

Union Calendar No. 39

110TH CONGRESS
1ST SESSION

H. R. 1538

[Report No. 110–68, Part I]

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.

IN THE HOUSE OF REPRESENTATIVES

MARCH 15, 2007

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

MARCH 23, 2007

Reported from the Committee on Armed Services with an amendment

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

MARCH 23, 2007

Additional sponsors: Mrs. BOYDA of Kansas, Mr. REYES, Mr. JOHNSON of Georgia, Mr. UDALL of Colorado, Mr. ABERCROMBIE, Mr. SHUSTER, Mr. MCINTYRE, Mr. MILLER of Florida, Mrs. TAUSCHER, Mr. ROGERS of Alabama, Mr. SAXTON, Mrs. DAVIS of California, Mrs. JO ANN DAVIS of Virginia, Mr. HAYES, Mr. DELAHUNT, Mr. GRAVES, Mr. BILBRAY, Ms. BERKLEY, Mr. SOUDER, Mr. GINGREY, Mr. WALBERG, Mr. AKIN, Mr. PORTER, and Ms. HARMAN

MARCH 23, 2007

Committee on Veterans' Affairs discharged; committed to the Committee of the Whole House on the State of the Union and ordered to be printed

A BILL

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.

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

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

4 (a) *SHORT TITLE.*—*This Act may be cited as the*
 5 *“Wounded Warrior Assistance Act of 2007”.*

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

Sec. 1. Short title; table of contents.

Sec. 2. Definitions.

TITLE I—WOUNDED WARRIOR ASSISTANCE

Sec. 101. Improvements to medical and dental care for members of the Armed Forces assigned to hospitals in an outpatient status.

Sec. 102. Establishment of toll-free hot line for reporting deficiencies in medical-related support facilities and expedited response to reports of deficiencies.

Sec. 103. Notification to Congress of hospitalization of combat wounded service members.

Sec. 104. Independent medical advocate for members before medical evaluation boards.

Sec. 105. Training and workload for physical evaluation board liaison officers.

Sec. 106. Standardized training program and curriculum for Department of Defense disability evaluation system.

Sec. 107. Improved training for health care professionals, medical care case managers, and service member advocates on particular conditions of recovering service members.

Sec. 108. Pilot program to establish an Army Wounded Warrior Battalion at an appropriate active duty base.

Sec. 109. Criteria for removal of member from temporary disability retired list.

Sec. 110. *Improved transition of members of the Armed Forces to Department of Veterans Affairs upon retirement or separation.*

Sec. 111. *Establishment of Medical Support Fund for support of members of the Armed Forces returning to military service or civilian life.*

Sec. 112. *Oversight Board for Wounded Warriors.*

TITLE II—STUDIES AND REPORTS

Sec. 201. *Annual report on military medical facilities.*

Sec. 202. *Access of recovering service members to adequate outpatient residential facilities.*

Sec. 203. *Evaluation and report on Department of Defense and Department of Veterans Affairs disability evaluation systems.*

Sec. 204. *Study and report on support services for families of recovering service members.*

Sec. 205. *Report on traumatic brain injury classifications.*

Sec. 206. *Evaluation of the Polytrauma Liaison Officer/Non-Commissioned Officer Program.*

TITLE III—GENERAL PROVISIONS

Sec. 301. *Moratorium on conversion to contractor performance of Department of Defense functions at military medical facilities.*

Sec. 302. *Prohibition on transfer of resources from medical care.*

Sec. 303. *Increase in physicians at hospitals of the Department of Veterans Affairs.*

1 **SEC. 2. DEFINITIONS.**

2 *In this Act:*

3 (1) *CONGRESSIONAL DEFENSE COMMITTEES.—*

4 *The term “congressional defense committees” has the*
 5 *meaning given that term in section 101(a)(16) of title*
 6 *10, United States Code.*

7 (2) *DISABILITY EVALUATION SYSTEM.—The term*

8 *“disability evaluation system” means the Department*
 9 *of Defense system or process for evaluating the nature*
 10 *of and extent of disabilities affecting members of the*
 11 *armed forces (other than the Coast Guard) and com-*
 12 *prised of medical evaluation boards, physical evalua-*
 13 *tion boards, counseling of members, and final disposi-*
 14 *tion by appropriate personnel authorities, as operated*

1 *by the Secretaries of the military departments, and,*
2 *in the case of the Coast Guard, a similar system or*
3 *process operated by the Secretary of Homeland Secu-*
4 *rity.*

5 (3) *FAMILY MEMBER.*—*The term “family mem-*
6 *ber”, with respect to a recovering service member, has*
7 *the meaning given that term in section 411h(b) of*
8 *title 37, United States Code.*

9 (4) *RECOVERING SERVICE MEMBER.*—*The term*
10 *“recovering service member” means a member of the*
11 *Armed Forces, including a member of the National*
12 *Guard or a Reserve, who is undergoing medical treat-*
13 *ment, recuperation, or therapy, or is otherwise in*
14 *medical hold or holdover status, for an injury, illness,*
15 *or disease incurred or aggravated while on active*
16 *duty in the Armed Forces.*

17 **TITLE I—WOUNDED WARRIOR**
18 **ASSISTANCE**

19 **SEC. 101. IMPROVEMENTS TO MEDICAL AND DENTAL CARE**
20 **FOR MEMBERS OF THE ARMED FORCES AS-**
21 **SIGNED TO HOSPITALS IN AN OUTPATIENT**
22 **STATUS.**

23 (a) *MEDICAL AND DENTAL CARE OF MEMBERS AS-*
24 *SIGNED TO HOSPITALS IN AN OUTPATIENT STATUS.*—

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

4 “§1074l. **Management of medical and dental care:**
5 **members assigned to receive care in an**
6 **outpatient status**

7 “(a) *MEDICAL CARE CASE MANAGERS.*—(1) *A member*
8 *in an outpatient status at a military medical treatment*
9 *facility shall be assigned a medical care case manager.*

10 “(2)(A) *The duties of the medical care case manager*
11 *shall include the following with respect to the member (or*
12 *the member’s immediate family if the member is incapable*
13 *of making judgments about personal medical care):*

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

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

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

20 “(B) *The weekly medical status review described in*
21 *subparagraph (A)(iii) shall be conducted in person with the*
22 *member. If such a review is not practicable, the medical*
23 *care case manager shall provide a written statement to the*
24 *case manager’s supervisor indicating why an in-person*
25 *medical status review was not possible.*

1 “(3)(A) *Except as provided in subparagraph (B), each*
2 *medical care case manager shall be assigned to manage not*
3 *more than 17 members in an outpatient status.*

4 “(B) *The Secretary concerned may waive for up to 120*
5 *days the requirement of subparagraph (A) if required due*
6 *to unforeseen circumstances.*

7 “(4)(A) *The medical care case manager office at each*
8 *facility shall be headed by a commissioned officer of appro-*
9 *priate rank and appropriate military occupation specialty,*
10 *designator, or specialty code.*

