL.—Subchapter II of chapter 17 of title 38, United States Code, is amended by inserting after section 1710B the following new section:

#### “§1710C. Traumatic brain injury: plans for rehabilitation and reintegration into the community

“(a) PLAN REQUIRED.—The Secretary shall, for each veteran or member of the Armed Forces who receives inpatient or outpatient rehabilitation care from the Department for a traumatic brain injury—

“(1) develop an individualized plan for the rehabilitation and reintegration of such individual into the community; and

“(2) provide such plan in writing to such individual before such individual is discharged from inpatient care, following transition from active duty to the Department for outpatient care, or as soon as practicable following diagnosis.

“(b) CONTENTS OF PLAN.—Each plan developed under subsection (a) shall include, for the individual covered by such plan, the following:

“(1) Rehabilitation objectives for improving the physical, cognitive, and vocational functioning of such individual with the goal of maximizing the independence and reintegration of such individual into the community.

“(2) Access, as warranted, to all appropriate rehabilitative components of the traumatic brain injury continuum of care.

“(3) A description of specific rehabilitative treatments and other services to achieve the objectives described in paragraph (1), which description shall set forth the type, frequency, duration, and location of such treatments and services.

“(4) The name of the case manager designated in accordance with subsection (d) to be responsible for the implementation of such plan.

“(5) Dates on which the effectiveness of the plan will be reviewed in accordance with subsection (f).

“(c) COMPREHENSIVE ASSESSMENT.—

“(1) IN GENERAL.—Each plan developed under subsection (a) shall be based upon a comprehensive assessment, developed in accordance with paragraph (2), of—

“(A) the physical, cognitive, vocational, and neuropsychological and social impairments of such individual; and

“(B) the family education and family support needs of such individual after discharge from inpatient care.

“(2) FORMATION.—The comprehensive assessment required under paragraph (1) with respect to an individual is a comprehensive assessment of the matters set forth in that paragraph by a team, composed by the Secretary for purposes of the assessment from among, but not limited to, individuals with expertise in traumatic brain injury, including the following:

“(A) A neurologist.

“(B) A rehabilitation physician.

“(C) A social worker.

“(D) A neuropsychologist.

“(E) A physical therapist.

“(F) A vocational rehabilitation specialist.

“(G) An occupational therapist.

“(H) A speech language pathologist.

“(I) A rehabilitation nurse.

“(J) An educational therapist.

“(K) An audiologist.

“(L) A blind rehabilitation specialist.

“(M) A recreational therapist.

“(N) A low vision optometrist.

“(O) An orthotist or prosthetist.

“(P) An assistive technologist or rehabilitation engineer.

“(Q) An otolaryngology physician.

“(R) A dietician.

“(S) An ophthalmologist.

“(T) A psychiatrist.

“(d) CASE MANAGER.—(1) The Secretary shall designate a case manager for each individual described in subsection (a) to be responsible for the implementation of the plan, and coordination of such care, required by such subsection for such individual.

“(2) The Secretary shall ensure that such case manager has specific expertise in the care required by the individual to whom such case manager is designated, regardless of whether such case manager obtains such expertise through experience, education, or training.

“(e) PARTICIPATION AND COLLABORATION IN DEVELOPMENT OF PLANS.—(1) The Secretary shall involve each individual described in subsection (a), and the family or legal guardian of such individual, in the development of the plan for such individual under that subsection to the maximum extent practicable.

“(2) The Secretary shall collaborate in the development of a plan for an individual under subsection (a) with a State protection and advocacy system if—

“(A) the individual covered by such plan requests such collaboration; or

“(B) in the case such individual is incapacitated, the family or guardian of such individual requests such collaboration.

“(3) In the case of a plan required by subsection (a) for a member of the Armed Forces who is on active duty, the Secretary shall collaborate with the Secretary of Defense in the development of such plan.

“(4) In developing vocational rehabilitation objectives required under subsection (b)(1) and in conducting the assessment required under subsection (c), the Secretary shall act through the Under Secretary for Health in coordination with the Vocational Rehabilitation and Employment Service of the Department of Veterans Affairs.

“(f) EVALUATION.—

“(1) PERIODIC REVIEW BY SECRETARY.—The Secretary shall periodically review the effectiveness of each plan developed under subsection (a). The Secretary shall refine each such plan as the Secretary considers appropriate in light of such review.

“(2) REQUEST FOR REVIEW BY VETERANS.—In addition to the periodic review required by paragraph (1), the Secretary shall conduct a review of the plan of a veteran under paragraph (1) at the request of such veteran, or in the case that such veteran is incapacitated, at the request of the guardian or the designee of such veteran.

