

108TH CONGRESS  
2D SESSION

# S. 2430

To provide for improved medical readiness of the members of the Armed Forces, and for other purposes.

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IN THE SENATE OF THE UNITED STATES

MAY 18, 2004

Mrs. CLINTON (for herself, Mr. TALENT, and Mr. SCHUMER) introduced the following bill; which was read twice and referred to the Committee on Armed Services

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## A BILL

To provide for improved medical readiness of the members of the Armed Forces, and for other purposes.

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

3       **SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “Medical Readiness and  
5       Tracking Act of 2004”.

1 **TITLE I—RESERVE COMPONENT**  
2 **PERSONNEL**

3 **SEC. 101. STUDY OF HEALTH OF RESERVES ORDERED TO**  
4 **ACTIVE DUTY FOR OPERATIONS ENDURING**  
5 **FREEDOM AND IRAQI FREEDOM.**

6 (a) REQUIREMENT FOR GAO STUDY.—The Comp-  
7 troller General of the United States shall carry out a study  
8 of the health of the members of the reserve components  
9 of the Armed Forces who have been called or ordered to  
10 active duty for a period of more than 30 days in support  
11 of Operation Enduring Freedom and Operation Iraqi  
12 Freedom. The Comptroller General shall commence the  
13 study not later than 180 days after the date of the enact-  
14 ment of this Act.

15 (b) PURPOSES.—The purposes of the study under  
16 this section are as follows:

17 (1) To review the health status and medical fit-  
18 ness of the activated Reserves when they were called  
19 or ordered to active duty.

20 (2) To review the effects, if any, on logistics  
21 planning and the deployment schedules for the oper-  
22 ations referred to in subsection (a) that resulted  
23 from deficiencies in the health or medical fitness of  
24 activated Reserves.

1           (3) To review compliance of the responsible De-  
2       partment of Defense personnel with Department of  
3       Defense policies on routine medical and physical fit-  
4       ness examinations that are applicable to the reserve  
5       components of the Armed Forces.

6           (4) To review in the case of activated Reserves  
7       deployed to the theater of an operation referred to  
8       in subsection (a), the medical care that was provided  
9       to such personnel in the theater during the first six  
10      months after arrival in the theater.

11      (c) REPORT.—The Comptroller General shall, not  
12      later than 18 months after the date of the enactment of  
13      this Act, submit a report on the results of the study under  
14      this section to the Committees on Armed Services of the  
15      Senate and the House of Representatives. The report shall  
16      include the following matters:

17           (1) With respect to the matters reviewed under  
18      paragraph (1) of subsection (b)—

19           (A) the percentage of activated Reserves  
20      who were determined to be medically unfit for  
21      deployment, together with an analysis of the  
22      medical illnesses or conditions most commonly  
23      found among the activated Reserves that were  
24      grounds for determinations of medical unfitness  
25      for deployment; and

1 (B) the percentage of the activated Re-  
2 serves who, before being deployed, needed med-  
3 ical care for health conditions identified when  
4 called or ordered to active duty, together with  
5 an analysis of the types of care that were pro-  
6 vided for such conditions.

7 (2) With respect to the matters reviewed under  
8 paragraph (2) of subsection (b)—

9 (A) the delays and other disruptions in de-  
10 ployment schedules that resulted from defi-  
11 ciencies in the health status or medical fitness  
12 of activated Reserves; and

13 (B) an analysis of the extent to which it  
14 was necessary to merge units or otherwise alter  
15 the composition of units, and the extent to  
16 which it was necessary to merge or otherwise  
17 alter objectives, in order to compensate for limi-  
18 tations on the deployability of activated Re-  
19 serves resulting from deficiencies in the health  
20 status or medical fitness of activated Reserves.

21 (3) With respect to the matters reviewed under  
22 paragraph (3) of subsection (b), an assessment of  
23 the extent of the compliance of the responsible De-  
24 partment of Defense personnel with Department of  
25 Defense policies on routine medical and physical fit-

1       ness examinations that are applicable to the reserve  
2       components of the Armed Forces.