11 “(B) *For purposes of subparagraph (A), an appro-*
12 *priate military occupation specialty, designator, or spe-*
13 *cialty code includes membership in the Army Medical*
14 *Corps, Army Medical Service Corps, Army Nurse Corps,*
15 *Navy Medical Corps, Navy Medical Service Corps, Navy*
16 *Nurse Corps, or Air Force Medical Service.*

17 “(5) *The Secretary of Defense shall establish a stand-*
18 *ard training program and curriculum for medical care case*
19 *managers. Successful completion of the training program*
20 *is required before a person may assume the duties of a med-*
21 *ical care case manager.*

22 “(b) *SERVICE MEMBER ADVOCATE.—(1) A member in*
23 *an outpatient status shall be assigned a service member ad-*
24 *vocate.*

1 “(2) *The duties of the service member advocate shall*
2 *include—*

3 “(A) *communicating with the member and with*
4 *the member’s family or other individuals designated*
5 *by the member;*

6 “(B) *assisting with oversight of the member’s*
7 *welfare and quality of life; and*

8 “(C) *assisting the member in resolving problems*
9 *involving financial, administrative, personnel, transi-*
10 *tional, and other matters.*

11 “(3)(A) *Except as provided in subparagraph (B), each*
12 *service member advocate shall be assigned to not more than*
13 *30 members in an outpatient status.*

14 “(B) *The Secretary concerned may waive for up to 120*
15 *days the requirement of subparagraph (A) if required due*
16 *to unforeseen circumstances.*

17 “(4) *The service member advocate office at each facility*
18 *shall be headed by a commissioned officer of appropriate*
19 *rank and appropriate military occupation specialty, desig-*
20 *nator, or specialty code in order to handle service-specific*
21 *personnel and financial issues.*

22 “(5) *The Secretary of Defense shall establish a stand-*
23 *ard training program and curriculum for service member*
24 *advocates. Successful completion of the training program*

1 *is required before a person may assume the duties of a serv-*
2 *ice member advocate.*

3 “(6) *A service member advocate shall continue to per-*
4 *form the duties described in paragraph (2) with respect to*
5 *a member until the member is returned to duty or separated*
6 *or retired from the armed forces.*

7 “(c) *SEMIANNUAL SURVEYS BY SECRETARIES CON-*
8 *CERNED.—The Secretary concerned shall conduct a semi-*
9 *annual survey of members in an outpatient status at instal-*
10 *lations under the Secretary’s supervision. The survey shall*
11 *include, at a minimum, the members’ assessment of the*
12 *quality of medical care at the facility, the timeliness of med-*
13 *ical care at the facility, the adequacy of living facilities*
14 *and other quality of life programs, the adequacy of case*
15 *management support, and the fairness and timeliness of the*
16 *physical disability evaluation system. The survey shall be*
17 *conducted in coordination with installation medical com-*
18 *manders and authorities, and shall be coordinated with*
19 *such commanders and authorities before submission to the*
20 *Secretary.*

21 “(d) *DEFINITIONS.—In this section:*

22 “(1) *The term ‘member in an outpatient status’*
23 *means a member of the armed forces assigned to a*
24 *military medical treatment facility as an outpatient*
25 *or to a unit established for the purpose of providing*

1 *command and control of members receiving medical*
2 *care as outpatients.*

3 “(2) *The term ‘disability evaluation system’*
4 *means the Department of Defense system or process*
5 *for evaluating the nature of and extent of disabilities*
6 *affecting members of the armed forces (other than the*
7 *Coast Guard) and comprised of medical evaluation*
8 *boards, physical evaluation boards, counseling of*
9 *members, and final disposition by appropriate per-*
10 *sonnel authorities, as operated by the Secretaries of*
11 *the military departments, and, in the case of the*
12 *Coast Guard, a similar system or process operated by*
13 *the Secretary of Homeland Security.’”.*

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

 “1074l. *Management of medical and dental care: members assigned to receive care*
 in an outpatient status.’”.

17 (b) *EFFECTIVE DATE.—Section 1074l of title 10,*
18 *United States Code, as added by subsection (a), shall take*
19 *effect 180 days after the date of the enactment of this Act.*

1 **SEC. 102. ESTABLISHMENT OF TOLL-FREE HOT LINE FOR**
2 **REPORTING DEFICIENCIES IN MEDICAL-RE-**
3 **LATED SUPPORT FACILITIES AND EXPEDITED**
4 **RESPONSE TO REPORTS OF DEFICIENCIES.**

5 (a) *ESTABLISHMENT.*—Chapter 80 of title 10, United
6 States Code, is amended by adding at the end the following
7 new section:

8 **“§ 1567. Identification and investigation of defi-**
9 **ciencies in adequacy, quality, and state of**
10 **repair of medical-related support facili-**
11 **ties**

12 “(a) *TOLL-FREE HOT LINE.*—The Secretary of De-
13 fense shall establish and maintain a toll-free telephone num-
14 ber (commonly referred to as a ‘hot line’) at which personnel
15 are accessible at all times to collect, maintain, and update
16 information regarding possible deficiencies in the adequacy,
17 quality, and state of repair of medical-related support fa-
18 cilities. The Secretary shall widely disseminate information
19 regarding the existence and availability of the toll-free tele-
20 phone number to members of the armed forces and their
21 dependents.

22 “(b) *INVESTIGATION AND RESPONSE PLAN.*—Not later
23 than 96 hours after a report of deficiencies in the adequacy,
24 quality, or state of repair of a medical-related support facil-
25 ity is received by way of the toll-free telephone number or
26 other source, the Secretary of Defense shall ensure that—

1 “(1) the deficiencies referred to in the report are
2 investigated; and

3 “(2) if substantiated, a plan of action for reme-
4 diation of the deficiencies is developed and imple-
5 mented.

6 “(c) *RELOCATION*.—If the Secretary of Defense deter-
7 mines, on the basis of the investigation conducted in re-
8 sponse to a report of deficiencies at a medical-related sup-
9 port facility, that conditions at the facility violate health
10 and safety standards, the Secretary shall relocate the occu-
11 pants of the facility while the violations are corrected.

12 “(d) *MEDICAL-RELATED SUPPORT FACILITY DE-*
13 *FINED*.—In this section, the term ‘medical-related support
14 facility’ means any facility of the Department of Defense
15 that provides support to any of the following:

16 “(1) Members of the armed forces admitted for
17 treatment to a military medical treatment facility.

18 “(2) Members of the armed forces assigned to a
19 military medical treatment facility as an outpatient.

20 “(3) Family members accompanying any mem-
21 ber described in paragraph (1) or (2) as a nonmed-
22 ical attendant.”.

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

“1567. Identification and investigation of deficiencies in adequacy, quality, and state of repair of medical-related support facilities.”.