“(g) STATE DESIGNATED PROTECTION AND ADVOCACY SYSTEM DEFINED.—In this section, the term ‘State protection and advocacy system’ means a system established in a State under subtitle C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15041 et seq.) to protect and advocate for the rights of persons with development disabilities.”

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 17 of such title is amended by inserting after the item relating to section 1710B the following new item:

“1710C. Traumatic brain injury: plans for rehabilitation and reintegration into the community.”

**SEC. 203. USE OF NON-DEPARTMENT OF VETERANS AFFAIRS FACILITIES FOR IMPLEMENTATION OF REHABILITATION AND COMMUNITY REINTEGRATION PLANS FOR TRAUMATIC BRAIN INJURY.**

(a) IN GENERAL.—Subchapter II of chapter 17 of title 38, United States Code, is amended by inserting after section 1710C, as added by section 202 of this Act, the following new section:

**“§1710D. Traumatic brain injury: use of non-Department facilities for rehabilitation**

“(a) IN GENERAL.—Subject to section 1710(a)(4) of this title and subsection (b) of this section, the Secretary shall provide rehabilitative treatment or services to implement a plan developed under section 1710C of this title at a non-Department facility with which the Secretary has entered into an agreement for such purpose, to an individual—

“(1) who is described in section 1710C(a) of this title; and

“(2)(A) to whom the Secretary is unable to provide such treatment or services at the frequency or for the duration prescribed in such plan; or

“(B) for whom the Secretary determines that it is optimal with respect to the recovery and rehabilitation of such individual.

“(b) STANDARDS.—The Secretary may not provide treatment or services as described in subsection (a) at a non-Department facility under such subsection unless such facility maintains standards for the provision of such treatment or services established by an independent, peer-reviewed organization that accredits specialized rehabilitation programs for adults with traumatic brain injury.

“(c) AUTHORITIES OF STATE PROTECTION AND ADVOCACY SYSTEMS.—With respect to the provision of rehabilitative treatment or services described in subsection (a) in a non-Department facility, a State designated protection and advocacy system established under subtitle C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15041 et seq.) shall have the authorities described under such subtitle.”.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 17 of such title is amended by inserting after the item relating to section 1710C, as added by section 202 of this Act, the following new item:

“1710D. Traumatic brain injury: use of non-Department facilities for rehabilitation.”.

(c) CONFORMING AMENDMENT.—Section 1710(a)(4) of such title is amended by inserting “the requirement in section 1710D of this title that the Secretary provide certain rehabilitative treatment or services,” after “extended care services.”.

**SEC. 204. RESEARCH, EDUCATION, AND CLINICAL CARE PROGRAM ON SEVERE TRAUMATIC BRAIN INJURY.**

(a) PROGRAM REQUIRED.—Subchapter II of chapter 73 of title 38, United States Code, is amended by inserting after section 7330 the following new section:

**“§7330A. Severe traumatic brain injury research, education, and clinical care program**

“(a) PROGRAM REQUIRED.—The Secretary shall establish a program on research, education, and clinical care to provide intensive neuro-rehabilitation to veterans with a severe traumatic brain injury, including veterans in a minimally conscious state who would otherwise receive only long-term residential care.

“(b) COLLABORATION REQUIRED.—The Secretary shall establish the program required by subsection (a) in collaboration with the Defense and Veterans Brain Injury Center and other relevant programs of the Federal Government (including other Centers of Excellence).

“(c) EDUCATION REQUIRED.—As part of the program required by subsection (a), the Sec-

retary shall, in collaboration with the Defense and Veterans Brain Injury Center and any other relevant programs of the Federal Government (including other Centers of Excellence), conduct educational programs on recognizing and diagnosing mild and moderate cases of traumatic brain injury.

“(d) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to the Secretary for each of fiscal years 2008 through 2012, \$10,000,000 to carry out the program required by subsection (a).”.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 73 is amended by inserting after the item relating to section 7330 the following new item:

“7330A. Severe traumatic brain injury research, education, and clinical care program.”.

(c) REPORT.—Not later than 18 months after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to Congress a report on the research to be conducted under the program required by section 7330A of title 38, United States Code, as added by subsection (a).

**SEC. 205. PILOT PROGRAM ON ASSISTED LIVING SERVICES FOR VETERANS WITH TRAUMATIC BRAIN INJURY.**

(a) PILOT PROGRAM.—Not later than 90 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall, in collaboration with the Defense and Veterans Brain Injury Center, carry out a pilot program to assess the effectiveness of providing assisted living services to eligible veterans to enhance the rehabilitation, quality of life, and community integration of such veterans.

