

1 **TITLE** **XIII—COOPERATIVE**
2 **THREAT REDUCTION WITH**
3 **STATES OF THE FORMER SO-**
4 **VIET UNION**

Sec. 1301. Specification of Cooperative Threat Reduction programs and funds.

Sec. 1302. Funding allocations.

Sec. 1303. Specification of Cooperative Threat Reduction programs in states outside the former Soviet Union.

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Sec. 1308. National Academy of Sciences study of prevention of proliferation of biological weapons.

5 **SEC. 1301. SPECIFICATION OF COOPERATIVE THREAT RE-**
6 **DUCTION PROGRAMS AND FUNDS.**

7 (a) SPECIFICATION OF COOPERATIVE THREAT RE-
8 Duction PROGRAMS.—For purposes of section 301 and
9 other provisions of this Act, Cooperative Threat Reduction
10 programs are the programs specified in section 1501(b)
11 of the National Defense Authorization Act for Fiscal Year
12 1997 (50 U.S.C. 2362 note), as amended by section 1303
13 of this Act.

14 (b) FISCAL YEAR 2008 COOPERATIVE THREAT RE-
15 Duction FUNDS DEFINED.—As used in this title, the
16 term “fiscal year 2008 Cooperative Threat Reduction
17 funds” means the funds appropriated pursuant to the au-

1 thORIZATION of appropriations in section 301 for Coopera-
2 tive Threat Reduction programs.

3 (c) AVAILABILITY OF FUNDS.—Funds appropriated
4 pursuant to the authorization of appropriations in section
5 301 for Cooperative Threat Reduction programs shall be
6 available for obligation for three fiscal years.

7 **SEC. 1302. FUNDING ALLOCATIONS.**

8 (a) FUNDING FOR SPECIFIC PURPOSES.—Of the
9 \$428,048,000 authorized to be appropriated to the De-
10 partment of Defense for fiscal year 2008 in section
11 301(19) for Cooperative Threat Reduction programs, the
12 following amounts may be obligated for the purposes spec-
13 ified:

14 (1) For strategic offensive arms elimination in
15 Russia, \$92,885,000.

16 (2) For nuclear weapons storage security in
17 Russia, \$47,640,000.

18 (3) For nuclear weapons transportation security
19 in Russia, \$37,700,000.

20 (4) For weapons of mass destruction prolifera-
21 tion prevention in the states of the former Soviet
22 Union, \$47,986,000.

23 (5) For biological weapons proliferation preven-
24 tion in the former Soviet Union, \$158,489,000.

1 (6) For chemical weapons destruction,
2 \$6,000,000.

3 (7) For defense and military contacts,
4 \$8,000,000.

5 (8) For new Cooperative Threat Reduction ini-
6 tiatives that are outside the former Soviet Union,
7 \$10,000,000.

8 (9) For activities designated as Other Assess-
9 ments/Administrative Support, \$19,348,000.

10 (b) REPORT ON OBLIGATION OR EXPENDITURE OF
11 FUNDS FOR OTHER PURPOSES.—No fiscal year 2008 Co-
12 operative Threat Reduction funds may be obligated or ex-
13 pended for a purpose other than a purpose listed in para-
14 graphs (1) through (9) of subsection (a) until 30 days
15 after the date that the Secretary of Defense submits to
16 Congress a report on the purpose for which the funds will
17 be obligated or expended and the amount of funds to be
18 obligated or expended. Nothing in the preceding sentence
19 shall be construed as authorizing the obligation or expend-
20 iture of fiscal year 2008 Cooperative Threat Reduction
21 funds for a purpose for which the obligation or expendi-
22 ture of such funds is specifically prohibited under this title
23 or any other provision of law.

24 (c) LIMITED AUTHORITY TO VARY INDIVIDUAL
25 AMOUNTS.—

1 (1) IN GENERAL.—Subject to paragraph (2), in
2 any case in which the Secretary of Defense deter-
3 mines that it is necessary to do so in the national
4 interest, the Secretary may obligate amounts appro-
5 priated for fiscal year 2008 for a purpose listed in
6 paragraphs (1) through (9) of subsection (a) in ex-
7 cess of the specific amount authorized for that pur-
8 pose.

9 (2) NOTICE-AND-WAIT REQUIRED.—An obliga-
10 tion of funds for a purpose stated in paragraphs (1)
11 through (9) of subsection (a) in excess of the specific
12 amount authorized for such purpose may be made
13 using the authority provided in paragraph (1) only
14 after—

15 (A) the Secretary submits to Congress no-
16 tification of the intent to do so together with a
17 complete discussion of the justification for
18 doing so; and

19 (B) 15 days have elapsed following the
20 date of the notification.

1 **SEC. 1303. SPECIFICATION OF COOPERATIVE THREAT RE-**
2 **DUCTION PROGRAMS IN STATES OUTSIDE**
3 **THE FORMER SOVIET UNION.**

4 Section 1501 of the National Defense Authorization
5 Act for Fiscal Year 1997 (50 U.S.C. 2362 note) is amend-
6 ed—

7 (1) in subsection (a), by striking “subsection
8 (b)” and inserting “subsections (b) and (c)”; and

9 (2) by adding at the end the following new sub-
10 section:

11 “(c) SPECIFIED PROGRAMS WITH RESPECT TO
12 STATES OUTSIDE THE FORMER SOVIET UNION.—The
13 programs referred to in subsection (a) are the following
14 programs with respect to states that are not states of the
15 former Soviet Union:

16 “(1) Programs to facilitate the elimination, and
17 the safe and secure transportation and storage, of
18 chemical or biological weapons, weapons components,
19 weapons-related materials, and their delivery vehi-
20 cles.

21 “(2) Programs to facilitate safe and secure
22 transportation and storage of nuclear weapons,
23 weapons components, and their delivery vehicles.

24 “(3) Programs to prevent the proliferation of
25 nuclear and chemical weapons, weapons components,

1 and weapons-related military technology and exper-
2 tise.

3 “(4) Programs to prevent the proliferation of
4 biological weapons, weapons components, and weap-
5 ons-related military technology and expertise, which
6 may include activities that facilitate detection and
7 reporting of highly pathogenic diseases or other dis-
8 eases that are associated with or that could be uti-
9 lized as an early warning mechanism for disease out-
10 breaks that could impact the Armed Forces of the
11 United States or allies of the United States.

12 “(5) Programs to expand military-to-military
13 and defense contacts.”.

14 **SEC. 1304. REPEAL OF RESTRICTIONS ON ASSISTANCE TO**
15 **STATES OF THE FORMER SOVIET UNION FOR**
16 **COOPERATIVE THREAT REDUCTION.**

17 (a) IN GENERAL.—

18 (1) SOVIET NUCLEAR THREAT REDUCTION ACT
19 OF 1991.—The Soviet Nuclear Threat Reduction Act
20 of 1991 (title II of Public Law 102–228; 22 U.S.C.
21 2551 note) is amended—

22 (A) by striking section 211; and

23 (B) in section 212, by striking “, con-
24 sistent with the findings stated in section
25 211,”.

1 Secretary of Defense may obligate and expend Coop-
2 erative Threat Reduction funds for a fiscal year, and
3 any Cooperative Threat Reduction funds for a fiscal
4 year before such fiscal year that remain available for
5 obligation, for a proliferation threat reduction
6 project or activity outside the states of the former
7 Soviet Union if the Secretary of Defense, with the
8 concurrence of the Secretary of State, determines
9 each of the following:”;

10 (2) by striking subsection (c) and redesignating
11 subsections (d) and (e) as (c) and (d), respectively;
12 and

13 (3) by amending subsection (c) (as so redesign-
14 nated) to read as follows:

15 “(c) LIMITATION ON AVAILABILITY OF FUNDS.—

16 “(1) The Secretary of Defense may not obligate
17 funds for a project or activity under the authority in
18 subsection (a) of this section until the Secretary of
19 Defense, with the concurrence of the Secretary of
20 State, makes each determination specified in that
21 subsection with respect to such project or activity.

22 “(2) Not later than 10 days after obligating
23 funds under the authority in subsection (a) of this
24 section for a project or activity, the Secretary of De-
25 fense and the Secretary of State shall notify Con-

1 gress in writing of the determinations made under
2 paragraph (1) with respect to such project or activ-
3 ity, together with—

4 “(A) a justification for such determina-
5 tions; and

6 “(B) a description of the scope and dura-
7 tion of such project or activity.”.

8 **SEC. 1306. NEW INITIATIVES FOR THE COOPERATIVE**
9 **THREAT REDUCTION PROGRAM.**

10 (a) SENSE OF CONGRESS.—It is the sense of Con-
11 gress that—

12 (1) the Department of Defense Cooperative
13 Threat Reduction (CTR) Program should be
14 strengthened and expanded, in part by developing
15 new CTR initiatives;

16 (2) such new initiatives should—

17 (A) be well-coordinated with the Depart-
18 ment of Energy, the Department of State, and
19 any other relevant United States Government
20 agency or department;

21 (B) include appropriate transparency and
22 accountability mechanisms, and legal frame-
23 works and agreements between the United
24 States and CTR partner countries;

1 (C) reflect engagement with non-govern-
2 mental experts on possible new options for the
3 CTR Program;

4 (D) include work with the Russian Federa-
5 tion and other countries to establish strong
6 CTR partnerships that, among other things—

7 (i) increase the role of scientists and
8 government officials of CTR partner coun-
9 tries in designing CTR programs and
10 projects; and

11 (ii) increase financial contributions
12 and additional commitments to CTR pro-
13 grams and projects from Russia and other
14 partner countries, as appropriate, as evi-
15 dence that the programs and projects re-
16 flect national priorities and will be sustain-
17 able;

18 (E) include broader international coopera-
19 tion and partnerships, and increased inter-
20 national contributions;

21 (F) incorporate a strong focus on national
22 programs and sustainability, which includes ac-
23 tions to address concerns raised and rec-
24 ommendations made by the Government Ac-
25 countability Office, in its report of February

1 2007 titled “Progress Made in Improving Secu-
2 rity at Russian Nuclear Sites, but the Long-
3 Term Sustainability of U.S. Funded Security
4 Upgrades is Uncertain”, which pertain to the
5 Department of Defense;

6 (G) continue to focus on the development
7 of CTR programs and projects that secure nu-
8 clear weapons; secure and eliminate chemical
9 and biological weapons and weapons-related
10 materials; and eliminate nuclear, chemical, and
11 biological weapons-related delivery vehicles and
12 infrastructure at the source; and

13 (H) include efforts to develop new CTR
14 programs and projects in Russia and the former
15 Soviet Union, and in countries and regions out-
16 side the former Soviet Union, as appropriate
17 and in the interest of United States national se-
18 curity; and

19 (3) such new initiatives could include—

20 (A) programs and projects in Asia and the
21 Middle East; and

22 (B) activities relating to the
23 denuclearization of the Democratic People’s Re-
24 public of Korea.

25 (b) NATIONAL ACADEMY OF SCIENCES STUDY.—

1 (1) STUDY.—Not later than 60 days after the
2 date of the enactment of this Act, the Secretary of
3 Defense shall enter into an arrangement with the
4 National Academy of Sciences under which the
5 Academy shall carry out a study to analyze options
6 for strengthening and expanding the CTR Program.

7 (2) MATTERS TO BE INCLUDED IN STUDY.—
8 The Secretary shall provide for the study under
9 paragraph (1) to include—

10 (A) an assessment of new CTR initiatives
11 described in subsection (a); and

12 (B) an identification of options and rec-
13 ommendations for strengthening and expanding
14 the CTR Program.

15 (3) SUBMISSION OF NATIONAL ACADEMY OF
16 SCIENCES REPORT.—The National Academy of
17 Sciences shall submit to Congress a report on the
18 study under this subsection at the same time that
19 such report is submitted to the Secretary of Defense
20 pursuant to subsection (c).

21 (c) SECRETARY OF DEFENSE REPORT.—

22 (1) IN GENERAL.—Not later than 90 days after
23 receipt of the report under subsection (b), the Sec-
24 retary of Defense shall submit to Congress a report
25 on new CTR initiatives. The report shall include—

1 (A) a summary of the results of the study
2 carried out under subsection (b);

3 (B) an assessment by the Secretary of the
4 study; and

5 (C) a statement of the actions, if any, to
6 be undertaken by the Secretary to implement
7 any recommendations in the study.

8 (2) FORM.—The report shall be in unclassified
9 form but may include a classified annex if necessary.

10 (d) FUNDING.—Of the amounts appropriated pursu-
11 ant to the authorization of appropriations in section
12 301(19) or otherwise made available for Cooperative
13 Threat Reduction programs for fiscal year 2008, not more
14 than \$1,000,000 shall be obligated or expended to carry
15 out this section.

16 **SEC. 1307. REPORT RELATING TO CHEMICAL WEAPONS DE-**
17 **STRUCTION AT SHCHUCH'YE, RUSSIA.**

18 (a) DEFINITION.—In this section, the terms
19 “Shchuch’ye project” and “project” mean the Cooperative
20 Threat Reduction Program chemical weapons destruction
21 project located in the area of Shchuch’ye in the Russian
22 Federation.

23 (b) REPORT REQUIRED.—Not later than 90 days
24 after the date of the enactment of this Act, the Secretary
25 of Defense shall submit to the congressional defense com-

1 mittees a report on the Shchuch'ye project. The report
2 shall include—

3 (1) a current and detailed cost estimate for
4 completion of the project, to include costs that will
5 be borne by the United States and Russia, respec-
6 tively; and

7 (2) a specific strategic and operating plan for
8 completion of the project, which includes—

9 (A) the Department's plans to ensure ro-
10 bust project management and oversight, includ-
11 ing management and oversight with respect to
12 the performance of any contractors;

13 (B) project quality assurance and sustain-
14 ability measures;

15 (C) metrics for measuring project progress
16 with a timetable for achieving goals, including
17 initial systems integration and start-up testing;
18 and

19 (D) a projected project completion date.

20 **SEC. 1308. NATIONAL ACADEMY OF SCIENCES STUDY OF**
21 **PREVENTION OF PROLIFERATION OF BIO-**
22 **LOGICAL WEAPONS.**

23 (a) **STUDY REQUIRED.**—Not later than 60 days after
24 the date of the enactment of this Act, the Secretary of
25 Defense shall enter into an arrangement with the National

1 Academy of Sciences under which the Academy shall carry
2 out a study to identify areas for cooperation with states
3 other than states of the former Soviet Union under the
4 Cooperative Threat Reduction Program of the Depart-
5 ment of Defense in the prevention of proliferation of bio-
6 logical weapons.

7 (b) MATTERS TO BE INCLUDED IN STUDY.—The
8 Secretary shall provide for the study under subsection (a)
9 to include the following:

10 (1) An assessment of the capabilities and ca-
11 pacity of governments of developing countries to
12 control the containment and use of dual-use tech-
13 nologies of potential interest to terrorist organiza-
14 tions or individuals with hostile intentions.

15 (2) An assessment of the approaches to cooper-
16 ative threat reduction used by the states of the
17 former Soviet Union that are of special relevance in
18 preventing the proliferation of biological weapons in
19 other areas of the world.

20 (3) A brief review of programs of the United
21 States Government and other governments, inter-
22 national organizations, foundations, and other pri-
23 vate sector entities that may contribute to the pre-
24 vention of the proliferation of biological weapons.

1 (4) Recommendations on steps for integrating
2 activities of the Cooperative Threat Reduction Pro-
3 gram relating to biological weapons proliferation pre-
4 vention with activities of other departments and
5 agencies of the United States, as appropriate, in
6 states outside of the former Soviet Union.

7 (c) SUBMISSION OF NATIONAL ACADEMY OF
8 SCIENCES REPORT.—The National Academy of Sciences
9 shall submit to Congress a report on the study under sub-
10 section (a) at the same time that such report is submitted
11 to the Secretary of Defense pursuant to subsection (d).

12 (d) SECRETARY OF DEFENSE REPORT.—

13 (1) IN GENERAL.—Not later than 90 days after
14 receipt of the report required by subsection (a), the
15 Secretary shall submit to the Congress a report on
16 the study carried out under subsection (a).

17 (2) MATTERS TO BE INCLUDED.—The report
18 under paragraph (1) shall include the following:

19 (A) A summary of the results of the study
20 carried out under subsection (a).

21 (B) An assessment by the Secretary of the
22 study.

23 (C) A statement of the actions, if any, to
24 be undertaken by the Secretary to implement
25 any recommendations in the study.

1 (3) FORM.—The report under paragraph (1)
2 shall be submitted in unclassified form, but may in-
3 clude a classified annex.

4 (e) FUNDING.—Of the amounts appropriated pursu-
5 ant to the authorization of appropriations in section
6 301(19) or otherwise made available for Cooperative
7 Threat Reduction programs for fiscal year 2008, not more
8 than \$1,000,000 may be obligated or expended to carry
9 out this section.

10 **TITLE XIV—OTHER**
11 **AUTHORIZATIONS**

Subtitle A—Military Programs

- Sec. 1401. Working capital funds.
- Sec. 1402. National Defense Sealift Fund.
- Sec. 1403. Defense Health Program.
- Sec. 1404. Chemical agents and munitions destruction, Defense.
- Sec. 1405. Drug Interdiction and Counter-Drug Activities, Defense-wide.
- Sec. 1406. Defense Inspector General.

Subtitle B—National Defense Stockpile

- Sec. 1411. Authorized uses of National Defense Stockpile funds.
- Sec. 1412. Revisions to required receipt objectives for previously authorized dis-
posals from the National Defense Stockpile.
- Sec. 1413. Disposal of ferromanganese.
- Sec. 1414. Disposal of chrome metal.

Subtitle C—Armed Forces Retirement Home

- Sec. 1421. Authorization of appropriations for Armed Forces Retirement
Home.
- Sec. 1422. Administration and oversight of the Armed Forces Retirement
Home.

12 **Subtitle A—Military Programs**

13 **SEC. 1401. WORKING CAPITAL FUNDS.**

14 Funds are hereby authorized to be appropriated for
15 fiscal year 2008 for the use of the Armed Forces and other

1 activities and agencies of the Department of Defense for
2 providing capital for working capital and revolving funds
3 in amounts as follows:

4 (1) For the Defense Working Capital Funds,
5 \$102,446,000.

6 (2) For the Defense Working Capital Fund,
7 Defense Commissary, \$1,250,300,000.

8 **SEC. 1402. NATIONAL DEFENSE SEALIFT FUND.**

9 Funds are hereby authorized to be appropriated for
10 fiscal year 2008 for the National Defense Sealift Fund
11 in the amount of \$1,349,094,000.

12 **SEC. 1403. DEFENSE HEALTH PROGRAM.**

13 Funds are hereby authorized to be appropriated for
14 the Department of Defense for fiscal year 2008 for ex-
15 penses, not otherwise provided for, for the Defense Health
16 Program, in the amount of \$23,080,384,000, of which—

17 (1) \$22,583,641,000 is for Operation and
18 Maintenance;

19 (2) \$134,482,000 is for Research, Development,
20 Test, and Evaluation; and

21 (3) \$362,261,000 is for Procurement.

22 **SEC. 1404. CHEMICAL AGENTS AND MUNITIONS DESTRUC-**
23 **TION, DEFENSE.**

24 (a) **AUTHORIZATION OF APPROPRIATIONS.**—Funds
25 are hereby authorized to be appropriated for the Depart-

1 ment of Defense for fiscal year 2008 for expenses, not oth-
2 erwise provided for, for Chemical Agents and Munitions
3 Destruction, Defense, in the amount of \$1,512,724,000,
4 of which—

5 (1) \$1,181,500,000 is for Operation and Main-
6 tenance;

7 (2) \$312,800,000 is for Research, Development,
8 Test, and Evaluation; and

9 (3) \$18,424,000 is for Procurement.

10 (b) USE.—Amounts authorized to be appropriated
11 under subsection (a) are authorized for—

12 (1) the destruction of lethal chemical agents
13 and munitions in accordance with section 1412 of
14 the Department of Defense Authorization Act, 1986
15 (50 U.S.C. 1521); and

16 (2) the destruction of chemical warfare materiel
17 of the United States that is not covered by section
18 1412 of such Act.

19 **SEC. 1405. DRUG INTERDICTION AND COUNTER-DRUG AC-**
20 **TIVITIES, DEFENSE-WIDE.**

21 Funds are hereby authorized to be appropriated for
22 the Department of Defense for fiscal year 2008 for ex-
23 penses, not otherwise provided for, for Drug Interdiction
24 and Counter-Drug Activities, Defense-wide, in the amount
25 of \$938,022,000.

1 **SEC. 1406. DEFENSE INSPECTOR GENERAL.**

2 Funds are hereby authorized to be appropriated for
3 the Department of Defense for fiscal year 2008 for ex-
4 penses, not otherwise provided for, for the Office of the
5 Inspector General of the Department of Defense, in the
6 amount of \$225,995,000, of which—

7 (1) \$224,995,000 is for Operation and Mainte-
8 nance; and

9 (2) \$1,000,000 is for Procurement.

10 **Subtitle B—National Defense**
11 **Stockpile**

12 **SEC. 1411. AUTHORIZED USES OF NATIONAL DEFENSE**
13 **STOCKPILE FUNDS.**

14 (a) OBLIGATION OF STOCKPILE FUNDS.—During fis-
15 cal year 2008, the National Defense Stockpile Manager
16 may obligate up to \$44,825,000 of the funds in the Na-
17 tional Defense Stockpile Transaction Fund established
18 under subsection (a) of section 9 of the Strategic and Crit-
19 ical Materials Stock Piling Act (50 U.S.C. 98h) for the
20 authorized uses of such funds under subsection (b)(2) of
21 such section, including the disposal of hazardous materials
22 that are environmentally sensitive.

23 (b) ADDITIONAL OBLIGATIONS.—The National De-
24 fense Stockpile Manager may obligate amounts in excess
25 of the amount specified in subsection (a) if the National
26 Defense Stockpile Manager notifies Congress that extraor-

1 dinary or emergency conditions necessitate the additional
2 obligations. The National Defense Stockpile Manager may
3 make the additional obligations described in the notifica-
4 tion after the end of the 45-day period beginning on the
5 date on which Congress receives the notification.

6 (c) LIMITATIONS.—The authorities provided by this
7 section shall be subject to such limitations as may be pro-
8 vided in appropriations Acts.

9 **SEC. 1412. REVISIONS TO REQUIRED RECEIPT OBJECTIVES**
10 **FOR PREVIOUSLY AUTHORIZED DISPOSALS**
11 **FROM THE NATIONAL DEFENSE STOCKPILE.**

12 (a) FISCAL YEAR 2000 DISPOSAL AUTHORITY.—Sec-
13 tion 3402(b) of the National Defense Authorization Act
14 for Fiscal Year 2000 (50 U.S.C. 98d note), as amended
15 by section 3302 of the National Defense Authorization Act
16 for Fiscal Year 2004 (Public Law 108–136; 117 Stat.
17 1788) and section 3302 of the National Defense Author-
18 ization Act for Fiscal Year 2006 (Public Law 109–163;
19 119 Stat. 3545), is amended by striking “\$600,000,000
20 before” in paragraph (5) and inserting “\$710,000,000
21 by”.

22 (b) FISCAL YEAR 1999 DISPOSAL AUTHORITY.—Sec-
23 tion 3303(a) of the Strom Thurmond National Defense
24 Authorization Act for Fiscal Year 1999 (Public Law 105–
25 261; 50 U.S.C. 98d note), as amended by section 3302

1 of the Ronald W. Reagan National Defense Authorization
2 Act for Year 2005 (Public Law 108–375; 118 Stat. 2193),
3 section 3302 of the National Defense Authorization Act
4 for Fiscal Year 2006 (Public Law 109–163; 119 Stat.
5 3545), and section 3302(a) of the John Warner National
6 Defense Authorization Act for Fiscal Year 2007 (Public
7 Law 109–364; 120 Stat. 2513), is amended by striking
8 “\$1,016,000,000 by the end of fiscal year 2014” in para-
9 graph (7) and inserting “\$1,066,000,000 by the end of
10 fiscal year 2015”.

11 **SEC. 1413. DISPOSAL OF FERROMANGANESE.**

12 (a) DISPOSAL AUTHORIZED.—The Secretary of De-
13 fense may dispose of up to 50,000 tons of ferromanganese
14 from the National Defense Stockpile during fiscal year
15 2008.

16 (b) CONTINGENT AUTHORITY FOR ADDITIONAL DIS-
17 POSAL.—

18 (1) IN GENERAL.—If the Secretary of Defense
19 enters into a contract for the disposal of the total
20 quantity of ferromanganese authorized for disposal
21 by subsection (a) before September 30, 2008, the
22 Secretary of Defense may dispose of up to an addi-
23 tional 25,000 tons of ferromanganese from the Na-
24 tional Defense Stockpile before that date.

1 (2) ADDITIONAL AMOUNTS.—If the Secretary
2 enters into a contract for the disposal of the total
3 quantity of additional ferromanganese authorized for
4 disposal by paragraph (1) before September 30,
5 2008, the Secretary may dispose of up to an addi-
6 tional 25,000 tons of ferromanganese from the Na-
7 tional Defense Stockpile before that date.

8 (c) CERTIFICATION.—The Secretary of Defense may
9 dispose of ferromanganese under the authority of para-
10 graph (1) or (2) of subsection (b) only if the Secretary
11 submits to the Committee on Armed Services of the Sen-
12 ate and the Committee on Armed Services of the House
13 of Representatives, written certification that—

14 (1) the disposal of the additional
15 ferromanganese from the National Defense Stockpile
16 under such paragraph is in the interest of national
17 defense;

18 (2) the disposal of the additional
19 ferromanganese under such paragraph will not cause
20 disruption to the usual markets of producers and
21 processors of ferromanganese in the United States;
22 and

23 (3) the disposal of the additional
24 ferromanganese under such paragraph is consistent

1 with the requirements and purpose of the National
2 Defense Stockpile.

3 (d) NATIONAL DEFENSE STOCKPILE DEFINED.—In
4 this section, the term “National Defense Stockpile” means
5 the stockpile provided for in section 4 of the Strategic and
6 Critical Materials Stock Piling Act (50 U.S.C. 98c).

7 **SEC. 1414. DISPOSAL OF CHROME METAL.**

8 (a) DISPOSAL AUTHORIZED.—The Secretary of De-
9 fense may dispose of up to 500 short tons of chrome metal
10 from the National Defense Stockpile during fiscal year
11 2008.

12 (b) CONTINGENT AUTHORITY FOR ADDITIONAL DIS-
13 POSAL.—

14 (1) IN GENERAL.—If the Secretary of Defense
15 completes the disposal of the total quantity of
16 chrome metal authorized for disposal by subsection
17 (a) before September 30, 2008, the Secretary of De-
18 fense may dispose of up to an additional 250 short
19 tons of chrome metal from the National Defense
20 Stockpile before that date.

21 (2) ADDITIONAL AMOUNTS.—If the Secretary
22 completes the disposal of the total quantity of addi-
23 tional chrome metal authorized for disposal by para-
24 graph (1) before September 30, 2008, the Secretary
25 may dispose of up to an additional 250 short tons

1 of chrome metal from the National Defense Stock-
2 pile before that date.

3 (c) CERTIFICATION.—The Secretary of Defense may
4 dispose of chrome metal under the authority of paragraph
5 (1) or (2) of subsection (b) only if the Secretary submits
6 to the Committee on Armed Services of the Senate and
7 the Committee on Armed Services of the House of Rep-
8 resentatives, not later than 30 days before the commence-
9 ment of disposal under the applicable paragraph, written
10 certification that—

11 (1) the disposal of the additional chrome metal
12 from the National Defense Stockpile is in the inter-
13 est of national defense;

14 (2) the disposal of the additional chrome metal
15 will not cause disruption to the usual markets of
16 producers and processors of chrome metal in the
17 United States; and

18 (3) the disposal of the additional chrome metal
19 is consistent with the requirements and purpose of
20 the National Defense Stockpile.

21 (d) NATIONAL DEFENSE STOCKPILE DEFINED.—In
22 this section, the term “National Defense Stockpile” means
23 the stockpile provided for in section 4 of the Strategic and
24 Critical Materials Stock Piling Act (50 U.S.C. 98c).

1 **Subtitle C—Armed Forces**
2 **Retirement Home**

3 **SEC. 1421. AUTHORIZATION OF APPROPRIATIONS FOR**
4 **ARMED FORCES RETIREMENT HOME.**

5 There is authorized to be appropriated for fiscal year
6 2008 from the Armed Forces Retirement Home Trust
7 Fund the sum of \$61,624,000 for the operation of the
8 Armed Forces Retirement Home.

9 **SEC. 1422. ADMINISTRATION AND OVERSIGHT OF THE**
10 **ARMED FORCES RETIREMENT HOME.**

11 (a) **ROLE OF SECRETARY OF DEFENSE.**—Section
12 1511 of the Armed Forces Retirement Home Act of 1991
13 (24 U.S.C. 411) is amended—

14 (1) in subsection (d), by adding at the end the
15 following new paragraph:

16 “(3) The administration of the Retirement Home (in-
17 cluding administration for the provision of health care and
18 medical care for residents) shall remain under the direct
19 authority, control, and administration of the Secretary of
20 Defense.”; and

21 (2) in subsection (h), by adding at the end the
22 following new sentence: “The annual report shall in-
23 clude an assessment of all aspects of each facility of
24 the Retirement Home, including the quality of care
25 at the facility.”.

1 (b) ACCREDITATION.—Subsection (g) of section 1511
2 of the Armed Forces Retirement Home Act of 1991 (24
3 U.S.C. 411) is amended to read as follows:

4 “(g) ACCREDITATION.—The Chief Operating Officer
5 shall secure and maintain accreditation by a nationally
6 recognized civilian accrediting organization for each aspect
7 of each facility of the Retirement Home, including medical
8 and dental care, pharmacy, independent living, and as-
9 sisted living and nursing care.”.

10 (c) SPECTRUM OF CARE.—Section 1513(b) of the
11 Armed Forces Retirement Home Act of 1991 (24 U.S.C.
12 413(b)) is amended by inserting after the first sentence
13 the following new sentence: “The services provided resi-
14 dents of the Retirement Home shall include appropriate
15 nonacute medical and dental services, pharmaceutical
16 services, and transportation of residents, which shall be
17 provided at no cost to residents.”.

18 (d) SENIOR MEDICAL ADVISOR FOR RETIREMENT
19 HOME.—

20 (1) DESIGNATION AND DUTIES OF SENIOR
21 MEDICAL ADVISOR.—The Armed Forces Retirement
22 Home Act of 1991 is amended by inserting after
23 section 1513 (24 U.S.C. 413) the following new sec-
24 tion:

1 **“SEC. 1513A. IMPROVED HEALTH CARE OVERSIGHT OF RE-**
2 **TIREMENT HOME.**

3 “(a) DESIGNATION OF SENIOR MEDICAL ADVISOR.—

4 (1) The Secretary of Defense shall designate the Deputy
5 Director of the TRICARE Management Activity to serve
6 as the Senior Medical Advisor for the Retirement Home.

7 “(2) The Deputy Director of the TRICARE Manage-
8 ment Activity shall serve as Senior Medical Advisor for
9 the Retirement Home in addition to performing all other
10 duties and responsibilities assigned to the Deputy Director
11 of the TRICARE Management Activity at the time of the
12 designation under paragraph (1) or afterward.

13 “(b) RESPONSIBILITIES.—(1) The Senior Medical
14 Advisor shall provide advice to the Secretary of Defense,
15 the Under Secretary of Defense for Personnel and Readiness,
16 and the Chief Operating Officer regarding the direc-
17 tion and oversight of the provision of medical, preventive
18 mental health, and dental care services at each facility of
19 the Retirement Home.