1 (c) *EFFECTIVE DATE.*—*The toll-free telephone number*
 2 *required to be established by section 1567 of title 10, United*
 3 *States Code, as added by subsection (a), shall be fully oper-*
 4 *ational not later than 180 days after the date of the enact-*
 5 *ment of this Act.*

6 **SEC. 103. NOTIFICATION TO CONGRESS OF HOSPITALIZA-**
 7 **TION OF COMBAT WOUNDED SERVICE MEM-**
 8 **BERS.**

9 (a) *NOTIFICATION REQUIRED.*—*Chapter 55 of title 10,*
 10 *United States Code, is further amended by inserting after*
 11 *section 1074l the following new section:*

12 **“§ 1074m. Notification to Congress of hospitalization**
 13 **of combat wounded members**

14 “(a) *NOTIFICATION REQUIRED.*—*The Secretary con-*
 15 *cerned shall provide notification of the hospitalization of*
 16 *any member of the armed forces evacuated from a theater*
 17 *of combat to the appropriate Members of Congress.*

18 “(b) *APPROPRIATE MEMBERS.*—*In this section, the*
 19 *term ‘appropriate Members of Congress’, with respect to the*
 20 *member of the armed forces about whom notification is*
 21 *being made, means the Senators and the Members of the*
 22 *House of Representatives representing the States or dis-*
 23 *tricts, respectively, that include the member’s home of record*

1 *and, if different, the residence of the next of kin, or a dif-*
 2 *ferent location as provided by the member.*

3 “(c) *CONSENT OF MEMBER REQUIRED.*—*The notifica-*
 4 *tion under subsection (a) may be provided only with the*
 5 *consent of the member of the armed forces about whom noti-*
 6 *fication is to be made. In the case of a member who is un-*
 7 *able to provide consent, information and consent may be*
 8 *provided by next of kin.”.*

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

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

12 **SEC. 104. INDEPENDENT MEDICAL ADVOCATE FOR MEM-**
 13 **BERS BEFORE MEDICAL EVALUATION**
 14 **BOARDS.**

15 (a) *ASSIGNMENT OF INDEPENDENT MEDICAL ADVO-*
 16 *CATE.*—*Section 1222 of title 10, United States Code, is*
 17 *amended by adding at the end the following new subsection:*

18 “(d) *INDEPENDENT MEDICAL ADVOCATE FOR MEM-*
 19 *BERS BEFORE MEDICAL EVALUATION BOARDS.*—(1) *The*
 20 *Secretary of each military department shall ensure, in the*
 21 *case of any member of the armed forces being considered*
 22 *by a medical evaluation board under that Secretary’s super-*
 23 *vision, that the member has access to a physician or other*
 24 *appropriate health care professional who is independent of*
 25 *the medical evaluation board.*

1 “(2) *The physician or other health care professional*
2 *assigned to a member shall—*

3 “(A) *serve as an advocate for the best interests*
4 *of the member; and*

5 “(B) *provide the member with advice and coun-*
6 *sel regarding the medical condition of the member*
7 *and the findings and recommendations of the medical*
8 *evaluation board.”.*

9 (b) *CLERICAL AMENDMENTS.—*

10 (1) *SECTION HEADING.—The heading of such sec-*
11 *tion is amended to read as follows:*

12 “**§ 1222. Physical evaluation boards and medical eval-**
13 **uation boards”.**

14 (2) *TABLE OF SECTIONS.—The table of sections*
15 *at the beginning of chapter 61 of such title is amend-*
16 *ed by striking the item relating to section 1222 and*
17 *inserting the following new item:*

“1222. *Physical evaluation boards and medical evaluation boards.”.*

18 (c) *EFFECTIVE DATE.—Subsection (d) of section 1222*
19 *of title 10, United States Code, as added by subsection (a),*
20 *shall apply with respect to medical evaluation boards con-*
21 *vened after the end of the 180-day period beginning on the*
22 *date of the enactment of this Act.*

1 **SEC. 105. TRAINING AND WORKLOAD FOR PHYSICAL EVAL-**
2 **UATION BOARD LIAISON OFFICERS.**

3 (a) *REQUIREMENTS.*—Section 1222(b) of title 10,
4 *United States Code, is amended—*

5 (1) *in paragraph (1)—*

6 (A) *by striking “establishing—” and all*
7 *that follows through “a requirement” and insert-*
8 *ing “establishing a requirement”; and*

9 (B) *by striking “that Secretary; and” and*
10 *all that follows through the end of subparagraph*
11 *(B) and inserting “that Secretary. A physical*
12 *evaluation board liaison officer may not be as-*
13 *signed more than 20 members at any one time,*
14 *except that the Secretary concerned may author-*
15 *ize the assignment of additional members, for not*
16 *more than 120 days, if required due to unfore-*
17 *seen circumstances.”;*

18 (2) *in paragraph (2), by inserting after “(2)”*
19 *the following new sentences: “The Secretary of Defense*
20 *shall establish a standardized training program and*
21 *curriculum for physical evaluation board liaison offi-*
22 *cers. Successful completion of the training program is*
23 *required before a person may assume the duties of a*
24 *physical evaluation board liaison officer.”; and*

25 (3) *by adding at the end the following new para-*
26 *graph:*

1 “(3) *In this subsection, the term ‘physical evaluation*
2 *board liaison officer’ includes any person designated as, or*
3 *assigned the duties of, an assistant to a physical evaluation*
4 *board liaison officer.’”.*

5 **(b) EFFECTIVE DATE.**—*The limitation on the max-*
6 *imum number of members of the Armed Forces who may*
7 *be assigned to a physical evaluation board liaison officer*
8 *shall take effect 180 days after the date of the enactment*
9 *of this Act. The training program and curriculum for phys-*
10 *ical evaluation board liaison officers shall be implemented*
11 *not later than 180 days after the date of the enactment of*
12 *this Act.*

13 **SEC. 106. STANDARDIZED TRAINING PROGRAM AND CUR-**
14 **RICULUM FOR DEPARTMENT OF DEFENSE**
15 **DISABILITY EVALUATION SYSTEM.**

16 **(a) TRAINING PROGRAM REQUIRED.**—*Section 1216 of*
17 *title 10, United States Code, is amended by adding at the*
18 *end the following new subsection:*

19 “(e)(1) *The Secretary of Defense shall establish a*
20 *standardized training program and curriculum for persons*
21 *described in paragraph (2) who are involved in the dis-*
22 *ability evaluation system. The training under the program*
23 *shall be provided as soon as practicable in coordination*
24 *with other training associated with the responsibilities of*
25 *the person.*

1 “(2) *Persons covered by paragraph (1) include—*

2 “(A) *Commanders.*

3 “(B) *Enlisted members who perform supervisory*
4 *functions.*

5 “(C) *Health care professionals.*

6 “(D) *Others persons with administrative, profes-*
7 *sional, or technical responsibilities in the disability*
8 *evaluation system.*

9 “(3) *In this subsection, the term ‘disability evaluation*
10 *system’ means the Department of Defense system or process*
11 *for evaluating the nature of and extent of disabilities affect-*
12 *ing members of the armed forces (other than the Coast*
13 *Guard) and comprised of medical evaluation boards, phys-*
14 *ical evaluation boards, counseling of members, and final*
15 *disposition by appropriate personnel authorities, as oper-*
16 *ated by the Secretaries of the military departments, and,*
17 *in the case of the Coast Guard, a similar system or process*
18 *operated by the Secretary of Homeland Security.’”.*