(b) DURATION OF PROGRAM.—The pilot program shall be carried out during the five-year period beginning on the date of the commencement of the pilot program.

(c) PROGRAM LOCATIONS.—

(1) IN GENERAL.—The pilot program shall be carried out at locations selected by the Secretary for purposes of the pilot program. Of the locations so selected—

(A) at least one shall be in each health care region of the Veterans Health Administration that contains a polytrauma center of the Department of Veterans Affairs; and

(B) any other locations shall be in areas that contain high concentrations of veterans with traumatic brain injury, as determined by the Secretary.

(2) SPECIAL CONSIDERATION FOR VETERANS IN RURAL AREAS.—Special consideration shall be given to provide veterans in rural areas with an opportunity to participate in the pilot program.

(d) PROVISION OF ASSISTED LIVING SERVICES.—

(1) AGREEMENTS.—In carrying out the pilot program, the Secretary may enter into agreements for the provision of assisted living services on behalf of eligible veterans with a provider participating under a State plan or waiver under title XIX of such Act (42 U.S.C. 1396 et seq.).

(2) STANDARDS.—The Secretary may not place, transfer, or admit a veteran to any facility for assisted living services under this program unless the Secretary determines that the facility meets such standards as the Secretary may prescribe for purposes of the pilot program. Such standards shall, to the extent practicable, be consistent with the standards of Federal, State, and local agencies charged with the responsibility of licensing or otherwise regulating or inspecting such facilities.

(e) CONTINUATION OF CASE MANAGEMENT AND REHABILITATION SERVICES.—In carrying the pilot program under subsection (a), the Secretary shall continue to provide each veteran who is receiving assisted living services under the pilot program with rehabilitative services and shall designate Department health-care employees to furnish case management services for veterans participating in the pilot program.

(f) REPORT.—

(1) IN GENERAL.—Not later than 60 days after the completion of the pilot program, the Secretary shall submit to the congressional veterans affairs committees a report on the pilot program.

(2) CONTENTS.—The report required by paragraph (1) shall include the following:

(A) A description of the pilot program.

(B) An assessment of the utility of the activities under the pilot program in enhancing the rehabilitation, quality of life, and community reintegration of veterans with traumatic brain injury.

(C) Such recommendations as the Secretary considers appropriate regarding the extension or expansion of the pilot program.

(g) DEFINITIONS.—In this section:

(1) The term “assisted living services” means services of a facility in providing room, board, and personal care for and supervision of residents for their health, safety, and welfare.

(2) The term “case management services” includes the coordination and facilitation of all services furnished to a veteran by the Department of Veterans Affairs, either directly or through contract, including assessment of needs, planning, referral (including referral for services to be furnished by the Department, either directly or through a contract, or by an entity other than the Department), monitoring, reassessment, and followup.

(3) The term “congressional veterans affairs committees” means—

(A) the Committee on Veterans' Affairs of the Senate; and

(B) the Committee on Veterans' Affairs of the House of Representatives.

(4) The term “eligible veteran” means a veteran who—

(A) is enrolled in the Department of Veterans Affairs health care system;

(B) has received treatment for traumatic brain injury from the Department of Veterans Affairs;

(C) is unable to manage routine activities of daily living without supervision and assistance; and

(D) could reasonably be expected to receive ongoing services after the end of the pilot program under this section under another government program or through other means.

(h) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to the Secretary of Veterans Affairs to carry out this section, \$8,000,000 for each of fiscal years 2008 through 2013.

**SEC. 206. RESEARCH ON TRAUMATIC BRAIN INJURY.**

(a) INCLUSION OF RESEARCH ON TRAUMATIC BRAIN INJURY UNDER ONGOING RESEARCH PROGRAMS.—The Secretary of Veterans Affairs shall, in carrying out research programs and activities under the provisions of law referred to in subsection (b), ensure that such programs and activities include research on the sequelae of mild to severe forms of traumatic brain injury, including—

(1) research on visually-related neurological conditions;

(2) research on seizure disorders;

(3) research on means of improving the diagnosis, rehabilitative treatment, and prevention of such sequelae;

(4) research to determine the most effective cognitive and physical therapies for the sequelae of traumatic brain injury; and

(5) research on dual diagnosis of post-traumatic stress disorder and traumatic brain injury.

(b) RESEARCH AUTHORITIES.—The provisions of law referred to in this subsection are the following:

(1) Section 3119 of title 38, United States Code, relating to rehabilitation research and special projects.

(2) Section 7303 of such title, relating to research programs of the Veterans Health Administration.