20 “(2) The Senior Medical Advisor shall also provide
21 advice to the Local Board for a facility of the Retirement
22 Home regarding all medical and medical administrative
23 matters of the facility.

24 “(c) DUTIES.—In carrying out the responsibilities set
25 forth in subsection (b), the Senior Medical Advisor shall
26 perform the following duties:

1 “(1) Ensure the timely availability to residents
2 of the Retirement Home, at locations other than the
3 Retirement Home, of such acute medical, mental
4 health, and dental care as such resident may require
5 that is not available at the applicable facility of the
6 Retirement Home.

7 “(2) Ensure compliance by the facilities of the
8 Retirement Home with accreditation standards, ap-
9 plicable health care standards of the Department of
10 Veterans Affairs, or any other applicable health care
11 standards and requirements (including requirements
12 identified in applicable reports of the Inspector Gen-
13 eral of the Department of Defense).

14 “(3) Periodically visit and inspect the medical
15 facilities and medical operations of each facility of
16 the Retirement Home.

17 “(4) Periodically examine and audit the medical
18 records and administration of the Retirement Home.

19 “(5) Consult with the Local Board for each fa-
20 cility of the Retirement Home not less frequently
21 than once each year.

22 “(d) ADVISORY BODIES.—In carrying out the respon-
23 sibilities set forth in subsection (b) and the duties set forth
24 in subsection (c), the Senior Medical Advisor may estab-

1 lish and seek the advice of such advisory bodies as the
2 Senior Medical Advisor considers appropriate.”.

3 (2) CLERICAL AMENDMENT.—The table of con-
4 tents in section 1501(b) of the Armed Forces Retirement
5 Home Act of 1991 (24 U.S.C. 401 note) is
6 amended by inserting after the item relating to sec-
7 tion 1513 the following new item:

“1513A. Improved health care oversight of Retirement Home.”.

8 (e) LOCAL BOARDS OF TRUSTEES.—

9 (1) DUTIES.—Subsection (b) of section 1516 of
10 the Armed Forces Retirement Home Act of 1991
11 (24 U.S.C. 416) is amended to read as follows:

12 “(b) DUTIES.—(1) The Local Board for a facility
13 shall serve in an advisory capacity to the Director of the
14 facility and to the Chief Operating Officer.

15 “(2) The Local Board for a facility shall provide to
16 the Chief Operating Officer and the Director of the facility
17 such guidance and recommendations on the administra-
18 tion of the facility as the Local Board considers appro-
19 priate.

20 “(3) Not less often than annually, the Local Board
21 for a facility shall provide to the Under Secretary of De-
22 fense for Personnel and Readiness an assessment of all
23 aspects of the facility, including the quality of care at the
24 facility.”.

1 (2) COMPOSITION.—Subparagraph (K) of sub-
2 section (c) of such section is amended to read as fol-
3 lows:

4 “(K) One senior representative of one of the
5 chief personnel officers of the Armed Forces, who
6 shall be a commissioned officer of the Armed Forces
7 serving on active duty in the grade of brigadier gen-
8 eral, or in the case of the Navy or Coast Guard, rear
9 admiral (lower half).”.

10 (f) INSPECTION OF RETIREMENT HOME.—Section
11 1518 of the Armed Forces Retirement Home Act of 1991
12 (24 U.S.C. 418) is amended to read as follows:

13 **“SEC. 1518. INSPECTION OF RETIREMENT HOME.**

14 “(a) DUTY OF INSPECTOR GENERAL OF THE DE-
15 PARTMENT OF DEFENSE.—The Inspector General of the
16 Department of Defense shall have the duty to inspect the
17 Retirement Home.

18 “(b) INSPECTIONS BY INSPECTOR GENERAL.—(1) In
19 any year in which a facility of the Retirement Home is
20 not inspected by a nationally recognized civilian accred-
21 iting organization, the Inspector General of the Depart-
22 ment of Defense shall perform a comprehensive inspection
23 of all aspects of that facility, including independent living,
24 assisted living, medical and dental care, pharmacy, finan-
25 cial and contracting records, and any aspect of either facil-

1 ity on which the Local Board for the facility or the resi-
2 dent advisory committee or council of the facility rec-
3 ommends inspection.

4 “(2) The Inspector General shall be assisted in in-
5 spections under this subsection by a medical inspector
6 general of a military department designated for purposes
7 of this subsection by the Secretary of Defense.

8 “(3) In conducting the inspection of a facility of the
9 Retirement Home under this subsection, the Inspector
10 General shall solicit concerns, observations, and rec-
11 ommendations from the Local Board for the facility, the
12 resident advisory committee or council of the facility, and
13 the residents of the facility. Any concerns, observations,
14 and recommendations solicited from residents shall be so-
15 licited on a not-for-attribution basis.

16 “(4) The Chief Operating Officer and the Director
17 of each facility of the Retirement Home shall make all
18 staff, other personnel, and records of each facility avail-
19 able to the Inspector General in a timely manner for pur-
20 poses of inspections under this subsection.

21 “(c) REPORTS ON INSPECTIONS BY INSPECTOR GEN-
22 ERAL.—(1) The Inspector General shall prepare a report
23 describing the results of each inspection conducted of a
24 facility of the Retirement Home under subsection (b), and
25 include in the report such recommendations as the Inspec-

1 tor General considers appropriate in light of the inspec-
2 tion. Not later than 45 days after completing the inspec-
3 tion of the facility, the Inspector General shall submit the
4 report to Congress and the Secretary of Defense, the
5 Under Secretary of Defense for Personnel and Readiness,
6 the Chief Operating Officer, the Director of the facility,
7 the Senior Medical Advisor, and the Local Board for the
8 facility.

9 “(2) Not later than 45 days after receiving a report
10 of the Inspector General under paragraph (1), the Direc-
11 tor of the facility concerned shall submit the Secretary of
12 Defense, the Under Secretary of Defense for Personnel
13 and Readiness, the Chief Operating Officer, and the Local
14 Board for the facility, and to Congress, a plan to address
15 the recommendations and other matters set forth in the
16 report.

17 “(d) ADDITIONAL INSPECTIONS.—(1) The Chief Op-
18 erating Officer shall request the inspection of each facility
19 of the Retirement Home by a nationally recognized civilian
20 accrediting organization in accordance with section
21 1511(g).

22 “(2) The Chief Operating Officer and the Director
23 of a facility being inspected under this subsection shall
24 make all staff, other personnel, and records of the facility
25 available to the civilian accrediting organization in a time-

1 ly manner for purposes of inspections under this sub-
2 section.

3 “(e) REPORTS ON ADDITIONAL INSPECTIONS.—(1)
4 Not later than 45 days after receiving a report of an in-
5 spection from the civilian accrediting organization under
6 subsection (d), the Director of the facility concerned shall
7 submit to the Under Secretary of Defense for Personnel
8 and Readiness, the Chief Operating Officer, and the Local
9 Board for the facility a report containing—

10 “(A) the results of the inspection; and

11 “(B) a plan to address any recommendations
12 and other matters set forth in the report.

13 “(2) Not later than 45 days after receiving a report
14 and plan under paragraph (1), the Secretary of Defense
15 shall submit the report and plan to Congress.”.

16 (g) ARMED FORCES RETIREMENT HOME TRUST
17 FUND.—Section 1519 of the Armed Forces Retirement
18 Home Act of 1991 (24 U.S.C. 419) is amended by adding
19 at the end the following new subsection:

20 “(d) REPORTING REQUIREMENTS.—The Chief Fi-
21 nancial Officer of the Armed Forces Retirement Home
22 shall comply with the reporting requirements of sub-
23 chapter II of chapter 35 of title 31, United States Code.”.

1 **TITLE XV—AUTHORIZATION OF**
2 **ADDITIONAL APPROPRIA-**
3 **TIONS FOR OPERATION IRAQI**
4 **FREEDOM AND OPERATION**
5 **ENDURING FREEDOM**

- Sec. 1501. Purpose.
- Sec. 1502. Army procurement.
- Sec. 1503. Navy and Marine Corps procurement.
- Sec. 1504. Air Force procurement.
- Sec. 1505. Joint Improvised Explosive Device Defeat Fund.
- Sec. 1506. Defense-wide activities procurement.
- Sec. 1507. Research, development, test, and evaluation.
- Sec. 1508. Operation and maintenance.
- Sec. 1509. Working capital funds.
- Sec. 1510. Other Department of Defense programs.
- Sec. 1511. Iraq Freedom Fund.
- Sec. 1512. Iraq Security Forces Fund.
- Sec. 1513. Afghanistan Security Forces Fund.
- Sec. 1514. Military personnel.
- Sec. 1515. Strategic Readiness Fund.
- Sec. 1516. Treatment as additional authorizations.
- Sec. 1517. Special transfer authority.

6 **SEC. 1501. PURPOSE.**

7 The purpose of this title is to authorize appropria-
8 tions for the Department of Defense for fiscal year 2008
9 to provide additional funds for Operation Iraqi Freedom
10 and Operation Enduring Freedom.

11 **SEC. 1502. ARMY PROCUREMENT.**

12 Funds are hereby authorized to be appropriated for
13 fiscal year 2008 for procurement accounts of the Army
14 in amounts as follows:

- 15 (1) For aircraft procurement, \$2,086,864,000.
- 16 (2) For ammunition procurement,
- 17 \$513,600,000.

1 (3) For weapons and tracked combat vehicles
2 procurement, \$7,289,697,000.

3 (4) For missile procurement, \$641,764,000.

4 (5) For other procurement, \$32,478,568,000.

5 **SEC. 1503. NAVY AND MARINE CORPS PROCUREMENT.**

6 (a) NAVY.—Funds are hereby authorized to be appro-
7 priated for fiscal year 2008 for procurement accounts for
8 the Navy in amounts as follows:

9 (1) For aircraft procurement, \$3,908,458,000.

10 (2) For weapons procurement, \$318,281,000.

11 (3) For other procurement, \$1,870,597,000.

12 (b) MARINE CORPS.—Funds are hereby authorized to
13 be appropriated for fiscal year 2008 for the procurement
14 account for the Marine Corps in the amount of
15 \$5,519,740,000.

16 (c) NAVY AND MARINE CORPS AMMUNITION.—Funds
17 are hereby authorized to be appropriated for fiscal year
18 2008 for the procurement account for ammunition for the
19 Navy and the Marine Corps in the amount of
20 \$609,890,000.

21 **SEC. 1504. AIR FORCE PROCUREMENT.**

22 Funds are hereby authorized to be appropriated for
23 fiscal year 2008 for procurement accounts for the Air
24 Force in amounts as follows:

25 (1) For aircraft procurement, \$5,828,239,000.

1 (2) For ammunition procurement,
2 \$104,405,000.

3 (3) For missile procurement, \$1,800,000.

4 (4) For other procurement, \$4,528,126,000.

5 **SEC. 1505. JOINT IMPROVISED EXPLOSIVE DEVICE DEFEAT**
6 **FUND.**

7 (a) AUTHORIZATION OF APPROPRIATIONS.—Funds
8 are hereby authorized for fiscal year 2008 for the Joint
9 Improvised Explosive Device Defeat Fund in the amount
10 of \$4,541,000,000.

11 (b) USE AND TRANSFER OF FUNDS.—Subsections
12 (b) and (c) of section 1514 of the John Warner National
13 Defense Authorization Act for Fiscal Year 2007 (Public
14 Law 109–364; 120 Stat. 2439) shall apply to the funds
15 appropriated pursuant to the authorization of appropria-
16 tions in subsection (a).

17 (c) REVISION OF MANAGEMENT PLAN.—The Sec-
18 retary of Defense shall revise the management plan re-
19 quired by section 1514(d) of the John Warner National
20 Defense Authorization Act for Fiscal Year 2007 to iden-
21 tify projected transfers and obligations through September
22 30, 2008.

23 (d) DURATION OF AUTHORITY.—Section 1514(f) of
24 the John Warner National Defense Authorization Act for

1 Fiscal Year 2007 is amended by striking “September 30,
2 2009” and inserting “September 30, 2010”.

3 **SEC. 1506. DEFENSE-WIDE ACTIVITIES PROCUREMENT.**

4 Funds are hereby authorized to be appropriated for
5 fiscal year 2008 for the procurement account for Defense-
6 wide in the amount of \$768,157,000.

7 **SEC. 1507. RESEARCH, DEVELOPMENT, TEST, AND EVALUA-**
8 **TION.**

9 Funds are hereby authorized to be appropriated for
10 fiscal year 2008 for the use of the Department of Defense
11 for research, development, test, and evaluation as follows:

12 (1) For the Army, \$183,299,000.

13 (2) For the Navy, \$695,996,000.

14 (3) For the Air Force, \$1,457,710,000.

15 (4) For Defense-wide activities,
16 \$1,320,088,000.

17 **SEC. 1508. OPERATION AND MAINTENANCE.**

18 Funds are hereby authorized to be appropriated for
19 fiscal year 2008 for the use of the Armed Forces for ex-
20 penses, not otherwise provided for, for operation and
21 maintenance, in amounts as follows:

22 (1) For the Army, \$54,929,551,000.

23 (2) For the Navy, \$6,249,793,000.

24 (3) For the Marine Corps, \$4,674,688,000.

25 (4) For the Air Force, \$10,798,473,000.

1 (5) For Defense-wide activities,
2 \$6,424,085,000.

3 (6) For the Army Reserve, \$196,694,000.

4 (7) For the Navy Reserve, \$83,407,000.

5 (8) For the Marine Corps Reserve,
6 \$68,193,000.

7 (9) For the Army National Guard,
8 \$757,008,000.

9 (10) For the Air Force Reserve, \$24,266,000.

10 (11) For the Air National Guard,
11 \$103,267,000.

12 **SEC. 1509. WORKING CAPITAL FUNDS.**

13 Funds are hereby authorized to be appropriated for
14 fiscal year 2008 for the use of the Armed Forces and other
15 activities and agencies of the Department of Defense for
16 providing capital for working capital and revolving funds
17 in amounts as follows:

18 (1) For the Defense Working Capital Funds,
19 \$1,957,675,000.

20 (2) For the National Defense Sealift Fund,
21 \$5,110,000.

22 **SEC. 1510. OTHER DEPARTMENT OF DEFENSE PROGRAMS.**

23 (a) DEFENSE HEALTH PROGRAM.—Funds are here-
24 by authorized to be appropriated for the Department of
25 Defense for fiscal year 2008 for expenses, not otherwise

1 provided for, for the Defense Health Program in the
2 amount of \$1,137,442,000 for operation and maintenance.

3 (b) DRUG INTERDICTION AND COUNTER-DRUG AC-
4 TIVITIES, DEFENSE-WIDE.—Funds are hereby authorized
5 to be appropriated for the Department of Defense for fis-
6 cal year 2008 for expenses, not otherwise provided for, for
7 Drug Interdiction and Counter-Drug Activities, Defense-
8 wide in the amount of \$257,618,000.

9 (c) DEFENSE INSPECTOR GENERAL.—Funds are
10 hereby authorized to be appropriated for the Department
11 of Defense for fiscal year 2008 for expenses, not otherwise
12 provided for, for the Office of the Inspector General of
13 the Department of Defense in the amount of \$4,394,000
14 for operation and maintenance.

15 **SEC. 1511. IRAQ FREEDOM FUND.**

16 (a) IN GENERAL.—Funds are hereby authorized to
17 be appropriated for fiscal year 2008 for the Iraq Freedom
18 Fund in the amount of \$207,500,000.

19 (b) TRANSFER.—

20 (1) TRANSFER AUTHORIZED.—Subject to para-
21 graph (2), amounts authorized to be appropriated by
22 subsection (a) may be transferred from the Iraq
23 Freedom Fund to any accounts as follows:

24 (A) Operation and maintenance accounts
25 of the Armed Forces.

1 (B) Military personnel accounts.

2 (C) Research, development, test, and eval-
3 uation accounts of the Department of Defense.

4 (D) Procurement accounts of the Depart-
5 ment of Defense.

6 (E) Accounts providing funding for classi-
7 fied programs.

8 (F) The operating expenses account of the
9 Coast Guard.

10 (2) NOTICE TO CONGRESS.—A transfer may not
11 be made under the authority in paragraph (1) until
12 five days after the date on which the Secretary of
13 Defense notifies the congressional defense commit-
14 tees in writing of the transfer.

15 (3) TREATMENT OF TRANSFERRED FUNDS.—
16 Amounts transferred to an account under the au-
17 thority in paragraph (1) shall be merged with
18 amounts in such account and shall be made available
19 for the same purposes, and subject to the same con-
20 ditions and limitations, as amounts in such account.

21 (4) EFFECT ON AUTHORIZATION AMOUNTS.—A
22 transfer of an amount to an account under the au-
23 thority in paragraph (1) shall be deemed to increase
24 the amount authorized for such account by an
25 amount equal to the amount transferred.

1 **SEC. 1512. IRAQ SECURITY FORCES FUND.**

2 (a) AUTHORIZATION OF APPROPRIATIONS.—Funds
3 are hereby authorized to be appropriated for fiscal year
4 2008 for the Iraq Security Forces Fund in the amount
5 of \$3,000,000,000.

6 (b) USE OF FUNDS.—

7 (1) IN GENERAL.—Funds appropriated pursu-
8 ant to subsection (a) shall be available to the Sec-
9 retary of Defense for the purpose of allowing the
10 Commander, Multi-National Security Transition
11 Command—Iraq, to provide assistance to the security
12 forces of Iraq.

13 (2) TYPES OF ASSISTANCE AUTHORIZED.—As-
14 sistance provided under this section may include the
15 provision of equipment, supplies, services, training,
16 facility and infrastructure repair, renovation, con-
17 struction, and funding.

18 (3) SECRETARY OF STATE CONCURRENCE.—As-
19 sistance may be provided under this section only
20 with the concurrence of the Secretary of State.

21 (c) AUTHORITY IN ADDITION TO OTHER AUTHORI-
22 TIES.—The authority to provide assistance under this sec-
23 tion is in addition to any other authority to provide assist-
24 ance to foreign nations.

25 (d) TRANSFER AUTHORITY.—

1 (1) TRANSFERS AUTHORIZED.—Subject to
2 paragraph (2), amounts authorized to be appro-
3 priated by subsection (a) may be transferred from
4 the Iraq Security Forces Fund to any of the fol-
5 lowing accounts and funds of the Department of De-
6 fense to accomplish the purposes provided in sub-
7 section (b):

8 (A) Military personnel accounts.

9 (B) Operation and maintenance accounts.

10 (C) Procurement accounts.

11 (D) Research, development, test, and eval-
12 uation accounts.

13 (E) Defense working capital funds.

14 (F) Overseas Humanitarian, Disaster, and
15 Civic Aid account.

16 (2) ADDITIONAL AUTHORITY.—The transfer au-
17 thority provided by paragraph (1) is in addition to
18 any other transfer authority available to the Depart-
19 ment of Defense.

20 (3) TRANSFERS BACK TO THE FUND.—Upon
21 determination that all or part of the funds trans-
22 ferred from the Iraq Security Forces Fund under
23 paragraph (1) are not necessary for the purpose pro-
24 vided, such funds may be transferred back to the
25 Iraq Security Forces Fund.

1 (4) EFFECT ON AUTHORIZATION AMOUNTS.—A
2 transfer of an amount to an account under the au-
3 thority in paragraph (1) shall be deemed to increase
4 the amount authorized for such account by an
5 amount equal to the amount transferred.

6 (e) NOTICE TO CONGRESS.—Funds may not be obli-
7 gated from the Iraq Security Forces Fund, or transferred
8 under the authority provided in subsection (d)(1), until
9 five days after the date on which the Secretary of Defense
10 notifies the congressional defense committees in writing
11 of the details of the proposed obligation or transfer.

12 (f) CONTRIBUTIONS.—

13 (1) AUTHORITY TO ACCEPT CONTRIBUTIONS.—
14 Subject to paragraph (2), the Secretary of Defense
15 may accept contributions of amounts to the Iraq Se-
16 curity Forces Fund for the purposes provided in
17 subsection (b) from any person, foreign government,
18 or international organization. Any amounts so ac-
19 cepted shall be credited to the Iraq Security Forces
20 Fund.

21 (2) LIMITATION.—The Secretary may not ac-
22 cept a contribution under this subsection if the ac-
23 ceptance of the contribution would compromise or
24 appear to compromise the integrity of any program
25 of the Department of Defense.

1 (3) USE.—Amounts accepted under this sub-
2 section shall be available for assistance authorized
3 by subsection (b), including transfer under sub-
4 section (d) for that purpose.

5 (4) NOTIFICATION.—The Secretary shall notify
6 the congressional defense committees, the Committee
7 on Foreign Relations of the Senate, and the Com-
8 mittee on Foreign Affairs of the House of Rep-
9 resentatives, in writing, upon the acceptance, and
10 upon the transfer under subsection (d), of any con-
11 tribution under this subsection. Such notice shall
12 specify the source and amount of any amount so ac-
13 cepted and the use of any amount so accepted.

14 (g) QUARTERLY REPORTS.—Not later than 30 days
15 after the end of each fiscal-year quarter, the Secretary of
16 Defense shall submit to the congressional defense commit-
17 tees a report summarizing the details of any obligation
18 or transfer of funds from the Iraq Security Forces Fund
19 during such fiscal-year quarter.

20 (h) DURATION OF AUTHORITY.—Amounts authorized
21 to be appropriated or contributed to the Iraq Security
22 Forces Fund during fiscal year 2008 are available for obli-
23 gation or transfer from the Iraq Security Forces Fund in
24 accordance with this section until September 30, 2009.

1 **SEC. 1513. AFGHANISTAN SECURITY FORCES FUND.**

2 (a) AUTHORIZATION OF APPROPRIATIONS.—Funds
3 are hereby authorized to be appropriated for fiscal year
4 2008 for the Afghanistan Security Forces Fund in the
5 amount of \$2,700,000,000.

6 (b) USE OF FUNDS.—

7 (1) IN GENERAL.—Funds authorized to be ap-
8 propriated by subsection (a) shall be available to the
9 Secretary of Defense to provide assistance to the se-
10 curity forces of Afghanistan.

11 (2) TYPES OF ASSISTANCE AUTHORIZED.—As-
12 sistance provided under this section may include the
13 provision of equipment, supplies, services, training,
14 facility and infrastructure repair, renovation, con-
15 struction, and funds.

16 (3) SECRETARY OF STATE CONCURRENCE.—As-
17 sistance may be provided under this section only
18 with the concurrence of the Secretary of State.

19 (c) AUTHORITY IN ADDITION TO OTHER AUTHORI-
20 TIES.—The authority to provide assistance under this sec-
21 tion is in addition to any other authority to provide assist-
22 ance to foreign nations.

23 (d) TRANSFER AUTHORITY.—

24 (1) TRANSFERS AUTHORIZED.—Subject to
25 paragraph (2), amounts authorized to be appro-
26 priated by subsection (a) may be transferred from

1 the Afghanistan Security Forces Fund to any of the
2 following accounts and funds of the Department of
3 Defense to accomplish the purposes provided in sub-
4 section (b):

5 (A) Military personnel accounts.

6 (B) Operation and maintenance accounts.

7 (C) Procurement accounts.

8 (D) Research, development, test, and eval-
9 uation accounts.

10 (E) Defense working capital funds.

11 (F) Overseas Humanitarian, Disaster, and
12 Civic Aid.

13 (2) ADDITIONAL AUTHORITY.—The transfer au-
14 thority provided by paragraph (1) is in addition to
15 any other transfer authority available to the Depart-
16 ment of Defense.

17 (3) TRANSFERS BACK TO FUND.—Upon a de-
18 termination that all or part of the funds transferred
19 from the Afghanistan Security Forces Fund under
20 paragraph (1) are not necessary for the purpose for
21 which transferred, such funds may be transferred
22 back to the Afghanistan Security Forces Fund.

23 (4) EFFECT ON AUTHORIZATION AMOUNTS.—A
24 transfer of an amount to an account under the au-
25 thority in paragraph (1) shall be deemed to increase

1 the amount authorized for such account by an
2 amount equal to the amount transferred.

3 (e) PRIOR NOTICE TO CONGRESS OF OBLIGATION OR
4 TRANSFER.—Funds may not be obligated from the Af-
5 ghanistan Security Forces Fund, or transferred under
6 subsection (d)(1), until five days after the date on which
7 the Secretary of Defense notifies the congressional defense
8 committees in writing of the details of the proposed obliga-
9 tion or transfer.

10 (f) CONTRIBUTIONS.—

11 (1) AUTHORITY TO ACCEPT CONTRIBUTIONS.—

12 Subject to paragraph (2), the Secretary of Defense
13 may accept contributions of amounts to the Afghani-
14 stan Security Forces Fund for the purposes provided
15 in subsection (b) from any person, foreign govern-
16 ment, or international organization. Any amounts so
17 accepted shall be credited to the Afghanistan Secu-
18 rity Forces Fund.

19 (2) LIMITATION.—The Secretary may not ac-
20 cept a contribution under this subsection if the ac-
21 ceptance of the contribution would compromise or
22 appear to compromise the integrity of any program
23 of the Department of Defense.

24 (3) USE.—Amounts accepted under this sub-
25 section shall be available for assistance authorized

1 by subsection (b), including transfer under sub-
2 section (d) for that purpose.

3 (4) NOTIFICATION.—The Secretary shall notify
4 the congressional defense committees, the Committee
5 on Foreign Relations of the Senate, and the Com-
6 mittee on Foreign Affairs of the House of Rep-
7 resentatives, in writing, upon the acceptance, and
8 upon the transfer under subsection (d), of any con-
9 tribution under this subsection. Such notice shall
10 specify the source and amount of any amount so ac-
11 cepted and the use of any amount so accepted.

12 (g) QUARTERLY REPORTS.—Not later than 30 days
13 after the end of each fiscal-year quarter, the Secretary of
14 Defense shall submit to the congressional defense commit-
15 tees a report summarizing the details of any obligation
16 or transfer of funds from the Afghanistan Security Forces
17 Fund during such fiscal-year quarter.

18 (h) DURATION OF AUTHORITY.—Amounts authorized
19 to be appropriated or contributed to the Afghanistan Secu-
20 rity Forces Fund during fiscal year 2008 are available for
21 obligation or transfer from the Afghanistan Security
22 Forces Fund in accordance with this section until Sep-
23 tember 30, 2009.

1 **SEC. 1514. MILITARY PERSONNEL.**

2 There is hereby authorized to be appropriated to the
3 Department of Defense for military personnel accounts for
4 fiscal year 2008 a total of \$17,912,510,000.

5 **SEC. 1515. STRATEGIC READINESS FUND.**

6 There is authorized to be appropriated
7 \$1,000,000,000 to the Strategic Readiness Fund.

8 **SEC. 1516. TREATMENT AS ADDITIONAL AUTHORIZATIONS.**

9 The amounts authorized to be appropriated by this
10 title are in addition to amounts otherwise authorized to
11 be appropriated by this Act.

12 **SEC. 1517. SPECIAL TRANSFER AUTHORITY.**

13 (a) **AUTHORITY TO TRANSFER AUTHORIZATIONS.—**

14 (1) **AUTHORITY.—**Upon determination by the
15 Secretary of Defense that such action is necessary in
16 the national interest, the Secretary may transfer
17 amounts of authorizations made available to the De-
18 partment of Defense in this title for fiscal year 2008
19 between any such authorizations for that fiscal year
20 (or any subdivisions thereof). Amounts of authoriza-
21 tions so transferred shall be merged with and be
22 available for the same purposes as the authorization
23 to which transferred.

24 (2) **LIMITATION.—**The total amount of author-
25 izations that the Secretary may transfer under the

1 authority of this section may not exceed
2 \$3,500,000,000.

3 (b) TERMS AND CONDITIONS.—Transfers under this
4 section shall be subject to the same terms and conditions
5 as transfers under section 1001.

6 (c) ADDITIONAL AUTHORITY.—The transfer author-
7 ity provided by this section is in addition to the transfer
8 authority provided under section 1001.

9 **TITLE XVI—WOUNDED WARRIOR**
10 **MATTERS**

Sec. 1601. Short title.

Sec. 1602. General definitions.

Sec. 1603. Consideration of gender-specific needs of recovering service members
and veterans.

Subtitle A—Policy on Improvements to Care, Management, and Transition of
Recovering Service Members

Sec. 1611. Comprehensive policy on improvements to care, management, and
transition of recovering service members.

Sec. 1612. Medical evaluations and physical disability evaluations of recovering
service members.

Sec. 1613. Return of recovering service members to active duty in the Armed
Forces.

Sec. 1614. Transition of recovering service members from care and treatment
through the Department of Defense to care, treatment, and re-
habilitation through the Department of Veterans Affairs.

Sec. 1615. Reports.

Sec. 1616. Establishment of a wounded warrior resource center.

Sec. 1617. Notification to Congress of hospitalization of combat wounded ser-
vice members.

Sec. 1618. Comprehensive plan on prevention, diagnosis, mitigation, treatment,
and rehabilitation of, and research on, traumatic brain injury,
post-traumatic stress disorder, and other mental health condi-
tions in members of the Armed Forces.

Subtitle B—Centers of Excellence in the Prevention, Diagnosis, Mitigation,
Treatment, and Rehabilitation of Traumatic Brain Injury, Post-Traumatic
Stress Disorder, and Eye Injuries

Sec. 1621. Center of excellence in the prevention, diagnosis, mitigation, treat-
ment, and rehabilitation of traumatic brain injury.

- Sec. 1622. Center of excellence in prevention, diagnosis, mitigation, treatment, and rehabilitation of post-traumatic stress disorder and other mental health conditions.
- Sec. 1623. Center of excellence in prevention, diagnosis, mitigation, treatment, and rehabilitation of military eye injuries.
- Sec. 1624. Report on establishment of centers of excellence.

Subtitle C—Health Care Matters

- Sec. 1631. Medical care and other benefits for members and former members of the Armed Forces with severe injuries or illnesses.
- Sec. 1632. Reimbursement of travel expenses of retired members with combat-related disabilities for follow-on specialty care, services, and supplies.
- Sec. 1633. Respite care and other extended care benefits for members of the uniformed services who incur a serious injury or illness on active duty.
- Sec. 1634. Reports.
- Sec. 1635. Fully interoperable electronic personal health information for the Department of Defense and Department of Veterans Affairs.
- Sec. 1636. Enhanced personnel authorities for the Department of Defense for health care professionals for care and treatment of wounded and injured members of the Armed Forces.
- Sec. 1637. Continuation of transitional health benefits for members of the Armed Forces pending resolution of service-related medical conditions.

Subtitle D—Disability Matters

- Sec. 1641. Utilization of veterans' presumption of sound condition in establishing eligibility of members of the Armed Forces for retirement for disability.
- Sec. 1642. Requirements and limitations on Department of Defense determinations of disability with respect to members of the Armed Forces.
- Sec. 1643. Review of separation of members of the Armed Forces separated from service with a disability rating of 20 percent disabled or less.
- Sec. 1644. Authorization of pilot programs to improve the disability evaluation system for members of the Armed Forces.
- Sec. 1645. Reports on Army action plan in response to deficiencies in the Army physical disability evaluation system.
- Sec. 1646. Enhancement of disability severance pay for members of the Armed Forces.
- Sec. 1647. Assessments of continuing utility and future role of temporary disability retired list.
- Sec. 1648. Standards for military medical treatment facilities, specialty medical care facilities, and military quarters housing patients and annual report on such facilities.
- Sec. 1649. Reports on Army Medical Action Plan in response to deficiencies identified at Walter Reed Army Medical Center, District of Columbia.
- Sec. 1650. Required certifications in connection with closure of Walter Reed Army Medical Center, District of Columbia.
- Sec. 1651. Handbook for members of the Armed Forces on compensation and benefits available for serious injuries and illnesses.

