110TH CONGRESS
1st Session

HOUSE OF REPRESENTATIVES

REPT. 110–68
Part 1

WOUNDED WARRIOR ASSISTANCE ACT OF 2007

R E P O R T

OF THE

COMMITTEE ON ARMED SERVICES HOUSE OF REPRESENTATIVES

ON

H.R. 1538

together with

ADDITIONAL VIEWS

[Including cost estimate of the Congressional Budget Office]

MARCH 23, 2007.—Ordered to be printed

U.S. GOVERNMENT PRINTING OFFICE

59–006 WASHINGTON : 2007

HOUSE COMMITTEE ON ARMED SERVICES

ONE HUNDRED TENTH CONGRESS

IKE SKELTON, Missouri, *Chairman*

JOHN SPRATT, South Carolina
SOLOMON P. ORTIZ, Texas
GENE TAYLOR, Mississippi
NEIL ABERCROMBIE, Hawaii
MARTY MEEHAN, Massachusetts
SILVESTRE REYES, Texas
VIC SNYDER, Arkansas
ADAM SMITH, Washington
LORETTA SANCHEZ, California
MIKE McINTYRE, North Carolina
ELLEN O. TAUSCHER, California
ROBERT A. BRADY, Pennsylvania
ROBERT ANDREWS, New Jersey
SUSAN A. DAVIS, California
RICK LARSEN, Washington
JIM COOPER, Tennessee
JIM MARSHALL, Georgia
MADELEINE Z. BORDALLO, Guam
MARK UDALL, Colorado
DAN BOREN, Oklahoma
BRAD ELLSWORTH, Indiana
NANCY BOYDA, Kansas
PATRICK J. MURPHY, Pennsylvania
HANK JOHNSON, Georgia
CAROL SHEA-PORTER, New Hampshire
JOE COURTNEY, Connecticut
DAVID LOEBSACK, Iowa
KIRSTEN GILLIBRAND, New York
JOE SESTAK, Pennsylvania
GABRIELLE GIFFORDS, Arizona
ELIJAH E. CUMMINGS, Maryland
KENDRICK B. MEEK, Florida
KATHY CASTOR, Florida

DUNCAN HUNTER, California
JIM SAXTON, New Jersey
JOHN M. McHUGH, New York
TERRY EVERETT, Alabama
ROSCOE G. BARTLETT, Maryland
HOWARD P. "BUCK" McKEON, California
MAC THORNBERRY, Texas
WALTER B. JONES, North Carolina
ROBIN HAYES, North Carolina
KEN CALVERT, California
JO ANN DAVIS, Virginia
W. TODD AKIN, Missouri
J. RANDY FORBES, Virginia
JEFF MILLER, Florida
JOE WILSON, South Carolina
FRANK A. LoBIONDO, New Jersey
TOM COLE, Oklahoma
ROB BISHOP, Utah
MICHAEL TURNER, Ohio
JOHN KLINE, Minnesota
CANDICE S. MILLER, Michigan
PHIL GINGREY, Georgia
MIKE ROGERS, Alabama
TRENT FRANKS, Arizona
THELMA DRAKE, Virginia
CATHY McMORRIS RODGERS, Washington
K. MICHAEL CONAWAY, Texas
GEOFF DAVIS, Kentucky

ERIN CONATON, *Staff Director*

CONTENTS

	Page
Purpose and Background	13
Legislative History	14
Hearings	14
Section-by-Section Analysis	14
Section 1.—Short Title; Table of Contents	14
Section 2.—Definitions	15
TITLE I—WOUNDED WARRIOR ASSISTANCE	15
ITEM OF SPECIAL INTEREST	15
Report on Army Infrastructure Requirements	15
LEGISLATIVE PROVISIONS	15
Section 101.—Improvements to Medical and Dental Care for Members of the Armed Forces Assigned to Hospitals in an Outpatient Status	15
Section 102.—Establishment of Toll-Free Hot Line for Reporting Deficiencies in Medical-Related Support Facilities and Expedited Response to Reports of Deficiencies	15
Section 103.—Notification to Congress of Hospitalization of Combat Wounded Service Members	16
Section 104.—Independent Medical Advocate for Members Before Medical Evaluation Boards	16
Section 105.—Training and Workload for Physical Evaluation Board Liaison Officers	16
Section 106.—Standardized Training Program and Curriculum for Department of Defense Disability Evaluation System	16
Section 107.—Improved Training for Health Care Professionals, Medical Care Case Managers, and Service Member Advocates on Particular Conditions of Recovering Service Members	16
Section 108.—Pilot Program to Establish an Army Wounded Warrior Battalion at an Appropriate Active Duty Base	16
Section 109.—Criteria for Removal of Member From Temporary Disability Retired List	17
Section 110.—Improved Transition of Members of the Armed Forces to Department of Veterans Affairs Upon Retirement or Separation	17
Section 111.—Establishment of Medical Support Fund for Support of Members of the Armed Forces Returning to Military Service or Civilian Life	17
Section 112.—Oversight Board for Wounded Warriors	17
TITLE II—STUDIES AND REPORTS	17
LEGISLATIVE PROVISIONS	17
Section 201.—Annual Report on Military Medical Facilities	17
Section 202.—Access of Recovering Service Members to Adequate Outpatient Residential Facilities	18
Section 203.—Evaluation and Report on Department of Defense and Department of Veterans Affairs Disability Evaluation Systems	18
Section 204.—Study and Report on Support Services for Families of Recovering Service Members	18
Section 205.—Report on Traumatic Brain Injury Classifications	18
Section 206.—Evaluation of the Polytrauma Liaison Officer/Non-Commissioned Officer Program	18
TITLE III—GENERAL PROVISIONS	19
LEGISLATIVE PROVISIONS	19
Section 301.—Moratorium on Conversion to Contractor Performance of Department of Defense Functions at Military Medical Facilities	19
Section 302.—Prohibition on Transfer of Resources From Medical Care	19

Page

LEGISLATIVE PROVISIONS—Continued
Section 303.—Increase in Physicians at Hospitals of the Department of Veterans Affairs 19
Communications from other Committees 19
Committee Position 21
Congressional Budget Office Estimate 21
Committee Cost Estimate 26
Oversight Findings 26
Constitutional Authority Statement 26
Earmarks 26
Statement of Federal Mandates 27
Record Votes 27
Changes in Existing Law Made by the Bill, as Reported 30
Additional Views 39
Additional views of Solomon P. Ortiz 39

110TH CONGRESS 1st Session | HOUSE OF REPRESENTATIVES | REPT. 110–68 Part 1

WOUNDED WARRIOR ASSISTANCE ACT OF 2007

MARCH 23, 2007.—Ordered to be printed

Mr. SKELTON, from the Committee on Armed Services, submitted the following

R E P O R T

together with

ADDITIONAL VIEWS

[To accompany H.R. 1538]

[Including cost estimate of the Congressional Budget Office]

The Committee on Armed Services, to whom was referred the bill (H.R. 1538) 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, having considered the same, report favorably thereon with an amendment and recommend that the bill as amended do pass.

The amendment is as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the "Wounded Warrior Assistance Act of 2007".

(b) TABLE OF CONTENTS.—The table of contents of this 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.

SEC. 2. DEFINITIONS.

In this Act:

(1) CONGRESSIONAL DEFENSE COMMITTEES.—The term "congressional defense committees" has the meaning given that term in section 101(a)(16) of title 10, United States Code.

(2) DISABILITY EVALUATION SYSTEM.—The term "disability evaluation system" means the Department of Defense system or process for evaluating the nature of and extent of disabilities affecting members of the armed forces (other than the Coast Guard) and comprised of medical evaluation boards, physical evaluation boards, counseling of members, and final disposition by appropriate personnel authorities, as operated by the Secretaries of the military departments, and, in the case of the Coast Guard, a similar system or process operated by the Secretary of Homeland Security.

(3) FAMILY MEMBER.—The term "family member", with respect to a recovering service member, has the meaning given that term in section 411h(b) of title 37, United States Code.

(4) RECOVERING SERVICE MEMBER.—The term "recovering service member" 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, or is otherwise in medical hold or holdover status, for an injury, illness, or disease incurred or aggravated while on active duty in the Armed Forces.

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.

(a) MEDICAL AND DENTAL CARE OF MEMBERS ASSIGNED TO HOSPITALS IN AN OUTPATIENT STATUS.—

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

"§ 1074l. Management of medical and dental care: members assigned to receive care in an outpatient status

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

"(2)(A) The duties of the medical care case manager shall include the following with respect to the member (or the member's immediate family if the member is incapable of making judgments about personal medical care):

"(i) To assist in understanding the member's medical status.

"(ii) To assist in receiving prescribed medical care.

"(iii) To conduct a review, at least once a week, of the member's medical status.

"(B) The weekly medical status review described in subparagraph (A)(iii) shall be conducted in person with the member. If such a review is not practicable, the medical care case manager shall provide a written statement to the case manager's supervisor indicating why an in-person medical status review was not possible.

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

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

"(4)(A) The medical care case manager office at each facility shall be headed by a commissioned officer of appropriate rank and appropriate military occupation specialty, designator, or specialty code.

"(B) For purposes of subparagraph (A), an appropriate military occupation specialty, designator, or specialty code includes membership in the Army Medical Corps, Army Medical Service Corps, Army Nurse Corps, Navy Medical Corps, Navy Medical Service Corps, Navy Nurse Corps, or Air Force Medical Service.

"(5) The Secretary of Defense shall establish a standard training program and curriculum for medical care case managers. Successful completion of the training program is required before a person may assume the duties of a medical care case manager.

"(b) SERVICE MEMBER ADVOCATE.—(1) A member in an outpatient status shall be assigned a service member advocate.

"(2) The duties of the service member advocate shall include—

"(A) communicating with the member and with the member's family or other individuals designated by the member;

"(B) assisting with oversight of the member's welfare and quality of life; and

"(C) assisting the member in resolving problems involving financial, administrative, personnel, transitional, and other matters.

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

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

"(4) The service member advocate office at each facility shall be headed by a commissioned officer of appropriate rank and appropriate military occupation specialty, designator, or specialty code in order to handle service-specific personnel and financial issues.

"(5) The Secretary of Defense shall establish a standard training program and curriculum for service member advocates. Successful completion of the training program is required before a person may assume the duties of a service member advocate.

"(6) A service member advocate shall continue to perform the duties described in paragraph (2) with respect to a member until the member is returned to duty or separated or retired from the armed forces.

"(c) SEMIANNUAL SURVEYS BY SECRETARIES CONCERNED.—The Secretary concerned shall conduct a semiannual survey of members in an outpatient status at installations under the Secretary's supervision. The survey shall include, at a minimum, the members' assessment of the quality of medical care at the facility, the timeliness of medical care at the facility, the adequacy of living facilities and other quality of life programs, the adequacy of case management support, and the fairness and timeliness of the physical disability evaluation system. The survey shall be conducted in coordination with installation medical commanders and authorities, and shall be coordinated with such commanders and authorities before submission to the Secretary.