19 (b) *EFFECTIVE DATE.—The standardized training*
20 *program and curriculum required by subsection (e) of sec-*
21 *tion 1216 of title 10, United States Code, as added by sub-*
22 *section (a), shall be established not later than 180 days after*
23 *the date of the enactment of this Act.*

1 **SEC. 107. IMPROVED TRAINING FOR HEALTH CARE PROFES-**
2 **SIONALS, MEDICAL CARE CASE MANAGERS,**
3 **AND SERVICE MEMBER ADVOCATES ON PAR-**
4 **TICULAR CONDITIONS OF RECOVERING SERV-**
5 **ICE MEMBERS.**

6 (a) *RECOMMENDATIONS.*—Not later than 90 days after
7 the date of the enactment of this Act, the Secretary of De-
8 fense shall submit to the appropriate congressional commit-
9 tees a report setting forth recommendations for the modi-
10 fication of the training provided to health care profes-
11 sionals, medical care case managers, and service member
12 advocates who provide care for or assistance to recovering
13 service members. The recommendations shall include, at a
14 minimum, specific recommendations to ensure that such
15 health care professionals, medical care case managers, and
16 service member advocates are able to detect early warning
17 signs of post-traumatic stress disorder (PTSD), suicidal
18 tendencies, and other mental health conditions among re-
19 covering service members, and make prompt notification to
20 the appropriate health care professionals.

21 (b) *ANNUAL REVIEW OF TRAINING.*—Not later than
22 180 days after the date of the enactment of this Act and
23 annually thereafter throughout the global war on terror, the
24 Secretary shall submit to the appropriate congressional
25 committees a report on the following:

1 (1) *The progress made in providing the training*
2 *recommended under subsection (a).*

3 (2) *The quality of training provided to health*
4 *care professionals, medical care case managers, and*
5 *service member advocates, and the number of such*
6 *professionals, managers, and advocates trained.*

7 (c) *TRACKING SYSTEM.—The Secretary shall develop*
8 *a system to track the number of notifications made by med-*
9 *ical care case managers and service member advocates to*
10 *health care professionals regarding early warning signs of*
11 *post-traumatic stress disorder and suicide in recovering*
12 *service members assigned to the managers and advocates.*

13 **SEC. 108. PILOT PROGRAM TO ESTABLISH AN ARMY WOUND-**
14 **ED WARRIOR BATTALION AT AN APPRO-**
15 **PRIATE ACTIVE DUTY BASE.**

16 (a) *PILOT PROGRAM REQUIRED.—*

17 (1) *ESTABLISHMENT.—The Secretary of the*
18 *Army shall establish a pilot program, at an appro-*
19 *priate active duty base with a major medical facility,*
20 *based on the Wounded Warrior Regiment program of*
21 *the Marine Corps. The pilot program shall be known*
22 *as the Army Wounded Warrior Battalion.*

23 (2) *PURPOSE.—Under the pilot program, the*
24 *Battalion shall track and assist members of the*

1 *Armed Forces in an outpatient status who are still in*
2 *need of medical treatment through—*

3 *(A) the course of their treatment;*

4 *(B) medical and physical evaluation*
5 *boards;*

6 *(C) transition back to their parent units;*
7 *and*

8 *(D) medical retirement and subsequent*
9 *transition into the Department of Veterans Af-*
10 *fairs medical system.*

11 *(3) ORGANIZATION.—The commanding officer of*
12 *the Battalion shall be selected by the Army Chief of*
13 *Staff and shall be a post-command, at O-5 or O-5*
14 *select, with combat experience in Operation Iraqi*
15 *Freedom or Operation Enduring Freedom. The chain-*
16 *of-command shall be filled by previously wounded*
17 *junior officers and non-commissioned officers when*
18 *available and appropriate.*

19 *(4) FACILITIES.—The base selected for the pilot*
20 *program shall provide adequate physical infrastruc-*
21 *ture to house the Army Wounded Warrior Battalion.*
22 *Any funds necessary for construction or renovation of*
23 *existing facilities shall be allocated from the Depart-*
24 *ment of Defense Medical Support Fund established*
25 *under this Act.*

1 (5) *COORDINATION.*—*The Secretary of the Army*
2 *shall consult with appropriate Marine Corps counter-*
3 *parts to ensure coordination of best practices and les-*
4 *sons learned.*

5 (6) *PERIOD OF PILOT PROGRAM.*—*The pilot pro-*
6 *gram shall be in effect for a period of one year.*

7 (b) *REPORTING REQUIREMENT.*—*Not later than 90*
8 *days after the end of the one-year period for the pilot*
9 *project, the Secretary of the Army shall submit to Congress*
10 *a report containing—*

11 (1) *an evaluation of the results of the pilot*
12 *project;*

13 (2) *an assessment of the Army's ability to estab-*
14 *lish Wounded Warrior Battalions at other major*
15 *Army bases.*

16 (3) *recommendations regarding—*

17 (A) *the adaptability of the Wounded War-*
18 *rior Battalion concept for the Army's larger*
19 *wounded population; and*

20 (B) *closer coordination and sharing of re-*
21 *sources with counterpart programs of the Marine*
22 *Corps.*

23 (c) *EFFECTIVE DATE.*—*The pilot program required by*
24 *this section shall be implemented not later than 180 days*
25 *after the date of the enactment of this Act.*

1 **SEC. 109. CRITERIA FOR REMOVAL OF MEMBER FROM TEM-**
2 **PORARY DISABILITY RETIRED LIST.**

3 (a) *CRITERIA.*—Section 1210(e) of title 10, United
4 States Code, is amended by inserting “of a permanent na-
5 ture and stable and is” after “physical disability is”.

6 (b) *EFFECTIVE DATE.*—The amendment made by sub-
7 section (a) shall apply to any case received for consider-
8 ation by a physical evaluation board after the date of the
9 enactment of this Act.

10 **SEC. 110. IMPROVED TRANSITION OF MEMBERS OF THE**
11 **ARMED FORCES TO DEPARTMENT OF VET-**
12 **ERANS AFFAIRS UPON RETIREMENT OR SEPA-**
13 **RATION.**

14 (a) *TRANSITION OF MEMBERS SEPARATED OR RE-*
15 *TIRED.*—

16 (1) *TRANSITION PROCESS.*—Chapter 58 of title
17 10, United States Code, is amended by inserting after
18 section 1142 the following new section:

19 **“§ 1142a. Process for transition of members to health**
20 **care and physical disability systems of De-**
21 **partment of Veterans Affairs**

22 “(a) *TRANSITION PLAN.*—(1) The Secretary of Defense
23 shall ensure that each member of the armed forces who is
24 being separated or retired under chapter 61 of this title re-
25 ceives a written transition plan that—

1 “(A) specifies the recommended schedule and
2 milestones for the transition of the member from mili-
3 tary service; and

4 “(B) provides for a coordinated transition of the
5 member from the Department of Defense disability
6 system to the Department of Veterans Affairs.