3           (4) With respect to the matters reviewed under  
4       paragraph (4) of subsection (b), an analysis of the  
5       extent to which the medical care provided to acti-  
6       vated Reserves in each theater of operations referred  
7       to in subsection (a) related to preexisting conditions  
8       that were not adequately addressed before the de-  
9       ployment of such personnel to the theater.

10       (d) DEFINITIONS.—In this section:

11           (1) The term “activated Reserves” means the  
12       members of the Armed Forces referred to in sub-  
13       section (a).

14           (2) The term “active duty for a period of more  
15       than 30 days” has the meaning given such term in  
16       section 101(d) of title 10, United States Code.

17           (3) The term “health condition” includes a den-  
18       tal condition.

19           (4) The term “reserve components of the  
20       Armed Forces” means the reserve components listed  
21       in section 10101 of title 10, United States Code.

22       **SEC. 102. PHYSICAL EXAMINATIONS.**

23       (a) REQUIREMENT.—Section 10206(a) of title 10,  
24       United States Code, is amended by striking “shall—” and  
25       all that follows and inserting “shall be examined as to his

1 physical fitness every 30 months, or more often as the Sec-  
 2 retary concerned considers necessary.”.

3 (b) EFFECTIVE DATE.—This section and the amend-  
 4 ment made by subsection (a) shall take effect on October  
 5 1, 2004.

6 **SEC. 103. RETRAINING OR SEPARATION OF MEDICALLY**  
 7 **UNFIT MEMBERS.**

8 (a) REQUIREMENT.—Chapter 1007 of title 10,  
 9 United States Code, is amended by inserting after section  
 10 10206 the following new section:

11 **“§ 10206a. Required actions for members not medi-**  
 12 **cally fit**

13 “(a) IN GENERAL.—The Secretary of a military de-  
 14 partment shall take action under subsection (b) in the case  
 15 of each member of a reserve component under the Sec-  
 16 retary’s jurisdiction who—

17 “(1) as a result of an examination under sec-  
 18 tion 10206 of this title or any other physical or med-  
 19 ical examination performed under regulations pre-  
 20 scribed by the Secretary, is determined not medically  
 21 qualified for the performance of the duties of such  
 22 member’s position; and

23 “(2) either—

24 “(A) as of the date that is 180 days after  
 25 the date of that determination, is not making

1 progress to become medically qualified in ac-  
 2 cordance with a plan approved under regula-  
 3 tions prescribed by the Secretary; or

4 “(B) does not become medically qualified  
 5 for the position within the period covered by  
 6 such a plan.

7 “(b) REQUIRED ACTIONS.—A member of a reserve  
 8 component described in subsection (a)—

9 “(1) shall be reassigned to a position in such  
 10 reserve component for which the member is medi-  
 11 cally and otherwise qualified; or

12 “(2) if there is no position in such reserve com-  
 13 ponent for which the member is medically and other-  
 14 wise qualified, shall be separated from such reserve  
 15 component.”.

16 (b) CLERICAL AMENDMENT.—The table of sections  
 17 at the beginning of such chapter is amended by inserting  
 18 after the item relating to section 10206 the following new  
 19 item:

“10206a. Required actions for members not medically fit.”.

20 **SEC. 104. POLICY ON DEFERRAL OF MEDICAL TREATMENT**  
 21 **PENDING DEPLOYMENT TO THEATERS OF OP-**  
 22 **ERATION.**

23 (a) REQUIREMENT FOR POLICY.—(1) Chapter 1007  
 24 of title 10, United States Code, as amended by section

1 103, is further amended by inserting after section 10206a  
2 the following new section:

3 **“§ 10206b. Members ordered to active duty: treatment**  
4 **of medical conditions**

5 “(a) POLICY REQUIRED.—The Secretary of Defense  
6 shall prescribe a policy that specifies for members of the  
7 reserve components called or ordered to active duty for  
8 a period of more than 30 days under a provision of law  
9 referred to in section 101(a)(13)(B) of this title—

10 (1) the circumstances under which treatment  
11 for medical conditions may be deferred to be pro-  
12 vided within a theater of operations in order to pre-  
13 vent delay or other disruption of a deployment to  
14 that theater; and

15 (2) the circumstances under which medical con-  
16 ditions are to be treated before deployment to that  
17 theater.