"(d) DEFINITIONS.—In this section:

"(1) The term 'member in an outpatient status' means a member of the armed forces assigned to a military medical treatment facility as an outpatient or to a unit established for the purpose of providing command and control of members receiving medical care as outpatients.

"(2) The term 'disability evaluation system' means the Department of Defense system or process for evaluating the nature of and extent of disabilities affecting members of the armed forces (other than the Coast Guard) and comprised of medical evaluation boards, physical evaluation boards, counseling of members, and final disposition by appropriate personnel authorities, as operated by the Secretaries of the military departments, and, in the case of the Coast Guard, a similar system or process operated by the Secretary of Homeland Security.".

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

"1074l. Management of medical and dental care: members assigned to receive care in an outpatient status.".

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

SEC. 102. ESTABLISHMENT OF TOLL-FREE HOT LINE FOR REPORTING DEFICIENCIES IN MEDICAL-RELATED SUPPORT FACILITIES AND EXPEDITED RESPONSE TO REPORTS OF DEFICIENCIES.

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

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

"(a) TOLL-FREE HOT LINE.—The Secretary of Defense shall establish and maintain a toll-free telephone number (commonly referred to as a 'hot line') at which personnel are accessible at all times to collect, maintain, and update information regarding possible deficiencies in the adequacy, quality, and state of repair of medical-related support facilities. The Secretary shall widely disseminate information regarding the existence and availability of the toll-free telephone number to members of the armed forces and their dependents.

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

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

"(2) if substantiated, a plan of action for remediation of the deficiencies is developed and implemented.

"(c) RELOCATION.—If the Secretary of Defense determines, on the basis of the investigation conducted in response to a report of deficiencies at a medical-related support facility, that conditions at the facility violate health and safety standards, the Secretary shall relocate the occupants of the facility while the violations are corrected.

"(d) MEDICAL-RELATED SUPPORT FACILITY DEFINED.—In this section, the term 'medical-related support facility' means any facility of the Department of Defense that provides support to any of the following:

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

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

"(3) Family members accompanying any member described in paragraph (1) or (2) as a nonmedical attendant.".

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

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

(c) EFFECTIVE DATE.—The toll-free telephone number required to be established by section 1567 of title 10, United States Code, as added by subsection (a), shall be fully operational not later than 180 days after the date of the enactment of this Act.

SEC. 103. NOTIFICATION TO CONGRESS OF HOSPITALIZATION OF COMBAT WOUNDED SERVICE MEMBERS.

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

"§ 1074m. Notification to Congress of hospitalization of combat wounded members

"(a) NOTIFICATION REQUIRED.—The Secretary concerned shall provide notification of the hospitalization of any member of the armed forces evacuated from a theater of combat to the appropriate Members of Congress.

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

"(c) CONSENT OF MEMBER REQUIRED.—The notification under subsection (a) may be provided only with the consent of the member of the armed forces about whom notification is to be made. In the case of a member who is unable to provide consent, information and consent may be provided by next of kin.".

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

"1074m. Notification to Congress of hospitalization of combat wounded members.".

SEC. 104. INDEPENDENT MEDICAL ADVOCATE FOR MEMBERS BEFORE MEDICAL EVALUATION BOARDS.

(a) ASSIGNMENT OF INDEPENDENT MEDICAL ADVOCATE.—Section 1222 of title 10, United States Code, is amended by adding at the end the following new subsection:

"(d) INDEPENDENT MEDICAL ADVOCATE FOR MEMBERS BEFORE MEDICAL EVALUATION BOARDS.—(1) The Secretary of each military department shall ensure, in the

case of any member of the armed forces being considered by a medical evaluation board under that Secretary's supervision, that the member has access to a physician or other appropriate health care professional who is independent of the medical evaluation board.

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

"(A) serve as an advocate for the best interests of the member; and

"(B) provide the member with advice and counsel regarding the medical condition of the member and the findings and recommendations of the medical evaluation board.".

(b) CLERICAL AMENDMENTS.—

(1) SECTION HEADING.—The heading of such section is amended to read as follows:

"§ 1222. Physical evaluation boards and medical evaluation boards".

(2) TABLE OF SECTIONS.—The table of sections at the beginning of chapter 61 of such title is amended by striking the item relating to section 1222 and inserting the following new item:

"1222. Physical evaluation boards and medical evaluation boards.".

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

SEC. 105. TRAINING AND WORKLOAD FOR PHYSICAL EVALUATION BOARD LIAISON OFFICERS.

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

(1) in paragraph (1)—

(A) by striking "establishing—" and all that follows through "a requirement" and inserting "establishing a requirement"; and

(B) by striking "that Secretary; and" and all that follows through the end of subparagraph (B) and inserting "that Secretary. A physical evaluation board liaison officer may not be assigned more than 20 members at any one time, except that the Secretary concerned may authorize the assignment of additional members, for not more than 120 days, if required due to unforeseen circumstances.";

(2) in paragraph (2), by inserting after "(2)" the following new sentences: "The Secretary of Defense shall establish a standardized training program and curriculum for physical evaluation board liaison officers. Successful completion of the training program is required before a person may assume the duties of a physical evaluation board liaison officer."; and

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

"(3) In this subsection, the term 'physical evaluation board liaison officer' includes any person designated as, or assigned the duties of, an assistant to a physical evaluation board liaison officer.".

(b) EFFECTIVE DATE.—The limitation on the maximum number of members of the Armed Forces who may be assigned to a physical evaluation board liaison officer shall take effect 180 days after the date of the enactment of this Act. The training program and curriculum for physical evaluation board liaison officers shall be implemented not later than 180 days after the date of the enactment of this Act.

SEC. 106. STANDARDIZED TRAINING PROGRAM AND CURRICULUM FOR DEPARTMENT OF DEFENSE DISABILITY EVALUATION SYSTEM.

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

"(e)(1) The Secretary of Defense shall establish a standardized training program and curriculum for persons described in paragraph (2) who are involved in the disability evaluation system. The training under the program shall be provided as soon as practicable in coordination with other training associated with the responsibilities of the person.

"(2) Persons covered by paragraph (1) include—

"(A) Commanders.

"(B) Enlisted members who perform supervisory functions.

"(C) Health care professionals.

"(D) Others persons with administrative, professional, or technical responsibilities in the disability evaluation system.

"(3) In this subsection, the term 'disability evaluation system' means the Department of Defense system or process for evaluating the nature of and extent of disabilities affecting members of the armed forces (other than the Coast Guard) and comprised of medical evaluation boards, physical evaluation boards, counseling of members, and final disposition by appropriate personnel authorities, as operated by the

Secretaries of the military departments, and, in the case of the Coast Guard, a similar system or process operated by the Secretary of Homeland Security.".

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

SEC. 107. IMPROVED TRAINING FOR HEALTH CARE PROFESSIONALS, MEDICAL CARE CASE MANAGERS, AND SERVICE MEMBER ADVOCATES ON PARTICULAR CONDITIONS OF RECOVERING SERVICE MEMBERS.

(a) RECOMMENDATIONS.—Not later than 90 days after the date of the enactment of this Act, the Secretary of Defense shall submit to the appropriate congressional committees a report setting forth recommendations for the modification of the training provided to health care professionals, medical care case managers, and service member advocates who provide care for or assistance to recovering service members. The recommendations shall include, at a minimum, specific recommendations to ensure that such health care professionals, medical care case managers, and service member advocates are able to detect early warning signs of post-traumatic stress disorder (PTSD), suicidal tendencies, and other mental health conditions among recovering service members, and make prompt notification to the appropriate health care professionals.

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

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

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

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

SEC. 108. PILOT PROGRAM TO ESTABLISH AN ARMY WOUNDED WARRIOR BATTALION AT AN APPROPRIATE ACTIVE DUTY BASE.

(a) PILOT PROGRAM REQUIRED.—

(1) ESTABLISHMENT.—The Secretary of the Army shall establish a pilot program, at an appropriate active duty base with a major medical facility, based on the Wounded Warrior Regiment program of the Marine Corps. The pilot program shall be known as the Army Wounded Warrior Battalion.

(2) PURPOSE.—Under the pilot program, the Battalion shall track and assist members of the Armed Forces in an outpatient status who are still in need of medical treatment through—

(A) the course of their treatment;

(B) medical and physical evaluation boards;

(C) transition back to their parent units; and

(D) medical retirement and subsequent transition into the Department of Veterans Affairs medical system.

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

(4) FACILITIES.—The base selected for the pilot program shall provide adequate physical infrastructure to house the Army Wounded Warrior Battalion. Any funds necessary for construction or renovation of existing facilities shall be allocated from the Department of Defense Medical Support Fund established under this Act.

(5) COORDINATION.—The Secretary of the Army shall consult with appropriate Marine Corps counterparts to ensure coordination of best practices and lessons learned.

(6) PERIOD OF PILOT PROGRAM.—The pilot program shall be in effect for a period of one year.

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

(1) an evaluation of the results of the pilot project;

(2) an assessment of the Army's ability to establish Wounded Warrior Battalions at other major Army bases.

(3) recommendations regarding—

(A) the adaptability of the Wounded Warrior Battalion concept for the Army's larger wounded population; and

(B) closer coordination and sharing of resources with counterpart programs of the Marine Corps.

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

SEC. 109. CRITERIA FOR REMOVAL OF MEMBER FROM TEMPORARY DISABILITY RETIRED LIST.

(a) CRITERIA.—Section 1210(e) of title 10, United States Code, is amended by inserting "of a permanent nature and stable and is" after "physical disability is".

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall apply to any case received for consideration by a physical evaluation board after the date of the enactment of this Act.

SEC. 110. IMPROVED TRANSITION OF MEMBERS OF THE ARMED FORCES TO DEPARTMENT OF VETERANS AFFAIRS UPON RETIREMENT OR SEPARATION.

(a) TRANSITION OF MEMBERS SEPARATED OR RETIRED.—

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

"§ 1142a. Process for transition of members to health care and physical disability systems of Department of Veterans Affairs

"(a) TRANSITION PLAN.—(1) The Secretary of Defense shall ensure that each member of the armed forces who is being separated or retired under chapter 61 of this title receives a written transition plan that—

"(A) specifies the recommended schedule and milestones for the transition of the member from military service; and

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

"(2) A member being separated or retired under chapter 61 of this title shall receive the transition plan before the separation or retirement date of the member.

"(3) The transition plan for a member under this subsection shall include information and guidance designed to assist the member in understanding and meeting the schedule and milestones for the member's transition.

"(b) FORMAL TRANSITION PROCESS.—(1) The Secretary of Defense, in cooperation with the Secretary of Veterans Affairs, shall establish a formal process for the transmittal to the Secretary of Veterans Affairs of the records and other information described in paragraph (2) as part of the separation or retirement of a member of the armed forces under chapter 61 of this title.

"(2) The records and other information to be transmitted under paragraph (1) with respect to a member shall include, at a minimum, the following:

"(A) The member's address and contact information.