7 “(2) A member being separated or retired under chap-
8 ter 61 of this title shall receive the transition plan before
9 the separation or retirement date of the member.

10 “(3) The transition plan for a member under this sub-
11 section shall include information and guidance designed to
12 assist the member in understanding and meeting the sched-
13 ule and milestones for the member’s transition.

14 “(b) *FORMAL TRANSITION PROCESS.*—(1) The Sec-
15 retary of Defense, in cooperation with the Secretary of Vet-
16 erans Affairs, shall establish a formal process for the trans-
17 mittal to the Secretary of Veterans Affairs of the records
18 and other information described in paragraph (2) as part
19 of the separation or retirement of a member of the armed
20 forces under chapter 61 of this title.

21 “(2) The records and other information to be trans-
22 mitted under paragraph (1) with respect to a member shall
23 include, at a minimum, the following:

24 “(A) The member’s address and contact informa-
25 tion.

1 “(B) *The member’s DD–214 discharge form,*
2 *which shall be transmitted electronically.*

3 “(C) *A copy of the member’s service record, in-*
4 *cluding medical records and any results of a Physical*
5 *Evaluation Board.*

6 “(D) *Whether the member is entitled to transi-*
7 *tional health care, a conversion health policy, or other*
8 *health benefits through the Department of Defense*
9 *under section 1145 of this title.*

10 “(E) *Any requests by the member for assistance*
11 *in enrolling in, or completed applications for enroll-*
12 *ment in, the health care system of the Department of*
13 *Veterans Affairs for health care benefits for which the*
14 *member may be eligible under laws administered by*
15 *the Secretary of Veterans Affairs.*

16 “(F) *Any requests by the member for assistance*
17 *in applying for, or completed applications for, com-*
18 *pen-sation and vocational rehabilitation benefits to*
19 *which the member may be entitled under laws admin-*
20 *istered by the Secretary of Veterans Affairs, if the*
21 *member is being medically separated or is being re-*
22 *tired under chapter 61 of this title.*

23 “(3) *The transmittal of information under paragraph*
24 *(1) may be subject to the consent of the member, as required*
25 *by statute.*

1 “(4) *With the consent of the member, the member’s ad-*
2 *dress and contact information shall also be submitted to the*
3 *department or agency for veterans affairs of the State in*
4 *which the member intends to reside after the separation or*
5 *retirement of the member.*

6 “(c) *MEETING.—(1) The formal process required by*
7 *subsection (b) for the transmittal of records and other infor-*
8 *mation with respect to a member shall include a meeting*
9 *between representatives of the Secretary concerned and the*
10 *Secretary of Veterans Affairs, which shall take place at a*
11 *location designated by the Secretaries. The member shall be*
12 *informed of the meeting at least 30 days in advance of the*
13 *meeting, except that the member may waive the notice re-*
14 *quirement in order to accelerate transmission of the mem-*
15 *ber’s records and other information to the Department of*
16 *Veterans Affairs.*

17 “(2) *A member shall be given an opportunity to submit*
18 *a written statement for consideration by the Secretary of*
19 *Veterans Affairs.*

20 “(d) *TIME FOR TRANSMITTAL OF RECORDS.—The Sec-*
21 *retary concerned shall provide for the transmittal to the De-*
22 *partment of Veterans Affairs of records and other informa-*
23 *tion with respect to a member at the earliest practicable*
24 *date. In no case should the transmittal occur later than the*
25 *date of the separation or retirement of the member.*

1 *Defense and the Secretary of Veterans Affairs shall establish*
2 *and implement a single medical information system for the*
3 *Department of Defense and the Department of Veterans Af-*
4 *fairs for the purpose of ensuring the complete interoper-*
5 *ability and bi-directional, real-time exchange of critical*
6 *medical information.*

7 *(d) CO-LOCATION OF VA BENEFIT TEAMS.—*

8 *(1) CO-LOCATION.—The Secretary of Defense and*
9 *the Secretary of Veterans Affairs shall jointly deter-*
10 *mine the optimal locations for the deployment of De-*
11 *partment of Veterans Affairs benefits team to support*
12 *recovering service members assigned to military med-*
13 *ical treatment facilities, medical-related support fa-*
14 *cilities, and community-based health care organiza-*
15 *tions.*

16 *(2) MILITARY MEDICAL TREATMENT FACILITY*
17 *DEFINED.—In this subsection, the term “medical-re-*
18 *lated support facility” has the meaning given that*
19 *term in subsection (b) of section 490 of title 10,*
20 *United States Code, as added by section 201(a) of this*
21 *Act.*

22 *(e) REPEAL OF SUPERSEDED CHAPTER 61 MEDICAL*
23 *RECORD TRANSMITTAL REQUIREMENT.—*

24 *(1) REPEAL.—Section 1142 of such title is*
25 *amended by striking subsection (c).*

1 (2) *SECTION HEADING.*—*The heading of such sec-*
 2 *tion is amended to read as follows:*

3 **“§ 1142. Preseparation counseling”.**

4 (3) *TABLE OF SECTIONS.*—*The table of sections*
 5 *at the beginning of chapter 58 of such title is amend-*
 6 *ed by striking the item relating to section 1142 and*
 7 *inserting the following new item:*

 “1142. Preseparation counseling.”.

8 (f) *EFFECTIVE DATES.*—*Section 1142a of title 10,*
 9 *United States Code, as added by subsection (a), and sub-*
 10 *section (d) of section 1145 of such title, as added by sub-*
 11 *section (b), shall apply with respect to members of the*
 12 *Armed Forces who are separated or retired from the Armed*
 13 *Forces on or after the first day of the eighth month begin-*
 14 *ning after the date of the enactment of this Act. The require-*
 15 *ments of subsections (c) and (d), and the amendments made*
 16 *by subsection (e), shall take effect on the first day of such*
 17 *eighth month.*

18 **SEC. 111. ESTABLISHMENT OF MEDICAL SUPPORT FUND**
 19 **FOR SUPPORT OF MEMBERS OF THE ARMED**
 20 **FORCES RETURNING TO MILITARY SERVICE**
 21 **OR CIVILIAN LIFE.**

22 (a) *ESTABLISHMENT AND PURPOSE.*—*There is estab-*
 23 *lished on the books of the Treasury a fund to be known as*
 24 *the Department of Defense Medical Support Fund (herein-*

1 *after in this section referred to as the “Fund”), which shall*
2 *be administered by the Secretary of the Treasury.*

3 *(b) PURPOSES.—The Fund shall be used—*

4 *(1) to support programs and activities relating*
5 *to the medical treatment, care, rehabilitation, recov-*
6 *ery, and support of wounded and injured members of*
7 *the Armed Forces and their return to military service*
8 *or transition to civilian society; and*

9 *(2) to support programs and facilities intended*
10 *to support the families of wounded and injured mem-*
11 *bers of the Armed Forces.*

12 *(c) ASSETS OF FUND.—There shall be deposited into*
13 *the Fund any amount appropriated to the Fund, which*
14 *shall constitute the assets of the Fund.*