Subtitle E—Studies and Reports

- Sec. 1661. Study on physical and mental health and other readjustment needs of members and former members of the Armed Forces who deployed in Operation Iraqi Freedom and Operation Enduring Freedom and their families.
- Sec. 1662. Access of recovering service members to adequate outpatient residential facilities.
- Sec. 1663. Study and report on support services for families of recovering service members.
- Sec. 1664. Report on traumatic brain injury classifications.
- Sec. 1665. Evaluation of the Polytrauma Liaison Officer/Non-Commissioned Officer program.

Subtitle F—Other Matters

- Sec. 1671. Prohibition on transfer of resources from medical care.
- Sec. 1672. Medical care for families of members of the Armed Forces recovering from serious injuries or illnesses.
- Sec. 1673. Improvement of medical tracking system for members of the Armed Forces deployed overseas.
- Sec. 1674. Guaranteed funding for Walter Reed Army Medical Center, District of Columbia.
- Sec. 1675. Use of leave transfer program by wounded veterans who are Federal employees.
- Sec. 1676. Moratorium on conversion to contractor performance of Department of Defense functions at military medical facilities.

1 SEC. 1601. SHORT TITLE.

2 This title may be cited as the “Wounded Warrior
3 Act”.

4 SEC. 1602. GENERAL DEFINITIONS.

5 In this title:

6 (1) APPROPRIATE COMMITTEES OF CON-
7 GRESS.—The term “appropriate committees of Con-
8 gress” means—

9 (A) the Committees on Armed Services,
10 Veterans’ Affairs, and Appropriations of the
11 Senate; and

1 (B) the Committees on Armed Services,
2 Veterans' Affairs, and Appropriations of the
3 House of Representatives.

4 (2) BENEFITS DELIVERY AT DISCHARGE PRO-
5 GRAM.—The term “Benefits Delivery at Discharge
6 Program” means a program administered jointly by
7 the Secretary of Defense and the Secretary of Vet-
8 erans Affairs to provide information and assistance
9 on available benefits and other transition assistance
10 to members of the Armed Forces who are separating
11 from the Armed Forces, including assistance to ob-
12 tain any disability benefits for which such members
13 may be eligible.

14 (3) DISABILITY EVALUATION SYSTEM.—The
15 term “Disability Evaluation System” means the fol-
16 lowing:

17 (A) A system or process of the Department
18 of Defense for evaluating the nature and extent
19 of disabilities affecting members of the Armed
20 Forces that is operated by the Secretaries of
21 the military departments and is comprised of
22 medical evaluation boards, physical evaluation
23 boards, counseling of members, and mecha-
24 nisms for the final disposition of disability eval-
25 uations by appropriate personnel.

1 (B) A system or process of the Coast
2 Guard for evaluating the nature and extent of
3 disabilities affecting members of the Coast
4 Guard that is operated by the Secretary of
5 Homeland Security and is similar to the system
6 or process of the Department of Defense de-
7 scribed in subparagraph (A).

8 (4) ELIGIBLE FAMILY MEMBER.—The term “el-
9 igible family member”, with respect to a recovering
10 service member, means a family member (as defined
11 in section 411 h(b) of title 37, United States Code)
12 who is on invitational travel orders or serving as a
13 non-medical attendee while caring for the recovering
14 service member for more than 45 days during a one-
15 year period.

16 (5) MEDICAL CARE.—The term “medical care”
17 includes mental health care.

18 (6) OUTPATIENT STATUS.—The term “out-
19 patient status”, with respect to a recovering service
20 member, means the status of a recovering service
21 member assigned to—

22 (A) a military medical treatment facility as
23 an outpatient; or

24 (B) a unit established for the purpose of
25 providing command and control of members of

1 the Armed Forces receiving medical care as
2 outpatients.

3 (7) RECOVERING SERVICE MEMBER.—The term
4 “recovering service member” means a member of the
5 Armed Forces, including a member of the National
6 Guard or a Reserve, who is undergoing medical
7 treatment, recuperation, or therapy and is in an out-
8 patient status while recovering from a serious injury
9 or illness related to the member’s military service.

10 (8) SERIOUS INJURY OR ILLNESS.—The term
11 “serious injury or illness”, in the case of a member
12 of the Armed Forces, means an injury or illness in-
13 curred by the member in line of duty on active duty
14 in the Armed Forces that may render the member
15 medically unfit to perform the duties of the mem-
16 ber’s office, grade, rank, or rating.

17 (9) TRICARE PROGRAM.—The term
18 “TRICARE program” has the meaning given that
19 term in section 1072(7) of title 10, United States
20 Code.

21 **SEC. 1603. CONSIDERATION OF GENDER-SPECIFIC NEEDS**
22 **OF RECOVERING SERVICE MEMBERS AND**
23 **VETERANS.**

24 (a) IN GENERAL.—In developing and implementing
25 the policy required by section 1611a), and in otherwise

1 carrying out any other provision of this title or any amend-
2 ment made by this title, the Secretary of Defense and the
3 Secretary of Veterans Affairs shall take into account and
4 fully address any unique gender-specific needs of recov-
5 ering service members and veterans under such policy or
6 other provision.

7 (b) REPORTS.—In submitting any report required by
8 this title or an amendment made by this title, the Sec-
9 retary of Defense and the Secretary of Veterans Affairs
10 shall, to the extent applicable, include a description of the
11 manner in which the matters covered by such report ad-
12 dress the unique gender-specific needs of recovering serv-
13 ice members and veterans.

14 **Subtitle A—Policy on Improve-**
15 **ments to Care, Management,**
16 **and Transition of Recovering**
17 **Service Members**

18 **SEC. 1611. COMPREHENSIVE POLICY ON IMPROVEMENTS**
19 **TO CARE, MANAGEMENT, AND TRANSITION**
20 **OF RECOVERING SERVICE MEMBERS.**

21 (a) COMPREHENSIVE POLICY REQUIRED.—

22 (1) IN GENERAL.—Not later than July 1, 2008,
23 the Secretary of Defense and the Secretary of Vet-
24 erans Affairs shall, to the extent feasible, jointly de-
25 velop and implement a comprehensive policy on im-

1 provements to the care, management, and transition
2 of recovering service members.

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

5 (A) The care and management of recov-
6 ering service members.

7 (B) The medical evaluation and disability
8 evaluation of recovering service members.

9 (C) The return of service members who
10 have recovered to active duty when appropriate.

11 (D) The transition of recovering service
12 members from receipt of care and services
13 through the Department of Defense to receipt
14 of care and services through the Department of
15 Veterans Affairs.

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

23 (4) UPDATE.—The Secretary of Defense and
24 the Secretary of Veterans Affairs shall jointly update
25 the policy on a periodic basis, but not less often than

1 annually, in order to incorporate in the policy, as ap-
2 propriate, the following:

3 (A) The results of the reviews required
4 under subsections (b) and (c).

5 (B) Best practices identified through pilot
6 programs carried out under this title.

7 (C) Improvements to matters under the
8 policy otherwise identified and agreed upon by
9 the Secretary of Defense and the Secretary of
10 Veterans Affairs.

11 (b) REVIEW OF CURRENT POLICIES AND PROCE-
12 DURES.—

13 (1) REVIEW REQUIRED.—In developing the pol-
14 icy required by subsection (a), the Secretary of De-
15 fense and the Secretary of Veterans Affairs shall, to
16 the extent necessary, jointly and separately conduct
17 a review of all policies and procedures of the Depart-
18 ment of Defense and the Department of Veterans
19 Affairs that apply to, or shall be covered by, the pol-
20 icy.

21 (2) PURPOSE.—The purpose of the review shall
22 be to identify the most effective and patient-oriented
23 approaches to care and management of recovering
24 service members for purposes of—

1 (A) incorporating such approaches into the
2 policy; and

3 (B) extending such approaches, where ap-
4 plicable, to the care and management of other
5 injured or ill members of the Armed Forces and
6 veterans.

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

10 (A) identify among the policies and proce-
11 dures described in paragraph (1) best practices
12 in approaches to the care and management of
13 recovering service members;

14 (B) identify among such policies and pro-
15 cedures existing and potential shortfalls in the
16 care and management of recovering service
17 members (including care and management of
18 recovering service members on the temporary
19 disability retired list), and determine means of
20 addressing any shortfalls so identified;

21 (C) determine potential modifications of
22 such policies and procedures in order to ensure
23 consistency and uniformity, where appropriate,
24 in the application of such policies and proce-
25 dures—

- 1 (i) among the military departments;
- 2 (ii) among the Veterans Integrated
3 Services Networks (VISNs) of the Depart-
4 ment of Veterans Affairs; and
- 5 (iii) between the military departments
6 and the Veterans Integrated Services Net-
7 works; and
- 8 (D) develop recommendations for legisla-
9 tive and administrative action necessary to im-
10 plement the results of the review.

11 (4) DEADLINE FOR COMPLETION.—The review
12 shall be completed not later than 90 days after the
13 date of the enactment of this Act.

14 (c) CONSIDERATION OF EXISTING FINDINGS, REC-
15 OMMENDATIONS, AND PRACTICES.—In developing the pol-
16 icy required by subsection (a), the Secretary of Defense
17 and the Secretary of Veterans Affairs shall take into ac-
18 count the following:

19 (1) The findings and recommendations of appli-
20 cable studies, reviews, reports, and evaluations that
21 address matters relating to the policy, including, but
22 not limited, to the following:

23 (A) The Independent Review Group on Re-
24 habilitative Care and Administrative Processes
25 at Walter Reed Army Medical Center and Na-

1 tional Naval Medical Center, appointed by the
2 Secretary of Defense.

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

6 (C) The President's Commission on Care
7 for America's Returning Wounded Warriors.

8 (D) The Veterans' Disability Benefits
9 Commission established by title XV of the Na-
10 tional Defense Authorization Act for Fiscal
11 Year 2004 (Public Law 108-136; 117 Stat.
12 1676; 38 U.S.C. 1101 note).

13 (E) The President's Task Force to Im-
14 prove Health Care Delivery for Our Nation's
15 Veterans, of March 2003.

16 (F) The Report of the Congressional Com-
17 mission on Servicemembers and Veterans Tran-
18 sition Assistance, of 1999, chaired by Anthony
19 J. Principi.

20 (G) The President's Commission on Vet-
21 erans' Pensions, of 1956, chaired by General
22 Omar N. Bradley.

23 (2) The experience and best practices of the
24 Department of Defense and the military depart-
25 ments on matters relating to the policy.

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

4 (4) Such other matters as the Secretary of De-
5 fense and the Secretary of Veterans Affairs consider
6 appropriate.

7 (d) TRAINING AND SKILLS OF HEALTH CARE PRO-
8 FESSIONALS, RECOVERY CARE COORDINATORS, MEDICAL
9 CARE CASE MANAGERS, AND NON-MEDICAL CARE MAN-
10 AGERS FOR RECOVERING SERVICE MEMBERS.—

11 (1) IN GENERAL.—The policy required by sub-
12 section (a) shall provide for uniform standards
13 among the military departments for the training and
14 skills of health care professionals, recovery care co-
15 ordinators, medical care case managers, and non-
16 medical care managers for recovering service mem-
17 bers under subsection (e) in order to ensure that
18 such personnel are able to—

19 (A) detect early warning signs of post-
20 traumatic stress disorder (PTSD), suicidal or
21 homicidal thoughts or behaviors, and other be-
22 havioral health concerns among recovering serv-
23 ice members; and

1 (B) promptly notify appropriate health
2 care professionals following detection of such
3 signs.

4 (2) TRACKING OF NOTIFICATIONS.—In pro-
5 viding for uniform standards under paragraph (1),
6 the policy shall include a mechanism or system to
7 track the number of notifications made by recovery
8 care coordinators, medical care case managers, and
9 non-medical care managers to health care profes-
10 sionals under paragraph (1)(A) regarding early
11 warning signs of post-traumatic stress disorder and
12 suicide in recovering service members.

13 (e) SERVICES FOR RECOVERING SERVICE MEM-
14 BERS.—The policy required by subsection (a) shall provide
15 for improvements as follows with respect to the care, man-
16 agement, and transition of recovering service members:

17 (1) COMPREHENSIVE RECOVERY PLAN FOR RE-
18 COVERING SERVICE MEMBERS.—The policy shall
19 provide for uniform standards and procedures for
20 the development of a comprehensive recovery plan
21 for each recovering service member that covers the
22 full spectrum of care, management, transition, and
23 rehabilitation of the service member during recovery.

24 (2) RECOVERY CARE COORDINATORS FOR RE-
25 COVERING SERVICE MEMBERS.—

1 (A) IN GENERAL.—The policy shall provide
2 for a uniform program for the assignment to
3 recovering service members of recovery care co-
4 ordinators having the duties specified in sub-
5 paragraph (B).

6 (B) DUTIES.—The duties under the pro-
7 gram of a recovery care coordinator for a recov-
8 ering service member shall include, but not be
9 limited to, overseeing and assisting the service
10 member in the service member's course through
11 the entire spectrum of care, management, tran-
12 sition, and rehabilitation services available from
13 the Federal Government, including services pro-
14 vided by the Department of Defense, the De-
15 partment of Veterans Affairs, the Department
16 of Labor, and the Social Security Administra-
17 tion.

18 (C) LIMITATION ON NUMBER OF SERVICE
19 MEMBERS MANAGED BY COORDINATORS.—The
20 maximum number of recovering service mem-
21 bers whose cases may be assigned to a recovery
22 care coordinator under the program at any one
23 time shall be such number as the policy shall
24 specify, except that the Secretary of the mili-
25 tary department concerned may waive such lim-

1 itation with respect to a given coordinator for
2 not more than 120 days in the event of unfore-
3 seen circumstances (as specified in the policy).

4 (D) TRAINING.—The policy shall specify
5 standard training requirements and curricula
6 for recovery care coordinators under the pro-
7 gram, including a requirement for successful
8 completion of the training program before a
9 person may assume the duties of such a coordi-
10 nator.

11 (E) RESOURCES.—The policy shall include
12 mechanisms to ensure that recovery care coordi-
13 nators under the program have the resources
14 necessary to expeditiously carry out the duties
15 of such coordinators under the program.

16 (F) SUPERVISION.—The policy shall speci-
17 fy requirements for the appropriate rank or
18 grade, and appropriate occupation, for persons
19 appointed to head and supervise recovery care
20 coordinators.

21 (3) MEDICAL CARE CASE MANAGERS FOR RE-
22 COVERING SERVICE MEMBERS.—

23 (A) IN GENERAL.—The policy shall provide
24 for a uniform program among the military de-
25 partments for the assignment to recovering

1 service members of medical care case managers
2 having the duties specified in subparagraph
3 (B).

4 (B) DUTIES.—The duties under the pro-
5 gram of a medical care case manager for a re-
6 covering service member (or the service mem-
7 ber’s immediate family or other designee if the
8 service member is incapable of making judg-
9 ments about personal medical care) shall in-
10 clude, at a minimum, the following:

11 (i) Assisting in understanding the
12 service member’s medical status during the
13 care, recovery, and transition of the service
14 member.

15 (ii) Assisting in the receipt by the
16 service member of prescribed medical care
17 during the care, recovery, and transition of
18 the service member.

19 (iii) Conducting a periodic review of
20 the medical status of the service member,
21 which review shall be conducted, to the ex-
22 tent practicable, in person with the service
23 member, or, whenever the conduct of the
24 review in person is not practicable, with
25 the medical care case manager submitting

1 to the manager's supervisor a written ex-
2 planation why the review in person was not
3 practicable (if the Secretary of the military
4 department concerned elects to require
5 such written explanations for purposes of
6 the program).

7 (C) LIMITATION ON NUMBER OF SERVICE
8 MEMBERS MANAGED BY MANAGERS.—The max-
9 imum number of recovering service members
10 whose cases may be assigned to a medical care
11 case manager under the program at any one
12 time shall be such number as the policy shall
13 specify, except that the Secretary of the mili-
14 tary department concerned may waive such lim-
15 itation with respect to a given manager for not
16 more than 120 days in the event of unforeseen
17 circumstances (as specified in the policy).

18 (D) TRAINING.—The policy shall specify
19 standard training requirements and curricula
20 for medical care case managers under the pro-
21 gram, including a requirement for successful
22 completion of the training program before a
23 person may assume the duties of such a man-
24 ager.

1 (E) RESOURCES.—The policy shall include
2 mechanisms to ensure that medical care case
3 managers under the program have the re-
4 sources necessary to expeditiously carry out the
5 duties of such managers under the program.

6 (F) SUPERVISION AT ARMED FORCES MED-
7 ICAL FACILITIES.—The policy shall specify re-
8 quirements for the appropriate rank or grade,
9 and appropriate occupation, for persons ap-
10 pointed to head and supervise the medical care
11 case managers at each medical facility of the
12 Armed Forces. Persons so appointed may be
13 appointed from the Army Medical Corps, Army
14 Medical Service Corps, Army Nurse Corps,
15 Navy Medical Corps, Navy Medical Service
16 Corps, Navy Nurse Corps, Air Force Medical
17 Service, or other corps or civilian health care
18 professional, as applicable, at the discretion of
19 the Secretary of Defense.

20 (4) NON-MEDICAL CARE MANAGERS FOR RE-
21 COVERING SERVICE MEMBERS.—

22 (A) IN GENERAL.—The policy shall provide
23 for a uniform program among the military de-
24 partments for the assignment to recovering
25 service members of non-medical care managers

1 having the duties specified in subparagraph
2 (B).

3 (B) DUTIES.—The duties under the pro-
4 gram of a non-medical care manager for a re-
5 covering service member shall include, at a min-
6 imum, the following:

7 (i) Communicating with the service
8 member and with the service member's
9 family or other individuals designated by
10 the service member regarding non-medical
11 matters that arise during the care, recov-
12 ery, and transition of the service member.

13 (ii) Assisting with oversight of the
14 service member's welfare and quality of life

15 (iii) Assisting the service member in
16 resolving problems involving financial, ad-
17 ministrative, personnel, transitional, and
18 other matters that arise during the care,
19 recovery, and transition of the service
20 member.

21 (C) DURATION OF DUTIES.—The policy
22 shall provide that a non-medical care manager
23 shall perform duties under the program for a
24 recovering service member until the service

1 member is returned to active duty or retired or
2 separated from the Armed Forces.

3 (D) LIMITATION ON NUMBER OF SERVICE
4 MEMBERS MANAGED BY MANAGERS.—The max-
5 imum number of recovering service members
6 whose cases may be assigned to a non-medical
7 care manager under the program at any one
8 time shall be such number as the policy shall
9 specify, except that the Secretary of the mili-
10 tary department concerned may waive such lim-
11 itation with respect to a given manager for not
12 more than 120 days in the event of unforeseen
13 circumstances (as specified in the policy).

14 (E) TRAINING.—The policy shall specify
15 standard training requirements and curricula
16 among the military departments for non-med-
17 ical care managers under the program, includ-
18 ing a requirement for successful completion of
19 the training program before a person may as-
20 sume the duties of such a manager.

21 (F) RESOURCES.—The policy shall include
22 mechanisms to ensure that non-medical care
23 managers under the program have the re-
24 sources necessary to expeditiously carry out the
25 duties of such managers under the program.

1 (G) SUPERVISION AT ARMED FORCES MED-
2 ICAL FACILITIES.—The policy shall specify re-
3 quirements for the appropriate rank and occu-
4 pational speciality for persons appointed to
5 head and supervise the non-medical care man-
6 agers at each medical facility of the Armed
7 Forces.

8 (5) ACCESS OF RECOVERING SERVICE MEMBERS
9 TO NON-URGENT HEALTH CARE FROM THE DEPART-
10 MENT OF DEFENSE OR OTHER PROVIDERS UNDER
11 TRICARE.—

12 (A) IN GENERAL.—The policy shall provide
13 for appropriate minimum standards for access
14 of recovering service members to non-urgent
15 medical care and other health care services as
16 follows:

17 (i) In medical facilities of the Depart-
18 ment of Defense.

19 (ii) Through the TRICARE program.

20 (B) MAXIMUM WAITING TIMES FOR CER-
21 TAIN CARE.—The standards for access under
22 subparagraph (A) shall include such standards
23 on maximum waiting times of recovering service
24 members as the policy shall specify for care

1 that includes, but is not limited to, the fol-
2 lowing:

- 3 (i) Follow-up care
4 (ii) Specialty care.
5 (iii) Diagnostic referrals and studies.
6 (iv) Surgery based on a physician's
7 determination of medical necessity.

8 (C) WAIVER BY RECOVERING SERVICE
9 MEMBERS.—The policy shall permit any recov-
10 ering service member to waive a standard for
11 access under this paragraph under such cir-
12 cumstances and conditions as the policy shall
13 specify.

14 (6) ASSIGNMENT OF RECOVERING SERVICE
15 MEMBERS TO LOCATIONS OF CARE.—

16 (A) IN GENERAL.—The policy shall provide
17 for uniform guidelines among the military de-
18 partments for the assignment of recovering
19 service members to a location of care, including
20 guidelines that provide for the assignment of re-
21 covering service members, when medically ap-
22 propriate, to care and residential facilities clos-
23 est to their duty station or home of record or
24 the location of their designated care giver at the
25 earliest possible time.

1 (B) REASSIGNMENT FROM DEFICIENT FA-
2 CILITIES.—The policy shall provide for uniform
3 guidelines and procedures among the military
4 departments for the reassignment of recovering
5 service members from a medical or medical-re-
6 lated support facility determined by the Sec-
7 retary of Defense to violate the standards re-
8 quired by section 1648 to another appropriate
9 medical or medical-related support facility until
10 the correction of violations of such standards at
11 the medical or medical-related support facility
12 from which such service members are reas-
13 signed.

14 (7) TRANSPORTATION AND SUBSISTENCE FOR
15 RECOVERING SERVICE MEMBERS.—The policy shall
16 provide for uniform standards among the military
17 departments on the availability of appropriate trans-
18 portation and subsistence for recovering service
19 members to facilitate their obtaining needed medical
20 care and services.

21 (8) WORK AND DUTY ASSIGNMENTS FOR RE-
22 COVERING SERVICE MEMBERS.—The policy shall
23 provide for uniform criteria among the military de-
24 partments for the assignment of recovering service

1 members to work and duty assignments that are
2 compatible with their medical conditions.

3 (9) ACCESS OF RECOVERING SERVICE MEMBERS
4 TO EDUCATIONAL AND VOCATIONAL TRAINING AND
5 REHABILITATION.—The policy shall provide for uni-
6 form standards among the military departments on
7 the provision of educational and vocational training
8 and rehabilitation opportunities for recovering serv-
9 ice members at the earliest possible point in their re-
10 covery.

11 (10) TRACKING OF RECOVERING SERVICE MEM-
12 BERS.—The policy shall provide for uniform proce-
13 dures among the military departments on tracking
14 recovering service members to facilitate—

15 (A) locating each recovering service mem-
16 ber; and

17 (B) tracking medical care appointments of
18 recovering service members to ensure timeliness
19 and compliance of recovering service members
20 with appointments, and other physical and eval-
21 uation timelines, and to provide any other infor-
22 mation needed to conduct oversight of the care,
23 management, and transition of recovering serv-
24 ice members.

1 (11) REFERRALS OF RECOVERING SERVICE
2 MEMBERS TO OTHER CARE AND SERVICES PRO-
3 VIDERS.—The policy shall provide for uniform poli-
4 cies, procedures, and criteria among the military de-
5 partments on the referral of recovering service mem-
6 bers to the Department of Veterans Affairs and
7 other private and public entities (including univer-
8 sities and rehabilitation hospitals, centers, and clin-
9 ics) in order to secure the most appropriate care for
10 recovering service members, which policies, proce-
11 dures, and criteria shall take into account, but not
12 be limited to, the medical needs of recovering service
13 members and the geographic location of available
14 necessary recovery care services.

15 (f) SERVICES FOR FAMILIES OF RECOVERING SERV-
16 ICE MEMBERS.—The policy required by subsection (a)
17 shall provide for improvements as follows with respect to
18 services for families of recovering service members:

19 (1) SUPPORT FOR FAMILY MEMBERS OF RECOV-
20 ERING SERVICE MEMBERS.—The policy shall provide
21 for uniform guidelines among the military depart-
22 ments on the provision by the military departments
23 of support for family members of recovering service
24 members who are not otherwise eligible for care

1 under section 1672 in caring for such service mem-
2 bers during their recovery.

3 (2) ADVICE AND TRAINING FOR FAMILY MEM-
4 BERS OF RECOVERING SERVICE MEMBERS.—The
5 policy shall provide for uniform requirements and
6 standards among the military departments on the
7 provision by the military departments of advice and
8 training, as appropriate, to family members of recov-
9 ering service members with respect to care for such
10 service members during their recovery.

11 (3) MEASUREMENT OF SATISFACTION OF FAM-
12 ILY MEMBERS OF RECOVERING SERVICE MEMBERS
13 WITH QUALITY OF HEALTH CARE SERVICES.—The
14 policy shall provide for uniform procedures among
15 the military departments on the measurement of the
16 satisfaction of family members of recovering service
17 members with the quality of health care services pro-
18 vided to such service members during their recovery.

19 (4) JOB PLACEMENT SERVICES FOR FAMILY
20 MEMBERS OF RECOVERING SERVICE MEMBERS.—
21 The policy shall provide for procedures for applica-
22 tion by eligible family members during a one-year
23 period for job placement services otherwise offered
24 by the Department of Defense.

1 (g) OUTREACH TO RECOVERING SERVICE MEMBERS
2 AND THEIR FAMILIES ON COMPREHENSIVE POLICY.—

3 The policy required by subsection (a) shall include proce-
4 dures and mechanisms to ensure that recovering service
5 members and their families are fully informed of the poli-
6 cies required by this section, including policies on medical
7 care for recovering service members, on the management
8 and transition of recovering service members, and on the
9 responsibilities of recovering service members and their
10 family members throughout the continuum of care and
11 services for recovering service members under this section.

12 (h) APPLICABILITY OF COMPREHENSIVE POLICY TO
13 RECOVERING SERVICE MEMBERS ON TEMPORARY DIS-
14 ABILITY RETIRED LIST.—Appropriate elements of the pol-
15 icy required by this section shall apply to recovering serv-
16 ice members whose names are placed on the temporary
17 disability retired list in such manner, and subject to such
18 terms and conditions, as the Secretary of Defense shall
19 prescribe in regulations for purposes of this subsection.

20 **SEC. 1612. MEDICAL EVALUATIONS AND PHYSICAL DIS-**
21 **ABILITY EVALUATIONS OF RECOVERING**
22 **SERVICE MEMBERS.**

23 (a) MEDICAL EVALUATIONS OF RECOVERING SERV-
24 ICE MEMBERS.—

1 (1) IN GENERAL.—Not later than July 1, 2008,
2 the Secretary of Defense shall develop a policy on
3 improvements to the processes, procedures, and
4 standards for the conduct by the military depart-
5 ments of medical evaluations of recovering service
6 members.

7 (2) ELEMENTS.—The policy on improvements
8 to processes, procedures, and standards required
9 under this subsection shall include and address the
10 following:

11 (A) Processes for medical evaluations of
12 recovering service members that—

13 (i) apply uniformly throughout the
14 military departments; and

15 (ii) apply uniformly with respect to re-
16 covering service members who are members
17 of the regular components of the Armed
18 Forces and recovering service members
19 who are members of the National Guard
20 and Reserve.

21 (B) Standard criteria and definitions for
22 determining the achievement for recovering
23 service members of the maximum medical ben-
24 efit from treatment and rehabilitation.

1 (C) Standard timelines for each of the fol-
2 lowing:

3 (i) Determinations of fitness for duty
4 of recovering service members.

5 (ii) Specialty care consultations for re-
6 covering service members.

7 (iii) Preparation of medical documents
8 for recovering service members.

9 (iv) Appeals by recovering service
10 members of medical evaluation determina-
11 tions, including determinations of fitness
12 for duty.

13 (D) Procedures for ensuring that—

14 (i) upon request of a recovering serv-
15 ice member being considered by a medical
16 evaluation board, a physician or other ap-
17 propriate health care professional who is
18 independent of the medical evaluation
19 board is assigned to the service member;
20 and

21 (ii) the physician or other health care
22 professional assigned to a recovering serv-
23 ice member under clause (i)—

24 (I) serves as an independent
25 source for review of the findings and

1 recommendations of the medical eval-
2 uation board;

3 (II) provides the service member
4 with advice and counsel regarding the
5 findings and recommendations of the
6 medical evaluation board; and

7 (III) advises the service member
8 on whether the findings of the medical
9 evaluation board adequately reflect
10 the complete spectrum of injuries and
11 illness of the service member.

12 (E) Standards for qualifications and train-
13 ing of medical evaluation board personnel, in-
14 cluding physicians, case workers, and physical
15 disability evaluation board liaison officers, in
16 conducting medical evaluations of recovering
17 service members.

18 (F) Standards for the maximum number of
19 medical evaluation cases of recovering service
20 members that are pending before a medical
21 evaluation board at any one time, and require-
22 ments for the establishment of additional med-
23 ical evaluation boards in the event such number
24 is exceeded.

1 (G) Standards for information for recov-
2 ering service members, and their families, on
3 the medical evaluation board process and the
4 rights and responsibilities of recovering service
5 members under that process, including a stand-
6 ard handbook on such information (which hand-
7 book shall also be available electronically).

8 (b) PHYSICAL DISABILITY EVALUATIONS OF RECOV-
9 ERING SERVICE MEMBERS.—

10 (1) IN GENERAL.—Not later than July 1, 2008,
11 the Secretary of Defense and the Secretary of Vet-
12 erans Affairs shall develop a policy on improvements
13 to the processes, procedures, and standards for the
14 conduct of physical disability evaluations of recov-
15 ering service members by the military departments
16 and by the Department of Veterans Affairs.

17 (2) ELEMENTS.—The policy on improvements
18 to processes, procedures, and standards required
19 under this subsection shall include and address the
20 following:

21 (A) A clearly-defined process of the De-
22 partment of Defense and the Department of
23 Veterans Affairs for disability determinations of
24 recovering service members.

1 (B) To the extent feasible, procedures to
2 eliminate unacceptable discrepancies and im-
3 prove consistency among disability ratings as-
4 signed by the military departments and the De-
5 partment of Veterans Affairs, particularly in
6 the disability evaluation of recovering service
7 members, which procedures shall be subject to
8 the following requirements and limitations:

9 (i) Such procedures shall apply uni-
10 formly with respect to recovering service
11 members who are members of the regular
12 components of the Armed Forces and re-
13 covering service members who are members
14 of the National Guard and Reserve.

15 (ii) Under such procedures, each Sec-
16 retary of a military department shall, to
17 the extent feasible, utilize the standard
18 schedule for rating disabilities in use by
19 the Department of Veterans Affairs, in-
20 cluding any applicable interpretation of
21 such schedule by the United States Court
22 of Appeals for Veterans Claims, in making
23 any determination of disability of a recov-
24 ering service member, except as otherwise
25 authorized by section 1216a of title 10,

1 United States Code (as added by section
2 1642 of this Act).

3 (C) Uniform timelines among the military
4 departments for appeals of determinations of
5 disability of recovering service members, includ-
6 ing timelines for presentation, consideration,
7 and disposition of appeals.