"(B) The member's DD–214 discharge form, which shall be transmitted electronically.

"(C) A copy of the member's service record, including medical records and any results of a Physical Evaluation Board.

"(D) Whether the member is entitled to transitional health care, a conversion health policy, or other health benefits through the Department of Defense under section 1145 of this title.

"(E) Any requests by the member for assistance in enrolling in, or completed applications for enrollment in, the health care system of the Department of Veterans Affairs for health care benefits for which the member may be eligible under laws administered by the Secretary of Veterans Affairs.

"(F) Any requests by the member for assistance in applying for, or completed applications for, compensation and vocational rehabilitation benefits to which the member may be entitled under laws administered by the Secretary of Veterans Affairs, if the member is being medically separated or is being retired under chapter 61 of this title.

"(3) The transmittal of information under paragraph (1) may be subject to the consent of the member, as required by statute.

"(4) With the consent of the member, the member's address and contact information shall also be submitted to the department or agency for veterans affairs of the State in which the member intends to reside after the separation or retirement of the member.

"(c) MEETING.—(1) The formal process required by subsection (b) for the transmittal of records and other information with respect to a member shall include a

meeting between representatives of the Secretary concerned and the Secretary of Veterans Affairs, which shall take place at a location designated by the Secretaries. The member shall be informed of the meeting at least 30 days in advance of the meeting, except that the member may waive the notice requirement in order to accelerate transmission of the member's records and other information to the Department of Veterans Affairs.

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

"(d) TIME FOR TRANSMITTAL OF RECORDS.—The Secretary concerned shall provide for the transmittal to the Department of Veterans Affairs of records and other information with respect to a member at the earliest practicable date. In no case should the transmittal occur later than the date of the separation or retirement of the member.

"(e) ARMED FORCES.—In this section, the term 'armed forces' means the Army, Navy, Air Force, and Marine Corps.".

(2) TABLE OF SECTIONS.—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 1142 the following new item:

"1142a. Process for transition of members to health care and physical disability systems of Department of Veterans Affairs.".

(b) UNIFORM SEPARATION AND EVALUATION PHYSICAL.—Section 1145 of such title is amended—

(1) by redesignating subsections (d) and (e) as subsections (e) and (f), respectively; and

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

"(d) UNIFORM SEPARATION AND EVALUATION PHYSICAL.—The joint separation and evaluation physical, as described in DD-2808 and DD-2697, shall be used by the Secretary of Defense in connection with the medical separation or retirement of all members of the armed forces, including members separated or retired under chapter 61 of this title. The Secretary of Veterans Affairs shall adopt the same separation and evaluation physical for use by the Department of Veterans Affairs.".

(c) INTEROPERABILITY OF MEDICAL INFORMATION SYSTEMS AND BI-DIRECTIONAL ACCESS.—The Secretary of Defense and the Secretary of Veterans Affairs shall establish and implement a single medical information system for the Department of Defense and the Department of Veterans Affairs for the purpose of ensuring the complete interoperability and bi-directional, real-time exchange of critical medical information.

(d) CO-LOCATION OF VA BENEFIT TEAMS.—

(1) CO-LOCATION.—The Secretary of Defense and the Secretary of Veterans Affairs shall jointly determine the optimal locations for the deployment of Department of Veterans Affairs benefits team to support recovering service members assigned to military medical treatment facilities, medical-related support facilities, and community-based health care organizations.

(2) MILITARY MEDICAL TREATMENT FACILITY DEFINED.—In this subsection, the term "medical-related support facility" has the meaning given that term in subsection (b) of section 490 of title 10, United States Code, as added by section 201(a) of this Act.

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

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

(2) SECTION HEADING.—The heading of such section is amended to read as follows:

"§ 1142. Preseparation counseling".

(3) TABLE OF SECTIONS.—The table of sections at the beginning of chapter 58 of such title is amended by striking the item relating to section 1142 and inserting the following new item:

"1142. Preseparation counseling.".

(f) EFFECTIVE DATES.—Section 1142a of title 10, United States Code, as added by subsection (a), and subsection (d) of section 1145 of such title, as added by subsection (b), shall apply with respect to members of the Armed Forces who are separated or retired from the Armed Forces on or after the first day of the eighth month beginning after the date of the enactment of this Act. The requirements of subsections (c) and (d), and the amendments made by subsection (e), shall take effect on the first day of such eighth month.

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

(a) ESTABLISHMENT AND PURPOSE.—There is established on the books of the Treasury a fund to be known as the Department of Defense Medical Support Fund (hereinafter in this section referred to as the "Fund"), which shall be administered by the Secretary of the Treasury.

(b) PURPOSES.—The Fund shall be used—

(1) to support programs and activities relating to the medical treatment, care, rehabilitation, recovery, and support of wounded and injured members of the Armed Forces and their return to military service or transition to civilian society; and

(2) to support programs and facilities intended to support the families of wounded and injured members of the Armed Forces.

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

(d) TRANSFER OF FUNDS.—

(1) AUTHORITY TO TRANSFER.—The Secretary of Defense may transfer amounts in the Fund to appropriations accounts for military personnel; operation and maintenance; procurement; research, development, test, and evaluation; military construction; and the Defense Health Program. Amounts so transferred shall be merged with and available for the same purposes and for the same time period as the appropriation account to which transferred.

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

(3) NOTIFICATION.—The Secretary of Defense shall, not fewer than five days before making a transfer from the Fund, notify the congressional defense committees in writing of the details of the transfer.

(e) AUTHORIZATION.—There is hereby authorized to be appropriated to the Medical Support Fund, from an emergency supplemental appropriation for fiscal year 2007 or 2008, $50,000,000, to remain available through September 30, 2008.

SEC. 112. OVERSIGHT BOARD FOR WOUNDED WARRIORS.

(a) ESTABLISHMENT.—There is hereby established a board to be known as the Oversight Board for Wounded Warriors (in this section referred to as the "Oversight Board").

(b) COMPOSITION.—The Oversight Board shall be composed of 12 members, of whom—

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

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

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

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

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

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

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

(d) APPOINTMENT.—

(1) TERM.—Each member of the Oversight Board shall be appointed for a term of three years. A member may be reappointed for one or more additional terms.

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

(e) DUTIES.—

(1) ADVICE AND CONSULTATION.—The Oversight Board shall provide advice and consultation to the Secretary of Defense and the Committees on Armed Services of the Senate and the House of Representatives regarding—

(A) the process for streamlining the disability evaluation systems of the military departments;

(B) the process for correcting and improving the ratios of case managers and service member advocates to recovering service members;

(C) the need to revise Department of Defense policies to improve the experience of recovering service members while under Department of Defense care;

(D) the need to revise Department of Defense policies to improve counseling, outreach, and general services provided to family members of recovering service members;

(E) the need to revise Department of Defense policies regarding the provision of quality lodging to recovering service members; and

(F) such other matters relating to the evaluation and care of recovering service members, including evaluation under disability evaluation systems, as the Board considers appropriate.

(2) VISITS TO MILITARY MEDICAL TREATMENT FACILITIES.—In carrying out its duties, each member of the Oversight Board shall visit not less than three military medical treatment facilities each year, and the Board shall conduct each year one meeting of all the members of the Board at a military medical treatment facility.

(f) STAFF.—The Secretary shall make available the services of at least two officials or employees of the Department of Defense to provide support and assistance to members of the Oversight Board.

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

(h) ANNUAL REPORTS.—The Oversight Board shall submit to the Secretary of Defense and the Committees on Armed Services of the Senate and the House of Representatives each year a report on its activities during the preceding year, including any findings and recommendations of the Oversight Board as a result of such activities.

TITLE II—STUDIES AND REPORTS

SEC. 201. ANNUAL REPORT ON MILITARY MEDICAL FACILITIES.

(a) IN GENERAL.—

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

"§ 490. Annual report on military medical facilities

"(a) ANNUAL REPORT.—Not later than the date on which the President submits the budget for a fiscal year to Congress pursuant to section 1105 of title 31, the Secretary of Defense shall submit to the Committees on Armed Services of the Senate and the House of Representatives a report on the adequacy, suitability, and quality of medical facilities and medical-related support facilities at each military installation within the Department of Defense.

"(b) RESPONSE TO HOT-LINE INFORMATION.—The Secretary of Defense shall include in each report information regarding—

"(1) any deficiencies in the adequacy, quality, or state of repair of medical-related support facilities raised as a result of information received during the period covered by the report through the toll-free hot line maintained pursuant to section 1567 of this title; and

"(2) the investigations conducted and plans of action prepared under such section to respond to such deficiencies.

"(c) MEDICAL-RELATED SUPPORT FACILITY.—In this section, the term 'medical-related support facility' is any facility of the Department of Defense that provides support to any of the following:

"(1) Members of the armed forces admitted for treatment to military medical treatment facilities.

"(2) Members of the armed forces assigned to military medical treatment facilities as an outpatient.

"(3) Family members accompanying any member described in paragraph (1) or (2) as a nonmedical attendant.".

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

"490. Annual report on military medical facilities.".

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

SEC. 202. ACCESS OF RECOVERING SERVICE MEMBERS TO ADEQUATE OUTPATIENT RESIDENTIAL FACILITIES.

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

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

(1) submit a report on each inspection of a facility conducted under subsection (a) to the post commander at such facility, the commanding officer of the hospital affiliated with such facility, the surgeon general of the military department that operates such hospital, the Secretary of the military department concerned, the Assistant Secretary of Defense for Health Affairs, the Oversight Board for Wounded Warriors established pursuant to section 112, and the appropriate congressional committees; and

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

SEC. 203. EVALUATION AND REPORT ON DEPARTMENT OF DEFENSE AND DEPARTMENT OF VETERANS AFFAIRS DISABILITY EVALUATION SYSTEMS.

(a) EVALUATION.—The Secretary of Defense and the Secretary of Veterans Affairs shall conduct a joint evaluation of the disability evaluation systems used by the Department of Defense and the Department of Veterans Affairs for the purpose of—

(1) improving the consistency of the two disability evaluation systems; and

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

(b) RELATION TO VETERANS' DISABILITY BENEFITS COMMISSION.—In conducting the evaluation of the disability evaluation systems used by the Department of Defense and the Department of Veterans Affairs, the Secretary of Defense and the Secretary of Veterans Affairs shall consider the findings and recommendations of the Veterans' Disability Benefits Commission established pursuant to title XV of the National Defense Authorization Act for Fiscal Year 2004 (Public Law 108–136; 38 U.S.C. 1101 note).

(c) REPORT.—Not later than 180 days after the date of the submission of the final report of the Veterans' Disability Benefits Commission, the Secretary of Defense and the Secretary of Veterans Affairs shall submit to Congress a report containing—

(1) the results of the evaluation; and

(2) the recommendations of the Secretaries for improving the consistency of the two disability evaluation systems and such other recommendations as the Secretaries consider appropriate.

SEC. 204. STUDY AND REPORT ON SUPPORT SERVICES FOR FAMILIES OF RECOVERING SERVICE MEMBERS.