15 *(d) TRANSFER OF FUNDS.—*

16 *(1) AUTHORITY TO TRANSFER.—The Secretary of*
17 *Defense may transfer amounts in the Fund to appro-*
18 *priations accounts for military personnel; operation*
19 *and maintenance; procurement; research, develop-*
20 *ment, test, and evaluation; military construction; and*
21 *the Defense Health Program. Amounts so transferred*
22 *shall be merged with and available for the same pur-*
23 *poses and for the same time period as the appropria-*
24 *tion account to which transferred.*

1 (2) *ADDITION TO OTHER AUTHORITY.*—The
2 *transfer authority provided in paragraph (1) is in*
3 *addition to any other transfer authority available to*
4 *the Department of Defense. Upon a determination*
5 *that all or part of the amounts transferred from the*
6 *Fund are not necessary for the purposes for which*
7 *transferred, such amounts may be transferred back to*
8 *the Fund.*

9 (3) *NOTIFICATION.*—The Secretary of Defense
10 *shall, not fewer than five days before making a trans-*
11 *fer from the Fund, notify the congressional defense*
12 *committees in writing of the details of the transfer.*

13 (e) *AUTHORIZATION.*—There is hereby authorized to be
14 *appropriated to the Medical Support Fund, from an emer-*
15 *gency supplemental appropriation for fiscal year 2007 or*
16 *2008, \$50,000,000, to remain available through September*
17 *30, 2008.*

18 **SEC. 112. OVERSIGHT BOARD FOR WOUNDED WARRIORS.**

19 (a) *ESTABLISHMENT.*—There is hereby established a
20 *board to be known as the Oversight Board for Wounded*
21 *Warriors (in this section referred to as the “Oversight*
22 *Board”).*

23 (b) *COMPOSITION.*—The Oversight Board shall be com-
24 *posed of 12 members, of whom—*

1 (1) *two shall be appointed by the majority leader*
2 *of the Senate;*

3 (2) *two shall be appointed by the minority leader*
4 *of the Senate;*

5 (3) *two shall be appointed by the Speaker of the*
6 *House of Representatives;*

7 (4) *two shall be appointed by the minority leader*
8 *of the House of Representatives;*

9 (5) *two shall be appointed by the Secretary of*
10 *Veterans Affairs; and*

11 (6) *two shall be appointed by the Secretary of*
12 *Defense.*

13 (c) *QUALIFICATIONS.—All members of the Oversight*
14 *Board shall have sufficient knowledge of, or experience with,*
15 *the military healthcare system, the disability evaluation*
16 *system, or the experience of a recovering service member or*
17 *family member of a recovering service member.*

18 (d) *APPOINTMENT.—*

19 (1) *TERM.—Each member of the Oversight*
20 *Board shall be appointed for a term of three years.*
21 *A member may be reappointed for one or more addi-*
22 *tional terms.*

23 (2) *VACANCIES.—Any vacancy in the Oversight*
24 *Board shall be filled in the same manner in which the*
25 *original appointment was made.*

1 (e) *DUTIES.*—

2 (1) *ADVICE AND CONSULTATION.*—*The Oversight*
3 *Board shall provide advice and consultation to the*
4 *Secretary of Defense and the Committees on Armed*
5 *Services of the Senate and the House of Representa-*
6 *tives regarding—*

7 (A) *the process for streamlining the dis-*
8 *ability evaluation systems of the military de-*
9 *partments;*

10 (B) *the process for correcting and improv-*
11 *ing the ratios of case managers and service mem-*
12 *ber advocates to recovering service members;*

13 (C) *the need to revise Department of De-*
14 *fense policies to improve the experience of recov-*
15 *ering service members while under Department*
16 *of Defense care;*

17 (D) *the need to revise Department of De-*
18 *fense policies to improve counseling, outreach,*
19 *and general services provided to family members*
20 *of recovering service members;*

21 (E) *the need to revise Department of De-*
22 *fense policies regarding the provision of quality*
23 *lodging to recovering service members; and*

24 (F) *such other matters relating to the eval-*
25 *uation and care of recovering service members,*

1 *including evaluation under disability evaluation*
2 *systems, as the Board considers appropriate.*

3 (2) *VISITS TO MILITARY MEDICAL TREATMENT*
4 *FACILITIES.—In carrying out its duties, each member*
5 *of the Oversight Board shall visit not less than three*
6 *military medical treatment facilities each year, and*
7 *the Board shall conduct each year one meeting of all*
8 *the members of the Board at a military medical treat-*
9 *ment facility.*

10 (f) *STAFF.—The Secretary shall make available the*
11 *services of at least two officials or employees of the Depart-*
12 *ment of Defense to provide support and assistance to mem-*
13 *bers of the Oversight Board.*

14 (g) *TRAVEL EXPENSES.—Members of the Oversight*
15 *Board shall be allowed travel expenses, including per diem*
16 *in lieu of subsistence, at rates authorized for employees of*
17 *agencies under subchapter I of chapter 57 of title 5, United*
18 *States Code, while away from their homes or regular places*
19 *of business in the performance of service for the Oversight*
20 *Board.*

21 (h) *ANNUAL REPORTS.—The Oversight Board shall*
22 *submit to the Secretary of Defense and the Committees on*
23 *Armed Services of the Senate and the House of Representa-*
24 *tives each year a report on its activities during the pre-*

1 *ceding year, including any findings and recommendations*
2 *of the Oversight Board as a result of such activities.*

3 **TITLE II—STUDIES AND**
4 **REPORTS**

5 **SEC. 201. ANNUAL REPORT ON MILITARY MEDICAL FACILI-**
6 **TIES.**

7 *(a) IN GENERAL.—*

8 *(1) REPORT REQUIREMENT.—Chapter 23 of title*
9 *10, United States Code, is amended by adding at the*
10 *end the following new section:*

11 **“§ 490. Annual report on military medical facilities**

12 *“(a) ANNUAL REPORT.—Not later than the date on*
13 *which the President submits the budget for a fiscal year*
14 *to Congress pursuant to section 1105 of title 31, the Sec-*
15 *retary of Defense shall submit to the Committees on Armed*
16 *Services of the Senate and the House of Representatives a*
17 *report on the adequacy, suitability, and quality of medical*
18 *facilities and medical-related support facilities at each*
19 *military installation within the Department of Defense.*

20 *“(b) RESPONSE TO HOT-LINE INFORMATION.—The*
21 *Secretary of Defense shall include in each report informa-*
22 *tion regarding—*

23 *“(1) any deficiencies in the adequacy, quality, or*
24 *state of repair of medical-related support facilities*
25 *raised as a result of information received during the*

1 *period covered by the report through the toll-free hot*
2 *line maintained pursuant to section 1567 of this title;*
3 *and*

4 “(2) *the investigations conducted and plans of*
5 *action prepared under such section to respond to such*
6 *deficiencies.*”

7 “(c) *MEDICAL-RELATED SUPPORT FACILITY.—In this*
8 *section, the term ‘medical-related support facility’ is any*
9 *facility of the Department of Defense that provides support*
10 *to any of the following:*

11 “(1) *Members of the armed forces admitted for*
12 *treatment to military medical treatment facilities.*”

13 “(2) *Members of the armed forces assigned to*
14 *military medical treatment facilities as an out-*
15 *patient.*”

16 “(3) *Family members accompanying any mem-*
17 *ber described in paragraph (1) or (2) as a nonmed-*
18 *ical attendant.*”.