8 (D) Uniform standards among the military
9 departments for qualifications and training of
10 physical disability evaluation board personnel,
11 including physical evaluation board liaison per-
12 sonnel, in conducting physical disability evalua-
13 tions of recovering service members.

14 (E) Uniform standards among the military
15 departments for the maximum number of phys-
16 ical disability evaluation cases of recovering
17 service members that are pending before a
18 physical disability evaluation board at any one
19 time, and requirements for the establishment of
20 additional physical disability evaluation boards
21 in the event such number is exceeded.

22 (F) Uniform standards and procedures
23 among the military departments for the provi-
24 sion of legal counsel to recovering service mem-

1 bers while undergoing evaluation by a physical
2 disability evaluation board.

3 (G) Uniform standards among the military
4 departments on the roles and responsibilities of
5 non-medical care managers under section
6 1611(e)(4) and judge advocates assigned to re-
7 covering service members undergoing evaluation
8 by a physical disability board, and uniform
9 standards on the maximum number of cases in-
10 volving such service members that are to be as-
11 signed to judge advocates at any one time.

12 (c) ASSESSMENT OF CONSOLIDATION OF DEPART-
13 MENT OF DEFENSE AND DEPARTMENT OF VETERANS AF-
14 FAIRS DISABILITY EVALUATION SYSTEMS.—

15 (1) IN GENERAL.—The Secretary of Defense
16 and the Secretary of Veterans Affairs shall jointly
17 submit to the appropriate committees of Congress a
18 report on the feasibility and advisability of consoli-
19 dating the disability evaluation systems of the mili-
20 tary departments and the disability evaluation sys-
21 tem of the Department of Veterans Affairs into a
22 single disability evaluation system. The report shall
23 be submitted together with the report required by
24 section 1611a).

1 (2) ELEMENTS.—The report required by para-
2 graph (1) shall include the following:

3 (A) An assessment of the feasibility and
4 advisability of consolidating the disability eval-
5 uation systems described in paragraph (1) as
6 specified in that paragraph.

7 (B) If the consolidation of the systems is
8 considered feasible and advisable—

9 (i) recommendations for various op-
10 tions for consolidating the systems as spec-
11 ified in paragraph (1); and

12 (ii) recommendations for mechanisms
13 to evaluate and assess any progress made
14 in consolidating the systems as specified in
15 that paragraph.

16 **SEC. 1613. RETURN OF RECOVERING SERVICE MEMBERS TO**
17 **ACTIVE DUTY IN THE ARMED FORCES.**

18 The Secretary of Defense shall establish standards
19 for determinations by the military departments on the re-
20 turn of recovering service members to active duty in the
21 Armed Forces.

1 **SEC. 1614. TRANSITION OF RECOVERING SERVICE MEM-**
2 **BERS FROM CARE AND TREATMENT**
3 **THROUGH THE DEPARTMENT OF DEFENSE**
4 **TO CARE, TREATMENT, AND REHABILITATION**
5 **THROUGH THE DEPARTMENT OF VETERANS**
6 **AFFAIRS.**

7 (a) IN GENERAL.—Not later than July 1, 2008, the
8 Secretary of Defense and the Secretary of Veterans Af-
9 fairs shall jointly develop and implement processes, proce-
10 dures, and standards for the transition of recovering serv-
11 ice members from care and treatment through the Depart-
12 ment of Defense to care, treatment, and rehabilitation
13 through the Department of Veterans Affairs.

14 (b) ELEMENTS.—The processes, procedures, and
15 standards required under this section shall include the fol-
16 lowing:

17 (1) Uniform, patient-focused procedures to en-
18 sure that the transition described in subsection (a)
19 occurs without gaps in medical care and in the qual-
20 ity of medical care, benefits, and services.

21 (2) Procedures for the identification and track-
22 ing of recovering service members during the transi-
23 tion, and for the coordination of care and treatment
24 of recovering service members during the transition,
25 including a system of cooperative case management
26 of recovering service members by the Department of

1 Defense and the Department of Veterans Affairs
2 during the transition.

3 (3) Procedures for the notification of Depart-
4 ment of Veterans Affairs liaison personnel of the
5 commencement by recovering service members of the
6 medical evaluation process and the physical dis-
7 ability evaluation process.

8 (4) Procedures and timelines for the enrollment
9 of recovering service members in applicable enroll-
10 ment or application systems of the Department of
11 Veterans with respect to health care, disability, edu-
12 cation, vocational rehabilitation, or other benefits.

13 (5) Procedures to ensure the access of recov-
14 ering service members during the transition to voca-
15 tional, educational, and rehabilitation benefits avail-
16 able through the Department of Veterans Affairs.

17 (6) Standards for the optimal location of De-
18 partment of Defense and Department of Veterans
19 Affairs liaison and case management personnel at
20 military medical treatment facilities, medical centers,
21 and other medical facilities of the Department of
22 Defense.

23 (7) Standards and procedures for integrated
24 medical care and management of recovering service
25 members during the transition, including procedures

1 for the assignment of medical personnel of the De-
2 partment of Veterans Affairs to Department of De-
3 fense facilities to participate in the needs assess-
4 ments of recovering service members before, during,
5 and after their separation from military service.

6 (8) Standards for the preparation of detailed
7 plans for the transition of recovering service mem-
8 bers from care and treatment by the Department of
9 Defense to care, treatment, and rehabilitation by the
10 Department of Veterans Affairs, which plans shall—

11 (A) be based on standardized elements
12 with respect to care and treatment require-
13 ments and other applicable requirements; and

14 (B) take into account the comprehensive
15 recovery plan for the recovering service member
16 concerned as developed under section
17 1611(e)(1).

18 (9) Procedures to ensure that each recovering
19 service member who is being retired or separated
20 under chapter 61 of title 10, United States Code, re-
21 ceives a written transition plan, prior to the time of
22 retirement or separation, that—

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

1 (B) provides for a coordinated transition of
2 the service member from the Department of
3 Defense disability evaluation system to the De-
4 partment of Veterans Affairs disability system;
5 and

6 (C) includes information and guidance de-
7 signed to assist the service member in under-
8 standing and meeting the schedule and mile-
9 stones specified under subparagraph (A) for the
10 service member's transition.

11 (10) Procedures for the transmittal from the
12 Department of Defense to the Department of Vet-
13 erans Affairs of records and any other required in-
14 formation on each recovering service member de-
15 scribed in paragraph (9), which procedures shall
16 provide for the transmission from the Department of
17 Defense to the Department of Veterans Affairs of
18 records and information on the service member as
19 follows:

20 (A) The address and contact information
21 of the service member.

22 (B) The DD-214 discharge form of the
23 service member, which shall be transmitted
24 under such procedures electronically.

1 (C) A copy of the military service record of
2 the service member, including medical records
3 and any results of a physical evaluation board.

4 (D) Information on whether the service
5 member is entitled to transitional health care, a
6 conversion health policy, or other health bene-
7 fits through the Department of Defense under
8 section 1145 of title 10, United States Code.

9 (E) A copy of any request of the service
10 member for assistance in enrolling in, or com-
11 pleted applications for enrollment in, the health
12 care system of the Department of Veterans Af-
13 fairs for health care benefits for which the serv-
14 ice member may be eligible under laws adminis-
15 tered by the Secretary of Veterans Affairs.

16 (F) A copy of any request by the service
17 member for assistance in applying for, or com-
18 pleted applications for, compensation and voca-
19 tional rehabilitation benefits to which the serv-
20 ice member may be entitled under laws admin-
21 istered by the Secretary of Veterans Affairs.

22 (11) A process to ensure that, before trans-
23 mittal of medical records of a recovering service
24 member to the Department of Veterans Affairs, the
25 Secretary of Defense ensures that the service mem-

1 ber (or an individual legally recognized to make
2 medical decisions on behalf of the service member)
3 authorizes the transfer of the medical records of the
4 service member from the Department of Defense to
5 the Department of Veterans Affairs pursuant to the
6 Health Insurance Portability and Accountability Act
7 of 1996.

8 (12) Procedures to ensure that, with the con-
9 sent of the recovering service member concerned, the
10 address and contact information of the service mem-
11 ber is transmitted to the department or agency for
12 veterans affairs of the State in which the service
13 member intends to reside after the retirement or
14 separation of the service member from the Armed
15 Forces.

16 (13) Procedures to ensure that, before the
17 transmittal of records and other information with re-
18 spect to a recovering service member under this sec-
19 tion, a meeting regarding the transmittal of such
20 records and other information occurs among the
21 service member, appropriate family members of the
22 service member, representatives of the Secretary of
23 the military department concerned, and representa-
24 tives of the Secretary of Veterans Affairs, with at
25 least 30 days advance notice of the meeting being

1 given to the service member unless the service mem-
2 ber waives the advance notice requirement in order
3 to accelerate transmission of the service member's
4 records and other information to the Department of
5 Veterans Affairs.

6 (14) Procedures to ensure that the Secretary of
7 Veterans Affairs gives appropriate consideration to a
8 written statement submitted to the Secretary by a
9 recovering service member regarding the transition.

10 (15) Procedures to provide access for the De-
11 partment of Veterans Affairs to the military health
12 records of recovering service members who are re-
13 ceiving care and treatment, or are anticipating re-
14 ceipt of care and treatment, in Department of Vet-
15 erans Affairs health care facilities, which procedures
16 shall be consistent with the procedures and require-
17 ments in paragraphs (11) and (13).

18 (16) A process for the utilization of a joint sep-
19 aration and evaluation physical examination that
20 meets the requirements of both the Department of
21 Defense and the Department of Veterans Affairs in
22 connection with the medical separation or retirement
23 of a recovering service member from military service
24 and for use by the Department of Veterans Affairs
25 in disability evaluations.

1 (17) Procedures for surveys and other mecha-
2 nisms to measure patient and family satisfaction
3 with the provision by the Department of Defense
4 and the Department of Veterans Affairs of care and
5 services for recovering service members, and to fa-
6 cilitate appropriate oversight by supervisory per-
7 sonnel of the provision of such care and services.

8 (18) Procedures to ensure the participation of
9 recovering service members who are members of the
10 National Guard or Reserve in the Benefits Delivery
11 at Discharge Program, including procedures to en-
12 sure that, to the maximum extent feasible, services
13 under the Benefits Delivery at Discharge Program
14 are provided to recovering service members at—

15 (A) appropriate military installations;

16 (B) appropriate armories and military fam-
17 ily support centers of the National Guard;

18 (C) appropriate military medical care fa-
19 cilities at which members of the Armed Forces
20 are separated or discharged from the Armed
21 Forces; and

22 (D) in the case of a member on the tem-
23 porary disability retired list under section 1202
24 or 1205 of title 10, United States Code, who is
25 being retired under another provision of such

1 title or is being discharged, at a location rea-
2 sonably convenient to the member.

3 **SEC. 1615. REPORTS.**

4 (a) REPORT ON POLICY.—Upon the development of
5 the policy required by subsection (a) of section 1611 but
6 not later than July 1, 2008, the Secretary of Defense and
7 the Secretary of Veterans Affairs shall jointly submit to
8 the appropriate committees of Congress a report on the
9 policy, including a comprehensive and detailed description
10 of the policy and of the manner in which the policy ad-
11 dresses the detailed elements of the policy specified in sub-
12 sections (d) through (h) of section 1611, and the findings
13 and recommendations of the reviews under subsections (b)
14 and (c) of section 1611.

15 (b) INTERIM REPORT ON POLICY.—Not later than
16 February 1, 2008, the Secretary of Defense and the Sec-
17 retary of Veterans Affairs shall jointly submit to the ap-
18 propriate committees of Congress an interim report on the
19 policy, which shall include a comprehensive and detailed
20 description of the matters specified in subsection (a) cur-
21 rent as of the date of such interim report.

22 (c) REPORT ON UPDATE OF POLICY.—Upon updat-
23 ing the policy under section 1611(a)(4), the Secretary of
24 Defense and the Secretary of Veterans Affairs shall jointly
25 submit to the appropriate committees of Congress a report

1 on the update of the policy, including a comprehensive and
2 detailed description of such update and of the reasons for
3 such update.

4 (d) COMPTROLLER GENERAL ASSESSMENT OF IM-
5 PLEMENTATION OF POLICY.—

6 (1) IN GENERAL.—Not later than six months
7 after the date of the enactment of this Act and every
8 year thereafter through 2010, the Comptroller Gen-
9 eral of the United States shall submit to the appro-
10 priate committees of Congress a report setting forth
11 the assessment of the Comptroller General of the
12 progress of the Secretary of Defense and the Sec-
13 retary of Veterans Affairs in developing and imple-
14 menting the policy required by section 1611(a).
15 Each report shall include a certification by the
16 Comptroller General as to whether the Comptroller
17 General has had timely access to sufficient informa-
18 tion to enable the Comptroller General to make in-
19 formed judgments on the matters covered by the re-
20 port.

21 (2) ACCESS INFORMATION.—The Secretary of
22 Defense and the Secretary of Veterans Affairs shall
23 facilitate the ability of the Comptroller General to
24 conduct any review required for a report under this
25 subsection within the time period required for such

1 report, including prompt and complete access to
2 such information as the Comptroller General con-
3 siders necessary to perform such review.

4 (e) REPORT ON REDUCTION IN DISABILITY RATINGS
5 BY THE DEPARTMENT OF DEFENSE.—Not later than
6 February 1, 2009, the Secretary of Defense shall submit
7 to the Committees on Armed Services of the Senate and
8 House of Representatives a report on the number of in-
9 stances during the period beginning on October 7, 2001,
10 and ending on September 30, 2006, in which a disability
11 rating assigned to a member of the Armed Forces by an
12 informal physical evaluation board of the Department of
13 Defense was reduced upon appeal, and the reasons for
14 such reduction.

15 **SEC. 1616. ESTABLISHMENT OF A WOUNDED WARRIOR RE-**
16 **SOURCE CENTER.**

17 (a) ESTABLISHMENT.—The Secretary of Defense
18 shall establish a wounded warrior resource center (in this
19 section referred to as the “center”) to provide wounded
20 warriors, their families, and their primary caregivers with
21 a single point of contact for assistance with reporting defi-
22 ciencies in covered military facilities, obtaining health care
23 services, receiving benefits information, and any other dif-
24 ficulties encountered while supporting wounded warriors.
25 The Secretary shall widely disseminate information re-

1 garding the existence and availability of the center, includ-
2 ing contact information, to members of the Armed Forces
3 and their dependents. In carrying out this subsection, the
4 Secretary may use existing infrastructure and organiza-
5 tions but shall ensure that the center has the ability to
6 separately keep track of calls from wounded warriors.

7 (b) ACCESS.—The center shall provide multiple meth-
8 ods of access, including at a minimum an Internet website
9 and a toll-free telephone number (commonly referred to
10 as a “hot line”) at which personnel are accessible at all
11 times to receive reports of deficiencies or provide informa-
12 tion about covered military facilities, health care services,
13 or military benefits.

14 (c) CONFIDENTIALITY.—

15 (1) NOTIFICATION.—Individuals who seek to
16 provide information through the center under sub-
17 section (a) shall be notified, immediately before they
18 provide such information, of their option to elect, at
19 their discretion, to have their identity remain con-
20 fidential.

21 (2) PROHIBITION ON FURTHER DISCLOSURE.—

22 In the case of information provided through use of
23 the toll-free telephone number by an individual who
24 elects to maintain the confidentiality of his or her
25 identity, any individual who, by necessity, has had

1 access to such information for purposes of inves-
2 tigating or responding to the call as required under
3 subsection (d) may not disclose the identity of the
4 individual who provided the information.

5 (d) FUNCTIONS.—The center shall perform the fol-
6 lowing functions:

7 (1) CALL TRACKING.—The center shall be re-
8 sponsible for documenting receipt of a call, referring
9 the call to the appropriate office within a military
10 department for answer or investigation, and tracking
11 the formulation and notification of the response to
12 the call.

13 (2) INVESTIGATION AND RESPONSE.—The cen-
14 ter shall be responsible for ensuring that, not later
15 than 96 hours after a call—

16 (A) if a report of deficiencies is received in
17 a call—

18 (i) any deficiencies referred to in the
19 call are investigated;

20 (ii) if substantiated, a plan of action
21 for remediation of the deficiencies is devel-
22 oped and implemented; and

23 (iii) if requested, the individual who
24 made the report is notified of the current
25 status of the report; or

1 (B) if a request for information is received
2 in a call—

3 (i) the information requested by the
4 caller is provided by the center;

5 (ii) all requests for information from
6 the call are referred to the appropriate of-
7 fice or offices of a military department for
8 response; and

9 (iii) the individual who made the re-
10 port is notified, at a minimum, of the cur-
11 rent status of the query.

12 (3) FINAL NOTIFICATION.—The center shall be
13 responsible for ensuring that, if requested, the caller
14 is notified when the deficiency has been corrected or
15 when the request for information has been fulfilled
16 to the maximum extent practicable, as determined
17 by the Secretary.

18 (e) DEFINITIONS.—In this section:

19 (1) COVERED MILITARY FACILITY.—The term
20 “covered military facility” has the meaning provided
21 in section 1648(b) of this Act.

22 (2) CALL.—The term “call” means any query
23 or report that is received by the center by means of
24 the toll-free telephone number or other source.

25 (f) EFFECTIVE DATES.—

1 is being made, means the Senators representing the State,
2 and the Member, Delegate, or Resident Commissioner of
3 the House of Representatives representing the district,
4 that includes the member's home of record or a different
5 location as provided by the member.

6 “(c) CONSENT OF MEMBER REQUIRED.—The notifi-
7 cation under subsection (a) may be provided only with the
8 consent of the member of the armed forces about whom
9 notification is to be made. In the case of a member who
10 is unable to provide consent, information and consent may
11 be provided by next of kin.”.

12 (2) EFFECTIVE DATE.—The notification re-
13 quirement under section 1074l(a) of title 10, United
14 States Code, as added by paragraph (1), shall apply
15 beginning 60 days after the date of the enactment
16 of this Act.

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

“1074l. Notification to Congress of hospitalization of combat wounded mem-
bers.”.

1 **SEC. 1618. COMPREHENSIVE PLAN ON PREVENTION, DIAG-**
2 **NOSIS, MITIGATION, TREATMENT, AND REHA-**
3 **BILITATION OF, AND RESEARCH ON, TRAU-**
4 **MATIC BRAIN INJURY, POST-TRAUMATIC**
5 **STRESS DISORDER, AND OTHER MENTAL**
6 **HEALTH CONDITIONS IN MEMBERS OF THE**
7 **ARMED FORCES.**

8 (a) COMPREHENSIVE STATEMENT OF POLICY.—The
9 Secretary of Defense and the Secretary of Veterans Af-
10 fairs shall direct joint planning among the Department of
11 Defense, the military departments, and the Department
12 of Veterans Affairs for the prevention, diagnosis, mitiga-
13 tion, treatment, and rehabilitation of, and research on,
14 traumatic brain injury, post-traumatic stress disorder, and
15 other mental health conditions in members of the Armed
16 Forces, including planning for the seamless transition of
17 such members from care through the Department of De-
18 fense to care through the Department of Veterans Affairs.

19 (b) COMPREHENSIVE PLAN REQUIRED.—Not later
20 than 180 days after the date of the enactment of this Act,
21 the Secretary of Defense shall, in consultation with the
22 Secretary of Veterans Affairs, submit to the congressional
23 defense committees a comprehensive plan for programs
24 and activities of the Department of Defense to prevent,
25 diagnose, mitigate, treat, research, and otherwise respond
26 to traumatic brain injury, post-traumatic stress disorder,

1 and other mental health conditions in members of the
2 Armed Forces, including—

3 (1) an assessment of the current capabilities of
4 the Department for the prevention, diagnosis, miti-
5 gation, treatment, and rehabilitation of, and re-
6 search on, traumatic brain injury, post-traumatic
7 stress disorder, and other mental health conditions
8 in members of the Armed Forces;

9 (2) the identification of gaps in current capa-
10 bilities of the Department for the prevention, diag-
11 nosis, mitigation, treatment, and rehabilitation of,
12 and research on, traumatic brain injury, post-trau-
13 matic stress disorder, and other mental health condi-
14 tions in members of the Armed Forces; and

15 (3) the identification of the resources required
16 for the Department in fiscal years 2009 through
17 2013 to address the gaps in capabilities identified
18 under paragraph (2).

19 (c) PROGRAM REQUIRED.—One of the programs con-
20 tained in the comprehensive plan submitted under sub-
21 section (b) shall be a Department of Defense program, de-
22 veloped in collaboration with the Department of Veterans
23 Affairs, under which each member of the Armed Forces
24 who incurs a traumatic brain injury or post-traumatic
25 stress disorder during service in the Armed Forces—

1 (1) is enrolled in the program; and

2 (2) receives treatment and rehabilitation meet-
3 ing a standard of care such that each individual who
4 qualifies for care under the program shall—

5 (A) be provided the highest quality, evi-
6 dence-based care in facilities that most appro-
7 priately meet the specific needs of the indi-
8 vidual; and

9 (B) be rehabilitated to the fullest extent
10 possible using up-to-date evidence-based med-
11 ical technology, and physical and medical reha-
12 bilitation practices and expertise.

13 (d) PROVISION OF INFORMATION REQUIRED.—The
14 comprehensive plan submitted under subsection (b) shall
15 require the provision of information by the Secretary of
16 Defense to members of the Armed Forces with traumatic
17 brain injury, post-traumatic stress disorder, or other men-
18 tal health conditions and their families about their options
19 with respect to the following:

20 (1) The receipt of medical and mental health
21 care from the Department of Defense and the De-
22 partment of Veterans Affairs.

23 (2) Additional options available to such mem-
24 bers for treatment and rehabilitation of traumatic

1 brain injury, post-traumatic stress disorder, and
2 other mental health conditions.

3 (3) The options available, including obtaining a
4 second opinion, to such members for a referral to an
5 authorized provider under chapter 55 of title 10,
6 United States Code, as determined under regulations
7 prescribed by the Secretary of Defense.

8 (e) ADDITIONAL ELEMENTS OF PLAN.—The com-
9 prehensive plan submitted under subsection (b) shall in-
10 clude comprehensive proposals of the Department on the
11 following:

12 (1) LEAD AGENT.—The designation by the Sec-
13 retary of Defense of a lead agent or executive agent
14 for the Department to coordinate development and
15 implementation of the plan.

16 (2) DETECTION AND TREATMENT.—The im-
17 provement of methods and mechanisms for the de-
18 tection and treatment of traumatic brain injury,
19 post-traumatic stress disorder, and other mental
20 health conditions in members of the Armed Forces
21 in the field.

22 (3) REDUCTION OF PTSD.—The development of
23 a plan for reducing post traumatic stress disorder,
24 incorporating evidence-based preventive and early-
25 intervention measures, practices, or procedures that

1 reduce the likelihood that personnel in combat will
2 develop post-traumatic stress disorder or other
3 stress-related conditions (including substance abuse
4 conditions) into—

5 (A) basic and pre-deployment training for
6 enlisted members of the Armed Forces, non-
7 commissioned officers, and officers;

8 (B) combat theater operations; and

9 (C) post-deployment service.

10 (4) RESEARCH.—Requirements for research on
11 traumatic brain injury, post-traumatic stress dis-
12 order, and other mental health conditions including
13 (in particular) research on pharmacological and
14 other approaches to treatment for traumatic brain
15 injury, post-traumatic stress disorder, or other men-
16 tal health conditions, as applicable, and the alloca-
17 tion of priorities among such research.

18 (5) DIAGNOSTIC CRITERIA.—The development,
19 adoption, and deployment of joint Department of
20 Defense-Department of Veterans Affairs evidence-
21 based diagnostic criteria for the detection and eval-
22 uation of the range of traumatic brain injury, post-
23 traumatic stress disorder, and other mental health
24 conditions in members of the Armed Forces, which
25 criteria shall be employed uniformly across the mili-

1 tary departments in all applicable circumstances, in-
2 cluding provision of clinical care and assessment of
3 future deployability of members of the Armed
4 Forces.

5 (6) ASSESSMENT.—The development and de-
6 ployment of evidence-based means of assessing trau-
7 matic brain injury, post-traumatic stress disorder,
8 and other mental health conditions in members of
9 the Armed Forces, including a system of pre-deploy-
10 ment and post-deployment screenings of cognitive
11 ability in members for the detection of cognitive im-
12 pairment.

13 (7) MANAGING AND MONITORING.—The devel-
14 opment and deployment of effective means of man-
15 aging and monitoring members of the Armed Forces
16 with traumatic brain injury, post-traumatic stress
17 disorder, or other mental health conditions in the re-
18 ceipt of care for traumatic brain injury, post-trau-
19 matic stress disorder, or other mental health condi-
20 tions, as applicable, including the monitoring and as-
21 sessment of treatment and outcomes.

22 (8) EDUCATION AND AWARENESS.—The devel-
23 opment and deployment of an education and aware-
24 ness training initiative designed to reduce the nega-
25 tive stigma associated with traumatic brain injury,

1 post-traumatic stress disorder, and other mental
2 health conditions, and mental health treatment.

3 (9) EDUCATION AND OUTREACH.—The provi-
4 sion of education and outreach to families of mem-
5 bers of the Armed Forces with traumatic brain in-
6 jury, post-traumatic stress disorder, or other mental
7 health conditions on a range of matters relating to
8 traumatic brain injury, post-traumatic stress dis-
9 order, or other mental health conditions, as applica-
10 ble, including detection, mitigation, and treatment.

11 (10) RECORDING OF BLASTS.—A requirement
12 that exposure to a blast or blasts be recorded in the
13 records of members of the Armed Forces.

14 (11) GUIDELINES FOR BLAST INJURIES.—The
15 development of clinical practice guidelines for the di-
16 agnosis and treatment of blast injuries in members
17 of the Armed Forces, including, but not limited to,
18 traumatic brain injury.

19 (12) GENDER- AND ETHNIC GROUP-SPECIFIC
20 SERVICES AND TREATMENT.—The development of
21 requirements, as appropriate, for gender- and ethnic
22 group-specific medical care services and treatment
23 for members of the Armed Forces who experience
24 mental health problems and conditions, including
25 post-traumatic stress disorder, with specific regard

1 to the availability of, access to, and research and de-
2 velopment requirements of such needs.

3 (f) COORDINATION IN DEVELOPMENT.—The com-
4 prehensive plan submitted under subsection (b) shall be
5 developed in coordination with the Secretary of the Army
6 (who was designated by the Secretary of Defense as execu-
7 tive agent for the prevention, mitigation, and treatment
8 of blast injuries under section 256 of the National Defense
9 Authorization Act for Fiscal Year 2006 (Public Law 109–
10 163; 119 Stat. 3181; 10 U.S.C. 1071 note)).

11 **Subtitle B—Centers of Excellence**
12 **in the Prevention, Diagnosis,**
13 **Mitigation, Treatment, and Re-**
14 **habilitation of Traumatic Brain**
15 **Injury, Post-Traumatic Stress**
16 **Disorder, and Eye Injuries**

17 **SEC. 1621. CENTER OF EXCELLENCE IN THE PREVENTION,**
18 **DIAGNOSIS, MITIGATION, TREATMENT, AND**
19 **REHABILITATION OF TRAUMATIC BRAIN IN-**
20 **JURY.**

21 (a) IN GENERAL.—The Secretary of Defense shall es-
22 tablish within the Department of Defense a center of ex-
23 cellence in the prevention, diagnosis, mitigation, treat-
24 ment, and rehabilitation of traumatic brain injury, includ-

1 ing mild, moderate, and severe traumatic brain injury, to
2 carry out the responsibilities specified in subsection (c).

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

9 (c) RESPONSIBILITIES.—The Center shall have re-
10 sponsibilities as follows:

11 (1) To implement the comprehensive plan and
12 strategy for the Department of Defense, required by
13 section 1618 of this Act, for the prevention, diag-
14 nosis, mitigation, treatment, and rehabilitation of
15 traumatic brain injury, including research on gender
16 and ethnic group-specific health needs related to
17 traumatic brain injury.

18 (2) To provide for the development, testing, and
19 dissemination within the Department of best prac-
20 tices for the treatment of traumatic brain injury.

21 (3) To provide guidance for the mental health
22 system of the Department in determining the mental
23 health and neurological health personnel required to
24 provide quality mental health care for members of
25 the Armed Forces with traumatic brain injury.

1 (4) To establish, implement, and oversee a com-
2 prehensive program to train mental health and neu-
3 rological health professionals of the Department in
4 the treatment of traumatic brain injury.

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

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

13 (7) To conduct basic science and translational
14 research on traumatic brain injury for the purposes
15 of understanding the etiology of traumatic brain in-
16 jury and developing preventive interventions and new
17 treatments.

18 (8) To develop programs and outreach strate-
19 gies for families of members of the Armed Forces
20 with traumatic brain injury in order to mitigate the
21 negative impacts of traumatic brain injury on such
22 family members and to support the recovery of such
23 members from traumatic brain injury.

24 (9) To conduct research on the mental health
25 needs of families of members of the Armed Forces

1 with traumatic brain injury and develop protocols to
2 address any needs identified through such research.

3 (10) To conduct longitudinal studies (using im-
4 aging technology and other proven research meth-
5 ods) on members of the Armed Forces with trau-
6 matic brain injury to identify early signs of Alz-
7 heimer's disease, Parkinson's disease, or other mani-
8 festations of neurodegeneration, as well as epilepsy,
9 in such members, in coordination with the studies
10 authorized by section 721 of the John Warner Na-
11 tional Defense Authorization Act for Fiscal Year
12 2007 (Public Law 109-364; 120 Stat. 2294) and
13 other studies of the Department of Defense and the
14 Department of Veterans Affairs that address the
15 connection between exposure to combat and the de-
16 velopment of Alzheimer's disease, Parkinson's dis-
17 ease, and other neurodegenerative disorders, as well
18 as epilepsy.

19 (11) To develop and oversee a long-term plan to
20 increase the number of mental health and neuro-
21 logical health professionals within the Department in
22 order to facilitate the meeting by the Department of
23 the needs of members of the Armed Forces with
24 traumatic brain injury until their transition to care

1 and treatment from the Department of Veterans Af-
2 fairs.

3 (12) To develop a program on comprehensive
4 pain management, including management of acute
5 and chronic pain, to utilize current and develop new
6 treatments for pain, and to identify and disseminate
7 best practices on pain management related to trau-
8 matic brain injury.

9 (13) Such other responsibilities as the Secretary
10 shall specify.

11 **SEC. 1622. CENTER OF EXCELLENCE IN PREVENTION, DIAG-**
12 **NOSIS, MITIGATION, TREATMENT, AND REHA-**
13 **BILITATION OF POST-TRAUMATIC STRESS**
14 **DISORDER AND OTHER MENTAL HEALTH**
15 **CONDITIONS.**

16 (a) IN GENERAL.—The Secretary of Defense shall es-
17 tablish within the Department of Defense a center of ex-
18 cellence in the prevention, diagnosis, mitigation, treat-
19 ment, and rehabilitation of post-traumatic stress disorder
20 (PTSD) and other mental health conditions, including
21 mild, moderate, and severe post-traumatic stress disorder
22 and other mental health conditions, to carry out the re-
23 sponsibilities specified in subsection (c).

24 (b) PARTNERSHIPS.—The Secretary shall ensure that
25 the center collaborates to the maximum extent practicable

1 with the National Center on Post-Traumatic Stress Dis-
2 order of the Department of Veterans Affairs, institutions
3 of higher education, and other appropriate public and pri-
4 vate entities (including international entities) to carry out
5 the responsibilities specified in subsection (c).