(a) STUDY REQUIRED.—The Secretary of Defense shall conduct a study of the provision of support services for families of recovering service members.

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

(1) A determination of the types of support services that are currently provided by the Department of Defense to family members described in subsection (c), and the cost of providing such services.

(2) A determination of additional types of support services that would be feasible for the Department to provide to such family members, and the costs of providing such services, including the following types of services:

(A) The provision of medical care at military medical treatment facilities.

(B) The provision of job placement services offered by the Department of Defense to any family member caring for a recovering service member for more than 45 days during a one-year period.

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

(3) A survey of military medical treatment facilities to estimate the number of family members to whom the support services would be provided.

(4) A determination of any discrimination in employment that such family members experience, including denial of retention in employment, promotion, or any benefit of employment by an employer on the basis of the person's absence from employment as described in subsection (c), and a determination, in consultation with the Secretary of Labor, of the options available for such family members.

(c) COVERED FAMILY MEMBERS.—A family member described in this subsection is a family member of a recovering service member who is—

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

(2) a non-medical attendee caring for the recovering service member; or

(3) receiving per diem payments from the Department of Defense while caring for the recovering service member.

(d) REPORT.—Not later than 180 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 on the results of the study, with such findings and recommendations as the Secretary considers appropriate.

SEC. 205. REPORT ON TRAUMATIC BRAIN INJURY CLASSIFICATIONS.

(a) INTERIM REPORT.—Not later than 90 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 an interim report describing the changes undertaken within the Department of Defense to ensure that traumatic brain injury victims receive a proper medical designation concomitant with their injury as opposed to the current medical designation which assigns a generic "organic psychiatric disorder" classification.

(b) FINAL REPORT.—Not later than 180 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 final report concerning traumatic brain injury classifications and an explanation and justification of the Department's use of the international classification of disease (ICD) 9 designation, recommendations for transitioning to ICD 10 or 11, and the benefits the civilian community experiences from using ICD 10.

SEC. 206. EVALUATION OF THE POLYTRAUMA LIAISON OFFICER/NON-COMMISSIONED OFFICER PROGRAM.

(a) EVALUATION REQUIRED.—The Secretary of Defense shall conduct an evaluation of the Polytrauma Liaison Officer/Non-Commissioned Officer program, which is the program operated by each of the military departments and the Department of Veterans Affairs for the purpose of—

(1) assisting in the seamless transition of members of the Armed Forces from the Department of Defense health care system to the Department of Veterans Affairs system; and

(2) expediting the flow of information and communication between military treatment facilities and the Veterans Affairs Polytrauma Centers.

(b) MATTERS COVERED.—The evaluation of the Polytrauma Liaison Officer/Non-Commissioned Officer program shall include evaluating the following areas:

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

(A) Handling of military patient transfers.

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

(C) Collaboration with Polytrauma Center treatment teams.

(D) Collaboration with Veteran Service Organizations.

(E) Functioning as the Polytrauma Center's subject-matter expert on military issues.

(F) Supporting and assisting family members.

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

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

(I) Inclusion in Polytrauma Center meetings.

(J) Completion of required administrative reporting.

(K) Ability to provide necessary administrative support to all members of the Armed Forces.

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

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

(c) REPORTING REQUIREMENT.—Not later than 90 days after the date of the enactment of this Act, the Secretary of Defense shall submit to Congress a report containing—

(1) the results of the evaluation; and

(2) recommendations for any improvements in the program.

TITLE III—GENERAL PROVISIONS

SEC. 301. MORATORIUM ON CONVERSION TO CONTRACTOR PERFORMANCE OF DEPARTMENT OF DEFENSE FUNCTIONS AT MILITARY MEDICAL FACILITIES.

(a) FINDINGS.—Congress finds the following:

(1) The conduct of public-private competitions for the performance of Department of Defense functions, based on Office of Management and Budget Circular A–76, can lead to dramatic reductions in the workforce, undermining an agency's ability to perform its mission.

(2) The Army Garrison commander at the Walter Reed Army Medical Center has stated that the extended A–76 competition process contributed to the departure of highly skilled administrative and maintenance personnel, which led to the problems at the Walter Reed Army Medical Center.

(b) MORATORIUM.—During the one-year period beginning on the date of the enactment of this Act, no study or competition may be begun or announced pursuant to section 2461 of title 10, United States Code, or otherwise pursuant to Office of Management and Budget Circular A–76 relating to the possible conversion to performance by a contractor of any Department of Defense function carried out at a military medical facility .

(c) REPORT REQUIRED.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Defense shall submit to the Committee on Armed Services of the Senate and the Committee on Armed Services of the House of Representatives a report on the public-private competitions being conducted for Department of Defense functions carried out at military medical facilities as of the date of the enactment of this Act by each military department and defense agency. Such report shall include—

(1) for each such competition—

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

(B) the number of military personnel and civilian employees of the Department of Defense affected;

(C) the estimated savings identified and the savings actually achieved;

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

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

(2) a description of any public-private competition the Secretary would conduct if the moratorium under subsection (b) were not in effect; and

(3) an assessment of whether any method of business reform or reengineering other than a public-private competition could, if implemented in the future, achieve any anticipated or budgeted savings.

SEC. 302. PROHIBITION ON TRANSFER OF RESOURCES FROM MEDICAL CARE.

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

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

The Secretary of Veterans Affairs shall increase the number of resident physicians at hospitals of the Department of Veterans Affairs.

PURPOSE AND BACKGROUND

The purpose of H.R. 1538, the "Wounded Warrior Assistance Act of 2007," is to amend title 10, United States Code, and to establish other new statutory requirements to provide the people, training, and oversight mechanisms needed to ensure that the nation's wounded warriors receive quality medical care and efficient administrative processing in an environment that reflects the highest quality of life standards. This legislation also sets the stage for much needed reform of administrative processes that will restore service member confidence in the integrity and efficiency of the disability evaluation system and begin the process of achieving a truly seamless transition of service members to the Department of Veterans Affairs' programs.

The committee devoted substantial attention during the 109th Congress to the emerging needs of active duty and reserve wounded and disabled service members and their families. The committee investigated a wide range of problems involving transitional compensation, medical treatment, evaluation and rating of disabilities, retention of members with disabilities on active duty, and post separation programs to assist members and families as they transition to civilian life.

As a result, the National Defense Authorization Act for Fiscal Year 2006 (Public Law 109–163) and John Warner National Defense Authorization Act for 2007 (Public Law 109–364) included legislative provisions to address concerns that had been brought to the attention of the committee. For example, the John Warner National Defense Authorization Act for 2007 (Public Law 109–364) revamped the military services' physical evaluation boards to ensure that members receive consistent, fair, and timely judgments delivered by efficient, well-trained personnel who are prepared to reach out to service members with information and insight into the disability process.

The concerns about the treatment of wounded warriors at Walter Reed Army Medical Center that were widely reported in the media during February 2007, and after the March 12, 2007, release of an Army Inspector General Report on the Army's disability evaluation system provided new information on medical care and administrative issues of longstanding concern, and focused attention on the facilities that support members in an outpatient status and their families.

LEGISLATIVE HISTORY

H.R. 1538 was introduced on March 15, 2007, and 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.

On March 20, 2007, the Committee on Armed Services held a mark-up session to consider H.R. 1538. The committee ordered H.R. 1538, as amended, reported to the House with a favorable recommendation by a record vote of 59–0, a quorum being present.

HEARINGS

Committee consideration of the matter contained in the Wounded Warrior Assistance Act of 2007, results from one full committee hearings conducted on March 8, 2007.

SECTION-BY-SECTION ANALYSIS

The following is a section-by-section analysis of those sections of H.R. 1538, as amended, by the Committee on Armed Services.

Section 1—Short title; table of contents

This section would establish the short title of the bill as the "Wounded Warrior Assistance Act of 2007."

Section 2—Definitions

This section would include definitions of congressional defense committees, disability evaluation system, family member, and recovering service member.

TITLE I—WOUNDED WARRIOR ASSISTANCE

ITEM OF SPECIAL INTEREST

Report on Army Infrastructure Requirements

The committee directs the Secretary of the Army to submit to the House Committee on Armed Services by January 31, 2008, a report of the infrastructure requirements for supporting wounded warriors at Army medical facilities and installations. The report shall include the following:

(1) A description of current and projected military facilities that support soldiers receiving medical treatment and rehabilitation services including medical facilities, dining facilities, barracks, family housing, and exercise and rehabilitation facilities.

(2) An analysis of the parking situation at all army medical centers to determine whether an adequate number of parking spaces exist, and the walking time and distance on average to and from the most remote parking spaces.

(3) An analysis of the infrastructure improvements to the facilities described in items (1) and (2) to determine if sufficient funds have been allocated for such improvements and such other recommendations the Secretary considers appropriate.

LEGISLATIVE PROVISIONS

Section 101—Improvements to medical and dental care for members of the armed forces assigned to hospitals in an outpatient status

This section would require the assignment of a medical care case manager and a service member advocate to each service member assigned to a military treatment facility in an outpatient status or another unit designated to manage service members receiving outpatient medical care. This section would specify the duties of medical care case managers and service member advocates, require standardized training curriculums be developed for each, and would limit the number of cases that may be assigned to each. This section would also require the secretary concerned to conduct semiannual surveys of members in an outpatient status to determine the quality of medical care, adequacy of facilities, and effectiveness of disability evaluation systems and to coordinate the results with installation medical commanders and authorities.

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

This section would require the Secretary of Defense to establish a toll-free hot line for reporting deficiencies in facilities supporting medical patients and family members. This section would require investigation and formulation of a plan to remediate substantiated complaints within 96 hours, to include relocation of occupants when health and safety standards are violated.

Section 103—Notification to Congress of hospitalization of combat wounded service members

This section would require the secretary of each military service, with the service member's consent, to notify Members of Congress of the hospitalization of a service member who has been evacuated from a theater of combat.

Section 104—Independent medical advocate for members before medical evaluation boards

This section would require assignment of independent health care professionals to serve as counselors and advocates for service members being considered by medical evaluation boards.

Section 105—Training and workload for physical evaluation board liaison officers

This section would establish 20 cases as the maximum number that may be assigned to a physical evaluation board liaison officer or an assistant physical evaluation board liaison officer. This section would also require the Secretary of Defense to establish a standard training curriculum for physical evaluation board liaison officers or assistant physical evaluation board liaison officers.

Section 106—Standardized training program and curriculum for Department of Defense disability evaluation system

This section would require the Secretary of Defense to establish a standardized training program and curriculum for persons involved in the disability evaluation system including, commanders, enlisted supervisors, health care professionals, and other persons with administrative, professional, or technical responsibilities in the disability evaluation system.

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

This section would require the Secretary of Defense to recommend annually, improvements to the training of health care professionals, medical care case managers, and service member advocates to increase their effectiveness in assisting recovering wounded warriors. This section would, at a minimum, require the Secretary to make recommendations about improving training in the identification of post-traumatic stress disorder, suicidal tendencies, and other mental conditions among recovering service members and the timely reporting of observations to appropriate health care professionals. This section would also require the Secretary of Defense to develop a system to track the number of notifications made by medical care case managers and service member advocates to health care professionals regarding the early warning signs of both suicide and post-traumatic stress disorder.