19 “(2) *CLERICAL AMENDMENT.—The table of sec-*
20 *tions at the beginning of such chapter is amended by*
21 *adding at the end the following new item:*

 “490. *Annual report on military medical facilities.*”.

22 “(b) *EFFECTIVE DATE.—The first report under section*
23 *490 of title 10, United States Code, as added by subsection*
24 *(a), shall be submitted not later than the date of submission*
25 *of the budget for fiscal year 2009.*”

1 **SEC. 202. ACCESS OF RECOVERING SERVICE MEMBERS TO**
2 **ADEQUATE OUTPATIENT RESIDENTIAL FA-**
3 **CILITIES.**

4 (a) *REQUIRED INSPECTIONS OF FACILITIES.*—All
5 quarters of the United States and housing facilities under
6 the jurisdiction of the Armed Forces that are occupied by
7 recovering service members shall be inspected on a semi-
8 annual basis for the first two years after the enactment of
9 this Act and annually thereafter by the inspectors general
10 of the regional medical commands.

11 (b) *INSPECTOR GENERAL REPORTS.*—The inspector
12 general for each regional medical command shall—

13 (1) *submit a report on each inspection of a facil-*
14 *ity conducted under subsection (a) to the post com-*
15 *mander at such facility, the commanding officer of*
16 *the hospital affiliated with such facility, the surgeon*
17 *general of the military department that operates such*
18 *hospital, the Secretary of the military department*
19 *concerned, the Assistant Secretary of Defense for*
20 *Health Affairs, the Oversight Board for Wounded*
21 *Warriors established pursuant to section 112, and the*
22 *appropriate congressional committees; and*

23 (2) *post each such report on the Internet website*
24 *of such regional medical command.*

1 **SEC. 203. EVALUATION AND REPORT ON DEPARTMENT OF**
2 **DEFENSE AND DEPARTMENT OF VETERANS**
3 **AFFAIRS DISABILITY EVALUATION SYSTEMS.**

4 (a) *EVALUATION.*—*The Secretary of Defense and the*
5 *Secretary of Veterans Affairs shall conduct a joint evalua-*
6 *tion of the disability evaluation systems used by the Depart-*
7 *ment of Defense and the Department of Veterans Affairs for*
8 *the purpose of—*

9 (1) *improving the consistency of the two dis-*
10 *ability evaluation systems; and*

11 (2) *evaluating the feasibility of, and potential*
12 *options for, consolidating the two systems.*

13 (b) *RELATION TO VETERANS' DISABILITY BENEFITS*
14 *COMMISSION.*—*In conducting the evaluation of the dis-*
15 *ability evaluation systems used by the Department of De-*
16 *fense and the Department of Veterans Affairs, the Secretary*
17 *of Defense and the Secretary of Veterans Affairs shall con-*
18 *sider the findings and recommendations of the Veterans'*
19 *Disability Benefits Commission established pursuant to*
20 *title XV of the National Defense Authorization Act for Fis-*
21 *cal Year 2004 (Public Law 108–136; 38 U.S.C. 1101 note).*

22 (c) *REPORT.*—*Not later than 180 days after the date*
23 *of the submission of the final report of the Veterans' Dis-*
24 *ability Benefits Commission, the Secretary of Defense and*
25 *the Secretary of Veterans Affairs shall submit to Congress*
26 *a report containing—*

- 1 (1) *the results of the evaluation; and*
- 2 (2) *the recommendations of the Secretaries for*
3 *improving the consistency of the two disability eval-*
4 *uation systems and such other recommendations as*
5 *the Secretaries consider appropriate.*

6 **SEC. 204. STUDY AND REPORT ON SUPPORT SERVICES FOR**
7 **FAMILIES OF RECOVERING SERVICE MEM-**
8 **BERS.**

9 (a) *STUDY REQUIRED.*—*The Secretary of Defense shall*
10 *conduct a study of the provision of support services for fam-*
11 *ilies of recovering service members.*

12 (b) *MATTERS COVERED.*—*The study under subsection*
13 *(a) shall include the following:*

14 (1) *A determination of the types of support serv-*
15 *ices that are currently provided by the Department of*
16 *Defense to family members described in subsection (c),*
17 *and the cost of providing such services.*

18 (2) *A determination of additional types of sup-*
19 *port services that would be feasible for the Depart-*
20 *ment to provide to such family members, and the*
21 *costs of providing such services, including the fol-*
22 *lowing types of services:*

23 (A) *The provision of medical care at mili-*
24 *tary medical treatment facilities.*

1 (B) *The provision of job placement services*
2 *offered by the Department of Defense to any fam-*
3 *ily member caring for a recovering service mem-*
4 *ber for more than 45 days during a one-year pe-*
5 *riod.*

6 (C) *The provision of meals without charge*
7 *at military medical treatment facilities.*

8 (3) *A survey of military medical treatment fa-*
9 *cilities to estimate the number of family members to*
10 *whom the support services would be provided.*

11 (4) *A determination of any discrimination in*
12 *employment that such family members experience, in-*
13 *cluding denial of retention in employment, pro-*
14 *motion, or any benefit of employment by an employer*
15 *on the basis of the person's absence from employment*
16 *as described in subsection (c), and a determination,*
17 *in consultation with the Secretary of Labor, of the op-*
18 *tions available for such family members.*

19 (c) *COVERED FAMILY MEMBERS.—A family member*
20 *described in this subsection is a family member of a recov-*
21 *ering service member who is—*

22 (1) *on invitational orders while caring for the*
23 *recovering service member;*

24 (2) *a non-medical attendee caring for the recov-*
25 *ering service member; or*

1 (3) *receiving per diem payments from the De-*
2 *partment of Defense while caring for the recovering*
3 *service member.*

4 (d) *REPORT.—Not later than 180 days after the date*
5 *of the enactment of this Act, the Secretary of Defense shall*
6 *submit to the Committees on Armed Services of the Senate*
7 *and the House of Representatives a report on the results*
8 *of the study, with such findings and recommendations as*
9 *the Secretary considers appropriate.*

10 **SEC. 205. REPORT ON TRAUMATIC BRAIN INJURY CLASSI-**
11 **FICATIONS.**

12 (a) *INTERIM REPORT.—Not later than 90 days after*
13 *the date of the enactment of this Act, the Secretary of De-*
14 *fense shall submit to the Committees on Armed Services of*
15 *the Senate and the House of Representatives an interim re-*
16 *port describing the changes undertaken within the Depart-*
17 *ment of Defense to ensure that traumatic brain injury vic-*
18 *tims receive a proper medical designation concomitant with*
19 *their injury as opposed to the current medical designation*
20 *which assigns a generic “organic psychiatric disorder” clas-*
21 *sification.*