18 “(b) FACTORS TO BE CONSIDERED.—The policy  
19 under subsection (a) shall specify the factors to be consid-  
20 ered in a determination of deferral or initiation of treat-  
21 ment of a medical condition of a member to be deployed  
22 to a theater of operations, including the following factors:

23 “(1) Severity of the condition, including the ex-  
24 tent of risk of significant aggravation of the condi-  
25 tion if treatment is delayed or inadequate.



1           “(2) Medical treatment capabilities available to  
2           the member for such condition in the theater of op-  
3           erations.

4           “(3) The cost of treatment of the condition in  
5           such theater as compared to the cost of treatment  
6           of the condition under chapter 55 of this title at or  
7           in the vicinity of the facility or installation from  
8           which the member is to be deployed.”.

9           (2) The table of sections at the beginning of such  
10          chapter, as amended by section 103(b), is further amend-  
11          ed by inserting after the item relating to section 10206a  
12          the following new item:

          “10206b. Members ordered to active duty: treatment of medical conditions.”.

13          (b) TIME FOR ISSUANCE OF POLICY.—The Secretary  
14          of Defense shall issue the policy required by section  
15          10206b of title 10, United States Code (as added by sub-  
16          section (a)), not later than 180 days after the date of the  
17          enactment of this Act.

## 18       **TITLE II—ALL ARMED FORCES** 19                               **PERSONNEL**

### 20       **Subtitle A—Health Screening**

#### 21       **SEC. 201. RECRUIT ASSESSMENT PROGRAM.**

22          (a) BASELINE HEALTH DATA.—(1) Chapter 55 of  
23          title 10, United States Code, is amended by inserting after  
24          section 1092 the following new section:

1   **“§ 1092a. Persons entering the armed forces: baseline**  
2                   **health data**

3           “(a) PROGRAM REQUIRED.—The Secretary of De-  
4 fense shall, for the purposes set forth in subsection (b),  
5 carry out a program for—

6                   “(1) the routine collection of baseline health  
7 data from all persons entering the armed forces;

8                   “(2) computerized compilation and maintenance  
9 of the baseline health data; and

10                   “(3) analysis of the data.

11           “(b) PURPOSES.—The program under this section  
12 shall be designed to achieve the following purposes:

13                   “(1) To facilitate understanding of how expo-  
14 sures related to service in the armed forces affect  
15 health.

16                   “(2) To facilitate development of early interven-  
17 tion and prevention programs to protect health and  
18 readiness.

19           “(c) BASELINE HEALTH DATA DEFINED.—In this  
20 section, the term ‘baseline health data’, with respect to  
21 a person entering any of the armed forces, means com-  
22 prehensive information on the health of that person upon  
23 entry.

24           “(d) APPLICABILITY TO COAST GUARD.—(1) The  
25 program under this section shall apply to members of the

1 Coast Guard to the extent approved by the Secretary of  
2 Homeland Security.

3 “(2) Nothing in paragraph (1) shall be construed to  
4 limit the application of the program under this section to  
5 a member of the Coast Guard in that member’s capacity  
6 as a person entering a reserve component of the Army,  
7 Navy, Air Force, or Marine Corps.”.

8 (2) The table of sections at the beginning of such  
9 chapter is amended by inserting after the item relating  
10 to section 1092 the following new item:

“1092a. Persons entering the armed forces: baseline health data.”.

11 (b) TIME FOR IMPLEMENTATION.—The Secretary of  
12 Defense shall implement the program required under sec-  
13 tion 1092a of title 10, United States Code (as added by  
14 paragraph (1)), not later than two years after the date  
15 of the enactment of this Act.