6 (c) RESPONSIBILITIES.—The center shall have re-
7 sponsibilities as follows:

8 (1) To implement the comprehensive plan and
9 strategy for the Department of Defense, required by
10 section 1618 of this Act, for the prevention, diag-
11 nosis, mitigation, treatment, and rehabilitation of
12 post-traumatic stress disorder and other mental
13 health conditions, including research on gender- and
14 ethnic group-specific health needs related to of post-
15 traumatic stress disorder and other mental health
16 conditions.

17 (2) To provide for the development, testing, and
18 dissemination within the Department of best prac-
19 tices for the treatment of post-traumatic stress dis-
20 order.

21 (3) To provide guidance for the mental health
22 system of the Department in determining the mental
23 health and neurological health personnel required to
24 provide quality mental health care for members of

1 the Armed Forces with post-traumatic stress dis-
2 order and other mental health conditions.

3 (4) To establish, implement, and oversee a com-
4 prehensive program to train mental health and neu-
5 rological health professionals of the Department in
6 the treatment of post-traumatic stress disorder and
7 other mental health conditions.

8 (5) To facilitate advancements in the study of
9 the short-term and long-term psychological effects of
10 post-traumatic stress disorder and other mental
11 health conditions.

12 (6) To disseminate within the military medical
13 treatment facilities of the Department best practices
14 for training mental health professionals, including
15 neurological health professionals, with respect to
16 post-traumatic stress disorder and other mental
17 health conditions.

18 (7) To conduct basic science and translational
19 research on post-traumatic stress disorder for the
20 purposes of understanding the etiology of post-trau-
21 matic stress disorder and developing preventive
22 interventions and new treatments.

23 (8) To develop programs and outreach strate-
24 gies for families of members of the Armed Forces
25 with post-traumatic stress disorder and other mental

1 health conditions in order to mitigate the negative
2 impacts of post-traumatic stress disorder and other
3 mental health conditions on such family members
4 and to support the recovery of such members from
5 post-traumatic stress disorder and other mental
6 health conditions.

7 (9) To conduct research on the mental health
8 needs of families of members of the Armed Forces
9 with post-traumatic stress disorder and other mental
10 health conditions and develop protocols to address
11 any needs identified through such research.

12 (10) To develop and oversee a long-term plan to
13 increase the number of mental health and neuro-
14 logical health professionals within the Department in
15 order to facilitate the meeting by the Department of
16 the needs of members of the Armed Forces with
17 post-traumatic stress disorder and other mental
18 health conditions until their transition to care and
19 treatment from the Department of Veterans Affairs.

20 **SEC. 1623. CENTER OF EXCELLENCE IN PREVENTION, DIAG-**
21 **NOSIS, MITIGATION, TREATMENT, AND REHA-**
22 **BILITATION OF MILITARY EYE INJURIES.**

23 (a) IN GENERAL.—The Secretary of Defense shall es-
24 tablish within the Department of Defense a center of ex-
25 cellence in the prevention, diagnosis, mitigation, treat-

1 ment, and rehabilitation of military eye injuries to carry
2 out the responsibilities specified in subsection (c).

3 (b) PARTNERSHIPS.—The Secretary shall ensure that
4 the center collaborates to the maximum extent practicable
5 with the Secretary of Veterans Affairs, institutions of
6 higher education, and other appropriate public and private
7 entities (including international entities) to carry out the
8 responsibilities specified in subsection (c).

9 (c) RESPONSIBILITIES.—

10 (1) IN GENERAL.—The center shall—

11 (A) implement a comprehensive plan and
12 strategy for the Department of Defense, as de-
13 veloped by the Secretary of Defense, for a reg-
14 istry of information for the tracking of the di-
15 agnosis, surgical intervention or other operative
16 procedure, other treatment, and follow up for
17 each case of significant eye injury incurred by
18 a member of the Armed Forces while serving on
19 active duty;

20 (B) ensure the electronic exchange with
21 the Secretary of Veterans Affairs of information
22 obtained through tracking under subparagraph
23 (A); and

24 (C) enable the Secretary of Veterans Af-
25 fairs to access the registry and add information

1 pertaining to additional treatments or surgical
2 procedures and eventual visual outcomes for
3 veterans who were entered into the registry and
4 subsequently received treatment through the
5 Veterans Health Administration.

6 (2) DESIGNATION OF REGISTRY.—The registry
7 under this subsection shall be known as the “Mili-
8 tary Eye Injury Registry” (hereinafter referred to as
9 the “Registry”).

10 (3) CONSULTATION IN DEVELOPMENT.—The
11 center shall develop the Registry in consultation with
12 the ophthalmological specialist personnel and opto-
13 metric specialist personnel of the Department of De-
14 fense and the ophthalmological specialist personnel
15 and optometric specialist personnel of the Depart-
16 ment of Veterans Affairs. The mechanisms and pro-
17 cedures of the Registry shall reflect applicable expert
18 research on military and other eye injuries.

19 (4) MECHANISMS.—The mechanisms of the
20 Registry for tracking under paragraph (1)(A) shall
21 ensure that each military medical treatment facility
22 or other medical facility shall submit to the center
23 for inclusion in the Registry information on the di-
24 agnosis, surgical intervention or other operative pro-
25 cedure, other treatment, and follow up for each case

1 of eye injury described in that paragraph as follows
2 (to the extent applicable):

3 (A) Not later than 30 days after surgery
4 or other operative intervention, including a sur-
5 gery or other operative intervention carried out
6 as a result of a follow-up examination.

7 (B) Not later than 180 days after the sig-
8 nificant eye injury is reported or recorded in
9 the medical record.

10 (5) COORDINATION OF CARE AND BENEFITS.—

11 (A) The center shall provide notice to the Blind Re-
12 habilitation Service of the Department of Veterans
13 Affairs and to the eye care services of the Veterans
14 Health Administration on each member of the
15 Armed Forces described in subparagraph (B) for
16 purposes of ensuring the coordination of the provi-
17 sion of ongoing eye care and visual rehabilitation
18 benefits and services by the Department of Veterans
19 Affairs after the separation or release of such mem-
20 ber from the Armed Forces.

21 (B) A member of the Armed Forces described
22 in this subparagraph is a member of the Armed
23 Forces as follows:

24 (i) A member with a significant eye injury
25 incurred while serving on active duty, including

1 a member with visual dysfunction related to
2 traumatic brain injury.

3 (ii) A member with an eye injury incurred
4 while serving on active duty who has a visual
5 acuity of 20/200 or less in the injured eye.

6 (iii) A member with an eye injury incurred
7 while serving on active duty who has a loss of
8 peripheral vision resulting in twenty degrees or
9 less of visual field in the injured eye.

10 (d) UTILIZATION OF REGISTRY INFORMATION.—The
11 Secretary of Defense and the Secretary of Veterans Af-
12 fairs shall jointly ensure that information in the Registry
13 is available to appropriate ophthalmological and opto-
14 metric personnel of the Department of Defense and the
15 Department of Veterans Affairs for purposes of encour-
16 aging and facilitating the conduct of research, and the de-
17 velopment of best practices and clinical education, on eye
18 injuries incurred by members of the Armed Forces in com-
19 bat.

20 (e) INCLUSION OF RECORDS OF OIF/OEF VET-
21 ERANS.—The Secretary of Defense shall take appropriate
22 actions to include in the Registry such records of members
23 of the Armed Forces who incurred an eye injury while
24 serving on active duty on or after September 11, 2001,

1 but before the establishment of the Registry, as the Sec-
2 retary considers appropriate for purposes of the Registry.

3 (d) TRAUMATIC BRAIN INJURY POST TRAUMATIC
4 VISUAL SYNDROME.—In carrying out the program at
5 Walter Reed Army Medical Center, District of Columbia,
6 on traumatic brain injury post traumatic visual syndrome,
7 the Secretary of Defense and the Department of Veterans
8 Affairs shall jointly provide for the conduct of a coopera-
9 tive program for members of the Armed Forces and vet-
10 erans with traumatic brain injury by military medical
11 treatment facilities of the Department of Defense and
12 medical centers of the Department of Veterans Affairs se-
13 lected for purposes of this subsection for purposes of vi-
14 sion screening, diagnosis, rehabilitative management, and
15 vision research, including research on prevention, on visual
16 dysfunction related to traumatic brain injury.

17 **SEC. 1624. REPORT ON ESTABLISHMENT OF CENTERS OF**
18 **EXCELLENCE.**

19 (a) IN GENERAL.—Not later than 180 days after the
20 date of the enactment of this Act, the Secretary of Defense
21 shall submit to Congress a report on—

22 (1) the establishment of the center of excellence
23 in prevention, diagnosis, mitigation, treatment, and
24 rehabilitation of traumatic brain injury under sec-
25 tion 1621;

1 retary may authorize that any former member of the
2 Armed Forces with a serious injury or illness may
3 receive the same medical and dental care as a mem-
4 ber of the Armed Forces on active duty for medical
5 and dental care not reasonably available to such
6 former member in the Department of Veterans Af-
7 fairs.

8 (2) SUNSET.—The Secretary of Defense may
9 not provide medical or dental care to a former mem-
10 ber of the Armed Forces under this subsection after
11 December 31, 2012, if the Secretary has not pro-
12 vided medical or dental care to the former member
13 under this subsection before that date.

14 (b) REHABILITATION AND VOCATIONAL BENEFITS.—

15 (1) IN GENERAL.—Effective as of the date of
16 the enactment of this Act, a member of the Armed
17 Forces with a severe injury or illness is entitled to
18 such benefits (including rehabilitation and vocational
19 benefits, but not including compensation) from the
20 Secretary of Veterans Affairs to facilitate the recov-
21 ery and rehabilitation of such member as the Sec-
22 retary otherwise provides to veterans of the Armed
23 Forces receiving medical care in medical facilities of
24 the Department of Veterans Affairs facilities in

1 order to facilitate the recovery and rehabilitation of
2 such members.

3 (2) SUNSET.—The Secretary of Veterans Af-
4 fairs may not provide benefits to a member of the
5 Armed Forces under this subsection after December
6 31, 2012, if the Secretary has not provided benefits
7 to the member under this subsection before that
8 date.

9 **SEC. 1632. REIMBURSEMENT OF TRAVEL EXPENSES OF RE-**
10 **TIRED MEMBERS WITH COMBAT-RELATED**
11 **DISABILITIES FOR FOLLOW-ON SPECIALTY**
12 **CARE, SERVICES, AND SUPPLIES.**

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

15 (1) by redesignating subsection (b) as sub-
16 section (c); and

17 (2) by inserting after subsection (a) the fol-
18 lowing new subsection (b):

19 “(b) OUTREACH PROGRAM AND TRAVEL REIM-
20 BURSEMENT FOR FOLLOW-ON SPECIALTY CARE AND RE-
21 LATED SERVICES.—The Secretary concerned shall ensure
22 that an outreach program is implemented for each mem-
23 ber of the uniformed services who incurred a combat-re-
24 lated disability and is entitled to retired or retainer pay,
25 or equivalent pay, so that—

1 “(1) the progress of the member is closely mon-
2 itored; and

3 “(2) the member receives the travel reimburse-
4 ment authorized by subsection (a) whenever the
5 member requires follow-on specialty care, services, or
6 supplies.”.

7 (b) COMBAT-RELATED DISABILITY DEFINED.—Sub-
8 section (c) of such section, as redesignated by subsection
9 (a)(1), is amended by adding at the end the following new
10 paragraph:

11 “(3) The term ‘combat-related disability’ has
12 the meaning given that term in section 1413a of this
13 title.”.

14 (c) EFFECTIVE DATE.—Subsection (b) of section
15 1074i of title 10, United States Code, as added by sub-
16 section (a)(2), shall apply with respect to travel described
17 in subsection (a) of such section that occurs on or after
18 January 1, 2008, for follow-on specialty care, services, or
19 supplies.

1 **SEC. 1633. RESPITE CARE AND OTHER EXTENDED CARE**
2 **BENEFITS FOR MEMBERS OF THE UNI-**
3 **FORMED SERVICES WHO INCUR A SERIOUS**
4 **INJURY OR ILLNESS ON ACTIVE DUTY.**

5 (a) IN GENERAL.—Section 1074(c) of title 10,
6 United States Code, is amended by adding at the end the
7 following new paragraph:

8 “(4)(A) Subject to such terms and conditions as the
9 Secretary of Defense considers appropriate, coverage com-
10 parable to that provided by the Secretary under sub-
11 sections (d) and (e) of section 1079 of this title shall be
12 provided under this subsection to members of the uni-
13 formed services who incur a serious injury or illness on
14 active duty as defined by regulations prescribed by the
15 Secretary.

16 “(B) The Secretary of Defense shall prescribe in reg-
17 ulations—

18 “(i) the individuals who shall be treated as the
19 primary caregivers of a member of the uniformed
20 services for purposes of this paragraph; and

21 “(ii) the definition of serious injury or illness
22 for the purposes of this paragraph.”.

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

1 **SEC. 1634. REPORTS.**

2 (a) REPORTS ON IMPLEMENTATION OF CERTAIN RE-
3 QUIREMENTS.—Not later than 90 days after the date of
4 the enactment of this Act, the Secretary of Defense shall
5 submit to the congressional defense committees a report
6 describing the progress in implementing the requirements
7 as follows:

8 (1) The requirements of section 721 of the
9 John Warner National Defense Authorization Act
10 for Fiscal Year 2007 (Public Law 109–364; 120
11 Stat. 2294), relating to a longitudinal study on trau-
12 matic brain injury incurred by members of the
13 Armed Forces in Operation Iraqi Freedom and Op-
14 eration Enduring Freedom.

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

21 (b) ANNUAL REPORTS ON EXPENDITURES FOR AC-
22 TIVITIES ON TBI AND PTSD.—

23 (1) REPORTS REQUIRED.—Not later than
24 March 1, 2008, and each year thereafter through
25 2013, the Secretary of Defense shall submit to the
26 congressional defense committees a report setting

1 forth the amounts expended by the Department of
2 Defense during the preceding calendar year on ac-
3 tivities described in paragraph (2), including the
4 amount allocated during such calendar year to the
5 Defense and Veterans Brain Injury Center of the
6 Department.

7 (2) COVERED ACTIVITIES.—The activities de-
8 scribed in this paragraph are activities as follows:

9 (A) Activities relating to the improved di-
10 agnosis, treatment, and rehabilitation of mem-
11 bers of the Armed Forces with traumatic brain
12 injury (TBI).

13 (B) Activities relating to the improved di-
14 agnosis, treatment, and rehabilitation of mem-
15 bers of the Armed Forces with post-traumatic
16 stress disorder (PTSD).

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

19 (A) a description of the amounts expended
20 as described in that paragraph, including a de-
21 scription of the activities for which expended;

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

24 (C) a statement of priorities of the Depart-
25 ment in activities relating to the prevention, di-

1 agnosis, research, treatment, and rehabilitation
2 of traumatic brain injury in members of the
3 Armed Forces during the year in which such re-
4 port is submitted and in future calendar years;

5 (D) a statement of priorities of the De-
6 partment in activities relating to the prevention,
7 diagnosis, research, treatment, and rehabilita-
8 tion of post-traumatic stress disorder and other
9 mental health conditions in members of the
10 Armed Forces during the year in which such re-
11 port is submitted and in future calendar years;
12 and

13 (E) an assessment of the progress made
14 toward achieving the priorities stated in sub-
15 paragraphs (C) and (D) in the report under
16 paragraph (1) in the previous year, and a de-
17 scription of any actions planned during the year
18 in which such report is submitted to achieve
19 any unfulfilled priorities during such year.

20 **SEC. 1635. FULLY INTEROPERABLE ELECTRONIC PER-**
21 **SONAL HEALTH INFORMATION FOR THE DE-**
22 **PARTMENT OF DEFENSE AND DEPARTMENT**
23 **OF VETERANS AFFAIRS.**

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

1 (1) develop and implement electronic health
2 record systems or capabilities that allow for full
3 interoperability of personal health care information
4 between the Department of Defense and the Depart-
5 ment of Veterans Affairs; and

6 (2) accelerate the exchange of health care infor-
7 mation between the Department of Defense and the
8 Department of Veterans Affairs in order to support
9 the delivery of health care by both Departments.

10 (b) DEPARTMENT OF DEFENSE-DEPARTMENT OF
11 VETERANS AFFAIRS INTERAGENCY PROGRAM OFFICE.—

12 (1) IN GENERAL.—There is hereby established
13 an interagency program office of the Department of
14 Defense and the Department of Veterans Affairs (in
15 this section referred to as the “Office”) for the pur-
16 poses described in paragraph (2).

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

19 (A) To act as a single point of account-
20 ability for the Department of Defense and the
21 Department of Veterans Affairs in the rapid de-
22 velopment and implementation of electronic
23 health record systems or capabilities that allow
24 for full interoperability of personal health care

1 information between the Department of Defense
2 and the Department of Veterans Affairs.

3 (B) To accelerate the exchange of health
4 care information between the Department of
5 Defense and the Department of Veterans Af-
6 fairs in order to support the delivery of health
7 care by both Departments.

8 (c) LEADERSHIP.—

9 (1) DIRECTOR.—The Director of the Office
10 shall be the head of the Office.

11 (2) DEPUTY DIRECTOR.—The Deputy Director
12 of the Office shall be the deputy head of the Office
13 and shall assist the Director in carrying out the du-
14 ties of the Director.

15 (3) APPOINTMENTS.—(A) The Director shall be
16 appointed by the Secretary of Defense, with the con-
17 currence of the Secretary of Veterans Affairs, from
18 among persons who are qualified to direct the devel-
19 opment, acquisition, and integration of major infor-
20 mation technology capabilities.

21 (B) The Deputy Director shall be appointed by
22 the Secretary of Veterans Affairs, with the concur-
23 rence of the Secretary of Defense, from among em-
24 ployees of the Department of Defense and the De-
25 partment of Veterans Affairs in the Senior Execu-

1 tive Service who are qualified to direct the develop-
2 ment, acquisition, and integration of major informa-
3 tion technology capabilities.

4 (4) ADDITIONAL GUIDANCE.—In addition to the
5 direction, supervision, and control provided by the
6 Secretary of Defense and the Secretary of Veterans
7 Affairs, the Office shall also receive guidance from
8 the Department of Veterans Affairs-Department of
9 Defense Joint Executive Committee under section
10 320 of title 38, United States Code, in the discharge
11 of the functions of the Office under this section.

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

17 (d) FUNCTION.—The function of the Office shall be
18 to implement, by not later than September 30, 2009, elec-
19 tronic health record systems or capabilities that allow for
20 full interoperability of personal health care information be-
21 tween the Department of Defense and the Department of
22 Veterans Affairs, which health records shall comply with
23 applicable interoperability standards, implementation
24 specifications, and certification criteria (including for the
25 reporting of quality measures) of the Federal Government.

1 (e) SCHEDULES AND BENCHMARKS.—Not later than
2 30 days after the date of the enactment of this Act, the
3 Secretary of Defense and the Secretary of Veterans Af-
4 fairs shall jointly establish a schedule and benchmarks for
5 the discharge by the Office of its function under this sec-
6 tion, including each of the following:

7 (1) A schedule for the establishment of the Of-
8 fice.

9 (2) A schedule and deadline for the establish-
10 ment of the requirements for electronic health record
11 systems or capabilities described in subsection (d),
12 including coordination with the Office of the Na-
13 tional Coordinator for Health Information Tech-
14 nology in the development of a nationwide interoper-
15 able health information technology infrastructure.

16 (3) A schedule and associated deadlines for any
17 acquisition and testing required in the implementa-
18 tion of electronic health record systems or capabili-
19 ties that allow for full interoperability of personal
20 health care information between the Department of
21 Defense and the Department of Veterans Affairs.

22 (4) A schedule and associated deadlines and re-
23 quirements for the implementation of electronic
24 health record systems or capabilities that allow for
25 full interoperability of personal health care informa-

1 tion between the Department of Defense and the
2 Department of Veterans Affairs.

3 (f) PILOT PROJECTS.—

4 (1) AUTHORITY.—In order to assist the Office
5 in the discharge of its function under this section,
6 the Secretary of Defense and the Secretary of Vet-
7 erans Affairs may, acting jointly, carry out one or
8 more pilot projects to assess the feasibility and ad-
9 visability of various technological approaches to the
10 achievement of the electronic health record systems
11 or capabilities described in subsection (d).

12 (2) SHARING OF PROTECTED HEALTH INFOR-
13 MATION.—For purposes of each pilot project carried
14 out under this subsection, the Secretary of Defense
15 and the Secretary of Veterans Affairs shall, for pur-
16 poses of the regulations promulgated under section
17 264(c) of the Health Insurance Portability and Ac-
18 countability Act of 1996 (42 U.S.C. 1320d–2 note),
19 ensure the effective sharing of protected health in-
20 formation between the health care system of the De-
21 partment of Defense and the health care system of
22 the Department of Veterans Affairs as needed to
23 provide all health care services and other benefits al-
24 lowed by law.

25 (g) STAFF AND OTHER RESOURCES.—

1 (1) IN GENERAL.—The Secretary of Defense
2 and the Secretary of Veterans Affairs shall assign to
3 the Office such personnel and other resources of the
4 Department of Defense and the Department of Vet-
5 erans Affairs as are required for the discharge of its
6 function under this section.

7 (2) ADDITIONAL SERVICES.—Subject to the ap-
8 proval of the Secretary of Defense and the Secretary
9 of Veterans Affairs, the Director may utilize the
10 services of private individuals and entities as con-
11 sultants to the Office in the discharge of its function
12 under this section. Amounts available to the Office
13 shall be available for payment for such services.

14 (h) ANNUAL REPORTS.—

15 (1) IN GENERAL.—Not later than January 1,
16 2009, and each year thereafter through 2014, the
17 Director shall submit to the Secretary of Defense
18 and the Secretary of Veterans Affairs, and to the
19 appropriate committees of Congress, a report on the
20 activities of the Office during the preceding calendar
21 year. Each report shall include, for the year covered
22 by such report, the following:

23 (A) A detailed description of the activities
24 of the Office, including a detailed description of

1 the amounts expended and the purposes for
2 which expended.

3 (B) An assessment of the progress made
4 by the Department of Defense and the Depart-
5 ment of Veterans Affairs in the full implemen-
6 tation of electronic health record systems or ca-
7 pabilities described in subsection (d).

8 (2) AVAILABILITY TO PUBLIC.—The Secretary
9 of Defense and the Secretary of Veterans Affairs
10 shall make available to the public each report sub-
11 mitted under paragraph (1), including by posting
12 such report on the Internet website of the Depart-
13 ment of Defense and the Department of Veterans
14 Affairs, respectively, that is available to the public.

15 (i) COMPTROLLER GENERAL ASSESSMENT OF IM-
16 PLEMENTATION.—Not later than six months after the
17 date of the enactment of this Act and every six months
18 thereafter until the completion of the implementation of
19 electronic health record systems or capabilities described
20 in subsection (d), the Comptroller General of the United
21 States shall submit to the appropriate committees of Con-
22 gress a report setting forth the assessment of the Comp-
23 troller General of the progress of the Department of De-
24 fense and the Department of Veterans Affairs in imple-

1 menting electronic health record systems or capabilities
2 described in subsection (d).

3 **SEC. 1636. ENHANCED PERSONNEL AUTHORITIES FOR THE**
4 **DEPARTMENT OF DEFENSE FOR HEALTH**
5 **CARE PROFESSIONALS FOR CARE AND**
6 **TREATMENT OF WOUNDED AND INJURED**
7 **MEMBERS OF THE ARMED FORCES.**

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

10 **“§ 1599c. Health care professionals: enhanced ap-**
11 **pointment and compensation authority**
12 **for personnel for care and treatment of**
13 **wounded and injured members of the**
14 **armed forces**

15 “(a) IN GENERAL.—The Secretary of Defense may,
16 at the discretion of the Secretary, exercise any authority
17 for the appointment and pay of health care personnel
18 under chapter 74 of title 38 for purposes of the recruit-
19 ment, employment, and retention of civilian health care
20 professionals for the Department of Defense if the Sec-
21 retary determines that the exercise of such authority is
22 necessary in order to provide or enhance the capacity of
23 the Department to provide care and treatment for mem-
24 bers of the armed forces who are wounded or injured on
25 active duty in the armed forces and to support the ongoing

1 patient care and medical readiness, education, and train-
2 ing requirements of the Department of Defense.

3 “(b) RECRUITMENT OF PERSONNEL.—(1) The Secre-
4 taries of the military departments shall each develop and
5 implement a strategy to disseminate among appropriate
6 personnel of the military departments authorities and best
7 practices for the recruitment of medical and health profes-
8 sionals, including the authorities under subsection (a).

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

10 “(A) assess current recruitment policies, proce-
11 dures, and practices of the military department con-
12 cerned to assure that such strategy facilitates the
13 implementation of efficiencies which reduce the time
14 required to fill vacant positions for medical and
15 health professionals; and

16 “(B) clearly identify processes and actions that
17 will be used to inform and educate military and civil-
18 ian personnel responsible for the recruitment of
19 medical and health professionals.

20 “(c) TERMINATION OF AUTHORITY.—The authority
21 of the Secretary of Defense to exercise authorities avail-
22 able under chapter 74 of title 38 for purposes of the re-
23 cruitment, employment, and retention of civilian health
24 care professionals for the Department of Defense expires
25 September 30, 2010.”.

1 (b) CLERICAL AMENDMENT.—The table of sections
2 at the beginning of chapter 81 of such title is amended
3 by striking the item relating to section 1599c and insert-
4 ing the following new item:

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

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

13 **SEC. 1637. CONTINUATION OF TRANSITIONAL HEALTH BEN-**
14 **EFITS FOR MEMBERS OF THE ARMED**
15 **FORCES PENDING RESOLUTION OF SERVICE-**
16 **RELATED MEDICAL CONDITIONS.**

17 Section 1145(a) of title 10, United States Code, is
18 amended—

19 (1) in paragraph (3), by striking “Transitional
20 health care” and inserting “Except as provided in
21 paragraph (6), transitional health care”; and

22 (2) by adding at the end the following new
23 paragraph:

1 **“§ 1216a. Determinations of disability: requirements**
2 **and limitations on determinations**

3 “(a) UTILIZATION OF VA SCHEDULE FOR RATING
4 DISABILITIES IN DETERMINATIONS OF DISABILITY.—(1)

5 In making a determination of disability of a member of
6 the armed forces for purposes of this chapter, the Sec-
7 retary concerned—

8 “(A) shall, to the extent feasible, utilize the
9 schedule for rating disabilities in use by the Depart-
10 ment of Veterans Affairs, including any applicable
11 interpretation of the schedule by the United States
12 Court of Appeals for Veterans Claims; and

13 “(B) except as provided in paragraph (2), may
14 not deviate from the schedule or any such interpreta-
15 tion of the schedule.

16 “(2) In making a determination described in para-
17 graph (1), the Secretary concerned may utilize in lieu of
18 the schedule described in that paragraph such criteria as
19 the Secretary of Defense and the Secretary of Veterans
20 Affairs may jointly prescribe for purposes of this sub-
21 section if the utilization of such criteria will result in a
22 determination of a greater percentage of disability than
23 would be otherwise determined through the utilization of
24 the schedule.

25 “(b) CONSIDERATION OF ALL MEDICAL CONDI-
26 TIONS.—In making a determination of the rating of dis-

1 ability of a member of the armed forces for purposes of
2 this chapter, the Secretary concerned shall take into ac-
3 count all medical conditions, whether individually or collec-
4 tively, that render the member unfit to perform the duties
5 of the member's office, grade, rank, or rating.”.

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

“1216a. Determinations of disability: requirements and limitations on deter-
minations.”.

10 **SEC. 1643. REVIEW OF SEPARATION OF MEMBERS OF THE**
11 **ARMED FORCES SEPARATED FROM SERVICE**
12 **WITH A DISABILITY RATING OF 20 PERCENT**
13 **DISABLED OR LESS.**

14 (a) BOARD REQUIRED.—

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

18 **“§ 1554a. Review of separation with disability rating**
19 **of 20 percent disabled or less**

20 “(a) IN GENERAL.—(1) The Secretary of Defense
21 shall establish within the Office of the Secretary of De-
22 fense a board of review to review the disability determina-
23 tions of covered individuals by Physical Evaluation

1 Boards. The board shall be known as the ‘Physical Dis-
2 ability Board of Review’.

3 “(2) The Physical Disability Board of Review shall
4 consist of not less than three members appointed by the
5 Secretary.

6 “(b) COVERED INDIVIDUALS.—For purposes of this
7 section, covered individuals are members and former mem-
8 bers of the armed forces who, during the period beginning
9 on September 11, 2001, and ending on December 31,
10 2009—

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

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

15 “(c) REVIEW.—(1) Upon the request of a covered in-
16 dividual, or a surviving spouse, next of kin, or legal rep-
17 resentative of a covered individual, the Physical Disability
18 Board of Review shall review the findings and decisions
19 of the Physical Evaluation Board with respect to such cov-
20 ered individual. Subject to paragraph (3), upon its own
21 motion, the Physical Disability Board of Review may re-
22 view the findings and decisions of the Physical Evaluation
23 Board with respect to a covered individual.

24 “(2) The review by the Physical Disability Board of
25 Review under paragraph (1) shall be based on the records

1 of the armed force concerned and such other evidence as
2 may be presented to the Physical Disability Board of Re-
3 view. A witness may present evidence to the Board by affi-
4 davit or by any other means considered acceptable by the
5 Secretary of Defense.

6 “(3) If the Physical Disability Board of Review pro-
7 poses to review, upon its own motion, the findings and
8 decisions of the Physical Evaluation Board with respect
9 to a covered individual, the Physical Disability Board of
10 Review shall notify the covered individual, or a surviving
11 spouse, next of kin, or legal representative of the covered
12 individual, of the proposed review and obtain the consent
13 of the covered individual or a surviving spouse, next of
14 kin, or legal representative of the covered individual before
15 proceeding with the review.

16 “(4) With respect to any review by the Physical Dis-
17 ability Board of Review of the findings and decisions of
18 the Physical Evaluation Board with respect to a covered
19 individual, whether initiated at the request of the covered
20 individual or a surviving spouse, next of kin, or legal rep-
21 resentative of the covered individual or initiated by the
22 Physical Disability Board of Review, the Physical Dis-
23 ability Board of Review shall notify the covered individual
24 or a surviving spouse, next of kin, or legal representative
25 of the covered individual that, as a result of the request

1 or consent, the covered individual or a surviving spouse,
2 next of kin, or legal representative of the covered indi-
3 vidual may not seek relief from the Board for Correction
4 of Military Records operated by the Secretary concerned.

5 “(d) AUTHORIZED RECOMMENDATIONS.—The Phys-
6 ical Disability Board of Review may, as a result of its find-
7 ings under a review under subsection (c), recommend to
8 the Secretary concerned the following (as applicable) with
9 respect to a covered individual:

10 “(1) No recharacterization of the separation of
11 such individual or modification of the disability rat-
12 ing previously assigned such individual.

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

15 “(3) The modification of the disability rating
16 previously assigned such individual by the Physical
17 Evaluation Board concerned, which modified dis-
18 ability rating may not be a reduction of the dis-
19 ability rating previously assigned such individual by
20 that Physical Evaluation Board.

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

23 “(e) CORRECTION OF MILITARY RECORDS.—(1) The
24 Secretary concerned may correct the military records of
25 a covered individual in accordance with a recommendation

1 made by the Physical Disability Board of Review under
2 subsection (d). Any such correction may be made effective
3 as of the effective date of the action taken on the report
4 of the Physical Evaluation Board to which such rec-
5 ommendation relates.