Section 108—Pilot program to establish an army wounded warrior battalion at an appropriate active duty base

This section would require the Secretary of the Army to establish an Army Wounded Warrior Battalion pilot program at an installation with a major medical facility modeled after the Wounded War-

rior Regiment program operated by the United States Marine Corps.

The Secretary shall submit a report with the results of the pilot program within 90 days after completion of a one-year test.

Section 109—Criteria for removal of member from temporary disability retired list

This section would require that service member medical conditions must be permanent and stable before being removed from the temporary duty retired list.

Section 110—Improved transition of members of the armed forces to Department of Veterans Affairs upon retirement or separation

This section would require the Secretary of Defense to provide disabled service members being separated or retired from the armed forces with a written plan for transition of the service member to programs operated by the Department of Veterans Affairs and a formal process for the transmittal of records and other information to the Department of Veterans Affairs on or before the date of separation or retirement. This section would require the service member's identification and contact information to be provided to the applicable State agency responsible for veterans' affairs, with the consent of the service member. This section would also require the Secretary of Defense and the Secretary of Veterans Affairs to establish a joint separation and evaluation physical and a fully interoperable medical information system.

Section 111—Establishment of medical support fund for support of members of the armed forces returning to military service or civilian life

This section would authorize a Treasury fund to be used to support programs and activities relating to the medical treatment, care, rehabilitation, recovery, and support of wounded and injured members of the armed forces. This section would authorize $50.0 million to be appropriated from emergency supplemental appropriations for fiscal years 2007 and 2008, to remain available through September 30, 2008.

Section 112—Oversight board for wounded warriors

This section would require the establishment of an Oversight Board for Wounded Warriors to give oversight of medical care, quality of life, administrative processing, and family programs supporting wounded warriors and to provide advice and counsel to Congress and the Department of Defense about how the programs can be made more efficient and effective. The Board would be composed of twelve members with knowledge or experience of military health care, disability evaluation systems, or the challenges faced by recovering wounded warriors.

TITLE II—STUDIES AND REPORTS

LEGISLATIVE PROVISIONS

Section 201—Annual report on military medical facilities

This section would require the Secretary of Defense to submit an annual report beginning with the budget submission for fiscal year

2009 on the adequacy, suitability, and quality of military medical facilities and medical-related support facilities. This section would require that the report include any facility deficiencies and accompanying response plans identified through the toll-free hotline established in section 102 of this Act.

Section 202—Access of recovering service members to adequate outpatient residential facilities

This section would require the inspectors general of the regional medical commands to conduct semiannual inspections of facilities housing recovering service members for the first two years following the date of enactment of this Act and annually thereafter. This section would require the inspection results to be coordinated with local and service medical and civilian leadership, reported to Congress, and posted on the Internet website for the regional medical command.

Section 203—Evaluation and report on department of defense and department of veterans affairs disability evaluation systems

This section would require the Secretary of Defense and the Secretary of Veterans Affairs to conduct a joint evaluation of the disability evaluation systems operated by both secretaries for the purpose of improving the consistency of the two systems and evaluating the feasibility of, and potential for, consolidating the two systems. This section would require the secretaries to consider the findings and recommendations of the Veterans' Disability Benefits Commission.

Section 204—Study and report on support services for families of recovering service members

This section would require the Secretary of Defense to conduct a study of the support services provided to families of recovering service members including, a survey of the services currently provided; a determination of the services that may be provided with the associated costs; an estimate of the number of family members that would be eligible to receive the services; and a determination of any employment discrimination that the family members experience.

Section 205—Report on traumatic brain injury classifications

This section would require the Secretary of Defense to report on the changes being undertaken to ensure that traumatic brain injury victims receive a proper medical designation concomitant with their injury. The committee is aware that the Department of Defense recognizes that the current classification of organic psychiatric disorder used to classify traumatic brain injuries suffered by service members may require further definition.

Section 206—Evaluation of the polytrauma liaison officer/non-commissioned officer program

This section would require the Secretary of Defense to conduct an evaluation of the Polytrauma Liaison Officer/Non-commissioned Officer program operated by the military departments and the Department of Veterans Affairs to assist the transition of service

members from the Department of Defense health care system to the Department of Veterans Affairs' system.

TITLE III—GENERAL PROVISIONS

LEGISLATIVE PROVISIONS

Section 301—Moratorium on conversion to contractor performance of Department of Defense functions at military medical facilities

This section would prohibit the initiation or announcement of a competition under Office of Management and Budget Circular A–76 relating to the possible conversion to performance of functions at a Department of Defense military medical facility by a contractor. The prohibition would be effective during a 12-month period beginning on the date of enactment of this Act.

Section 302—Prohibition on transfer of resources from medical care

This section would prohibit the transfer of funds or personnel from medical care functions to support the administrative requirements imposed by this Act.

Section 303—Increase in physicians at hospitals of the Department of Veterans Affairs

This section would require the Secretary of Veterans Affairs to increase the number of resident physicians at Department of Veterans Affairs' hospitals.

COMMUNICATIONS FROM OTHER COMMITTEES

HOUSE OF REPRESENTATIVES,
COMMITTEE ON VETERANS' AFFAIRS,
Washington, DC, March 20, 2007.

Hon. IKE SKELTON,
Chairman, Committee on Armed Services,
House of Representatives, Washington, DC.

DEAR CHAIRMAN SKELTON: I understand the Committee on Armed Services plans to consider H.R.1538, the "Wounded Warrior Assistance Act of 2007," today. As you are aware, the Committee on Veterans' Affairs was also referred the bill upon introduction. However, in order to expedite consideration of the bill, I will not exercise my Committee's right to schedule a mark-up of the introduced bill.

I note the Committee on Veteran's Affairs' jurisdictional interest in the four amendments attached hereto, which were provided to the Committee for review on March 19, 2007. However, to facilitate the House's timely consideration of the bill, I agree that my Committee will, likewise, not consider the amendments.

By agreeing to waive consideration of the bill, the Committee on Veterans' Affairs does not waive its jurisdiction over the subject matter contained in the bill or the aforementioned amendments. The Committee also reserves the right to seek appointment to any House-Senate conference on this or similar legislation and requests your support if such a request is made.

Sincerely,

BOB FILNER, *Chairman.*

Attachments.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON ARMED SERVICES,
Washington, DC, March 21, 2007.

Hon. BOB FILNER,
Chairman, Committee on Veterans' Affairs,
House of Representatives, Washington, DC.

DEAR MR. CHAIRMAN: Thank you for your letter regarding H.R. 1538, the Wounded Warrior Assistance Act of 2007. I agree that the Committee on Veterans' Affairs has valid jurisdictional claims to certain provisions in this important legislation, and I am most appreciative of your decision not to schedule a mark-up of this bill in the interest of expediting consideration. I agree that by agreeing to waive consideration of certain provisions of the bill, the Committee on Veterans' Affairs is not waiving its jurisdiction over these matters.

This exchange of letters will be included in the committee report on the bill.

Very truly yours,

IKE SKELTON, *Chairman.*

HOUSE OF REPRESENTATIVES,
COMMITTEE ON OVERSIGHT AND GOVERNMENT REFORM,
Washington, DC, March 22, 2007.

Hon. IKE SKELTON,
Chairman, Committee on Armed Services,
House of Representatives, Washington, DC.

DEAR CHAIRMAN SKELTON: I am writing regarding the amendment to H.R. 1538, the "Wounded Warrior Assistance Act of 2007," proposed by Rep. Solomon Ortiz during the Tuesday, March 20, 2007, markup by the House Committee on Armed Services. The Committee on Oversight and Government Reform has jurisdiction over the subject matter of this amendment, which would create a moratorium on a study or competition announced pursuant to section 2461 of title 10, United States Code, or otherwise pursuant to OMB Circular A–76, concerning the possible conversion to performance by a contractor of any Department of Defense function carried out at a military medical facility.

The Committee on Oversight and Government Reform will not seek a referral of H.R. 1538 based on the inclusion of the Ortiz Amendment. This accommodation is being provided to expedite the consideration of the legislation and is not a waiver of the Oversight Committee's jurisdiction over the subject matter in future legislation. The Oversight Committee will request an appropriate number of conferees should there be a House-Senate conference on this or similar legislation.

Sincerely,

HENRY A. WAXMAN, *Chairman.*

HOUSE OF REPRESENTATIVES,
COMMITTEE ON ARMED SERVICES,
Washington, DC, March 22, 2007.

Hon. HENRY A. WAXMAN,
Chairman, Committee on Oversight and Government Reform,
House of Representatives, Washington, DC.

DEAR MR. CHAIRMAN: Thank you for your letter regarding H.R. 1538, the Wounded Warrior Assistance Act of 2007. I agree that the Committee on Oversight and Government Reform has a valid jurisdictional claim to the amendment offered by Mr. Ortiz regarding a moratorium on the implementation of A–76 guidelines and which is included in this important legislation. I am most appreciative of your decision not to request a sequential referral on the basis of this amendment in the interest of expediting consideration of this bill. I agree that by forgoing a sequential referral, the Committee on Oversight and Government Reform is not waiving its jurisdiction over this matter.

This exchange of letters will be included in the committee report on the bill.

Very truly yours,

IKE SKELTON, *Chairman.*

COMMITTEE POSITION

On March 20, 2007, the Committee on Armed Services, a quorum being present, ordered H.R. 1538, as amended, reported with a favorable recommendation by a record vote of 59 ayes to 0 noes.

CONGRESSIONAL BUDGET OFFICE ESTIMATE

In compliance with clause 3(c)(3) of rule XIII of the Rules of the House of Representatives, the cost estimate prepared by the Congressional Budget Office and submitted pursuant to section 402(a) of the Congressional Budget Act of 1974 is as follows:

MARCH 23, 2007.

Hon. IKE SKELTON,
Chairman, Committee on Armed Services,
House of Representatives, Washington, DC.

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for H.R. 1538, the Wounded Warrior Assistance Act of 2007.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Michelle S. Patterson.

Sincerely,

PETER R. ORSZAG, *Director.*

Enclosure.

Summary: H.R. 1538 would impose a number of new requirements on the Department of Defense (DoD) intended to improve the medical care and other services received by servicemembers who are sick or wounded. Among other things, the bill would increase the number of case managers and servicemember advocates and improve their training, require that medical personnel be available to advise servicemembers whose cases are being reviewed by evaluation boards, and establish a program to assist

servicemembers who are separating from DoD as they make the transition to the use of services provided by the Department of Veterans Affairs (VA).