16 **SEC. 202. FURTHER REFINEMENT OF MEDICAL TRACKING**  
17 **SYSTEM FOR MEMBERS DEPLOYED OVER-**  
18 **SEAS.**

19 (a) ESTABLISHMENT OF ADVISORY WORKING  
20 GROUP.—(1) Not later than 90 days after the date of the  
21 enactment of this Act, the Secretary of Defense shall con-  
22 vene a working group to improve the medical tracking sys-  
23 tem for members deployed overseas established under sec-  
24 tion 1074f of title 10, United States Code.

1       (2) The working group under paragraph (1) shall be  
2 composed of any number of members, not less than 12  
3 and not more than 20, that the Secretary of Defense de-  
4 termines appropriate for the working group to carry out  
5 its duties effectively, including members appointed by the  
6 Secretary as follows:

7           (A) One or more representatives of the Assist-  
8 ant Secretary of Defense for Health Affairs.

9           (B) One or more representatives of the Sec-  
10 retary of Veterans Affairs, with the consent of the  
11 Secretary.

12          (C) One or more civilian health professionals  
13 who have expertise in public health and epidemi-  
14 ology.

15          (D) Three or more civilian health professionals  
16 who have been involved in military health research  
17 or treatment.

18          (E) Three or more civilian health professionals  
19 who have been involved in environmental health re-  
20 search or treatment.

21          (F) Three or more civilians who are representa-  
22 tive of veterans and military health advocacy organi-  
23 zations.

24       (3) The working group shall—

1           (A) analyze the strengths and weaknesses of the  
2       medical tracking system administered under section  
3       1074f of title 10, United States Code, as a means  
4       for detecting—

5               (i) any health problems (including mental  
6       health conditions) of members of the Armed  
7       Forces contemporaneous with the performance  
8       of the assessment under the system; and

9               (ii) exposures of the assessed members to  
10      environmental hazards that potentially lead to  
11      future health problems;

12          (B) analyze the strengths and weaknesses of  
13      such medical tracking system as a means for sup-  
14      porting future research on health issues presenting  
15      in the years following the deployment of the mem-  
16      bers of the Armed Forces assessed under the sys-  
17      tem; and

18          (C) identify and develop recommended changes  
19      to such medical tracking system that strengthen the  
20      system as a means for—

21               (i) detecting health problems and expo-  
22      sures to environmental hazards as described in  
23      subparagraph (A); and

24               (ii) supporting future research as described  
25      in subparagraph (B).

1       (4) Not later than 180 days after convening, the  
2 working group shall submit to the Secretary a report set-  
3 ting forth the analyses and recommendations of the work-  
4 ing group.

5       (b) ACTIONS BY SECRETARY OF DEFENSE.—Not  
6 later than 180 days after receipt of the report under sub-  
7 section (a)(4), the Secretary of Defense shall prescribe  
8 regulations to implement the recommendations of the  
9 working group to the extent that the Secretary considers  
10 appropriate. The regulations shall include policies and  
11 standards for drawing blood samples for effective assess-  
12 ment and tracking of the medical conditions of personnel  
13 before deployment, upon the end of a deployment, and for  
14 a follow-up period of appropriate length.

15       (c) INTERIM STANDARDS FOR BLOOD SAMPLING.—  
16 (1) The Secretary of Defense shall require that, under the  
17 medical tracking system administered under section 1074f  
18 of title 10, United States Code—

19               (A) the blood samples necessary for the  
20 predeployment medical examination of a member of  
21 the Armed Forces required under subsection (b) of  
22 such section be drawn not earlier than 30 days be-  
23 fore the date of the deployment;

24               (B) the blood samples necessary for the  
25 postdeployment medical examination of a member of

1 the Armed Forces required under such subsection be  
2 drawn not later than 30 days after the date on  
3 which the deployment ends; and

4 (C) annually, for the first three years after the  
5 deployment of a member ends, blood samples be  
6 drawn from that person for the purpose of assessing  
7 the medical condition of such person under such sys-  
8 tem.