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

15 “(3) If the Physical Disability Board of Review
16 makes a recommendation not to correct the military
17 records of a covered individual, the action taken on the
18 report of the Physical Evaluation Board to which such rec-
19 ommendation relates shall be treated as final as of the
20 date of such action.

21 “(f) REGULATIONS.—(1) This section shall be carried
22 out in accordance with regulations prescribed by the Sec-
23 retary of Defense.

1 “(2) The regulations under paragraph (1) shall speci-
2 fy reasonable deadlines for the performance of reviews re-
3 quired by this section.

4 “(3) The regulations under paragraph (1) shall speci-
5 fy the effect of a determination or pending determination
6 of a Physical Evaluation Board on considerations by
7 boards for correction of military records under section
8 1552 of this title.”.

9 (2) CLERICAL AMENDMENT.—The table of sec-
10 tions at the beginning of chapter 79 of such title is
11 amended by inserting after the item relating to sec-
12 tion 1554 the following new item:

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

13 (b) IMPLEMENTATION.—The Secretary of Defense
14 shall establish the board of review required by section
15 1554a of title 10, United States Code (as added by sub-
16 section (a)), and prescribe the regulations required by
17 such section, not later than 90 days after the date of the
18 enactment of this Act.

19 **SEC. 1644. AUTHORIZATION OF PILOT PROGRAMS TO IM-**
20 **PROVE THE DISABILITY EVALUATION SYS-**
21 **TEM FOR MEMBERS OF THE ARMED FORCES.**

22 (a) PILOT PROGRAMS.—

23 (1) PROGRAMS AUTHORIZED.—For the pur-
24 poses set forth in subsection (c), the Secretary of

1 Defense may establish and conduct pilot programs
2 with respect to the system of the Department of De-
3 fense for the evaluation of the disabilities of mem-
4 bers of the Armed Forces who are being separated
5 or retired from the Armed Forces for disability
6 under chapter 61 of title 10, United States Code (in
7 this section referred to as the “disability evaluation
8 system”).

9 (2) TYPES OF PILOT PROGRAMS.—In carrying
10 out this section, the Secretary of Defense may con-
11 duct one or more of the pilot programs described in
12 paragraphs (1) through (3) of subsection (b) or such
13 other pilot programs as the Secretary of Defense
14 considers appropriate.

15 (3) CONSULTATION.—In establishing and con-
16 ducting any pilot program under this section, the
17 Secretary of Defense shall consult with the Secretary
18 of Veterans Affairs.

19 (b) SCOPE OF PILOT PROGRAMS.—

20 (1) DISABILITY DETERMINATIONS BY DOD UTI-
21 LIZING VA ASSIGNED DISABILITY RATING.—Under
22 one of the pilot programs authorized by subsection
23 (a), for purposes of making a determination of dis-
24 ability of a member of the Armed Forces under sec-
25 tion 1201(b) of title 10, United States Code, for the

1 retirement, separation, or placement of the member
2 on the temporary disability retired list under chapter
3 61 of such title, upon a determination by the Sec-
4 retary of the military department concerned that the
5 member is unfit to perform the duties of the mem-
6 ber's office, grade, rank, or rating because of a
7 physical disability as described in section 1201(a) of
8 such title—

9 (A) the Secretary of Veterans Affairs
10 may—

11 (i) conduct an evaluation of the mem-
12 ber for physical disability; and

13 (ii) assign the member a rating of dis-
14 ability in accordance with the schedule for
15 rating disabilities utilized by the Secretary
16 of Veterans Affairs based on all medical
17 conditions (whether individually or collec-
18 tively) that render the member unfit for
19 duty; and

20 (B) the Secretary of the military depart-
21 ment concerned may make the determination of
22 disability regarding the member utilizing the
23 rating of disability assigned under subpara-
24 graph (A)(ii).

1 (2) DISABILITY DETERMINATIONS UTILIZING
2 JOINT DOD/VA ASSIGNED DISABILITY RATING.—
3 Under one of the pilot programs authorized by sub-
4 section (a), in making a determination of disability
5 of a member of the Armed Forces under section
6 1201(b) of title 10, United States Code, for the re-
7 tirement, separation, or placement of the member on
8 the temporary disability retired list under chapter 61
9 of such title, the Secretary of the military depart-
10 ment concerned may, upon determining that the
11 member is unfit to perform the duties of the mem-
12 ber's office, grade, rank, or rating because of a
13 physical disability as described in section 1201(a) of
14 such title—

15 (A) provide for the joint evaluation of the
16 member for disability by the Secretary of the
17 military department concerned and the Sec-
18 retary of Veterans Affairs, including the assign-
19 ment of a rating of disability for the member in
20 accordance with the schedule for rating disabili-
21 ties utilized by the Secretary of Veterans Af-
22 fairs based on all medical conditions (whether
23 individually or collectively) that render the
24 member unfit for duty; and

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

4 (3) ELECTRONIC CLEARING HOUSE.—Under
5 one of the pilot programs authorized by subsection
6 (a), the Secretary of Defense may establish and op-
7 erate a single Internet website for the disability eval-
8 uation system of the Department of Defense that
9 enables participating members of the Armed Forces
10 to fully utilize such system through the Internet,
11 with such Internet website to include the following:

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

16 (B) Secure mechanisms for the submission
17 of such forms by members of the Armed Forces
18 under the system, and for the tracking of the
19 acceptance and review of any forms so sub-
20 mitted.

21 (C) Secure mechanisms for advising mem-
22 bers of the Armed Forces under the system of
23 any additional information, forms, or other
24 items that are required for the acceptance and
25 review of any forms so submitted.

1 (D) The continuous availability of assist-
2 ance to members of the Armed Forces under
3 the system (including assistance through the
4 caseworkers assigned to such members of the
5 Armed Forces) in submitting and tracking such
6 forms, including assistance in obtaining infor-
7 mation, forms, or other items described by sub-
8 paragraph (C).

9 (E) Secure mechanisms to request and re-
10 ceive personnel files or other personnel records
11 of members of the Armed Forces under the sys-
12 tem that are required for submission under the
13 disability evaluation system, including the capa-
14 bility to track requests for such files or records
15 and to determine the status of such requests
16 and of responses to such requests.

17 (4) OTHER PILOT PROGRAMS.—The pilot pro-
18 grams authorized by subsection (a) may also provide
19 for the development, evaluation, and identification of
20 such practices and procedures under the disability
21 evaluation system as the Secretary considers appro-
22 priate for purposes set forth in subsection (c).

23 (c) PURPOSES.—A pilot program established under
24 subsection (a) may have one or more of the following pur-
25 poses:

1 (1) To provide for the development, evaluation,
2 and identification of revised and improved practices
3 and procedures under the disability evaluation sys-
4 tem in order to—

5 (A) reduce the processing time under the
6 disability evaluation system of members of the
7 Armed Forces who are likely to be retired or
8 separated for disability, and who have not re-
9 quested continuation on active duty, including,
10 in particular, members who are severely wound-
11 ed;

12 (B) identify and implement or seek the
13 modification of statutory or administrative poli-
14 cies and requirements applicable to the dis-
15 ability evaluation system that—

16 (i) are unnecessary or contrary to ap-
17 plicable best practices of civilian employers
18 and civilian healthcare systems; or

19 (ii) otherwise result in hardship, arbi-
20 trary, or inconsistent outcomes for mem-
21 bers of the Armed Forces, or unwarranted
22 inefficiencies and delays;

23 (C) eliminate material variations in poli-
24 cies, interpretations, and overall performance

1 standards among the military departments
2 under the disability evaluation system; and

3 (D) determine whether it enhances the ca-
4 pability of the Department of Veterans Affairs
5 to receive and determine claims from members
6 of the Armed Forces for compensation, pension,
7 hospitalization, or other veterans benefits.

8 (2) In conjunction with the findings and rec-
9 ommendations of applicable Presidential and De-
10 partment of Defense study groups, to provide for the
11 eventual development of revised and improved prac-
12 tices and procedures for the disability evaluation sys-
13 tem in order to achieve the objectives set forth in
14 paragraph (1).

15 (d) UTILIZATION OF RESULTS IN UPDATES OF COM-
16 PREHENSIVE POLICY ON CARE, MANAGEMENT, AND
17 TRANSITION OF RECOVERING SERVICE MEMBERS.—The
18 Secretary of Defense and the Secretary of Veterans Af-
19 fairs, acting jointly, may incorporate responses to any
20 findings and recommendations arising under the pilot pro-
21 grams conducted under subsection (a) in updating the
22 comprehensive policy on the care and management of cov-
23 ered service members under section 1611(a)(4).

24 (e) CONSTRUCTION WITH OTHER AUTHORITIES.—

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

3 (A) the rules and regulations of the De-
4 partment of Defense and the Department of
5 Veterans Affairs relating to methods of deter-
6 mining fitness or unfitness for duty and dis-
7 ability ratings for members of the Armed
8 Forces shall apply to the pilot program only to
9 the extent provided in the report on the pilot
10 program under subsection (g)(1); and

11 (B) the Secretary of Defense and the Sec-
12 retary of Veterans Affairs may waive any provi-
13 sion of title 10, 37, or 38, United States Code,
14 relating to methods of determining fitness or
15 unfitness for duty and disability ratings for
16 members of the Armed Forces if the Secretaries
17 determine in writing that the application of
18 such provision would be inconsistent with the
19 purpose of the pilot program.

20 (2) LIMITATION.—Nothing in paragraph (1)
21 shall be construed to authorize the waiver of any
22 provision of section 1216a of title 10, United States
23 Code, as added by section 1642 of this Act.

24 (f) DURATION.—Each pilot program conducted under
25 subsection (a) shall be completed not later than one year

1 after the date of the commencement of such pilot program
2 under that subsection.

3 (g) REPORTS.—

4 (1) INITIAL REPORT.—Not later than 90 days
5 after the date of the enactment of this Act, the Sec-
6 retary of Defense shall submit to the appropriate
7 committees of Congress a report on each pilot pro-
8 gram that has been commenced as of that date
9 under subsection (a). The report shall include—

10 (A) a description of the scope and objec-
11 tives of the pilot program;

12 (B) a description of the methodology to be
13 used under the pilot program to ensure rapid
14 identification under such pilot program of re-
15 vised or improved practices under the disability
16 evaluation system in order to achieve the objec-
17 tives set forth in subsection (c)(1); and

18 (C) a statement of any provision described
19 in subsection (e)(1)(B) that will not apply to
20 the pilot program by reason of a waiver under
21 that subsection.

22 (2) INTERIM REPORT.—Not later than 180
23 days after the date of the submittal of the report re-
24 quired by paragraph (1) with respect to a pilot pro-
25 gram, the Secretary shall submit to the appropriate

1 committees of Congress a report describing the cur-
2 rent status of the pilot program.

3 (3) FINAL REPORT.—Not later than 90 days
4 after the completion of all of the pilot programs con-
5 ducted under subsection (a), the Secretary shall sub-
6 mit to the appropriate committees of Congress a re-
7 port setting forth a final evaluation and assessment
8 of the pilot programs. The report shall include such
9 recommendations for legislative or administrative ac-
10 tion as the Secretary considers appropriate in light
11 of such pilot programs.

12 **SEC. 1645. REPORTS ON ARMY ACTION PLAN IN RESPONSE**
13 **TO DEFICIENCIES IN THE ARMY PHYSICAL**
14 **DISABILITY EVALUATION SYSTEM.**

15 (a) REPORTS REQUIRED.—Not later than June 1,
16 2008, and June 1, 2009, the Secretary of Defense shall
17 submit to the congressional defense committees a report
18 on the implementation of corrective measures by the De-
19 partment of Defense with respect to the Physical Dis-
20 ability Evaluation System (PDES) in response to the fol-
21 lowing:

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

24 (2) The report of the Independent Review
25 Group on Rehabilitation Care and Administrative

1 Processes at Walter Reed Army Medical Center and
2 National Naval Medical Center.

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

6 (b) ELEMENTS OF REPORT.—Each report under sub-
7 section (a) shall include current information on the fol-
8 lowing:

9 (1) The total number of cases, and the number
10 of cases involving combat disabled service members,
11 pending resolution before the Medical and Physical
12 Disability Evaluation Boards of the Army, including
13 information on the number of members of the Army
14 who have been in a medical hold or holdover status
15 for more than each of 100, 200, and 300 days.

16 (2) The status of the implementation of modi-
17 fications to disability evaluation processes of the De-
18 partment of Defense in response to the following:

19 (A) The report of the Inspector General on
20 such processes dated March 6, 2007.

21 (B) The report of the Independent Review
22 Group on Rehabilitation Care and Administra-
23 tive Processes at Walter Reed Army Medical
24 Center and National Naval Medical Center.

1 (C) The report of the Department of Vet-
2 erans Affairs Task Force on Returning Global
3 War on Terror Heroes.

4 (c) POSTING ON INTERNET.—Not later than 24
5 hours after submitting a report under subsection (a), the
6 Secretary shall post such report on the Internet website
7 of the Department of Defense that is available to the pub-
8 lic.

9 **SEC. 1646. ENHANCEMENT OF DISABILITY SEVERANCE PAY**
10 **FOR MEMBERS OF THE ARMED FORCES.**

11 (a) IN GENERAL.—Section 1212 of title 10, United
12 States Code, is amended—

13 (1) in subsection (a)(1), by striking “his years
14 of service, but not more than 12, computed under
15 section 1208 of this title” in the matter preceding
16 subparagraph (A) and inserting “the member’s years
17 of service computed under section 1208 of this title
18 (subject to the minimum and maximum years of
19 service provided for in subsection (c))”;

20 (2) by redesignating subsection (c) as sub-
21 section (d); and

22 (3) by inserting after subsection (b) the fol-
23 lowing new subsection (c):

24 “(c)(1) The minimum years of service of a member
25 for purposes of subsection (a)(1) shall be as follows:

1 “(A) Six years in the case of a member sepa-
2 rated from the armed forces for a disability incurred
3 in line of duty in a combat zone (as designated by
4 the Secretary of Defense for purposes of this sub-
5 section) or incurred during the performance of duty
6 in combat-related operations as designated by the
7 Secretary of Defense.

8 “(B) Three years in the case of any other mem-
9 ber.

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

12 (b) NO DEDUCTION FROM COMPENSATION OF SEV-
13 ERANCE PAY FOR DISABILITIES INCURRED IN COMBAT
14 ZONES.—Subsection (d) of such section, as redesignated
15 by subsection (a)(2) of this section, is further amended—

16 (1) by inserting “(1)” after “(d)”;

17 (2) by striking the second sentence; and

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

20 “(2) No deduction may be made under paragraph (1)
21 in the case of disability severance pay received by a mem-
22 ber for a disability incurred in line of duty in a combat
23 zone or incurred during performance of duty in combat-
24 related operations as designated by the Secretary of De-
25 fense.

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

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

10 **SEC. 1647. ASSESSMENTS OF CONTINUING UTILITY AND FU-**
11 **TURE ROLE OF TEMPORARY DISABILITY RE-**
12 **TIRED LIST.**

13 (a) REPORT REQUIRED.—Not later than 180 days
14 after the date of the enactment of this Act, the Secretary
15 of Defense shall submit to the congressional defense com-
16 mittees a report containing—

17 (1) a statistical history since January 1, 2000,
18 of the numbers of members of the Armed Forces
19 who are returned to duty or separated following a
20 tenure on the temporary disability retired list and,
21 in the case of members who were separated, how
22 many of the members were granted disability separa-
23 tion or retirement and what were their disability rat-
24 ings;

1 (2) the results of the assessments required by
2 subsection (b); and

3 (3) such recommendations for the modification
4 or improvement of the temporary disability retired
5 list as the Secretary considers appropriate in re-
6 sponse to the assessments.

7 (b) **REQUIRED ASSESSMENTS.**—The assessments re-
8 quired to be conducted as part of the report under sub-
9 section (a) are the following:

10 (1) An assessment of the continuing utility of
11 the temporary disability retired list in satisfying the
12 purposes for which the temporary disability retired
13 list was established.

14 (2) An assessment of the need to require that
15 the condition of a member be permanent and stable
16 before the member is separated with less than a 30
17 percent disability rating prior to exceeding the max-
18 imum tenure allowed on the temporary disability re-
19 tired list.

20 (3) An assessment of the future role of the tem-
21 porary disability retired list in the Disability Evalua-
22 tion System of the Department of Defense and the
23 changes in policy and law required to fulfill the fu-
24 ture role of the temporary disability retire list.

1 **SEC. 1648. STANDARDS FOR MILITARY MEDICAL TREAT-**
2 **MENT FACILITIES, SPECIALTY MEDICAL**
3 **CARE FACILITIES, AND MILITARY QUARTERS**
4 **HOUSING PATIENTS AND ANNUAL REPORT**
5 **ON SUCH FACILITIES.**

6 (a) ESTABLISHMENT OF STANDARDS.—The Sec-
7 retary of Defense shall establish for the military facilities
8 of the Department of Defense and the military depart-
9 ments referred to in subsection (b) standards with respect
10 to the matters set forth in subsection (c). To the max-
11 imum extent practicable, the standards shall—

12 (1) be uniform and consistent for all such facili-
13 ties; and

14 (2) be uniform and consistent throughout the
15 Department of Defense and the military depart-
16 ments.

17 (b) COVERED MILITARY FACILITIES.—The military
18 facilities covered by this section are the following:

19 (1) Military medical treatment facilities.

20 (2) Specialty medical care facilities.

21 (3) Military quarters or leased housing for pa-
22 tients.

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

25 (1) Generally accepted standards for the ac-
26 creditation of medical facilities, or for facilities used

1 to quarter individuals that may require medical su-
2 pervision, as applicable, in the United States.

3 (2) To the extent not inconsistent with the
4 standards described in paragraph (1), minimally ac-
5 ceptable conditions for the following:

6 (A) Appearance and maintenance of facili-
7 ties generally, including the structure and roofs
8 of facilities.

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

12 (C) Operation and maintenance of primary
13 and back-up facility utility systems and other
14 systems required for patient care, including
15 electrical systems, plumbing systems, heating,
16 ventilation, and air conditioning systems, com-
17 munications systems, fire protection systems,
18 energy management systems, and other systems
19 required for patient care.

20 (D) Compliance of facilities, rooms, and
21 grounds, to the maximum extent practicable,
22 with the Americans with Disabilities Act of
23 1990 (42 U.S.C. 12101 et seq.).

24 (E) Such other matters relating to the ap-
25 pearance, size, operation, and maintenance of

1 facilities and rooms as the Secretary considers
2 appropriate.

3 (d) COMPLIANCE WITH STANDARDS.—

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

12 (2) INVESTMENT.—In carrying out this section,
13 the Secretary shall also establish guidelines for in-
14 vestment to be utilized by the Department of De-
15 fense and the military departments in determining
16 the allocation of financial resources to facilities re-
17 ferred to in subsection (b) in order to meet the dead-
18 line specified under paragraph (1).

19 (e) REPORT ON DEVELOPMENT AND IMPLEMENTA-
20 TION OF STANDARDS.—

21 (1) IN GENERAL.—Not later than March 1,
22 2008, the Secretary shall submit to the congres-
23 sional defense committees a report on the actions
24 taken to carry out subsection (a).

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

3 (A) The standards established under sub-
4 section (a).

5 (B) An assessment of the appearance, con-
6 dition, and maintenance of each facility referred
7 to in subsection (b), including—

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

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

14 (C) A description of the investment to be
15 allocated to address each deficiency or non-
16 compliance identified under subparagraph
17 (B)(ii).

18 (f) ANNUAL REPORT.—Not later than the date on
19 which the President submits the budget for a fiscal year
20 to Congress pursuant to section 1105 of title 31, United
21 States Code, the Secretary shall submit to the Committees
22 on Armed Services of the Senate and the House of Rep-
23 resentatives a report on the adequacy, suitability, and
24 quality of each facility referred to in subsection (b). The

1 Secretary shall include in each report information regard-
2 ing—

3 (1) any deficiencies in the adequacy, quality, or
4 state of repair of medical-related support facilities
5 raised as a result of information received during the
6 period covered by the report through the toll-free hot
7 line required by section 1616; and

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

11 **SEC. 1649. REPORTS ON ARMY MEDICAL ACTION PLAN IN**
12 **RESPONSE TO DEFICIENCIES IDENTIFIED AT**
13 **WALTER REED ARMY MEDICAL CENTER, DIS-**
14 **TRICT OF COLUMBIA.**

15 Not later than 30 days after the date of the enact-
16 ment of this Act, and every 180 days thereafter until
17 March 1, 2009, the Secretary of Defense shall submit to
18 the congressional defense committees a report on the im-
19 plementation of the Army Medical Action Plan to correct
20 deficiencies identified in the condition of facilities and pa-
21 tient administration.

1 **SEC. 1650. REQUIRED CERTIFICATIONS IN CONNECTION**
2 **WITH CLOSURE OF WALTER REED ARMY**
3 **MEDICAL CENTER, DISTRICT OF COLUMBIA.**

4 (a) CERTIFICATIONS.—In implementing the decision
5 to close Walter Reed Army Medical Center, District of Co-
6 lumbia, required as a result of the 2005 round of defense
7 base closure and realignment under the Defense Base Clo-
8 sure and Realignment Act of 1990 (part A of title XXIX
9 of Public Law 101–510; U.S.C. 2687 note), the Secretary
10 of Defense shall submit to the congressional defense com-
11 mittees a certification of each of the following:

12 (1) That a transition plan has been developed,
13 and resources have been committed, to ensure that
14 patient care services, medical operations, and facili-
15 ties are sustained at the highest possible level at
16 Walter Reed Army Medical Center until facilities to
17 replace Walter Reed Army Medical Center are
18 staffed and ready to assume at least the same level
19 of care previously provided at Walter Reed Army
20 Medical Center.

21 (2) That the closure of Walter Reed Army Med-
22 ical Center will not result in a net loss of capacity
23 in the major medical centers in the National Capitol
24 Region in terms of total bed capacity or staffed bed
25 capacity.

1 (3) That the capacity of medical hold and out-
2 patient lodging facilities operating at Walter Reed
3 Army Medical Center as of the date of the certifi-
4 cation will be available in sufficient quantities at the
5 facilities designated to replace Walter Reed Army
6 Medical Center by the date of the closure of Walter
7 Reed Army Medical Center.

8 (b) TIME FOR SUBMITTAL.—The Secretary shall sub-
9 mit the certifications required by subsection (a) not later
10 than 90 days after the date of the enactment of this Act.
11 If the Secretary is unable to make one or more of the cer-
12 tifications by the end of the 90-day period, the Secretary
13 shall notify the congressional defense committees of the
14 delay and the reasons for the delay.

15 **SEC. 1651. HANDBOOK FOR MEMBERS OF THE ARMED**
16 **FORCES ON COMPENSATION AND BENEFITS**
17 **AVAILABLE FOR SERIOUS INJURIES AND ILL-**
18 **NESSES.**

19 (a) INFORMATION ON AVAILABLE COMPENSATION
20 AND BENEFITS.—Not later than October 1, 2008, the
21 Secretary of Defense shall develop and maintain, in hand-
22 book and electronic form, a comprehensive description of
23 the compensation and other benefits to which a member
24 of the Armed Forces, and the family of such member,
25 would be entitled upon the separation or retirement of the

1 member from the Armed Forces as a result of a serious
2 injury or illness. The handbook shall set forth the range
3 of such compensation and benefits based on grade, length
4 of service, degree of disability at separation or retirement,
5 and such other factors affecting such compensation and
6 benefits as the Secretary considers appropriate.

7 (b) CONSULTATION.—The Secretary of Defense shall
8 develop and maintain the comprehensive description re-
9 quired by subsection (a), including the handbook and elec-
10 tronic form of the description, in consultation with the
11 Secretary of Veterans Affairs, the Secretary of Health and
12 Human Services, and the Commissioner of Social Secu-
13 rity.

14 (c) UPDATE.—The Secretary of Defense shall update
15 the comprehensive description required by subsection (a),
16 including the handbook and electronic form of the descrip-
17 tion, on a periodic basis, but not less often than annually.

18 (d) PROVISION TO MEMBERS.—The Secretary of the
19 military department concerned shall provide the descrip-
20 tive handbook under subsection (a) to each member of the
21 Armed Forces described in that subsection as soon as
22 practicable following the injury or illness qualifying the
23 member for coverage under such subsection.

24 (e) PROVISION TO REPRESENTATIVES.—If a member
25 is incapacitated or otherwise unable to receive the descrip-

1 tive handbook to be provided under subsection (a), the
2 handbook shall be provided to the next of kin or a legal
3 representative of the member, as determined in accordance
4 with regulations prescribed by the Secretary of the mili-
5 tary department concerned for purposes of this section.

6 **Subtitle E—Studies and Reports**

7 **SEC. 1661. STUDY ON PHYSICAL AND MENTAL HEALTH AND** 8 **OTHER READJUSTMENT NEEDS OF MEMBERS** 9 **AND FORMER MEMBERS OF THE ARMED** 10 **FORCES WHO DEPLOYED IN OPERATION** 11 **IRAQI FREEDOM AND OPERATION ENDURING** 12 **FREEDOM AND THEIR FAMILIES.**

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

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

23 (1) A preliminary phase, to be completed not
24 later than one year after the date of the enactment
25 of this Act—

1 (A) to identify preliminary findings on the
2 physical and mental health and other readjust-
3 ment needs described in subsection (a) and on
4 gaps in care for the members, former members,
5 and families described in that subsection; and

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

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

19 (A) an assessment of the psychological, so-
20 cial, and economic impacts of such deployment
21 on such members and former members and
22 their families;

23 (B) an assessment of the particular im-
24 pacts of multiple deployments in Operation
25 Iraqi Freedom or Operation Enduring Freedom

1 on such members and former members and
2 their families;

3 (C) an assessment of the full scope of the
4 neurological, psychiatric, and psychological ef-
5 fects of traumatic brain injury on members and
6 former members of the Armed Forces, including
7 the effects of such effects on the family mem-
8 bers of such members and former members, and
9 an assessment of the efficacy of current treat-
10 ment approaches for traumatic brain injury in
11 the United States and the efficacy of screenings
12 and treatment approaches for traumatic brain
13 injury within the Department of Defense and
14 the Department of Veterans Affairs;

15 (D) an assessment of the effects of
16 undiagnosed injuries such as post-traumatic
17 stress disorder and traumatic brain injury, an
18 estimate of the long-term costs associated with
19 such injuries, and an assessment of the efficacy
20 of screenings and treatment approaches for
21 post-traumatic stress disorder and other mental
22 health conditions within the Department of De-
23 fense and Department of Veterans Affairs;

1 (E) an assessment of the gender- and eth-
2 nic group-specific needs and concerns of mem-
3 bers of the Armed Forces and veterans;

4 (F) an assessment of the particular needs
5 and concerns of children of members of the
6 Armed Forces, taking into account differing age
7 groups, impacts on development and education,
8 and the mental and emotional well being of chil-
9 dren;

10 (G) an assessment of the particular edu-
11 cational and vocational needs of such members
12 and former members and their families, and an
13 assessment of the efficacy of existing edu-
14 cational and vocational programs to address
15 such needs;

16 (H) an assessment of the impacts on com-
17 munities with high populations of military fami-
18 lies, including military housing communities
19 and townships with deployed members of the
20 National Guard and Reserve, of deployments
21 associated with Operation Iraqi Freedom and
22 Operation Enduring Freedom, and an assess-
23 ment of the efficacy of programs that address
24 community outreach and education concerning
25 military deployments of community residents;

1 (I) an assessment of the impacts of in-
2 creasing numbers of older and married mem-
3 bers of the Armed Forces on readjustment re-
4 quirements;

5 (J) the development, based on such assess-
6 ments, of recommendations for programs, treat-
7 ments, or policy remedies targeted at pre-
8 venting, minimizing, or addressing the impacts,
9 gaps, and needs identified; and

10 (K) the development, based on such assess-
11 ments, of recommendations for additional re-
12 search on such needs.

13 (c) POPULATIONS TO BE STUDIED.—The study re-
14 quired under subsection (a) shall consider the readjust-
15 ment needs of each population of individuals as follows:

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

20 (2) Members of the National Guard and Re-
21 serve who are returning, or have returned, to the
22 United States from deployment in Operation Iraqi
23 Freedom or Operation Enduring Freedom.

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

1 (4) Family members of the members and vet-
2 erans described in paragraphs (1) through (3).

3 (d) ACCESS TO INFORMATION.—The National Acad-
4 emy of Sciences shall have access to such personnel, infor-
5 mation, records, and systems of the Department of De-
6 fense and the Department of Veterans Affairs as the Na-
7 tional Academy of Sciences requires in order to carry out
8 the study required under subsection (a).

9 (e) PRIVACY OF INFORMATION.—The National Acad-
10 emy of Sciences shall maintain any personally identifiable
11 information accessed by the Academy in carrying out the
12 study required under subsection (a) in accordance with all
13 applicable laws, protections, and best practices regarding
14 the privacy of such information, and may not permit ac-
15 cess to such information by any persons or entities not
16 engaged in work under the study.

17 (f) REPORTS BY NATIONAL ACADEMY OF
18 SCIENCES.—Upon the completion of each phase of the
19 study required under subsection (a), the National Acad-
20 emy of Sciences shall submit to the Secretary of Defense,
21 the Secretary of Veterans Affairs, and the congressional
22 defense committees a report on such phase of the study.

23 (g) DOD AND VA RESPONSE TO NAS REPORTS.—
24 Not later than 90 days after the receipt of a report under
25 subsection (f) on each phase of the study required under

1 subsection (a), the Secretary of Defense and the Secretary
2 of Veterans Affairs shall develop a final joint Department
3 of Defense-Department of Veterans Affairs response to
4 the findings and recommendations of the National Acad-
5 emy of Sciences contained in such report.

6 **SEC. 1662. ACCESS OF RECOVERING SERVICE MEMBERS TO**
7 **ADEQUATE OUTPATIENT RESIDENTIAL FA-**
8 **CILITIES.**

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

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

18 (1) submit a report on each inspection of a fa-
19 cility conducted under subsection (a) to the post
20 commander at such facility, the commanding officer
21 of the hospital affiliated with such facility, the sur-
22 geon general of the military department that oper-
23 ates such hospital, the Secretary of the military de-
24 partment concerned, the Assistant Secretary of De-

1 fense for Health Affairs, and the congressional de-
2 fense committees; and

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

5 **SEC. 1663. STUDY AND REPORT ON SUPPORT SERVICES**
6 **FOR FAMILIES OF RECOVERING SERVICE**
7 **MEMBERS.**

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

11 (b) **MATTERS COVERED.**—The study under sub-
12 section (a) shall include the following:

13 (1) A determination of the types of support
14 services, including job placement services, that are
15 currently provided by the Department of Defense to
16 eligible family members, and the cost of providing
17 such services.

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

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

1 (B) The provision of additional employ-
2 ment services, and the need for employment
3 protection, of such family members who are
4 placed on leave from employment or otherwise
5 displaced from employment while caring for a
6 recovering service member for more than 45
7 days during a one-year period.

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

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

13 (4) A determination of any discrimination in
14 employment that such family members experience,
15 including denial of retention in employment, pro-
16 motion, or any benefit of employment by an em-
17 ployer on the basis of the person's absence from em-
18 ployment, and a determination, in consultation with
19 the Secretary of Labor, of the options available for
20 such family members.

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

1 results of the study, with such findings and recommenda-
2 tions as the Secretary considers appropriate.