(3) Section 7327 of such title, relating to research, education, and clinical activities on

complex multi-trauma associated with combat injuries.

(c) **COLLABORATION.**—In carrying out the research required by subsection (a), the Secretary shall collaborate with facilities that—

(1) conduct research on rehabilitation for individuals with traumatic brain injury; and

(2) receive grants for such research from the National Institute on Disability and Rehabilitation Research of the Department of Education.

(d) **REPORT.**—Not later than 90 days after the date of the enactment of this Act, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report describing in comprehensive detail the research to be carried out pursuant to subsection (a).

#### **SEC. 207. AGE-APPROPRIATE NURSING HOME CARE.**

(a) **FINDING.**—Congress finds that young veterans who are injured or disabled through military service and require long-term care should have access to age-appropriate nursing home care.

(b) **REQUIREMENT TO PROVIDE AGE-APPROPRIATE NURSING HOME CARE.**—Section 1710A of title 38, United States Code, is amended—

(1) by redesignating subsection (c) as subsection (d); and

(2) by inserting after subsection (b) the following new subsection (c):

“(c) The Secretary shall ensure that nursing home care provided under subsection (a) is provided in an age-appropriate manner.”.

#### **SEC. 208. EXTENSION OF PERIOD OF ELIGIBILITY FOR HEALTH CARE FOR COMBAT SERVICE IN THE PERSIAN GULF WAR OR FUTURE HOSTILITIES.**

Section 1710(e)(3)(C) of title 38, United States Code, is amended by striking “2 years” and inserting “5 years”.

#### **SEC. 209. MENTAL HEALTH: SERVICE-CONNECTION STATUS AND EVALUATIONS FOR CERTAIN VETERANS.**

(a) **PRESUMPTION OF SERVICE-CONNECTION OF MENTAL ILLNESS FOR CERTAIN VETERANS.**—Section 1702 of title 38, United States Code, is amended—

(1) by striking “psychosis” and inserting “mental illness”; and

(2) in the heading, by striking “psychosis” and inserting “mental illness”.

(b) **PROVISION OF MENTAL HEALTH EVALUATIONS FOR CERTAIN VETERANS.**—Upon the request of a veteran described in section 1710(e)(3)(C) of title 38, United States Code, the Secretary shall provide to such veteran a preliminary mental health evaluation as soon as practicable, but not later than 30 days after such request.

#### **SEC. 210. MODIFICATION OF REQUIREMENTS FOR FURNISHING OUTPATIENT DENTAL SERVICES TO VETERANS WITH A SERVICE-CONNECTED DENTAL CONDITION OR DISABILITY.**

Section 1712(a)(1)(B)(iv) of title 38, United States Code, is amended by striking “90-day” and inserting “180-day”.

#### **SEC. 211. DEMONSTRATION PROGRAM ON PREVENTING VETERANS AT-RISK OF HOMELESSNESS FROM BECOMING HOMELESS.**

(a) **DEMONSTRATION PROGRAM.**—The Secretary of Veterans Affairs shall carry out a demonstration program for the purpose of—

(1) identifying members of the Armed Forces on active duty who are at risk of becoming homeless after they are discharged or released from active duty; and

(2) providing referral, counseling, and supportive services, as appropriate, to help prevent such members, upon becoming veterans, from becoming homeless.

(b) **PROGRAM LOCATIONS.**—The Secretary shall carry out the demonstration program in at least three locations.

(c) **IDENTIFICATION CRITERIA.**—In developing and implementing the criteria to identify members of the Armed Forces, who upon becoming veterans, are at-risk of becoming homeless, the

Secretary of Veterans Affairs shall consult with the Secretary of Defense and such other officials and experts as the Secretary considers appropriate.

(d) **CONTRACTS.**—The Secretary of Veterans Affairs may enter into contracts to provide the referral, counseling, and supportive services required under the demonstration program with entities or organizations that meet such requirements as the Secretary may establish.

(e) **SUNSET.**—The authority of the Secretary under subsection (a) shall expire on September 30, 2011.

(f) **AUTHORIZATION OF APPROPRIATIONS.**—There are authorized to be appropriated \$2,000,000 for the purpose of carrying out the provisions of this section.

#### **SEC. 212. CLARIFICATION OF PURPOSE OF THE OUTREACH SERVICES PROGRAM OF THE DEPARTMENT OF VETERANS AFFAIRS.**

(a) **CLARIFICATION OF INCLUSION OF MEMBERS OF THE NATIONAL GUARD AND RESERVE IN PROGRAM.**—Subsection (a)(1) of section 6301 of title 38, United States Code, is amended by inserting “, or from the National Guard or Reserve,” after “active military, naval, or air service”.