The bill also would require DoD and VA to establish a single medical information system between the two departments. CBO does not have sufficient information about how DoD and VA might implement this requirement to estimate the cost, but we expect that cost could amount to billions of dollars, subject to appropriation of the necessary funds. CBO estimates that implementing the remainder of H.R. 1538 would incur discretionary costs of $66 million in 2008 and about $300 million over the 2008–2012 period, assuming appropriation of the necessary amounts. Enacting the bill would not have a significant impact on direct spending or revenues.

H.R. 1538 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA) and would impose no costs on state, local, or tribal governments.

Estimated Cost to the Federal Government: The costs of this legislation fall within budget functions 050 (national defense) and 700 (veterans benefits and services).

The principal budgetary impact of H.R. 1538 would be discretionary costs for developing and implementing a single medical information system for DoD and VA. Such a system could potentially cost billions of dollars, but CBO does not have sufficient information at this time to complete an estimate of those costs. Ultimately, the cost of such a new system would depend on how the two departments choose to implement the bill's requirements and would be subject to appropriation of the necessary amounts.

CBO estimates that implementing the remainder of H.R. 1538 would require the appropriation of $100 million in 2008 and $315 million over the 2008–2012 period. CBO estimates that appropriation of those amounts would result in discretionary outlays of $66 million in 2008 and about $300 million over the 2008–2012 period.

In addition, CBO estimates that H.R. 1538 would have an insignificant effect on direct spending and would have no effect on revenues.

Basis of Estimate: For this estimate, CBO assumes that H.R. 1538 would be enacted near the start of fiscal year 2008 and that the necessary amounts will be appropriated for each year. Most of the legislation's budgetary effects would fall within the discretionary spending category, but one provision would have a negligible effect on direct spending.

Spending subject to Appropriation: H.R. 1538 would require DoD to hire additional personnel to ensure that sick, wounded, and recovering servicemembers receive assistance in coordinating medical treatment, resolving administrative problems, and in preparing for the evaluation board that determines if members will be allowed to remain on active duty. It also would require the establishment of a single medical information system for both DoD and VA, a transitional plan for members leaving the service, the creation of a wounded warrior battalion, and the preparation of several reports and studies. CBO estimates that, in addition to potentially billions of dollars in costs for the new medical information technology system, implementing this bill would cost $66 million in 2008 and about $300 million over the 2008–2012 period, assuming appropriation of the necessary amounts.

Medical Information Systems. Section 110 would require DoD and VA to implement a single medical information system for the exchange of critical medical information. CBO cannot estimate the budgetary impact of implementing this provision because DoD and VA have not yet determined how they would meet the requirements of this section. If a new computer system would have to be created by the departments to enable the transfer of medical information, it could cost billions of dollars. If improvements to current systems would suffice, the cost would be much smaller.

Transition Plan. Section 110 also would require that DoD establish a program to ensure that each servicemember who retires or separates from the military due to physical disability receive a written plan that outlines how the transition to the provision of medical care and benefits by VA should occur. The formal transition process also would include the transmission of such information as the discharge form, a copy of the medical records and findings of the disability evaluation board, and information on the veterans' benefits that each member is entitled to receive from VA. This section also would require that the same physical evaluation be used by DoD and VA, and for VA benefits teams to be optimally located at DoD facilities.

The improved transition process would probably make use of the new medical information system discussed above. CBO believes that these additional requirements would not have any significant additional cost.

Medical Support Fund. Section 111 would establish a DoD Medical Support Fund to be used for programs and activities related to medical care for wounded servicemembers and support for their families. The bill would authorize the appropriation of $50 million to remain available through fiscal year 2008. That money could be transferred from the new fund to several appropriations accounts, including construction, research, and military personnel. Based on information from DoD, CBO estimates that $25 million would be spent from the fund in 2008. Obligations made in that year would likely result in outlays of $50 million over the 2008–2012 period.

Case Managers and Servicemember Advocates. Servicemembers who are outpatients at military treatment facilities receive the assistance of both medical care case managers and servicemember advocates. The former are generally social workers who help coordinate care for servicemembers. The latter are military personnel who assist the patients with administrative matters. Section 101 would clarify the roles of each and establish the maximum workload that could be carried. Based on information from DoD, CBO estimates that about 330 case managers would have to be hired initially to meet those requirements. Fewer new case managers would be needed in the future as fewer troops are expected to be in a combat situation. With an average salary and benefits package of $100,000 per person, the estimated cost of this provision is about $100 million over the 2008–2012 period.

CBO cannot estimate the number of additional servicemember advocates that would be required under this proposal without additional information from DoD. However, since personnel for those positions would come from within authorized personnel levels, CBO expects that implementing this provision would not increase overall personnel costs.

Independent Medical Advocates. Section 104 would require that servicemembers being considered by medical evaluation boards (MEBs) have access to an independent health care professional to act as an advocate on their behalf. Based on information from the military services, CBO estimates that MEBs consider about 25,000 cases each year. Due to this large case load, CBO believes it would be difficult for DoD to meet this requirement without hiring additional personnel or using private contractors. For this estimate, CBO assumes the military services would enter into contracts with private-sector nurses to perform this service. Based on information from several firms that specialize in workers compensation and veterans disability cases, CBO estimates the cost to hire a registered nurse as an advocate for military personnel would be about $500 per case. This would result in a cost to DoD of about $5 million in 2008 and about $60 million over the 2008–2012 period. Costs would be lower in 2008 than in later years because of the time needed to establish procedures and program resources to meet this new requirement, CBO estimates.

Physical Evaluation Board Liaison Officers. Section 105 would mandate that physical evaluation board liaison officers (PEBLOs) be assigned to no more than 20 cases at any one time. Based on information from the military services, there are currently about 260 personnel that perform the role of PEBLOs throughout the DoD medical system. Of those, CBO estimates about 15 percent, or 40 liaison officers, currently have caseloads of less than 20. Of the remaining 220 personnel, CBO estimates the average caseload is about 28 per PEBLO. Therefore, decreasing the average caseload to 20 would require the hiring of an additional 90 PEBLOs. The current population of PEBLOs is comprised of both military and civilian personnel. For this estimate, CBO assumes the new PEBLOs would all be civilians and each would cost about $60,000 per year, which is the approximate cost of pay and benefits for a GS–8 on the General Schedule. Therefore, CBO estimates that implementing this section would average $6 million per year and $27 million over the 2008–2012 period. The cost would only be about $3 million in 2008 because of the time needed to hire and train the new personnel.

Hotline. Section 102 would require DoD to establish a toll-free hotline to collect information about the condition of medical facilities. Any deficiencies would have to be investigated within 96 hours and a plan of action for remediation developed. If the problems violate health or safety standards then occupants of the building would have to be relocated until the corrections are made. Based on information from DoD, CBO estimates that implementing this section would cost $6 million in 2008 and $35 million over the 2008–2012 period. This includes a cost of about $2 million per year for operating the hotline and for relocating patients, and about $4 million per year for investigation of the complaints.

Standardized Training. Sections 101, 105, and 106 would require the Secretary of Defense to establish standardized training programs for personnel involved in the disability evaluation system. Currently, each of the services specify their own training requirements, which in some cases is limited to on-the-job training. A report by RAND recommended that DoD provide standardized training to personnel in the disability evaluation system through a com-

bination of computer-based distance training and classroom training.[1] Based on information from that report, CBO estimates the cost to provide such training would be about $1 million in 2008 and $6 million over the 2008–2012 period.

Reports. The bill would require that DoD prepare several reports and conduct surveys to gauge the adequacy and efficiency of employee training programs, benefits for families of wounded servicemembers, the disability evaluation system, the quality of medical care for the combat-wounded, the medical classification code for brain injuries, military medical facilities, and certain liaison programs. Based on information from DoD, CBO estimates that it would cost less than $1 million to do each report or survey. The bill would require that some of the reports or surveys be done only once while others would have to be done each year. CBO estimates that the total cost to do these reports and surveys would be $6 million in 2008 and about $20 million over the 2008–2012 period.

Other Provisions. The following provisions would have an insignificant impact on discretionary spending:

- Section 112 would establish the Oversight Board for Wounded Warriors, to be comprised of 12 appointed members who would provide advice and consultation to the Secretary of Defense and to the Congress. Board members would receive pay for travel expenses for required visits to military medical facilities.
- Section 103 would require that DoD notify members of the Congress when a servicemember from their state or district is medically evacuated from a theater of combat.
- Section 301 would place a one-year moratorium on the conduct of any study or competition for the purposes of transferring to a private-sector contractor the responsibility for performance of any function currently performed by DoD personnel at a military medical facility.
- Section 302 would prohibit the transfer of funds from DoD medical care accounts to administrative accounts for the purpose of complying with the provisions of H.R. 1538.
- Section 303 would require VA to increase the number of resident physicians at its hospitals. Based on information from VA, CBO estimates that this requirement can be met at minimal cost.
- Section 108 would establish a pilot program to operate a Wounded Warrior Battalion for a period of one year. The battalion would be dedicated to tracking and assisting soldiers who require medical care while in an outpatient status. Since personnel for this unit would come from within authorized personnel levels, CBO anticipates this provision would have an insignificant effect on discretionary spending.
- Section 202 would require the regular inspection of military housing facilities and quarters that are occupied by recovering servicemembers.

Direct Spending: Section 109 would require DoD to verify that the medical condition of servicemembers who are receiving temporary disability retirement has stabilized before separating them from the armed forces. Under current law, they may be separated any time their degree of disability is rated at less than 30 percent.

[1] Cheryl Y. Marcum and others, *Methods and Actions for Improving Performance of the Department of Defense Disability Evaluation System* (Santa Monica, CA: RAND, 2002).

Under this provision, some members could receive temporary disability retirement annuities for up to three and one-half years longer than they otherwise would have.

CBO expects no significant budgetary impact from this provision because it would likely affect few members. In addition, many military retirement annuities are reduced, or offset, by the amount of veterans disability compensation received. CBO estimates that most or all of these temporary retirees would be eligible for veterans disability benefits and that any additional retirement benefits received under this provision would be substantially reduced by the disability compensation offset.

Intergovernmental and Private-sector Impact: H.R. 1538 contains no intergovernmental or private-sector mandates as defined in UMRA and would impose no costs on state, local, or tribal governments.

Estimate Prepared By: Medical Care: Michelle S. Patterson; Military Retirement: Mike Waters; Military Personnel: Matthew Schmit; Operations and Maintenance: Jason Wheelock; Impact on State, Local, and Tribal Governments: Melissa Merrell; Impact on the Private Sector: Victoria Liu. Estimate Approved By: Peter H. Fontaine, Deputy Assistant Director for Budget Analysis.

COMMITTEE COST ESTIMATE

Pursuant to clause 3(d) of rule XIII of the Rules of the House of Representatives, the committee generally concurs with the estimate as contained in the report of the Congressional Budget Office. However, with regards to section 110(c) of this Act, the committee is reviewing the Congressional Budget Office Estimate.

OVERSIGHT FINDINGS

With respect to clause 3(c)(1) of rule XIII of the Rules of the House of Representatives, the committee reports that the findings and recommendations of the committee, based on oversight activities pursuant to clause 2(b)(1) of rule X, are incorporated in the descriptive portions of this report.