22 (b) *FINAL REPORT.—Not later than 180 days after the*
23 *date of the enactment of this Act, the Secretary of Defense*
24 *shall submit to the Committees on Armed Services of the*
25 *Senate and the House of Representatives a final report con-*

1 *cerning traumatic brain injury classifications and an ex-*
2 *planation and justification of the Department's use of the*
3 *international classification of disease (ICD) 9 designation,*
4 *recommendations for transitioning to ICD 10 or 11, and*
5 *the benefits the civilian community experiences from using*
6 *ICD 10.*

7 **SEC. 206. EVALUATION OF THE POLYTRAUMA LIAISON OFFI-**
8 **CER/NON-COMMISSIONED OFFICER PRO-**
9 **GRAM.**

10 *(a) EVALUATION REQUIRED.—The Secretary of De-*
11 *fense shall conduct an evaluation of the Polytrauma Liai-*
12 *son Officer/Non-Commissioned Officer program, which is*
13 *the program operated by each of the military departments*
14 *and the Department of Veterans Affairs for the purpose of—*

15 *(1) assisting in the seamless transition of mem-*
16 *bers of the Armed Forces from the Department of De-*
17 *fense health care system to the Department of Vet-*
18 *erans Affairs system; and*

19 *(2) expediting the flow of information and com-*
20 *munication between military treatment facilities and*
21 *the Veterans Affairs Polytrauma Centers.*

22 *(b) MATTERS COVERED.—The evaluation of the*
23 *Polytrauma Liaison Officer/Non-Commissioned Officer pro-*
24 *gram shall include evaluating the following areas:*

1 (1) *The program's effectiveness in the following*
2 *areas:*

3 (A) *Handling of military patient transfers.*

4 (B) *Ability to access military records in a*
5 *timely manner.*

6 (C) *Collaboration with Polytrauma Center*
7 *treatment teams.*

8 (D) *Collaboration with Veteran Service Or-*
9 *ganizations.*

10 (E) *Functioning as the Polytrauma Cen-*
11 *ter's subject-matter expert on military issues.*

12 (F) *Supporting and assisting family mem-*
13 *bers.*

14 (G) *Providing education, information, and*
15 *referrals to members of the Armed Forces and*
16 *their family members.*

17 (H) *Functioning as uniformed advocates for*
18 *members of the Armed Forces and their family*
19 *members.*

20 (I) *Inclusion in Polytrauma Center meet-*
21 *ings.*

22 (J) *Completion of required administrative*
23 *reporting.*

1 (K) Ability to provide necessary adminis-
2 trative support to all members of the Armed
3 Forces.

4 (2) Manpower requirements to effectively carry
5 out all required functions of the Polytrauma Liaison
6 Officer/Non-Commissioned Officer program given cur-
7 rent and expected case loads.

8 (3) Expansion of the program to incorporate
9 Navy and Marine Corps officers and senior enlisted
10 personnel.

11 (c) *REPORTING REQUIREMENT.*—Not later than 90
12 days after the date of the enactment of this Act, the Sec-
13 retary of Defense shall submit to Congress a report con-
14 taining—

15 (1) the results of the evaluation; and

16 (2) recommendations for any improvements in
17 the program.

18 **TITLE III—GENERAL**
19 **PROVISIONS**

20 **SEC. 301. MORATORIUM ON CONVERSION TO CONTRACTOR**
21 **PERFORMANCE OF DEPARTMENT OF DE-**
22 **FENSE FUNCTIONS AT MILITARY MEDICAL FA-**
23 **CILITIES.**

24 (a) *FINDINGS.*—Congress finds the following:

1 (1) *The conduct of public-private competitions*
2 *for the performance of Department of Defense func-*
3 *tions, based on Office of Management and Budget*
4 *Circular A-76, can lead to dramatic reductions in the*
5 *workforce, undermining an agency's ability to per-*
6 *form its mission.*

7 (2) *The Army Garrison commander at the Wal-*
8 *ter Reed Army Medical Center has stated that the ex-*
9 *tended A-76 competition process contributed to the*
10 *departure of highly skilled administrative and main-*
11 *tenance personnel, which led to the problems at the*
12 *Walter Reed Army Medical Center.*

13 (b) *MORATORIUM.*—*During the one-year period begin-*
14 *ning on the date of the enactment of this Act, no study or*
15 *competition may be begun or announced pursuant to sec-*
16 *tion 2461 of title 10, United States Code, or otherwise pur-*
17 *suant to Office of Management and Budget Circular A-76*
18 *relating to the possible conversion to performance by a con-*
19 *tractor of any Department of Defense function carried out*
20 *at a military medical facility .*

21 (c) *REPORT REQUIRED.*—*Not later than 180 days*
22 *after the date of the enactment of this Act, the Secretary*
23 *of Defense shall submit to the Committee on Armed Services*
24 *of the Senate and the Committee on Armed Services of the*
25 *House of Representatives a report on the public-private*

1 *competitions being conducted for Department of Defense*
2 *functions carried out at military medical facilities as of*
3 *the date of the enactment of this Act by each military de-*
4 *partment and defense agency. Such report shall include—*

5 *(1) for each such competition—*

6 *(A) the cost of conducting the public-private*
7 *competition;*

8 *(B) the number of military personnel and*
9 *civilian employees of the Department of Defense*
10 *affected;*

11 *(C) the estimated savings identified and the*
12 *savings actually achieved;*

13 *(D) an evaluation whether the anticipated*
14 *and budgeted savings can be achieved through a*
15 *public-private competition; and*

16 *(E) the effect of converting the performance*
17 *of the function to performance by a contractor on*
18 *the quality of the performance of the function;*

19 *(2) a description of any public-private competi-*
20 *tion the Secretary would conduct if the moratorium*
21 *under subsection (b) were not in effect; and*

22 *(3) an assessment of whether any method of busi-*
23 *ness reform or reengineering other than a public-pri-*
24 *vate competition could, if implemented in the future,*
25 *achieve any anticipated or budgeted savings.*

1 **SEC. 302. PROHIBITION ON TRANSFER OF RESOURCES**
2 **FROM MEDICAL CARE.**

3 *Neither the Secretary of Defense nor the Secretaries of*
4 *the military departments may transfer funds or personnel*
5 *from medical care functions to administrative functions*
6 *within the Department of Defense in order to comply with*
7 *the new administrative requirements imposed by this Act*
8 *or the amendments made by this Act.*

9 **SEC. 303. INCREASE IN PHYSICIANS AT HOSPITALS OF THE**
10 **DEPARTMENT OF VETERANS AFFAIRS.**

11 *The Secretary of Veterans Affairs shall increase the*
12 *number of resident physicians at hospitals of the Depart-*
13 *ment of Veterans Affairs.*

Union Calendar No. 39

110TH CONGRESS
1ST Session

H. R. 1538

[Report No. 110-68, Part I]

A BILL

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.

MARCH 23, 2007

Reported from the Committee on Armed Services with an amendment

MARCH 23, 2007

Committee on Veterans' Affairs discharged; committed to the Committee of the Whole House on the State of the Union and ordered to be printed