9 (2) In the case of a person who is no longer a member  
10 of the Armed Forces when a blood sample is to be drawn  
11 from such person under paragraph (1)(C), the blood may  
12 be drawn at any medical facility of the uniformed services  
13 designated by the Secretary of Defense. The Secretary  
14 shall attempt to accommodate the convenience of that per-  
15 son in selecting a facility for the drawing of that person's  
16 blood sample.

17 (3) The requirements of paragraph (1) shall cease to  
18 be effective on the date on which the regulations pre-  
19 scribed under subsection (b) take effect.

20 **Subtitle B—Medical Care in**  
21 **Theater of Operations**

22 **SEC. 211. MEDICAL SERVICES PROVIDED IN ALLIED**  
23 **HEALTH FACILITIES.**

24 Not later than one year after the date of the enact-  
25 ment of this Act, the Assistant Secretary of Defense for

1 Health Affairs shall submit to the Secretary of Defense  
2 and the Committees on Armed Services of the Senate and  
3 the House of Representatives a report on the extent and  
4 types of medical services that were provided to members  
5 of the Armed Forces in facilities of allies of the United  
6 States during previous and current deployments of the  
7 Armed Forces, including Operations Desert Shield, Desert  
8 Storm, Joint Endeavor, Joint Forge, Joint Guardian, En-  
9 during Freedom, and Iraqi Freedom.

10 **SEC. 212. DEVELOPMENT OF POLICY ON PERSONNEL LOCA-**  
11 **TION DATA.**

12 (a) REQUIREMENT FOR POLICY.—The Secretary of  
13 Defense shall prescribe a Department of Defense policy  
14 on the collection and dissemination of in-theater individual  
15 personnel location data for the following purposes:

16 (1) To facilitate health care research and in-  
17 formed health care policy making for the Armed  
18 Forces.

19 (2) To enhance the capabilities of the Armed  
20 Forces to recognize and meet the health care needs  
21 of members of the Armed Forces returning to home  
22 stations from deployment to a theater of operations.

23 (b) ADVISORY WORKING GROUP.—(1) The Secretary  
24 shall establish a working group to advise the Secretary on



1 the development of the policy under subsection (a). The  
2 working group shall include the following:

3 (A) One or more representatives of the Assist-  
4 ant Secretary of Defense for Health Affairs.

5 (B) One or more representatives of the Sec-  
6 retary of Veterans Affairs, with the consent of the  
7 Secretary.

8 (C) One or more representatives of the program  
9 manager for the Global Combat Support System.

10 (D) One or more representatives of the defense  
11 manpower data center.

12 (E) One or more representatives of the program  
13 manager for the Land Warrior System.

14 (F) One or more civilian health professionals  
15 who have been involved in research and treatment of  
16 Gulf War Syndrome.

17 (G) One or more representatives of the Joint  
18 Staff.

19 (2) In developing the policy recommendations, the  
20 working group shall take into consideration—

21 (A) traditional medical requirements for com-  
22 plete and open access to specific, individual per-  
23 sonnel location data to provide for—

24 (i) adequate and independent peer review  
25 by all interested parties; and

1 (ii) an open and transparent process for  
 2 setting scientifically rigorous health policy and  
 3 formulating clinical guidelines for care;

4 (B) traditional operational requirements for se-  
 5 curing personnel location data so as to prevent—

6 (i) compromise of mission objectives; or

7 (ii) unauthorized disclosure of tactical and  
 8 logistical planning; and

9 (C) existing practical limitations on the collec-  
 10 tion of such data, together with solutions for elimi-  
 11 nating such limitations.

12 **SEC. 213. REPORT ON TRAINING OF FIELD MEDICAL PER-**  
 13 **SONNEL.**

14 (a) REQUIREMENT FOR REPORT.—Not later than  
 15 one year after the date of the enactment of this Act, the  
 16 Secretary of Defense shall submit to the Committees on  
 17 Armed Services of the Senate and the House of Represent-  
 18 atives a report on the training on environmental hazards  
 19 that is provided by the Armed Forces to medical personnel  
 20 of the Armed Forces who are deployable to the field in  
 21 direct support of combat personnel.