3 **SEC. 1664. REPORT ON TRAUMATIC BRAIN INJURY CLASSI-**
4 **FICATIONS.**

5 Not later than 90 days after the date of the enact-
6 ment of this Act, the Secretary of Defense and the Sec-
7 retary of Veterans Affairs jointly shall submit to the Com-
8 mittees on Armed Services of the Senate and the House
9 of Representatives a report describing the changes under-
10 taken within the Department of Defense and the Depart-
11 ment of Veterans Affairs to ensure that traumatic brain
12 injury victims receive a medical designation concomitant
13 with their injury rather than a medical designation that
14 assigns a generic classification (such as “organic psy-
15 chiatric disorder”).

16 **SEC. 1665. EVALUATION OF THE POLYTRAUMA LIAISON OF-**
17 **FICER/NON-COMMISSIONED OFFICER PRO-**
18 **GRAM.**

19 (a) EVALUATION REQUIRED.—The Secretary of De-
20 fense shall conduct an evaluation of the Polytrauma Liai-
21 son Officer/Non-Commissioned Officer program, which is
22 the program operated by each of the military departments
23 and the Department of Veterans Affairs for the purpose
24 of—

1 (1) assisting in the seamless transition of mem-
2 bers of the Armed Forces from the Department of
3 Defense health care system to the Department of
4 Veterans Affairs system; and

5 (2) expediting the flow of information and com-
6 munication between military treatment facilities and
7 the Veterans Affairs Polytrauma Centers.

8 (b) MATTERS COVERED.—The evaluation of the
9 Polytrauma Liaison Officer/Non-Commissioned Officer
10 program shall include an evaluation of the following:

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

13 (A) Handling of military patient transfers.

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

16 (C) Collaboration with Polytrauma Center
17 treatment teams.

18 (D) Collaboration with veteran service or-
19 ganizations.

20 (E) Functioning as the Polytrauma Cen-
21 ter's subject-matter expert on military issues.

22 (F) Supporting and assisting family mem-
23 bers.

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

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

7 (I) Inclusion in Polytrauma Center meet-
8 ings.

9 (J) Completion of required administrative
10 reporting.

11 (K) Ability to provide necessary adminis-
12 trative support to all members of the Armed
13 Forces.

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

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

21 (c) REPORTING REQUIREMENT.—Not later than 90
22 days after the date of the enactment of this Act, the Sec-
23 retary of Defense shall submit to Congress a report con-
24 taining—

25 (1) the results of the evaluation; and

1 (2) recommendations for any improvements in
2 the program.

3 **Subtitle F—Other Matters**

4 **SEC. 1671. PROHIBITION ON TRANSFER OF RESOURCES**
5 **FROM MEDICAL CARE.**

6 Neither the Secretary of Defense nor the Secretaries
7 of the military departments may transfer funds or per-
8 sonnel from medical care functions to administrative func-
9 tions within the Department of Defense in order to comply
10 with the new administrative requirements imposed by this
11 title or the amendments made by this title.

12 **SEC. 1672. MEDICAL CARE FOR FAMILIES OF MEMBERS OF**
13 **THE ARMED FORCES RECOVERING FROM SE-**
14 **RIOUS INJURIES OR ILLNESSES.**

15 (a) MEDICAL CARE AT MILITARY MEDICAL FACILI-
16 TIES.—

17 (1) MEDICAL CARE.—A family member of a re-
18 covering service member who is not otherwise eligible
19 for medical care at a military medical treatment fa-
20 cility may be eligible for such care at such facilities,
21 on a space-available basis, if the family member is—

22 (A) on invitational orders while caring for
23 the service member;

24 (B) a non-medical attendee caring for the
25 service member; or

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

4 (2) SPECIFICATION OF FAMILY MEMBERS.—The
5 Secretary of Defense may prescribe in regulations
6 the family members of recovering service members
7 who shall be considered to be a family member of a
8 service member for purposes of this subsection.

9 (3) SPECIFICATION OF CARE.—The Secretary
10 of Defense shall prescribe in regulations the medical
11 care that may be available to family members under
12 this subsection at military medical treatment facili-
13 ties.

14 (4) RECOVERY OF COSTS.—The United States
15 may recover the costs of the provision of medical
16 care under this subsection as follows (as applicable):

17 (A) From third-party payers, in the same
18 manner as the United States may collect costs
19 of the charges of health care provided to cov-
20 ered beneficiaries from third-party payers under
21 section 1095 of title 10, United States Code.

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

1 (b) MEDICAL CARE AT DEPARTMENT OF VETERANS
2 AFFAIRS MEDICAL FACILITIES.—

3 (1) MEDICAL CARE.—When a recovering service
4 member is receiving hospital care and medical serv-
5 ices at a medical facility of the Department of Vet-
6 erans Affairs, the Secretary of Veterans Affairs may
7 provide medical care for eligible family members
8 under this section when that care is readily available
9 at that Department facility and on a space-available
10 basis.

11 (2) REGULATIONS.—The Secretary of Veterans
12 Affairs shall prescribe in regulations the medical
13 care that may be available to family members under
14 this subsection at medical facilities of the Depart-
15 ment of Veterans Affairs.

16 **SEC. 1673. IMPROVEMENT OF MEDICAL TRACKING SYSTEM**
17 **FOR MEMBERS OF THE ARMED FORCES DE-**
18 **PLOYED OVERSEAS.**

19 (a) PROTOCOL FOR ASSESSMENT OF COGNITIVE
20 FUNCTIONING.—

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

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

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

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

5 “(3)(A) The Secretary shall establish for purposes of
6 subparagraphs (B) and (C) of paragraph (2) a protocol
7 for the predeployment assessment and documentation of
8 the cognitive (including memory) functioning of a member
9 who is deployed outside the United States in order to fa-
10 cilitate the assessment of the postdeployment cognitive
11 (including memory) functioning of the member.

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

16 (2) PILOT PROJECTS.—(A) In developing the
17 protocol required by paragraph (3) of section
18 1074f(b) of title 10, United States Code (as amend-
19 ed by paragraph (1) of this subsection), for purposes
20 of assessments for traumatic brain injury, the Sec-
21 retary of Defense shall conduct up to three pilot
22 projects to evaluate various mechanisms for use in
23 the protocol for such purposes. One of the mecha-
24 nisms to be so evaluated shall be a computer-based

1 assessment tool which shall, at a minimum, include
2 the following:

3 (i) Administration of computer-based
4 neurocognitive assessment.

5 (ii) Pre-deployment assessments to estab-
6 lish a neurocognitive baseline for members of
7 the Armed Forces for future treatment.

8 (B) Not later than 60 days after the completion
9 of the pilot projects conducted under this paragraph,
10 the Secretary shall submit to the appropriate com-
11 mittees of Congress a report on the pilot projects.
12 The report shall include—

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

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

17 (iii) a description of any mechanisms eval-
18 uated under each such pilot project that will be
19 incorporated into the protocol.

20 (C) Not later than 180 days after completion of
21 the pilot projects conducted under this paragraph,
22 the Secretary shall establish a means for imple-
23 menting any mechanism evaluated under such a
24 pilot project that is selected for incorporation in the
25 protocol.

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

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

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

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

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

12 **SEC. 1674. GUARANTEED FUNDING FOR WALTER REED**
13 **ARMY MEDICAL CENTER, DISTRICT OF CO-**
14 **LUMBIA.**

15 (a) **MINIMUM FUNDING.**—The amount of funds avail-
16 able for the commander of Walter Reed Army Medical
17 Center, District of Columbia, for a fiscal year shall be not
18 less than the amount expended by the commander of Wal-
19 ter Reed Army Medical Center in fiscal year 2006 until
20 the first fiscal year beginning after the date on which the
21 Secretary of Defense submits to the congressional defense
22 committees a plan for the provision of health care for mili-
23 tary beneficiaries and their dependents in the National
24 Capital Region.

1 (b) MATTERS COVERED.—The plan under subsection

2 (a) shall at a minimum include—

3 (1) the manner in which patients, staff, bed ca-
4 pacity, and functions will move from the Walter
5 Reed Army Medical Center to expanded facilities;

6 (2) a timeline, including milestones, for such
7 moves;

8 (3) projected budgets, including planned budget
9 transfers, for military treatment facilities within the
10 region;

11 (4) the management or disposition of real prop-
12 erty of military treatment facilities within the re-
13 gion; and

14 (5) staffing projections for the region.

15 (c) CERTIFICATION.—After submission of the plan
16 under subsection (a) to the congressional defense commit-
17 tees, the Secretary shall certify to such committees on a
18 quarterly basis that patients, staff, bed capacity, func-
19 tions, or parts of functions at Walter Reed Army Medical
20 Center have not been moved or disestablished until the
21 expanded facilities at the National Naval Medical Center,
22 Bethesda, Maryland, and DeWitt Army Community Hos-
23 pital, Fort Belvoir, Virginia, are completed, equipped, and
24 staffed with sufficient capacity to accept and provide, at
25 a minimum, the same level of and access to care as pa-

1 tients received at Walter Reed Army Medical Center dur-
2 ing fiscal year 2006.

3 (d) DEFINITIONS.—In this section:

4 (1) The term “expanded facilities” means the
5 other two military hospitals/medical centers within
6 the National Capital Region, namely—

7 (A) the National Naval Medical Center,
8 Bethesda, Maryland (or its successor resulting
9 from implementation of the recommendations of
10 the 2005 Defense Base Closure and Realign-
11 ment Commission); and

12 (B) the DeWitt Army Community Hos-
13 pital, Fort Belvoir, Virginia.

14 (2) The term “National Capital Region” has
15 the meaning given that term in section 2674(f) of
16 title 10, United States Code.

17 **SEC. 1675. USE OF LEAVE TRANSFER PROGRAM BY WOUND-**
18 **ED VETERANS WHO ARE FEDERAL EMPLOY-**
19 **EES.**

20 (a) IN GENERAL.—Section 6333(b) of title 5, United
21 States Code, is amended—

22 (1) by striking “(b)” and inserting “(b)(1)”;
23 and

24 (2) by adding at the end the following new
25 paragraph:

1 “(2)(A) The requirement under paragraph (1) relat-
2 ing to exhaustion of annual and sick leave shall not apply
3 in the case of a leave recipient who—

4 “(i) sustains a combat-related disability while a
5 member of the armed forces, including a reserve
6 component of the armed forces; and

7 “(ii) is undergoing medical treatment for that
8 disability.

9 “(B) Subparagraph (A) shall apply to a member de-
10 scribed in such subparagraph only so long as the member
11 continues to undergo medical treatment for the disability,
12 but in no event for longer than 5 years from the start
13 of such treatment.

14 “(C) For purposes of this paragraph—

15 “(i) the term ‘combat-related disability’ has the
16 meaning given such term by section 1413a(e) of title
17 10; and

18 “(ii) the term ‘medical treatment’ has such
19 meaning as the Office of Personnel Management
20 shall by regulation prescribe.”.

21 (b) **EFFECTIVE DATE.**—The amendment made by
22 subsection (a) shall take effect on the date of the enact-
23 ment of this Act, except that, in the case of a leave recipi-
24 ent who is undergoing medical treatment on such date of
25 enactment, section 6333(b)(2)(B) of title 5, United States

1 Code (as amended by this section) shall be applied as if
2 it had been amended by inserting “or the date of the en-
3 actment of this subsection, whichever is later” after “the
4 start of such treatment”.

5 **SEC. 1676. MORATORIUM ON CONVERSION TO CON-**
6 **TRACTOR PERFORMANCE OF DEPARTMENT**
7 **OF DEFENSE FUNCTIONS AT MILITARY MED-**
8 **ICAL FACILITIES.**

9 (a) MORATORIUM.—No study or competition may be
10 begun or announced pursuant to section 2461 of title 10,
11 United States Code, or otherwise pursuant to Office of
12 Management and Budget circular A-76, relating to the
13 possible conversion to performance by a contractor of any
14 Department of Defense function carried out at a military
15 medical facility until the Secretary of Defense—

16 (1) submits the certification required by sub-
17 section (b) to the Committee on Armed Services of
18 the Senate and the Committee on Armed Services of
19 the House of Representatives together with a de-
20 scription of the steps taken by the Secretary in ac-
21 cordance with the certification; and

22 (2) submits the report required by subsection
23 (c).

24 (b) CERTIFICATION.—The certification referred to in
25 paragraph (a)(1) is a certification that the Secretary has

1 taken appropriate steps to ensure that neither the quality
2 of military medical care nor the availability of qualified
3 personnel to carry out Department of Defense functions
4 related to military medical care will be adversely affected
5 by either—

6 (1) the process of considering a Department of
7 Defense function carried out at a military medical
8 facility for possible conversion to performance by a
9 contractor; or

10 (2) the conversion of such a function to per-
11 formance by a contractor.

12 (c) REPORT REQUIRED.—Not later than 180 days
13 after the date of the enactment of this Act, the Secretary
14 of Defense shall submit to the Committee on Armed Serv-
15 ices of the Senate and the Committee on Armed Services
16 of the House of Representatives a report on the public-
17 private competitions being conducted for Department of
18 Defense functions carried out at military medical facilities
19 as of the date of the enactment of this Act by each military
20 department and defense agency. Such report shall in-
21 clude—

22 (1) for each such competition—

23 (A) the cost of conducting the public-pri-
24 vate competition;

1 (B) the number of military personnel and
2 civilian employees of the Department of De-
3 fense affected;

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

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

9 (E) the effect of converting the perform-
10 ance of the function to performance by a con-
11 tractor on the quality of the performance of the
12 function; and

13 (2) an assessment of whether any method of
14 business reform or reengineering other than a pub-
15 lic-private competition could, if implemented in the
16 future, achieve any anticipated or budgeted savings.

17 **TITLE XVII—VETERANS**
18 **MATTERS**

Sec. 1701. Sense of Congress on Department of Veterans Affairs efforts in the rehabilitation and reintegration of veterans with traumatic brain injury.

Sec. 1702. Individual rehabilitation and community reintegration plans for veterans and others with traumatic brain injury.

Sec. 1703. Use of non-Department of Veterans Affairs facilities for implementation of rehabilitation and community reintegration plans for traumatic brain injury.

Sec. 1704. Research, education, and clinical care program on traumatic brain injury.

Sec. 1705. Pilot program on assisted living services for veterans with traumatic brain injury.

Sec. 1706. Provision of age-appropriate nursing home care.

Sec. 1707. Extension of period of eligibility for health care for veterans of combat service during certain periods of hostilities and war.

Sec. 1708. Service-connection and assessments for mental health conditions in veterans.

Sec. 1709. Modification of requirements for furnishing outpatient dental services to veterans with service-connected dental conditions or disabilities.

Sec. 1710. Clarification of purpose of outreach services program of Department of Veterans Affairs.

Sec. 1711. Designation of fiduciary or trustee for purposes of Traumatic Servicemembers' Group Life Insurance.

1 **SEC. 1701. SENSE OF CONGRESS ON DEPARTMENT OF VET-**
2 **ERANS AFFAIRS EFFORTS IN THE REHABILI-**
3 **TATION AND REINTEGRATION OF VETERANS**
4 **WITH TRAUMATIC BRAIN INJURY.**

5 It is the sense of Congress that—

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

9 (2) the Department of Veterans Affairs should
10 have the capacity and expertise to provide veterans
11 who have a traumatic brain injury with patient-cen-
12 tered health care, rehabilitation, and community in-
13 tegration services that are comparable to or exceed
14 similar care and services available to persons with
15 such injuries in the academic and private sector;

16 (3) rehabilitation for veterans who have a trau-
17 matic brain injury should be individualized, com-
18 prehensive, and interdisciplinary with the goals of
19 optimizing the independence of such veterans and
20 reintegrating them into their communities;

1 (4) family support is integral to the rehabilita-
2 tion and community reintegration of veterans who
3 have sustained a traumatic brain injury, and the De-
4 partment should provide the families of such vet-
5 erans with education and support;

6 (5) the Department of Defense and the Depart-
7 ment of Veterans Affairs have made efforts to pro-
8 vide a smooth transition of medical care and reha-
9 bitative services to individuals as they transition
10 from the health care system of the Department of
11 Defense to that of the Department of Veterans Af-
12 fairs, but more can be done to assist veterans and
13 their families in the continuum of the rehabilitation,
14 recovery, and reintegration of wounded or injured
15 veterans into their communities;

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

21 (7) in such system for life-long case manage-
22 ment, it is necessary to conduct outreach and to tai-
23 lor specialized traumatic brain injury case manage-
24 ment and outreach to the unique needs of veterans

1 with traumatic brain injury who reside in urban and
2 non-urban settings.

3 **SEC. 1702. INDIVIDUAL REHABILITATION AND COMMUNITY**
4 **REINTEGRATION PLANS FOR VETERANS AND**
5 **OTHERS WITH TRAUMATIC BRAIN INJURY.**

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

9 **“§ 1710C. Traumatic brain injury: plans for rehabili-**
10 **tation and reintegration into the commu-**
11 **nity**

12 “(a) PLAN REQUIRED.—The Secretary shall, for each
13 individual who is a veteran or member of the Armed
14 Forces who receives inpatient or outpatient rehabilitative
15 hospital care or medical services provided by the Depart-
16 ment for a traumatic brain injury—

17 “(1) develop an individualized plan for the re-
18 habilitation and reintegration of the individual into
19 the community; and

20 “(2) provide such plan in writing to the indi-
21 vidual—

22 “(A) in the case of an individual receiving
23 inpatient care, before the individual is dis-
24 charged from inpatient care or after the individ-
25 ual’s transition from serving on active duty as

1 a member of the Armed Forces to receiving out-
2 patient care provided by the Department; or

3 “(B) as soon as practicable following a di-
4 agnosis of traumatic brain injury by a Depart-
5 ment health care provider.

6 “(b) CONTENTS OF PLAN.—Each plan developed
7 under subsection (a) shall include, for the individual cov-
8 ered by such plan, the following:

9 “(1) Rehabilitation objectives for improving the
10 physical, cognitive, and vocational functioning of the
11 individual with the goal of maximizing the independ-
12 ence and reintegration of such individual into the
13 community.

14 “(2) Access, as warranted, to all appropriate re-
15 habilitative components of the traumatic brain in-
16 jury continuum of care, and where appropriate, to
17 long-term care services.

18 “(3) A description of specific rehabilitative
19 treatments and other services to achieve the objec-
20 tives described in paragraph (1), which shall set
21 forth the type, frequency, duration, and location of
22 such treatments and services.

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

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

4 “(c) COMPREHENSIVE ASSESSMENT.—(1) Each plan
5 developed under subsection (a) shall be based on a com-
6 prehensive assessment, developed in accordance with para-
7 graph (2), of—

8 “(A) the physical, cognitive, vocational, and
9 neuropsychological and social impairments of the in-
10 dividual; and

11 “(B) the family education and family support
12 needs of the individual after the individual is dis-
13 charged from inpatient care or at the commence-
14 ment of and during the receipt of outpatient care
15 and services.

16 “(2) The comprehensive assessment required under
17 paragraph (1) with respect to an individual is a com-
18 prehensive assessment of the matters set forth in that
19 paragraph by a team, composed by the Secretary for pur-
20 poses of the assessment, of individuals with expertise in
21 traumatic brain injury, including any of the following:

22 “(A) A neurologist.

23 “(B) A rehabilitation physician.

24 “(C) A social worker.

25 “(D) A neuropsychologist.

- 1 “(E) A physical therapist.
- 2 “(F) A vocational rehabilitation specialist.
- 3 “(G) An occupational therapist.
- 4 “(H) A speech language pathologist.
- 5 “(I) A rehabilitation nurse.
- 6 “(J) An educational therapist.
- 7 “(K) An audiologist.
- 8 “(L) A blind rehabilitation specialist.
- 9 “(M) A recreational therapist.
- 10 “(N) A low vision optometrist.
- 11 “(O) An orthotist or prosthetist.
- 12 “(P) An assistive technologist or rehabilitation
- 13 engineer.
- 14 “(Q) An otolaryngology physician.
- 15 “(R) A dietician.
- 16 “(S) An ophthalmologist.
- 17 “(T) A psychiatrist.
- 18 “(d) CASE MANAGER.—(1) The Secretary shall des-
- 19 ignate a case manager for each individual described in
- 20 subsection (a) to be responsible for the implementation of
- 21 the plan developed for that individual under that sub-
- 22 section and the coordination of the individual’s medical
- 23 care.
- 24 “(2) The Secretary shall ensure that each case man-
- 25 ager has specific expertise in the care required by the indi-

1 vidual for whom the case manager is designated, regard-
2 less of whether the case manager obtains such expertise
3 through experience, education, or training.

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

10 “(2) The Secretary shall collaborate in the develop-
11 ment of a plan for an individual under subsection (a) with
12 a State protection and advocacy system if—

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

15 “(B) in the case of such an individual who is
16 incapacitated, the family or guardian of the indi-
17 vidual requests such collaboration.

18 “(3) In the case of a plan required by subsection (a)
19 for a member of the Armed Forces who is serving on ac-
20 tive duty, the Secretary shall collaborate with the Sec-
21 retary of Defense in the development of such plan.

22 “(4) In developing vocational rehabilitation objectives
23 required under subsection (b)(1) and in conducting the as-
24 sessment required under subsection (c), the Secretary
25 shall act through the Under Secretary for Health in co-

1 ordination with the Vocational Rehabilitation and Employ-
2 ment Service of the Department of Veterans Affairs.

3 “(f) EVALUATION.—

4 “(1) PERIODIC REVIEW BY SECRETARY.—The
5 Secretary shall periodically review the effectiveness
6 of each plan developed under subsection (a). The
7 Secretary shall refine each such plan as the Sec-
8 retary considers appropriate in light of such review.

9 “(2) REQUEST FOR REVIEW BY VETERANS.—In
10 addition to the periodic review required by para-
11 graph (1), the Secretary shall conduct a review of
12 the plan for an individual under paragraph (1) at
13 the request of the individual, or in the case of an in-
14 dividual who is incapacitated, at the request of the
15 guardian or designee of the individual.

16 “(g) STATE DESIGNATED PROTECTION AND ADVO-
17 CACY SYSTEM DEFINED.—In this section, the term ‘State
18 protection and advocacy system’ means a system estab-
19 lished in a State under subtitle C of the Developmental
20 Disabilities Assistance and Bill of Rights Act of 2000 (42
21 U.S.C. 15041 et seq.) to protect and advocate for the
22 rights of persons with development disabilities.

1 **“§ 1710D. Traumatic brain injury: comprehensive**
2 **program for long-term rehabilitation**

3 “(a) COMPREHENSIVE PROGRAM.—In developing
4 plans for the rehabilitation and reintegration of individ-
5 uals with traumatic brain injury under section 1710C of
6 this title, the Secretary shall develop and carry out a com-
7 prehensive program of long-term care for post-acute trau-
8 matic brain injury rehabilitation that includes residential,
9 community, and home-based components utilizing inter-
10 disciplinary treatment teams.

11 “(b) LOCATION OF PROGRAM.—The Secretary shall
12 carry out the program developed under subsection (a) in
13 each Department polytrauma rehabilitation center des-
14 ignated by the Secretary.

15 “(c) ELIGIBILITY.—A veteran is eligible for care
16 under the program developed under subsection (a) if the
17 veteran is otherwise eligible to receive hospital care and
18 medical services under section 1710 of this title and—

19 “(1) served on active duty in a theater of com-
20 bat operations (as determined by the Secretary in
21 consultation with the Secretary of Defense) during a
22 period of war after the Persian Gulf War, or in com-
23 bat against a hostile force during a period of hos-
24 tilities (as defined in section 1712A(a)(2)(B) of this
25 title) after November 11, 1998;

1 “(2) is diagnosed as suffering from moderate to
2 severe traumatic brain injury; and

3 “(3) is unable to manage routine activities of
4 daily living without supervision or assistance, as de-
5 termined by the Secretary.

6 “(d) REPORT.—Not later than one year after the
7 date of the enactment of this section, and annually there-
8 after, the Secretary shall submit to the Committees on
9 Veterans’ Affairs of the Senate and the House of Rep-
10 resentatives a report containing the following information:

11 “(1) A description of the operation of the pro-
12 gram.

13 “(2) The number of veterans provided care
14 under the program during the year preceding such
15 report.

16 “(3) The cost of operating the program during
17 the year preceding such report.”.

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

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

 “1710D. Traumatic brain injury: comprehensive plan for long-term rehabilita-
 tion.”.

1 **SEC. 1703. USE OF NON-DEPARTMENT OF VETERANS AF-**
2 **FAIRS FACILITIES FOR IMPLEMENTATION OF**
3 **REHABILITATION AND COMMUNITY RE-**
4 **INTEGRATION PLANS FOR TRAUMATIC BRAIN**
5 **INJURY.**

6 (a) IN GENERAL.—Subchapter II of chapter 17 of
7 title 38, United States Code, is amended by inserting after
8 section 1710D, as added by section 1702, the following
9 new section:

10 **“§ 1710E. Traumatic brain injury: use of non-Depart-**
11 **ment facilities for rehabilitation**

12 “(a) COOPERATIVE AGREEMENTS.—The Secretary,
13 in implementing and carrying out a plan developed under
14 section 1710C of this title, may provide hospital care and
15 medical services through cooperative agreements with ap-
16 propriate public or private entities that have established
17 long-term neurobehavioral rehabilitation and recovery pro-
18 grams.

19 “(b) AUTHORITIES OF STATE PROTECTION AND AD-
20 VOCACY SYSTEMS.—Nothing in subtitle C of the Develop-
21 mental Disabilities Assistance and Bill of Rights Act of
22 2000 shall be construed as preventing a State protection
23 and advocacy system (as defined in section 1710C(g) of
24 this title) from exercising the authorities described in such
25 subtitle with respect to individuals provided rehabilitative

1 treatment or services under section 1710C of this title in
2 a non-Department facility.”.

3 (b) CLERICAL AMENDMENT.—The table of sections
4 at the beginning of such chapter is amended by inserting
5 after the item relating to section 1710D, as added by sec-
6 tion 1702, the following new item:

“1710E. Traumatic brain injury: use of non-Departmental facilities for rehabili-
tation.”.

7 **SEC. 1704. RESEARCH, EDUCATION, AND CLINICAL CARE**
8 **PROGRAM ON TRAUMATIC BRAIN INJURY.**

9 (a) IN GENERAL.—To improve the provision of
10 health care by the Department of Veterans Affairs to vet-
11 erans with traumatic brain injuries, the Secretary of Vet-
12 erans Affairs shall—

13 (1) conduct research, including—

14 (A) research on the sequelae of mild to se-
15 vere forms of traumatic brain injury;

16 (B) research on visually-related neuro-
17 logical conditions;

18 (C) research on seizure disorders;

19 (D) research on means of improving the
20 diagnosis, rehabilitative treatment, and preven-
21 tion of such sequelae;

22 (E) research to determine the most effec-
23 tive cognitive and physical therapies for such
24 sequelae;

1 (F) research on dual diagnosis of post-
2 traumatic stress disorder and traumatic brain
3 injury;

4 (G) research on improving facilities of the
5 Department concentrating on traumatic brain
6 injury care; and

7 (H) research on improving the delivery of
8 traumatic brain injury care by the Department;

9 (2) educate and train health care personnel of
10 the Department in recognizing and treating trau-
11 matic brain injury; and

12 (3) develop improved models and systems for
13 the furnishing of traumatic brain injury care by the
14 Department.

15 (b) COLLABORATION.—In carrying out research
16 under subsection (a), the Secretary of Veterans Affairs
17 shall collaborate with—

18 (1) facilities that conduct research on rehabili-
19 tation for individuals with traumatic brain injury;

20 (2) facilities that receive grants for such re-
21 search from the National Institute on Disability and
22 Rehabilitation Research of the Department of Edu-
23 cation; and

24 (3) the Defense and Veterans Brain Injury
25 Center of the Department of Defense and other rel-

1 evant programs of the Federal Government (includ-
2 ing Centers of Excellence).

3 (c) DISSEMINATION OF USEFUL INFORMATION.—

4 The Under Secretary of Veterans Affairs for Health shall
5 ensure that information produced by the research, edu-
6 cation and training, and clinical activities conducted under
7 this section that may be useful for other activities of the
8 Veterans Health Administration is disseminated through-
9 out the Veterans Health Administration.

10 (d) TRAUMATIC BRAIN INJURY REGISTRY.—

11 (1) IN GENERAL.—The Secretary of Veterans
12 Affairs shall establish and maintain a registry to be
13 known as the “Traumatic Brain Injury Veterans
14 Health Registry” (in this section referred to as the
15 “Registry”).

16 (2) DESCRIPTION.—The Registry shall include
17 the following information:

18 (A) A list containing the name of each in-
19 dividual who served as a member of the Armed
20 Forces in Operation Enduring Freedom or Op-
21 eration Iraqi Freedom who exhibits symptoms
22 associated with traumatic brain injury, as de-
23 termined by the Secretary of Veterans Affairs,
24 and who—

1 (i) applies for care and services fur-
2 nished by the Department of Veterans Af-
3 fairs under chapter 17 of title 38, United
4 States Code; or

5 (ii) files a claim for compensation
6 under chapter 11 of such title on the basis
7 of any disability which may be associated
8 with such service.

9 (B) Any relevant medical data relating to
10 the health status of an individual described in
11 subparagraph (A) and any other information
12 the Secretary considers relevant and appro-
13 priate with respect to such an individual if the
14 individual—

15 (i) grants permission to the Secretary
16 to include such information in the Reg-
17 istry; or

18 (ii) is deceased at the time such indi-
19 vidual is listed in the Registry.

20 (3) NOTIFICATION.—When possible, the Sec-
21 retary shall notify each individual listed in the Reg-
22 istry of significant developments in research on the
23 health consequences of military service in the Oper-
24 ation Enduring Freedom and Operation Iraqi Free-
25 dom theaters of operations.

1 **SEC. 1705. PILOT PROGRAM ON ASSISTED LIVING SERVICES**
2 **FOR VETERANS WITH TRAUMATIC BRAIN IN-**
3 **JURY.**

4 (a) PILOT PROGRAM.—Beginning not later than 90
5 days after the date of the enactment of this Act, the Sec-
6 retary of Veterans Affairs, in collaboration with the De-
7 fense and Veterans Brain Injury Center of the Depart-
8 ment of Defense, shall carry out a five-year pilot program
9 to assess the effectiveness of providing assisted living serv-
10 ices to eligible veterans to enhance the rehabilitation, qual-
11 ity of life, and community integration of such veterans.

12 (b) PROGRAM LOCATIONS.—

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

17 (A) at least one location shall be in each
18 health care region of the Veterans Health Ad-
19 ministration of the Department of Veterans Af-
20 fairs that contains a polytrauma center of the
21 Department of Veterans Affairs; and

22 (B) any location other than a location de-
23 scribed in subparagraph (A) shall be in an area
24 that contains a high concentration of veterans
25 with traumatic brain injuries, as determined by
26 the Secretary.

1 (2) SPECIAL CONSIDERATION FOR VETERANS IN
2 RURAL AREAS.—The Secretary shall give special
3 consideration to providing veterans in rural areas
4 with an opportunity to participate in the pilot pro-
5 gram.

6 (c) PROVISION OF ASSISTED LIVING SERVICES.—

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

13 (2) STANDARDS.—The Secretary may not place,
14 transfer, or admit a veteran to any facility for as-
15 sisted living services under the pilot program unless
16 the Secretary determines that the facility meets such
17 standards as the Secretary may prescribe for pur-
18 poses of the pilot program. Such standards shall, to
19 the extent practicable, be consistent with the stand-
20 ards of Federal, State, and local agencies charged
21 with the responsibility of licensing or otherwise regu-
22 lating or inspecting such facilities.