With respect to clause 3(c)(2) of rule XIII of the Rules of the House of Representatives, this legislation does not include any new spending or credit authority, nor does it provide for any increase or decrease in tax revenues or expenditures.

CONSTITUTIONAL AUTHORITY STATEMENT

Pursuant to clause 3(d)(1) of rule XIII of the Rules of the House of Representatives, the committee finds the authority for this legislation in Article I, section 8 of the United States Constitution.

EARMARKS

Pursuant to clause 9 of rule XXI, H.R. 1538, the Wounded Warrior Assistance Act of 2007, contains no congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9(d), 9(e), or 9(f) of rule XXI.

STATEMENT OF FEDERAL MANDATES

Pursuant to section 423 of Public Law 104–4, this legislation contains no federal mandates with respect to state, local, and tribal governments, nor with respect to the private sector. Similarly, the bill provides no unfunded federal intergovernmental mandates.

RECORD VOTES

In accordance with clause 3(b) of rule XIII of the Rules of the House of Representatives, record votes were taken with respect to the committee's consideration of H.R. 1538. The record of these votes is attached to this report.

The committee ordered H.R. 1538, as amended, reported to the House with a favorable recommendation by a record vote of 59–0, a quorum being present.

COMMITTEE ON ARMED SERVICES
110TH CONGRESS
ROLL CALL

Amendment Number: 5R **Date: 03/20/07**

Description: Wounded service members must recover more than 50 miles from a detainee who is or was at GTMO

Offered by: Miller, J.

Voice Vote **Ayes** **Noes**

Rep.	Aye	Noes	Present	Rep.	Aye	Noes	Present
Mr. Skelton		X		Mr. Hunter	X		
Mr. Spratt		X		Mr. Saxton	X		
Mr. Ortiz		X		Mr. McHugh	X		
Mr. Taylor		X		Mr. Everett	X		
Mr. Abercrombie		X		Mr. Bartlett	X		
Mr. Meehan				Mr. McKeon	X		
Mr. Reyes		X		Mr. Thornberry	X		
Dr. Snyder		X		Mr. Jones	X		
Mr. Smith		X		Mr. Hayes	X		
Ms. Sanchez		X		Mr. Calvert	X		
Mr. McIntyre		X		Mrs. Davis (VA)			
Ms. Tauscher		X		Mr. Akin	X		
Mr. Brady		X		Mr. Forbes	X		
Mr. Andrews		X		Mr. Miller (FL)	X		
Mrs. Davis (CA)		X		Mr. Wilson	X		
Mr. Larsen		X		Mr. LoBiondo	X		
Mr. Cooper		X		Mr. Cole	X		
Mr. Marshall		X		Mr. Bishop	X		
Ms. Bordallo		X		Mr. Turner	X		
Mr. Udall		X		Mr. Kline	X		
Mr. Boren		X		Mrs. Miller (MI)	X		
Mr. Ellsworth		X		Dr. Gingrey	X		
Mrs. Boyda		X		Mr. Rogers	X		
Mr. Murphy		X		Mr. Franks	X		
Mr. Johnson		X		Mrs. Drake	X		
Ms. Shea-Porter		X		Mrs. McMorris Rodgers	X		
Mr. Courtney		X		Mr. Conaway	X		
Mr. Loebsack		X		Mr. Davis (KY)	X		
Ms. Gillibrand		X					
Mr. Sestak		X					
Ms. Giffords		X					
Mr. Cummings		X					
Mr. Meek		X					
Ms. Castor		X					

Roll Call Vote Total:

27 Ayes 33 Noes **Present**

COMMITTEE ON ARMED SERVICES
110TH CONGRESS
ROLL CALL

Motion to Order Reported Favorably **Date: 03/20/07**
H.R. 1538, as amended **Offered by:** **Spratt**

Voice Vote **Ayes** **Noes**

Rep.	Aye	Noes	Present	Rep.	Aye	Noes	Present
Mr. Skelton	X			Mr. Hunter	X		
Mr. Spratt	X			Mr. Saxton	X		
Mr. Ortiz	X			Mr. McHugh	X		
Mr. Taylor	X			Mr. Everett	X		
Mr. Abercrombie	X			Mr. Bartlett	X		
Mr. Meehan				Mr. McKeon	X		
Mr. Reyes	X			Mr. Thornberry	X		
Dr. Snyder	X			Mr. Jones	X		
Mr. Smith	X			Mr. Hayes	X		
Ms. Sanchez	X			Mr. Calvert	X		
Mr. McIntyre	X			Mrs. Davis (VA)			
Ms. Tauscher	X			Mr. Akin	X		
Mr. Brady	X			Mr. Forbes	X		
Mr. Andrews	X			Mr. Miller (FL)	X		
Mrs. Davis (CA)	X			Mr. Wilson	X		
Mr. Larsen	X			Mr. LoBiondo	X		
Mr. Cooper	X			Mr. Cole	X		
Mr. Marshall	X			Mr. Bishop	X		
Ms. Bordallo	X			Mr. Turner	X		
Mr. Udall	X			Mr. Kline	X		
Mr. Boren	X			Mrs. Miller (MI)	X		
Mr. Ellsworth	X			Dr. Gingrey	X		
Mrs. Boyda	X			Mr. Rogers	X		
Mr. Murphy	X			Mr. Franks			
Mr. Johnson	X			Mrs. Drake	X		
Ms. Shea-Porter	X			Mrs. McMorris Rodgers	X		
Mr. Courtney	X			Mr. Conaway	X		
Mr. Loebsack	X			Mr. Davis (KY)	X		
Ms. Gillibrand	X						
Mr. Sestak	X						
Ms. Giffords	X						
Mr. Cummings	X						
Mr. Meek	X						
Ms. Castor	X						

Roll Call Vote Total:

59 Ayes 0 Noes **Present**

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italic, existing law in which no change is proposed is shown in roman):

TITLE 10, UNITED STATES CODE

Subtitle A—General Military Law

PART I—ORGANIZATION AND GENERAL MILITARY POWERS

* * * * * * *

CHAPTER 23—MISCELLANEOUS STUDIES AND REPORTS

Sec.
480. Reports to Congress: submission in electronic form.

* * * * * * *

490. Annual report on military medical facilities.

* * * * * * *

§ 490. Annual report on military medical facilities

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

(b) RESPONSE TO HOT-LINE INFORMATION.—The Secretary of Defense shall include in each report information regarding—

(1) any deficiencies in the adequacy, quality, or state of repair of medical-related support facilities raised as a result of information received during the period covered by the report through the toll-free hot line maintained pursuant to section 1567 of this title; and

(2) the investigations conducted and plans of action prepared under such section to respond to such deficiencies.

(c) MEDICAL-RELATED SUPPORT FACILITY.—In this section, the term "medical-related support facility" is any facility of the Department of Defense that provides support to any of the following:

(1) Members of the armed forces admitted for treatment to military medical treatment facilities.

(2) Members of the armed forces assigned to military medical treatment facilities as an outpatient.

(3) Family members accompanying any member described in paragraph (1) or (2) as a nonmedical attendant.

PART II—PERSONNEL

* * * * * * *

CHAPTER 55—MEDICAL AND DENTAL CARE

Sec.
1071. Purpose of this chapter.

* * * * * * *

1074l. Management of medical and dental care: members assigned to receive care in an outpatient status.
1074m. Notification to Congress of hospitalization of combat wounded members.

* * * * * * *

§ 1074l. Management of medical and dental care: members assigned to receive care in an outpatient status

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

(2)(A) The duties of the medical care case manager shall include the following with respect to the member (or the member's immediate family if the member is incapable of making judgments about personal medical care):

(i) To assist in understanding the member's medical status.

(ii) To assist in receiving prescribed medical care.

(iii) To conduct a review, at least once a week, of the member's medical status.

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

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

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

(4)(A) The medical care case manager office at each facility shall be headed by a commissioned officer of appropriate rank and appropriate military occupation specialty, designator, or specialty code.

(B) For purposes of subparagraph (A), an appropriate military occupation specialty, designator, or specialty code includes membership in the Army Medical Corps, Army Medical Service Corps, Army Nurse Corps, Navy Medical Corps, Navy Medical Service Corps, Navy Nurse Corps, or Air Force Medical Service.

(5) The Secretary of Defense shall establish a standard training program and curriculum for medical care case managers. Successful completion of the training program is required before a person may assume the duties of a medical care case manager.

(b) SERVICE MEMBER ADVOCATE.—(1) A member in an outpatient status shall be assigned a service member advocate.

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

(A) communicating with the member and with the member's family or other individuals designated by the member;

(B) assisting with oversight of the member's welfare and quality of life; and

(C) assisting the member in resolving problems involving financial, administrative, personnel, transitional, and other matters.

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

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

(4) The service member advocate office at each facility shall be headed by a commissioned officer of appropriate rank and appropriate military occupation specialty, designator, or specialty code in order to handle service-specific personnel and financial issues.

(5) The Secretary of Defense shall establish a standard training program and curriculum for service member advocates. Successful completion of the training program is required before a person may assume the duties of a service member advocate.

(6) A service member advocate shall continue to perform the duties described in paragraph (2) with respect to a member until the member is returned to duty or separated or retired from the armed forces.

(c) SEMIANNUAL SURVEYS BY SECRETARIES CONCERNED.—The Secretary concerned shall conduct a semiannual survey of members in an outpatient status at installations under the Secretary's supervision. The survey shall include, at a minimum, the members' assessment of the quality of medical care at the facility, the timeliness of medical care at the facility, the adequacy of living facilities and other quality of life programs, the adequacy of case management support, and the fairness and timeliness of the physical disability evaluation system. The survey shall be conducted in coordination with installation medical commanders and authorities, and shall be coordinated with such commanders and authorities before submission to the Secretary.

(d) DEFINITIONS.—In this section:

(1) The term "member in an outpatient status" means a member of the armed forces assigned to a military medical treatment facility as an outpatient or to a unit established for the purpose of providing command and control of members receiving medical care as outpatients.

(2) The term "disability evaluation system" means the Department of Defense system or process for evaluating the nature of and extent of disabilities affecting members of the armed forces (other than the Coast Guard) and comprised of medical evaluation boards, physical evaluation boards, counseling of members, and final disposition by appropriate personnel authorities, as operated by the Secretaries of the military departments, and, in the case of the Coast Guard, a similar system or process operated by the Secretary of Homeland Security.

§ 1074m. Notification to Congress of hospitalization of combat wounded members

(a) NOTIFICATION REQUIRED.—The Secretary concerned shall provide notification of the hospitalization of any member of the armed forces evacuated from a theater of combat to the appropriate Members of Congress.

(b) APPROPRIATE MEMBERS.—In this section, the term "appropriate Members of Congress", with respect to the member of the armed forces about whom notification is being made, means the

Senators and the Members of the House of Representatives representing the States or districts, respectively, that include the member's home of record and, if different, the residence of the next of kin, or a different location as provided by the member.