22 (b) CONTENT.—The report under subsection (a) shall  
 23 include the following:

24 (1) An assessment of the adequacy of the train-  
 25 ing regarding—

- 1 (A) the identification of—  
 2 (i) common environmental hazards;  
 3 and  
 4 (ii) exposures to such hazards; and  
 5 (B) the prevention and treatment of ad-  
 6 verse health effects of such exposures.  
 7 (2) A discussion of the actions taken and to be  
 8 taken to improve such training.

9 **Subtitle C—Medical Care After**  
 10 **Return From Deployment**

11 **SEC. 221. FINDINGS.**

12 Congress makes the following findings:

- 13 (1) One out of every nine members of the  
 14 Armed Forces returning to home station from a de-  
 15 ployment overseas listed on the member's post-de-  
 16 ployment self-reported health assessment under the  
 17 Health Evaluation Assessment Review program of  
 18 the United States Army Center for Health Pro-  
 19 motion and Preventive Medicine a concern about  
 20 possibly having been exposed to environmental haz-  
 21 ards deleterious to the member's health during the  
 22 deployment, according to an article in the edition of  
 23 the Medical Surveillance Monthly Report published  
 24 for July and August 2003 by the Army Medical Sur-  
 25 veillance Activity of the Directorate of Epidemiology

1 and Disease Surveillance of the United States Army  
2 Center for Health Promotion and Prevention of Dis-  
3 ease.

4 (2) This constitutes a high proportion of mem-  
5 bers who might have suffered exposure to environ-  
6 mental hazards that potentially lead to immediate or  
7 future health problems.

8 **SEC. 222. REPORT ON RESPONSES TO HEALTH CONCERNS**  
9 **OF MEMBERS.**

10 (a) REQUIREMENT FOR REPORT.—Not later than  
11 180 days after the date of the enactment of this Act, the  
12 Assistant Secretary of Defense for Health Affairs shall  
13 submit to the Secretary of Defense and the Committees  
14 on Armed Services of the Senate and the House of Rep-  
15 resentatives a report on Department of Defense responses  
16 to expressions of concerns made as described in section  
17 221(1).

18 (b) CONTENT.—The report regarding health concerns  
19 submitted under subsection (a) shall include the following:

20 (1) A discussion of the actions taken by De-  
21 partment of Defense officials to investigate the cir-  
22 cumstances underlying such concerns in order to de-  
23 termine the validity of the concerns.

24 (2) A discussion of the actions taken by De-  
25 partment of Defense officials to evaluate or treat

1 members and former members of the Armed Forces  
 2 who are confirmed to have been exposed to environ-  
 3 mental hazards deleterious to their health during de-  
 4 ployments of the Armed Forces.

5 **SEC. 223. RESPONSIBILITIES OF INSTALLATION COM-**  
 6 **MANDERS.**

7 (a) PREPARATIONS TO MEET HEALTH CARE  
 8 NEEDS.—Chapter 55 of title 10, United States Code, is  
 9 amended by inserting after section 1074k the following  
 10 new section:

11 **“§ 1074l. Care of members redeploying from overseas**  
 12 **deployment**

13 “(a) NEEDS ASSESSMENT.—The Secretary of De-  
 14 fense shall require the commander of each military instal-  
 15 lation at which members of the armed forces are to be  
 16 processed upon redeployment from an overseas deploy-  
 17 ment—

18 “(1) to identify and analyze the anticipated  
 19 health care needs of such members before the arrival  
 20 of such members at that installation; and

21 “(2) to report such needs to the Secretary.

22 “(b) DATA SOURCES.—To carry out the duties im-  
 23 posed under subsection (a), the commander of an installa-  
 24 tion shall obtain the necessary information from the

1 sources available to the commander, including the fol-  
2 lowing information:

3 “(1) Information on schedules and locations  
4 from transportation and logistics personnel.

5 “(2) Information on disease and nonbattle inju-  
6 ries from the Surgeon General of the armed force  
7 concerned.

8 “(3) Information collected from environmental  
9 surveillance of the theater of military operations  
10 from which members are redeploying.