23 (d) CONTINUATION OF CASE MANAGEMENT AND RE-
24 HABILITATION SERVICES.—In carrying out the pilot pro-
25 gram, the Secretary shall—

1 (1) continue to provide each veteran who is re-
2 ceiving assisted living services under the pilot pro-
3 gram with rehabilitative services; and

4 (2) designate employees of the Veterans Health
5 Administration of the Department of Veterans Af-
6 fairs to furnish case management services for vet-
7 erans participating in the pilot program.

8 (e) REPORT.—

9 (1) IN GENERAL.—Not later than 60 days after
10 the completion of the pilot program, the Secretary
11 shall submit to the Committees on Veterans' Affairs
12 of the Senate and House of Representatives a report
13 on the pilot program.

14 (2) CONTENTS.—The report required by para-
15 graph (1) shall include the following:

16 (A) A description of the pilot program.

17 (B) An assessment of the utility of the ac-
18 tivities under the pilot program in enhancing
19 the rehabilitation, quality of life, and commu-
20 nity reintegration of veterans with traumatic
21 brain injury.

22 (C) Such recommendations as the Sec-
23 retary considers appropriate regarding the ex-
24 tension or expansion of the pilot program.

25 (f) DEFINITIONS.—In this section:

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

5 (2) The term “case management services” in-
6 cludes the coordination and facilitation of all services
7 furnished to a veteran by the Department of Vet-
8 erans Affairs, either directly or through a contract,
9 including assessment of needs, planning, referral (in-
10 cluding referral for services to be furnished by the
11 Department, either directly or through a contract, or
12 by an entity other than the Department), moni-
13 toring, reassessment, and followup.

14 (3) The term “eligible veteran” means a vet-
15 eran who—

16 (A) is enrolled in the patient enrollment
17 system of the Department of Veterans Affairs
18 under section 1705 of title 38, United States
19 Code;

20 (B) has received hospital care or medical
21 services provided by the Department of Vet-
22 erans Affairs for a traumatic brain injury;

23 (C) is unable to manage routine activities
24 of daily living without supervision and assist-
25 ance, as determined by the Secretary; and

1 (D) could reasonably be expected to receive
2 ongoing services after the end of the pilot pro-
3 gram under this section under another program
4 of the Federal Government or through other
5 means, as determined by the Secretary.

6 **SEC. 1706. PROVISION OF AGE-APPROPRIATE NURSING**
7 **HOME CARE.**

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

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

15 (1) by redesignating subsection (c) as sub-
16 section (d); and

17 (2) by inserting after subsection (b) the fol-
18 lowing new subsection (c):

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

1 **SEC. 1707. EXTENSION OF PERIOD OF ELIGIBILITY FOR**
2 **HEALTH CARE FOR VETERANS OF COMBAT**
3 **SERVICE DURING CERTAIN PERIODS OF HOS-**
4 **TILITIES AND WAR.**

5 Subparagraph (C) of section 1710(e)(3) of title 38,
6 United States Code, is amended to read as follows:

7 “(C) in the case of care for a veteran described
8 in paragraph (1)(D) who—

9 “(i) is discharged or released from the ac-
10 tive military, naval, or air service after the date
11 that is five years before the date of the enact-
12 ment of the National Defense Authorization Act
13 for Fiscal Year 2008, after a period of five
14 years beginning on the date of such discharge
15 or release; or

16 “(ii) is so discharged or released more than
17 five years before the date of the enactment of
18 that Act and who did not enroll in the patient
19 enrollment system under section 1705 of this
20 title before such date, after a period of three
21 years beginning on the date of the enactment of
22 that Act; and”.

23 **SEC. 1708. SERVICE-CONNECTION AND ASSESSMENTS FOR**
24 **MENTAL HEALTH CONDITIONS IN VETERANS.**

25 (a) **PRESUMPTION OF SERVICE-CONNECTION FOR**
26 **MENTAL ILLNESS IN PERSIAN GULF WAR VETERANS.—**

1 (1) IN GENERAL.—Section 1702 of title 38,
2 United States Code, is amended—

3 (A) by inserting “(a) PSYCHOSIS.—” be-
4 fore “For the purposes”; and

5 (B) by adding at the end the following new
6 subsection:

7 “(b) MENTAL ILLNESS.—For purposes of this chap-
8 ter, any veteran of the Persian Gulf War who develops
9 an active mental illness (other than psychosis) shall be
10 deemed to have incurred such disability in the active mili-
11 tary, naval, or air service if such veteran develops such
12 disability—

13 “(1) within two years after discharge or release
14 from the active military, naval, or air service; and

15 “(2) before the end of the two-year period be-
16 ginning on the last day of the Persian Gulf War.”.

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

19 **“§ 1702. Presumptions: psychosis after service in**
20 **World War II and following periods of**
21 **war; mental illness after service in the**
22 **Persian Gulf War”.**

23 (3) CLERICAL AMENDMENT.—The table of sec-
24 tions at the beginning of chapter 17 of such title is

1 amended by striking the item relating to section
2 1702 and inserting the following new item:

“1702. Presumptions: psychosis after service in World War II and following pe-
riods of war; mental illness following service in the Persian
Gulf War.”.

3 (b) PROVISION OF MENTAL HEALTH ASSESSMENTS
4 FOR CERTAIN VETERANS.—Section 1712A(a) of such title
5 is amended—

6 (1) in paragraph (1)(B), by adding at the end
7 the following new clause:

8 “(iii) Any veteran who served on active duty—

9 “(I) in a theater of combat operations (as
10 determined by the Secretary in consultation
11 with the Secretary of Defense) during a period
12 of war after the Persian Gulf War; or

13 “(II) in combat against a hostile force dur-
14 ing a period of hostilities (as defined in para-
15 graph (2)(B)) after November 11, 1998.”; and

16 (2) by adding at the end the following new
17 paragraph:

18 “(3) Upon request of a veteran described in para-
19 graph (1)(B)(iii), the Secretary shall provide the veteran
20 a preliminary general mental health assessment as soon
21 as practicable after receiving the request, but not later
22 than 30 days after receiving the request.”.

1 **SEC. 1709. MODIFICATION OF REQUIREMENTS FOR FUR-**
2 **NISHING OUTPATIENT DENTAL SERVICES TO**
3 **VETERANS WITH SERVICE-CONNECTED DEN-**
4 **TAL CONDITIONS OR DISABILITIES.**

5 Section 1712(a)(1)(B)(iii) of title 38, United States
6 Code, is amended—

7 (1) by striking “90 days after such discharge”
8 and inserting “180 days after such discharge”;

9 (2) by striking “90 days from the date of such
10 veteran’s subsequent discharge” and inserting “180
11 days from the date of such veteran’s subsequent dis-
12 charge”; and

13 (3) by striking “90 days after the date of cor-
14 rection” and inserting “180 days after the date of
15 correction”.

16 **SEC. 1710. CLARIFICATION OF PURPOSE OF OUTREACH**
17 **SERVICES PROGRAM OF DEPARTMENT OF**
18 **VETERANS AFFAIRS.**

19 (a) CLARIFICATION OF INCLUSION OF MEMBERS OF
20 THE NATIONAL GUARD AND RESERVE IN PROGRAM.—
21 Subsection (a)(1) of section 6301 of title 38, United
22 States Code, is amended by inserting “, or from a reserve
23 component,” after “active military, naval, or air service”.

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

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

3 (2) by inserting before paragraph (2) the fol-
4 lowing new paragraph (1):

5 “(1) the term ‘outreach’ means the act or proc-
6 ess of reaching out in a systematic manner to
7 proactively provide information, services, and bene-
8 fits counseling to veterans, and to the spouses, chil-
9 dren, and parents of veterans who may be eligible to
10 receive benefits under the laws administered by the
11 Secretary, to ensure that such individuals are fully
12 informed about, and receive assistance in applying
13 for, such benefits;”.

14 **SEC. 1711. DESIGNATION OF FIDUCIARY OR TRUSTEE FOR**
15 **PURPOSES OF TRAUMATIC**
16 **SERVICEMEMBERS’ GROUP LIFE INSURANCE.**

17 Section 1980A of title 38, United States Code, is
18 amended by adding at the end the following new sub-
19 section:

20 “(k) DESIGNATION OF FIDUCIARY OR TRUSTEE.—

21 (1) The Secretary concerned, in consultation with the Sec-
22 retary, shall develop a process for the designation of a fi-
23 duciary or trustee of a member of the uniformed services
24 who is insured against traumatic injury under this section.

25 The fiduciary or trustee so designated would receive a pay-

1 ment for a qualifying loss under this section if the member
2 is medically incapacitated (as determined pursuant to reg-
3 ulations prescribed by the Secretary concerned in con-
4 sultation with the Secretary) or experiencing an extended
5 loss of consciousness.

6 “(2) The process under paragraph (1) may require
7 each member of the uniformed services who is insured
8 under this section to—

9 “(A) designate an individual as the member’s
10 fiduciary or trustee for purposes of subsection (a);
11 or

12 “(B) elect that a court of proper jurisdiction
13 designate an individual as the member’s fiduciary or
14 trustee for purposes of subsection (a) in the event
15 that the member becomes medically incapacitated or
16 experiences an extended loss of consciousness.”.

17 **TITLE XVIII—NATIONAL GUARD**
18 **BUREAU MATTERS AND RE-**
19 **LATED MATTERS**

Sec. 1801. Short title.

Subtitle A—National Guard Bureau

Sec. 1811. Appointment, grade, duties, and retirement of the Chief of the Na-
tional Guard Bureau.

Sec. 1812. Establishment of National Guard Bureau as joint activity of the De-
partment of Defense.

Sec. 1813. Enhancement of functions of the National Guard Bureau.

Sec. 1814. Requirement for Secretary of Defense to prepare plan for response
to natural disasters and terrorist events.

Sec. 1815. Determination of Department of Defense civil support requirements.

Subtitle B—Additional Reserve Component Enhancement

- Sec. 1821. United States Northern Command.
Sec. 1822. Council of Governors.
Sec. 1823. Plan for Reserve Forces Policy Board.
Sec. 1824. High-level positions authorized or required to be held by reserve component general or flag officers.
Sec. 1825. Retirement age and years of service limitations on certain reserve general and flag officers.
Sec. 1826. Additional reporting requirements relating to National Guard equipment.

1 **SEC. 1801. SHORT TITLE.**

2 This title may be cited as the “National Guard Em-
3 powerment Act of 2007”.

4 **Subtitle A—National Guard Bureau**

5 **SEC. 1811. APPOINTMENT, GRADE, DUTIES, AND RETIRE-**
6 **MENT OF THE CHIEF OF THE NATIONAL**
7 **GUARD BUREAU.**

8 (a) APPOINTMENT.—Subsection (a) of section 10502
9 of title 10, United States Code, is amended by striking
10 paragraphs (1) through (3) and inserting the following
11 new paragraphs:

12 “(1) are recommended for such appointment by
13 their respective Governors or, in the case of the Dis-
14 trict of Columbia, the commanding general of the
15 District of Columbia National Guard;

16 “(2) are recommended for such appointment by
17 the Secretary of the Army or the Secretary of the
18 Air Force;

19 “(3) have had at least 10 years of federally rec-
20 ognized commissioned service in an active status in
21 the National Guard;

1 “(4) are in a grade above the grade of brigadier
2 general;

3 “(5) are determined by the Chairman of the
4 Joint Chiefs of Staff, in accordance with criteria and
5 as a result of a process established by the Chairman,
6 to have significant joint duty experience;

7 “(6) are determined by the Secretary of De-
8 fense to have successfully completed such other as-
9 signment and experiences so as to possess a de-
10 tailed understanding of the status and capabilities of
11 National Guard forces and the missions of the Na-
12 tional Guard Bureau as set forth in section 10503
13 of this title;

14 “(7) have a level of operational experience in a
15 position of significant responsibility, professional
16 military education, and demonstrated expertise in
17 national defense and homeland defense matters that
18 are commensurate with the advisory role of the
19 Chief of the National Guard Bureau; and

20 “(8) possess such other qualifications as the
21 Secretary of Defense shall prescribe for purposes of
22 this section.”.

23 (b) GRADE.—Subsection (d) of such section is
24 amended by striking “lieutenant general” and inserting
25 “general”.

1 (c) REPEAL OF AGE 64 LIMITATION ON SERVICE.—
2 Subsection (b) of such section is amended by striking “An
3 officer may not hold that office after becoming 64 years
4 of age.”.

5 (d) ADVISORY DUTIES.—Subsection (c) of such sec-
6 tion is amended to read as follows:

7 “(c) ADVISOR ON NATIONAL GUARD MATTERS.—The
8 Chief of the National Guard Bureau is—

9 “(1) a principal advisor to the Secretary of De-
10 fense, through the Chairman of the Joint Chiefs of
11 Staff, on matters involving non-federalized National
12 Guard forces and on other matters as determined by
13 the Secretary of Defense; and

14 “(2) the principal adviser to the Secretary of
15 the Army and the Chief of Staff of the Army, and
16 to the Secretary of the Air Force and the Chief of
17 Staff of the Air Force, on matters relating to the
18 National Guard, the Army National Guard of the
19 United States, and the Air National Guard of the
20 United States.”.

21 **SEC. 1812. ESTABLISHMENT OF NATIONAL GUARD BUREAU**
22 **AS JOINT ACTIVITY OF THE DEPARTMENT OF**
23 **DEFENSE.**

24 (a) JOINT ACTIVITY OF THE DEPARTMENT OF DE-
25 FENSE.—Subsection (a) of section 10501 of title 10,

1 United States Code, is amended by striking “joint bureau
2 of the Department of the Army and the Department of
3 the Air Force” and inserting “joint activity of the Depart-
4 ment of Defense”.

5 (b) JOINT MANPOWER REQUIREMENTS.—

6 (1) IN GENERAL.—Chapter 1011 of such title is
7 amended by adding at the end the following new sec-
8 tion:

9 **“§ 10508. National Guard Bureau: general provisions**

10 “The manpower requirements of the National Guard
11 Bureau as a joint activity of the Department of Defense
12 shall be determined in accordance with regulations pre-
13 scribed by the Secretary of Defense, in consultation with
14 the Chairman of the Joint Chiefs of Staff.”.

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

“10508. National Guard Bureau: general provisions.”.

18 **SEC. 1813. ENHANCEMENT OF FUNCTIONS OF THE NA-**
19 **TIONAL GUARD BUREAU.**

20 (a) ADDITIONAL GENERAL FUNCTIONS.—Section
21 10503 of title 10, United States Code, is amended—

22 (1) by redesignating paragraph (12) as para-
23 graph (14) and inserting before such paragraph (14)
24 the following new paragraph (13):

1 “(13)(A) Assisting the Secretary of Defense in
2 facilitating and coordinating with the entities listed
3 in subparagraph (B) the use of National Guard per-
4 sonnel and resources for operations conducted under
5 title 32, or in support of State missions.

6 “(B) The entities listed in this subparagraph
7 for purposes of subparagraph (A) are the following:

8 “(i) Other Federal agencies.

9 “(ii) The Adjutants General of the States.

10 “(iii) The United States Joint Forces
11 Command.

12 “(iv) The combatant command the geo-
13 graphic area of responsibility of which includes
14 the United States.”;

15 (2) by redesignating paragraphs (2) through
16 (11) as paragraphs (3) through (12), respectively;
17 and

18 (3) by inserting after paragraph (1) the fol-
19 lowing new paragraph (2):

20 “(2) The role of the National Guard Bureau in
21 support of the Secretary of the Army and the Sec-
22 retary of the Air Force.”.

23 (b) CHARTER DEVELOPED AND PRESCRIBED BY
24 SECRETARY OF DEFENSE.—Section 10503 of such title
25 is further amended—

1 (1) in the matter preceding paragraph (1)—

2 (A) by striking “The Secretary of the
3 Army and the Secretary of the Air Force shall
4 jointly develop” and inserting “The Secretary of
5 Defense, in consultation with the Chairman of
6 the Joint Chiefs of Staff, the Secretary of the
7 Army, and the Secretary of the Air Force, shall
8 develop”; and

9 (B) by striking “cover” in the second sen-
10 tence and inserting “reflect the full scope of the
11 duties and activities of the Bureau, including”;
12 and

13 (2) in paragraph (14), as redesignated by sub-
14 section (a)(1), by striking “the Secretaries” and in-
15 serting “the Secretary of Defense”.

16 (c) CONFORMING AND CLERICAL AMENDMENTS.—

17 (1) CONFORMING AMENDMENT.—The heading
18 of section 10503 of such title is amended to read as
19 follows:

20 **“§ 10503. Functions of National Guard Bureau: char-**
21 **ter”.**

22 (2) CLERICAL AMENDMENT.—The table of sec-
23 tions at the beginning of chapter 1011 of such title
24 is amended by striking the item relating to section
25 10503 and inserting the following new item:

“10503. Functions of National Guard Bureau: charter.”.

1 **SEC. 1814. REQUIREMENT FOR SECRETARY OF DEFENSE TO**
2 **PREPARE PLAN FOR RESPONSE TO NATURAL**
3 **DISASTERS AND TERRORIST EVENTS.**

4 (a) REQUIREMENT FOR PLAN.—

5 (1) IN GENERAL.—Not later than June 1,
6 2008, the Secretary of Defense, in consultation with
7 the Secretary of Homeland Security, the Chairman
8 of the Joint Chiefs of Staff, the commander of the
9 United States Northern Command, and the Chief of
10 the National Guard Bureau, shall prepare and sub-
11 mit to Congress a plan for coordinating the use of
12 the National Guard and members of the Armed
13 Forces on active duty when responding to natural
14 disasters, acts of terrorism, and other man-made
15 disasters as identified in the national planning sce-
16 narios described in subsection (e).

17 (2) UPDATE.—Not later than June 1, 2010, the
18 Secretary, in consultation with the persons consulted
19 under paragraph (1), shall submit to Congress an
20 update of the plan required under paragraph (1).

21 (b) INFORMATION TO BE PROVIDED TO SEC-
22 RETARY.—To assist the Secretary of Defense in preparing
23 the plan, the National Guard Bureau, pursuant to its pur-
24 pose as channel of communications as set forth in section
25 10501(b) of title 10, United States Code, shall provide to
26 the Secretary information gathered from Governors, adju-

1 tants general of States, and other State civil authorities
2 responsible for homeland preparation and response to nat-
3 ural and man-made disasters.

4 (c) TWO VERSIONS.—The plan shall set forth two
5 versions of response, one using only members of the Na-
6 tional Guard, and one using both members of the National
7 Guard and members of the regular components of the
8 Armed Forces.

9 (d) MATTERS COVERED.—The plan shall cover, at a
10 minimum, the following:

11 (1) Protocols for the Department of Defense,
12 the National Guard Bureau, and the Governors of
13 the several States to carry out operations in coordi-
14 nation with each other and to ensure that Governors
15 and local communities are properly informed and re-
16 main in control in their respective States and com-
17 munities.

18 (2) An identification of operational procedures,
19 command structures, and lines of communication to
20 ensure a coordinated, efficient response to contin-
21 gencies.

22 (3) An identification of the training and equip-
23 ment needed for both National Guard personnel and
24 members of the Armed Forces on active duty to pro-
25 vide military assistance to civil authorities and for

1 other domestic operations to respond to hazards
2 identified in the national planning scenarios.

3 (e) NATIONAL PLANNING SCENARIOS.—The plan
4 shall provide for response to the following hazards:

5 (1) Nuclear detonation, biological attack, bio-
6 logical disease outbreak/pandemic flu, the plague,
7 chemical attack-blister agent, chemical attack-toxic
8 industrial chemicals, chemical attack-nerve agent,
9 chemical attack-chlorine tank explosion, major hurri-
10 cane, major earthquake, radiological attack-radio-
11 logical dispersal device, explosives attack-bombing
12 using improvised explosive device, biological attack-
13 food contamination, biological attack-foreign animal
14 disease and cyber attack.

15 (2) Any other hazards identified in a national
16 planning scenario developed by the Homeland Secu-
17 rity Council.

18 **SEC. 1815. DETERMINATION OF DEPARTMENT OF DEFENSE**

19 **CIVIL SUPPORT REQUIREMENTS.**

20 (a) DETERMINATION OF REQUIREMENTS.—The Sec-
21 retary of Defense, in consultation with the Secretary of
22 Homeland Security, shall determine the military-unique
23 capabilities needed to be provided by the Department of
24 Defense to support civil authorities in an incident of na-
25 tional significance or a catastrophic incident.

1 (b) PLAN FOR FUNDING CAPABILITIES.—

2 (1) PLAN.—The Secretary of Defense shall de-
3 velop and implement a plan, in coordination with the
4 Secretaries of the military departments and the
5 Chairman of the Joint Chiefs of Staff, for providing
6 the funds and resources necessary to develop and
7 maintain the following:

8 (A) The military-unique capabilities deter-
9 mined under subsection (a).

10 (B) Any additional capabilities determined
11 by the Secretary to be necessary to support the
12 use of the active components and the reserve
13 components of the Armed Forces for homeland
14 defense missions, domestic emergency re-
15 sponses, and providing military support to civil
16 authorities.

17 (2) TERM OF PLAN.—The plan required under
18 paragraph (1) shall cover at least five years.

19 (c) BUDGET.—The Secretary of Defense shall include
20 in the materials accompanying the budget submitted for
21 each fiscal year a request for funds necessary to carry out
22 the plan required under subsection (b) during the fiscal
23 year covered by the budget. The defense budget materials
24 shall delineate and explain the budget treatment of the

1 plan for each component of each military department, each
2 combatant command, and each affected Defense Agency.

3 (d) DEFINITIONS.—In this section:

4 (1) The term “military-unique capabilities”
5 means those capabilities that, in the view of the Sec-
6 retary of Defense—

7 (A) cannot be provided by other Federal,
8 State or local civilian agencies; and

9 (B) are essential to provide support to civil
10 authorities in an incident of national signifi-
11 cance or a catastrophic incident.

12 (2) The term “defense budget materials”, with
13 respect to a fiscal year, means the materials sub-
14 mitted to Congress by the Secretary of Defense in
15 support of the budget for that fiscal year.

16 (e) STRATEGIC PLANNING GUIDANCE.—Section
17 113(g)(2) of title 10, United States Code, is amended by
18 striking “contingency plans” at the end of the first sen-
19 tence and inserting the following: “contingency plans, in-
20 cluding plans for providing support to civil authorities in
21 an incident of national significance or a catastrophic inci-
22 dent, for homeland defense, and for military support to
23 civil authorities”.

1 **Subtitle B—Additional Reserve**
2 **Component Enhancement**

3 **SEC. 1821. UNITED STATES NORTHERN COMMAND.**

4 (a) MANPOWER REVIEW.—

5 (1) REVIEW BY CHAIRMAN OF THE JOINT
6 CHIEFS OF STAFF.—Not later than one year after
7 the date of the enactment of this Act, the Chairman
8 of the Joint Chiefs of Staff shall submit to the Sec-
9 retary of Defense a review of the civilian and mili-
10 tary positions, job descriptions, and assignments
11 within the United States Northern Command with
12 the goal of determining the feasibility of significantly
13 increasing the number of members of a reserve com-
14 ponent assigned to, and civilians employed by, the
15 United States Northern Command who have experi-
16 ence in the planning, training, and employment of
17 forces for homeland defense missions, domestic
18 emergency response, and providing military support
19 to civil authorities.

20 (2) SUBMISSION OF RESULTS OF REVIEW.—Not
21 later than 90 days after the date on which the Sec-
22 retary of Defense receives the results of the review
23 under paragraph (1), the Secretary shall submit to
24 Congress a copy of the results of the review, to-
25 gether with such recommendations as the Secretary

1 considers appropriate to achieve the objectives of the
2 review.

3 (b) DEFINITION.—In this section, the term “United
4 States Northern Command” means the combatant com-
5 mand the geographic area of responsibility of which in-
6 cludes the United States.

7 **SEC. 1822. COUNCIL OF GOVERNORS.**

8 The President shall establish a bipartisan Council of
9 Governors to advise the Secretary of Defense, the Sec-
10 retary of Homeland Security, and the White House Home-
11 land Security Council on matters related to the National
12 Guard and civil support missions.

13 **SEC. 1823. PLAN FOR RESERVE FORCES POLICY BOARD.**

14 (a) PLAN.—The Secretary of Defense shall develop
15 a plan to implement revisions that the Secretary deter-
16 mines necessary in the designation, organization, member-
17 ship, functions, procedures, and legislative framework of
18 the Reserve Forces Policy Board. The plan—

19 (1) shall be consistent with the findings, conclu-
20 sions, and recommendations included in Part III E
21 of the Report of the Commission on the National
22 Guard and Reserves of March 1, 2007; and

23 (2) to the extent possible, shall take into ac-
24 count the views and recommendations of civilian and
25 military leaders, past chairmen of the Reserve

1 Forces Policy Board, private organizations with ex-
2 pertise and interest in Department of Defense orga-
3 nization, and other individuals or groups in the dis-
4 cretion of the Secretary.

5 (b) REPORT.—Not later than July 1, 2008, the Sec-
6 retary of Defense shall submit to the Committees on
7 Armed Services of the Senate and the House of Represent-
8 atives a report on the plan developed under subsection (a),
9 including such recommendations for legislation as the Sec-
10 retary considers necessary.

11 **SEC. 1824. HIGH-LEVEL POSITIONS AUTHORIZED OR RE-**
12 **QUIRED TO BE HELD BY RESERVE COMPO-**
13 **NENT GENERAL OR FLAG OFFICERS.**

14 (a) SENSE OF CONGRESS.—It is the sense of Con-
15 gress that, whenever officers of the Armed Forces are con-
16 sidered for promotion to the grade of lieutenant general,
17 or vice admiral in the case of the Navy, on the active duty
18 list, officers in the reserve components of the Armed
19 Forces who are eligible for promotion to such grade should
20 be considered for promotion to such grade.

21 (b) NATIONAL GUARD OFFICER AS DEPUTY COM-
22 MANDER OF UNITED STATES NORTHERN COMMAND.—
23 Section 164(e) of title 10, United States Code, is amended
24 by adding at the end the following new paragraph:

1 “(4) At least one deputy commander of the combat-
2 ant command the geographic area of responsibility of
3 which includes the United States shall be a qualified offi-
4 cer of the National Guard who is eligible for promotion
5 to the grade of O-9, unless a National Guard officer is
6 serving as commander of that combatant command.”.

7 (c) INCREASE IN NUMBER OF UNIFIED AND SPECI-
8 FIED COMBATANT COMMAND POSITIONS FOR RESERVE
9 COMPONENT OFFICERS.—Section 526(b)(2)(A) of such
10 title is amended by striking “10 general and flag officer
11 positions on the staffs of the commanders of” and insert-
12 ing “15 general and flag officer positions in”.

13 **SEC. 1825. RETIREMENT AGE AND YEARS OF SERVICE LIM-**
14 **TATIONS ON CERTAIN RESERVE GENERAL**
15 **AND FLAG OFFICERS.**

16 (a) RETIREMENT FOR AGE.—

17 (1) INCLUSION OF RESERVE GENERALS AND
18 ADMIRALS.—Section 14511 of title 10, United
19 States Code, is amended to read as follows:

20 **“§ 14511. Separation at age 64: officers in grade of**
21 **major general or rear admiral and above**

22 “(a) SEPARATION REQUIRED.—Unless retired, trans-
23 ferred to the Retired Reserve, or discharged at an earlier
24 date, each reserve officer of the Army, Air Force, or Ma-
25 rine Corps in the grade of major general or above and

1 each reserve officer of the Navy in the grade of rear admiral or above shall be separated in accordance with section 14515 of this title on the last day of the month in which the officer becomes 64 years of age.

5 “(b) EXCEPTION FOR OFFICERS SERVING IN O–9 AND O–10 POSITIONS.—The retirement of a reserve officer of the Army, Air Force, or Marine Corps in the grade of lieutenant general or general, or a reserve officer of the Navy in the grade of vice admiral or admiral, under subsection (a) may be deferred—

11 “(1) by the President, but such a deferment may not extend beyond the first day of the month following the month in which the officer becomes 68 years of age; or

15 “(2) by the Secretary of Defense, but such a deferment may not extend beyond the first day of the month following the month in which the officer becomes 66 years of age.

19 “(c) EXCEPTION FOR OFFICERS HOLDING CERTAIN OFFICES.—This section does not apply to an officer covered by section 14512 of this title.”

22 (2) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 1407 of such title is amended by striking the item relating to section 14511 and inserting the following new item:

“14511. Separation at age 64: officers in grade of major general or rear admiral and above.”.

1 (b) CONFORMING AMENDMENTS AND RESERVE OF-
2 FICERS HOLDING CERTAIN OTHER OFFICES.—Section
3 14512 of such title is amended—

4 (1) in subsection (a)(2)—

5 (A) by striking subparagraph (A); and

6 (B) by redesignating subparagraphs (B),

7 (C), and (D) as subparagraphs (A), (B), and

8 (C), respectively; and

9 (2) in subsection (b)—

10 (A) by inserting “(1)” before “The Sec-
11 retary”; and

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

14 “(2) The Secretary of Defense may defer the retire-
15 ment of a reserve officer serving in the position of Chief
16 of the Navy Reserve or Commander of the Marine Forces
17 Reserve, but such deferment may not extend beyond the
18 first day of the month following the month in which the
19 officer becomes 66 years of age. A deferment under this
20 paragraph shall not count toward the limitation on the
21 total number of officers whose retirement may be deferred
22 at any one time under paragraph (1).”.

23 (c) IMPOSITION OF YEARS OF SERVICE LIMITA-
24 TION.—

1 (1) IMPOSITION OF LIMITATION.—Section
2 14508 of such title is amended by inserting after
3 subsection (c), as added by section 513, the fol-
4 lowing new subsection:

5 “(d) FORTY YEARS OF SERVICE FOR GENERALS AND
6 ADMIRALS.—Unless retired, transferred to the Retired
7 Reserve, or discharged at an earlier date, each reserve offi-
8 cer of the Army, Air Force, or Marine Corps in the grade
9 of general and each reserve officer of the Navy in the
10 grade of admiral shall be separated in accordance with sec-
11 tion 14514 of this title on the first day of the first month
12 beginning after the date of the fifth anniversary of the
13 officer’s appointment to that grade or 30 days after the
14 date on which the officer completes 40 years of commis-
15 sioned service, whichever is later.”.

16 (2) CONFORMING AMENDMENTS.—Subsection
17 (b) of section 10502 of such title, as amended by
18 section 1811, is further amended—

19 (A) by inserting “(1)” before the first sen-
20 tence; and

21 (B) by striking “While holding that office”
22 and inserting the following:

23 “(2) Except as provided in section 14508(d) of this
24 title, while holding the office of Chief of the National
25 Guard Bureau”.

1 **SEC. 1826. ADDITIONAL REPORTING REQUIREMENTS RE-**
2 **LATING TO NATIONAL GUARD EQUIPMENT.**

3 Section 10541 of title 10, United States Code, is
4 amended by adding at the end the following new sub-
5 section:

6 “(d) Each report under this section concerning equip-
7 ment of the National Guard shall also include the fol-
8 lowing:

9 “(1) A statement of the accuracy of the projec-
10 tions required by subsection (b)(5)(D) contained in
11 earlier reports under this section, and an expla-
12 nation, if the projection was not met, of why the
13 projection was not met.

14 “(2) A certification from the Chief of the Na-
15 tional Guard Bureau setting forth an inventory for
16 the preceding fiscal year of each item of equip-
17 ment—

18 “(A) for which funds were appropriated;

19 “(B) which was due to be procured for the
20 National Guard during that fiscal year; and

21 “(C) which has not been received by a Na-
22 tional Guard unit as of the close of that fiscal
23 year.”.