

110TH CONGRESS
1ST SESSION

H. R. 1578

To establish and monitor medical holdover performance standards.

IN THE HOUSE OF REPRESENTATIVES

MARCH 20, 2007

Mr. SHAYS (for himself, Mr. TOM DAVIS of Virginia, Mr. BUCHANAN, and Mr. BILIRAKIS) introduced the following bill; which was referred to the Committee on Armed Services

A BILL

To establish and monitor medical holdover performance standards.

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 “Wounded Warriors
5 Joint Health Care Performance Metrics and Transparency
6 Act”.

7 **SEC. 2. ESTABLISHMENT AND MONITORING OF MEDICAL**
8 **HOLDOVER PERFORMANCE STANDARDS.**

9 (a) **REQUIREMENT FOR PERFORMANCE STANDARDS**
10 **FOR MEDICAL HOLDOVER PROCESS.**—The Secretary of

1 Defense shall assign the Assistant Secretary of Defense
2 for Health Affairs the responsibility for establishing per-
3 formance standards for each step of the medical holdover
4 process, including the following:

5 (1) Mobilization.

6 (2) Medical condition.

7 (3) MNO decision.

8 (4) Disposition plan.

9 (5) Execution plan.

10 (6) Final disposition decision of a medical eval-
11 uation board or physical evaluation board.

12 (7) Transition.

13 (b) QUARTERLY INSPECTIONS.—

14 (1) REQUIREMENT FOR INSPECTIONS.—The
15 Secretary of Defense, acting through the Assistant
16 Secretary of Defense for Health Affairs, shall re-
17 quire each military medical installation to perform a
18 quarterly inspection based on the performance
19 standards established under subsection (a) of the
20 following: command and control responsibilities,
21 billeting, staffing, soldier administration, staff train-
22 ing, in and out processing, transition and separation
23 processing, dining facilities and other non-medical
24 patient services, transportation, medical case man-
25 agement, medical care, access and documentation,

1 and medical database and medical records quality.
2 Inspections teams should include representatives
3 from all commands with jurisdiction over medical
4 and administrative services provided to injured and
5 wounded soldiers, and shall include representatives
6 from the Department of Defense and the Inspector
7 General of the Department of Defense.

8 (2) INSPECTION REPORTS.—The Assistant Sec-
9 retary shall require a report on each inspection car-
10 ried out under paragraph (1) to be submitted to the
11 Secretary of Defense, the Inspector General of the
12 Department of Defense, each command or agency
13 with jurisdiction, the Secretary of each military de-
14 partment, the chief of staff of each Armed Force,
15 and the inspector general of each military depart-
16 ment.

17 (c) ADDITIONAL SPECIFIC STANDARDS.—

18 (1) SECURITY AND MEDICAL PERSONNEL.—The
19 Assistant Secretary of Defense for Health Affairs
20 shall develop and enforce standards for security per-
21 sonnel and medical personnel to perform daily
22 rounds of each medical inpatient and outpatient fa-
23 cility. The standards shall include a requirement for
24 access to help 24 hours a day for patients with med-
25 ical emergencies or needs.

1 (2) TIMELINESS.—The Assistant Secretary also
2 shall develop and enforce standards for setting time
3 standards for responding to patient questions and
4 scheduling appointments for medical evaluation
5 board and physical evaluation board evaluations.

6 (3) PROCESSING.—The Assistant Secretary also
7 shall develop and enforce in-processing and out-proc-
8 essing standards, patient counseling standards, and
9 information standards to address patient and family
10 members on all aspects of care, including medical
11 and administrative evaluation procedures and re-
12 quirements.

13 (d) MONTHLY REPORTS.—

14 (1) REQUIREMENT.—The Assistant Secretary
15 of Defense for Health Affairs shall submit to the
16 Secretary of Defense and the Inspector General of
17 the Department of Defense a monthly report on
18 military service performance in all categories of med-
19 ical holdover patient care including, at a minimum,
20 inspections, individual patient information, trends
21 and problems, statistical information on time of pa-
22 tients in medical holdover status, performance of
23 service commands, and other service personnel serv-
24 ing patients and families in medical holder status.

1 (2) ADDITIONAL MATTERS COVERED.—The re-
2 port also shall contain—

3 (A) information on all individual patient
4 complaints and action taken to mediate the pa-
5 tient concern;

6 (B) information on all concerns raised by
7 patient advocates to military service installation
8 commanders and report on actions taken; and

9 (C) statistical information on the inci-
10 dence, treatments, and outcomes of traumatic
11 brain injury patients among the medical hold-
12 over patient population.

13 (e) SEMI-ANNUAL MEETINGS.—The Assistant Sec-
14 retary of Defense for Health Affairs shall meet semi-annu-
15 ally with the Secretaries of the military departments to
16 address medical holdover program execution, including all
17 medical and administrative issues, force structure, man-
18 ning, training, and resource requirements.

19 (f) INSPECTOR GENERAL RESPONSIBILITIES.—The
20 Inspector General of the Department of Defense shall
21 audit and review the medical holdover system and the per-
22 formance standards developed under this section and shall
23 submit quarterly reports to the Assistant Secretary of De-
24 fense for Health Affairs, the Secretaries of the military
25 departments, and the following congressional committees:

1 (1) The Committees on Armed Services of the
2 Senate and the House of Representatives.

3 (2) The Committee on Homeland Security and
4 Governmental Affairs of the Senate.

5 (3) The Committee on Oversight and Govern-
6 ment Reform of the House of Representatives.

7 (g) MEDICAL HOLDOVER PATIENT.—In this Act, the
8 term “medical holdover patient” means a member of the
9 Armed Forces, including a member of the National Guard
10 or other reserve component, who is undergoing medical
11 treatment, recuperation, or therapy, or is otherwise in
12 medical hold or holdover status, for an injury, illness, or
13 disease incurred or aggravated while on active duty in the
14 Armed Forces.

15 (h) AUTHORIZATION.—There is authorized to be ap-
16 propriated to carry out—

17 (1) subsections (a) through (e) of this Act,
18 \$1,000,000 for fiscal year 2007; and

19 (2) subsection (f) of this Act, \$2,000,000 for
20 fiscal year 2007 and \$3,000,000 for fiscal year
21 2008.

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