11 “(4) Information on the prevalence of combat  
12 and noncombat injuries, to the extent relevant.

13 “(c) HEALTH CARE TO MEET NEEDS.—The Sec-  
14 retary of Defense shall prescribe in regulations procedures  
15 for the commander of each military installation described  
16 in subsection (a) to meet the anticipated health care needs  
17 that are identified by the commander in the performance  
18 of duties under this section. The procedures shall include  
19 the following:

20 “(1) Arrangements for health care provided by  
21 the Secretary of Veterans Affairs.

22 “(2) Procurement of services from local health  
23 care providers.

24 “(3) Temporary employment of health care per-  
25 sonnel to provide services at such installation.”.

1 (b) CLERICAL AMENDMENT.—The table of sections  
 2 at the beginning of such chapter is amended by inserting  
 3 after the item relating to section 1074k the following new  
 4 item:

“1074l. Care of members redeploying from overseas deployment.”.

## 5 **TITLE III—POLICY COMPLIANCE** 6 **ASSURANCE**

### 7 **SEC. 301. SERUM REPOSITORY AUDITS.**

8 (a) REQUIREMENT FOR BIENNIAL AUDIT.—(1)  
 9 Chapter 55 of title 10, United States Code, is amended  
 10 by inserting after section 1073a the following new section:

#### 11 **“§ 1073b. Serum repository audits**

12 “(a) PERIODIC AUDITS.—The Secretary of Defense  
 13 shall require the director of the serum repository of the  
 14 Department of Defense to audit at least twice every two  
 15 years the records of blood samples stored in such reposi-  
 16 tory to determine the percentage of members of the armed  
 17 forces who are in compliance with the applicable Depart-  
 18 ment of Defense and military department policies on the  
 19 collection of blood samples from members of the armed  
 20 forces. The Secretary may impose any higher minimum  
 21 number of periodic audits under this section that the Sec-  
 22 retary considers appropriate.

23 “(b) REPORT.—(1) Upon completion of an audit  
 24 under subsection (a), the director of the serum repository

1 shall submit a report on the audit to the Secretary of De-  
 2 fense. The report shall include the following information:

3           “(A) The compliance percentage determined  
 4           under such subsection.

5           “(B) A discussion of the most common compli-  
 6           ance problems identified.

7           “(C) Any recommendations for actions to im-  
 8           prove compliance.

9           “(2) The Secretary shall transmit the report received  
 10 under paragraph (1) to the Committees on Armed Services  
 11 of the Senate and the House of Representatives. The Sec-  
 12 retary may include any comments and recommendations  
 13 that the Secretary considers appropriate.”.

14           (2) The table of sections at the beginning of such  
 15 chapter is amended by inserting after the item relating  
 16 to section 1073a the following new item:

“1073b. Serum repository audits.”.

17           (b) INITIAL AUDIT.—The first audit under section  
 18 1073b of title 10, United States Code (as added by sub-  
 19 section (a)), shall be completed not later than 180 days  
 20 after the date of the enactment of this Act.

21 **SEC. 302. DEPLOYMENT-RELATED HEALTH ASSESSMENT**  
 22 **AUDITS.**

23           (a) REQUIREMENT FOR BIENNIAL AUDIT.—Section  
 24 1074f(d) of title 10, United States Code, is amended—



1           (1) by inserting “(1)” after “(d) QUALITY AS-  
2       SURANCE.—”; and

3           (2) by adding at the end the following:

4       “(2)(A) The Secretary of Defense shall require the  
5       director of the Defense Medical Surveillance System to  
6       audit, every two years, the predeployment and  
7       postdeployment health assessment database maintained by  
8       the director in order to determine the percentage of mem-  
9       bers of the armed forces who are in compliance with the  
10      applicable Department of Defense and military depart-  
11      ment policies on the collection of predeployment and  
12      postdeployment health assessment data.

13      “(B) Upon completion of the biennial audit under  
14      subparagraph (A), the director of the Defense Medical  
15      Surveillance System shall submit a report on the audit to  
16      the Secretary of Defense. The report shall include the fol-  
17      lowing information:

18           “(i) The compliance percentage determined  
19      under such audit.