(c) CONSENT OF MEMBER REQUIRED.—The notification under subsection (a) may be provided only with the consent of the member of the armed forces about whom notification is to be made. In the case of a member who is unable to provide consent, information and consent may be provided by next of kin.

* * * * * * *

CHAPTER 58—BENEFITS AND SERVICES FOR MEMBERS BEING SEPARATED OR RECENTLY SEPARATED

Sec.
1141. Involuntary separation defined.
[1142. Preseparation counseling; transmittal of medical records to Department of Veterans Affairs.]
1142. Preseparation counseling.
1142a. Process for transition of members to health care and physical disability systems of Department of Veterans Affairs.

* * * * * * *

[§ 1142. Preseparation counseling; transmittal of medical records to Department of Veterans Affairs]

§ 1142. Preseparation counseling

(a) * * *

* * * * * * *

[(c) TRANSMITTAL OF MEDICAL INFORMATION TO DEPARTMENT OF VETERANS AFFAIRS.—In the case of a member being medically separated or being retired under chapter 61 of this title, the Secretary concerned shall ensure (subject to the consent of the member) that a copy of the member's service medical record (including any results of a Physical Evaluation Board) is transmitted to the Secretary of Veterans Affairs within 60 days of the separation or retirement.]

§ 1142a. Process for transition of members to health care and physical disability systems of Department of Veterans Affairs

(a) TRANSITION PLAN.—(1) The Secretary of Defense shall ensure that each member of the armed forces who is being separated or retired under chapter 61 of this title receives a written transition plan that—

(A) specifies the recommended schedule and milestones for the transition of the member from military service; and

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

(2) A member being separated or retired under chapter 61 of this title shall receive the transition plan before the separation or retirement date of the member.

(3) The transition plan for a member under this subsection shall include information and guidance designed to assist the member in

understanding and meeting the schedule and milestones for the member's transition.

(b) FORMAL TRANSITION PROCESS.—(1) The Secretary of Defense, in cooperation with the Secretary of Veterans Affairs, shall establish a formal process for the transmittal to the Secretary of Veterans Affairs of the records and other information described in paragraph (2) as part of the separation or retirement of a member of the armed forces under chapter 61 of this title.

(2) The records and other information to be transmitted under paragraph (1) with respect to a member shall include, at a minimum, the following:

(A) The member's address and contact information.

(B) The member's DD–214 discharge form, which shall be transmitted electronically.

(C) A copy of the member's service record, including medical records and any results of a Physical Evaluation Board.

(D) Whether the member is entitled to transitional health care, a conversion health policy, or other health benefits through the Department of Defense under section 1145 of this title.

(E) Any requests by the member for assistance in enrolling in, or completed applications for enrollment in, the health care system of the Department of Veterans Affairs for health care benefits for which the member may be eligible under laws administered by the Secretary of Veterans Affairs.

(F) Any requests by the member for assistance in applying for, or completed applications for, compensation and vocational rehabilitation benefits to which the member may be entitled under laws administered by the Secretary of Veterans Affairs, if the member is being medically separated or is being retired under chapter 61 of this title.

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

(4) With the consent of the member, the member's address and contact information shall also be submitted to the department or agency for veterans affairs of the State in which the member intends to reside after the separation or retirement of the member.

(c) MEETING.—(1) The formal process required by subsection (b) for the transmittal of records and other information with respect to a member shall include a meeting between representatives of the Secretary concerned and the Secretary of Veterans Affairs, which shall take place at a location designated by the Secretaries. The member shall be informed of the meeting at least 30 days in advance of the meeting, except that the member may waive the notice requirement in order to accelerate transmission of the member's records and other information to the Department of Veterans Affairs.

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

(d) TIME FOR TRANSMITTAL OF RECORDS.—The Secretary concerned shall provide for the transmittal to the Department of Veterans Affairs of records and other information with respect to a member at the earliest practicable date. In no case should the transmittal occur later than the date of the separation or retirement of the member.

(e) ARMED FORCES.—In this section, the term "armed forces" means the Army, Navy, Air Force, and Marine Corps.

* * * * * * *

§ 1145. Health benefits

(a) * * *

* * * * * * *

(d) UNIFORM SEPARATION AND EVALUATION PHYSICAL.—The joint separation and evaluation physical, as described in DD–2808 and DD–2697, shall be used by the Secretary of Defense in connection with the medical separation or retirement of all members of the armed forces, including members separated or retired under chapter 61 of this title. The Secretary of Veterans Affairs shall adopt the same separation and evaluation physical for use by the Department of Veterans Affairs.

[(d)**]** *(e)* DEFINITION.—In this section, the term "conversion health policy" means a health insurance policy with a private insurer, developed through negotiations between the Secretary of Defense and a private insurer, that is available for purchase by or for the use of a person who is no longer a member of the armed forces or a covered beneficiary.

[(e)**]** *(f)* COAST GUARD.—The Secretary of Homeland Security shall implement this section for the members of the Coast Guard and their dependents.

* * * * * * *

CHAPTER 61—RETIREMENT OR SEPARATION FOR PHYSICAL DISABILITY

Sec.
1201. Regulars and members on active duty for more than 30 days: retirement.

* * * * * * *

[1222. Physical evaluation boards.**]**
1222. Physical evaluation boards and medical evaluation boards.

* * * * * * *

§ 1210. Members on temporary disability retired list: periodic physical examination; final determination of status

(a) * * *

* * * * * * *

(e) If, as a result of a periodic examination under subsection (a), or upon a final determination under subsection (b), it is determined that the member's physical disability is *of a permanent nature and stable and is* less than 30 percent under the standard schedule of rating disabilities in use by the Department of Veterans Affairs at the time of the determination, and if he has less than 20 years of service computed under section 1208 of this title, his name shall be removed from the temporary disability retired list and he may be separated under section 1203 or 1206 of this title, whichever applies.

* * * * * * *

§ 1216. Secretaries: powers, functions, and duties

(a) * * *

* * * * * * *

(e)(1) The Secretary of Defense shall establish a standardized training program and curriculum for persons described in paragraph (2) who are involved in the disability evaluation system. The training under the program shall be provided as soon as practicable in coordination with other training associated with the responsibilities of the person.

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

(A) Commanders.

(B) Enlisted members who perform supervisory functions.

(C) Health care professionals.

(D) Others persons with administrative, professional, or technical responsibilities in the disability evaluation system.

(3) In this subsection, the term "disability evaluation system" means the Department of Defense system or process for evaluating the nature of and extent of disabilities affecting members of the armed forces (other than the Coast Guard) and comprised of medical evaluation boards, physical evaluation boards, counseling of members, and final disposition by appropriate personnel authorities, as operated by the Secretaries of the military departments, and, in the case of the Coast Guard, a similar system or process operated by the Secretary of Homeland Security.

* * * * * * *

[§ 1222. Physical evaluation boards]

§ 1222. Physical evaluation boards and medical evaluation boards

(a) * * *

(b) LIAISON OFFICER (PEBLO) REQUIREMENTS AND TRAINING.—(1) The Secretary of Defense shall prescribe regulations [establishing—

[(A) a requirement] *establishing a requirement* for the Secretary of each military department to make available to members of the armed forces appearing before physical evaluation boards operated by that Secretary employees, designated as physical evaluation board liaison officers, to provide advice, counsel, and general information to such members on the operation of physical evaluation boards operated by [that Secretary; and

[(B) standards and guidelines concerning the training of such physical evaluation board liaison officers.] *that Secretary. A physical evaluation board liaison officer may not be assigned more than 20 members at any one time, except that the Secretary concerned may authorize the assignment of additional members, for not more than 120 days, if required due to unforeseen circumstances.*

(2) *The Secretary of Defense shall establish a standardized training program and curriculum for physical evaluation board liaison officers. Successful completion of the training program is required before a person may assume the duties of a physical evaluation board liaison officer.* The Secretary shall ensure compliance by the

Secretary of each military department with physical evaluation board liaison officer requirements and training standards and guidelines at least once every three years.

(3) In this subsection, the term "physical evaluation board liaison officer" includes any person designated as, or assigned the duties of, an assistant to a physical evaluation board liaison officer.

* * * * * * *

(d) INDEPENDENT MEDICAL ADVOCATE FOR MEMBERS BEFORE MEDICAL EVALUATION BOARDS.—(1) The Secretary of each military department shall ensure, in the case of any member of the armed forces being considered by a medical evaluation board under that Secretary's supervision, that the member has access to a physician or other appropriate health care professional who is independent of the medical evaluation board.

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

(A) serve as an advocate for the best interests of the member; and

(B) provide the member with advice and counsel regarding the medical condition of the member and the findings and recommendations of the medical evaluation board.

* * * * * * *

CHAPTER 80—MISCELLANEOUS INVESTIGATION REQUIREMENTS AND OTHER DUTIES

Sec.
1561. Complaints of sexual harassment: investigation by commanding officers.

* * * * * * *

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

* * * * * * *

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

(a) TOLL-FREE HOT LINE.—The Secretary of Defense shall establish and maintain a toll-free telephone number (commonly referred to as a "hot line") at which personnel are accessible at all times to collect, maintain, and update information regarding possible deficiencies in the adequacy, quality, and state of repair of medical-related support facilities. The Secretary shall widely disseminate information regarding the existence and availability of the toll-free telephone number to members of the armed forces and their dependents.

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

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

(2) if substantiated, a plan of action for remediation of the deficiencies is developed and implemented.

(c) RELOCATION.—If the Secretary of Defense determines, on the basis of the investigation conducted in response to a report of deficiencies at a medical-related support facility, that conditions at the facility violate health and safety standards, the Secretary shall relocate the occupants of the facility while the violations are corrected.

(d) MEDICAL-RELATED SUPPORT FACILITY DEFINED.—In this section, the term "medical-related support facility" means any facility of the Department of Defense that provides support to any of the following:

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

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

(3) Family members accompanying any member described in paragraph (1) or (2) as a nonmedical attendant.

* * * * * * *

ADDITIONAL VIEWS OF SOLOMON P. ORTIZ

The amendment as adopted today would impose a one-year moratorium on all FUTURE A–76 competitions at the Department of Defense for work performed at medical facilities.

Both the private and public sectors have identified flaws in the process. And, the problems we discovered with the contract at Walter Reed Army Medical Center are only the tip of the iceberg. In a September 2006 memo, the garrison commander admitted that he had difficulties in retaining and hiring skilled personnel. This was because of the A–76 study, the proposed RIFS that went with it and BRAC.

That is why we need to step back and review whether A–76 competitions are the right way to find cost savings and efficiencies for military medical facilities. And we need to make sure that we have not sacrificed service or performance of the mission.

Let me make clear. This amendment addresses only FUTURE contracts for services performed at medical facilities. It does not overturn the Walter Reed contract. It would be irresponsible to do that. The federal workforce has gone to other federal jobs or hired by the private contractor, who is now on the job and performing.

The amendment as approved also calls for a report that will help us determine the value of the A–76 process.

SOLOMON P. ORTIZ.

○