(b) **DEFINITION OF OUTREACH.**—Subsection (b) of such section is amended—

(1) by redesignating paragraphs (1) and (2) as paragraphs (2) and (3), respectively; and

(2) by inserting before paragraph (2) the following new paragraph (1):

“(1) the term ‘outreach’ means the act or process of reaching out in a systematic manner to proactively provide information, services, and benefits counseling to veterans, and to the spouses, children, and parents of veterans who may be eligible to receive benefits under the laws administered by the Secretary, to ensure that such individuals are fully informed about, and assisted in applying for, any benefits and programs under such laws;”.

#### **TITLE III**

#### **SEC. 301. FISCAL YEAR 2008 INCREASE IN MILITARY BASIC PAY.**

(a) **WAIVER OF SECTION 1009 ADJUSTMENT.**—The adjustment to become effective during Fiscal year 2008 required by section 1009 of title 37, United States Code, in the rates of monthly basic pay authorized for members of the uniformed services shall not be made.

(b) **INCREASE IN BASIC PAY.**—Effective on January 1, 2008, the rates of monthly basic pay for members of the uniformed services are increased by 3.5 percent.

#### **SENATE LEGAL COUNSEL AUTHORIZATION**

Mr. SANDERS. Madam President, I ask unanimous consent that the Senate proceed to the immediate consideration of S. Res. 284 submitted earlier today.

The PRESIDING OFFICER. The clerk will report the resolution by title.

The assistant legislative clerk read as follows:

A resolution (S. Res. 284) to authorize testimony and legal representation in City and County of Denver v. Susan I. Gomez, Daniel R. Egger, and Carter Merrill.

There being no objection, the Senate proceeded to consider the resolution.

Mr. REID. Madam President, this resolution concerns a request for testimony and representation in trespass actions in Denver County Court in Denver, CO. In these actions, protesters have been charged with trespassing in the building housing Senator KEN SALAZAR's Denver, CO, office on February 21, 2007, for refusing repeated requests by the police to leave the premises. Trials on charges of tres-

pass are scheduled to commence on August 22, 2007. The defense has subpoenaed a member of the Senator's staff who had conversations with the defendant protesters during the charged events. Senator SALAZAR would like to cooperate by providing testimony from his staff. This resolution would authorize that staff member, and any other employee of Senator SALAZAR's office from whom evidence may be required, to testify in connection with these actions, with representation by the Senate Legal Counsel.

Mr. SANDERS. I ask unanimous consent that the resolution be agreed to, the preamble be agreed to, the motions to reconsider be laid upon the table, and that any statements relating thereto be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The resolution (S. Res. 284) was agreed to.

The preamble was agreed to.

The resolution, with its preamble, reads as follows:

#### **S. RES. 284**

Whereas, in the cases of City and County of Denver v. Susan I. Gomez (07GS008693), Daniel R. Egger (07GS008692), and Carter Merrill (07GS967589), pending in Denver County Court in Denver, Colorado, testimony has been requested from Matthew Cheroutes, an employee in the office of Senator Ken Salazar;

Whereas, pursuant to sections 703(a) and 704(a)(2) of the Ethics in Government Act of 1978, 2 U.S.C. §§288b(a) and 288c(a)(2), the Senate may direct its counsel to represent employees of the Senate with respect to any subpoena, order, or request for testimony relating to their official responsibilities;

Whereas, by the privileges of the Senate of the United States and Rule XI of the Standing Rules of the Senate, no evidence under the control or in the possession of the Senate may, by the judicial or administrative process, be taken from such control or possession but by permission of the Senate;

Whereas, when it appears that evidence under the control or in the possession of the Senate may promote the administration of justice, the Senate will take such action as will promote the ends of justice consistent with the privileges of the Senate: Now, therefore, be it

*Resolved*, That Matthew Cheroutes and any other employees of Senator Salazar's office from whom testimony may be required are authorized to testify in the cases of City and County of Denver v. Susan I. Gomez, Daniel R. Egger, and Carter Merrill, except concerning matters for which a privilege should be asserted.

SEC. 2. The Senate Legal Counsel is authorized to represent Matthew Cheroutes and other employees of Senator Salazar's staff in the actions referenced in section one of this resolution.

#### **REGARDING COURTS WITH FIDUCIARY RESPONSIBILITY FOR A CHILD OF A DECEASED MEMBER OF THE ARMED FORCES**

Mr. SANDERS. Madam President, I ask unanimous consent that the Senate proceed to the immediate consideration of H. Con. Res. 175, just received from the House and at the desk.