20           “(ii) A discussion of the most common compli-  
21      ance problems identified.

22           “(iii) Any recommendations for actions to im-  
23      prove compliance.

24      “(C) The Secretary shall transmit the report received  
25      under subparagraph (B) to the Committees on Armed

1 Services of the Senate and the House of Representatives.  
 2 The Secretary may include any comments and rec-  
 3 ommendations that the Secretary considers appropriate.”.

4 (b) INITIAL AUDIT.—The first audit under section  
 5 1074f(d)(2) of title 10, United States Code (as added by  
 6 subsection (a)), shall be completed not later than 180 days  
 7 after the date of the enactment of this Act.

8 **SEC. 303. DECLASSIFICATION OF INFORMATION ON EXPO-**  
 9 **SURES TO ENVIRONMENTAL HAZARDS.**

10 (a) REQUIREMENT FOR REVIEW.—The Secretary of  
 11 Defense shall review and, as determined appropriate, re-  
 12 vise the classification policies of the Armed Forces Medical  
 13 Intelligence Center with a view to facilitating the declas-  
 14 sification of data that is potentially useful for the moni-  
 15 toring and assessment of the health of members of the  
 16 Armed Forces who have been exposed to environmental  
 17 hazards during deployments overseas, including the fol-  
 18 lowing data:

19 (1) In-theater injury rates.

20 (2) Data derived from environmental surveil-  
 21 lance.

22 (3) Health tracking data.

23 (b) PARTICIPATION OF DIRECTOR OF ARMED  
 24 FORCES MEDICAL INTELLIGENCE CENTER.—The Sec-  
 25 retary may act through or consult with the Director of

1 the Armed Forces Medical Intelligence Center in carrying  
 2 out the review and revising policies under subsection (b).

3 (c) REPORT.—Not later than 180 days after the date  
 4 of the enactment of this Act, the Secretary of Defense  
 5 shall submit to the Committees on Armed Services of the  
 6 Senate and the House of Representatives a report on any  
 7 changes to policies described in subsection (a) that have  
 8 been made as a result of the review under such subsection.

9 **SEC. 304. ACCESSIBILITY OF HEALTH ASSESSMENT INFOR-**  
 10 **MATION TO ARMY MEMBERS ON THE INTER-**  
 11 **NET.**

12 Not later than one year after the date of the enact-  
 13 ment of this Act, the Chief Information Officer of the De-  
 14 partment of the Army shall ensure that the Army Knowl-  
 15 edge Online portal website includes the following health-  
 16 assessment related information:

17 (1) Information on the Department of Defense  
 18 policies regarding predeployment and  
 19 postdeployment health assessments, including poli-  
 20 cies on the following matters:

21 (A) Health surveys.

22 (B) Physical examinations.

23 (C) Collection of blood samples and other  
 24 tissue samples.

1           (2) Procedural information on compliance with  
2       such policies, including the following information:

3           (A) Information for determining whether a  
4       member is in compliance.

5           (B) Information on how to comply.

6           (3) Health assessment surveys that are either—

7           (A) web-based; or

8           (B) accessible (with instructions) in  
9       printer-ready form by download.

10 **SEC. 305. FULL IMPLEMENTATION OF FORCE HEALTH PRO-**  
11 **TECTION AND READINESS PROGRAM.**

12       (a) IMPLEMENTATION AT ALL LEVELS.—The Sec-  
13 retary of Defense, in conjunction with the Secretaries of  
14 the military departments, shall take such actions as are  
15 necessary to ensure that each of the Armed Forces fully  
16 implements at all levels the Force Health Protection and  
17 Readiness Program of the Department of Defense (relat-  
18 ing to the prevention of injury and illness and the reduc-  
19 tion of disease and noncombat injury threats).

20       (b) ACTION OFFICIAL.—The Secretary of Defense  
21 may act through the Deputy Assistant Secretary of De-  
22 fense for Force Health Protection and Readiness in car-  
23 rying out subsection (a).

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