

110TH CONGRESS
1ST SESSION

S. 1606

To provide for the establishment of a comprehensive policy on the care and management of wounded warriors in order to facilitate and enhance their care, rehabilitation, physical evaluation, transition from care by the Department of Defense to care by the Department of Veterans Affairs, and transition from military service to civilian life, and for other purposes.

IN THE SENATE OF THE UNITED STATES

JUNE 13, 2007

Mr. LEVIN (for himself, Mr. AKAKA, Mr. MCCAIN, Mr. WARNER, Mrs. MURRAY, Mr. GRAHAM, Mr. KENNEDY, Mr. SESSIONS, Mr. ROCKEFELLER, Ms. COLLINS, Mr. BYRD, Mr. CHAMBLISS, Mr. OBAMA, Mrs. DOLE, Mr. LIEBERMAN, Mr. CORNYN, Mr. SANDERS, Mr. THUNE, Mr. REED, Mr. MARTINEZ, Mr. BROWN, Mr. NELSON of Florida, Mr. TESTER, Mr. NELSON of Nebraska, Mr. BAYH, Mrs. CLINTON, Mr. PRYOR, Mr. WEBB, Mrs. MCCASKILL, Mr. DURBIN, and Ms. STABENOW) introduced the following bill; which was read twice and referred to the Committee on Armed Services

A BILL

To provide for the establishment of a comprehensive policy on the care and management of wounded warriors in order to facilitate and enhance their care, rehabilitation, physical evaluation, transition from care by the Department of Defense to care by the Department of Veterans Affairs, and transition from military service to civilian life, and for other purposes.

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

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

4 (a) **SHORT TITLE.**—This Act may be cited as the
 5 “Dignified Treatment of Wounded Warriors Act”.

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

Sec. 1. Short title; table of contents.

Sec. 2. General definitions.

**TITLE I—POLICY ON CARE, MANAGEMENT, AND TRANSITION OF
 SERVICEMEMBERS WITH SERIOUS INJURIES OR ILLNESSES**

Sec. 101. Comprehensive policy on care, management, and transition of mem-
 bers of the Armed Forces with serious injuries or illnesses.

TITLE II—HEALTH CARE

Subtitle A—Enhanced Availability of Care for Servicemembers

Sec. 201. Medical care and other benefits for members and former members of
 the Armed Forces with severe injuries or illnesses.

Subtitle B—Care and Services for Dependents

Sec. 211. Medical care and services and support services for families of mem-
 bers of the Armed Forces recovering from serious injuries or
 illnesses.

Subtitle C—Traumatic Brain Injury and Post-Traumatic Stress Disorder

Sec. 221. Comprehensive plans on prevention, diagnosis, mitigation, and treat-
 ment of traumatic brain injury and post-traumatic stress dis-
 order in members of the Armed Forces.

Sec. 222. Improvement of medical tracking system for members of the Armed
 Forces deployed overseas.

Sec. 223. Centers of excellence in the prevention, diagnosis, mitigation, treat-
 ment, and rehabilitation of traumatic brain injury and post-
 traumatic stress disorder.

Sec. 224. Funding for improved diagnosis, treatment, and rehabilitation of
 members of the Armed Forces with traumatic brain injury or
 post-traumatic stress disorder.

Sec. 225. Reports.

Subtitle D—Other Matters

Sec. 231. Joint electronic health record for the Department of Defense and De-
 partment of Veterans Affairs.

- Sec. 232. 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. 233. Personnel shortages in the mental health workforce of the Department of Defense.

TITLE III—DISABILITY MATTERS

Subtitle A—Disability Evaluations

- Sec. 301. Utilization of veterans' presumption of sound condition in establishing eligibility of members of the Armed Forces for retirement for disability.
- Sec. 302. Requirements and limitations on Department of Defense determinations of disability with respect to members of the Armed Forces.
- Sec. 303. Review of separation of members of the Armed Forces separated from service with a disability rating of 20 percent disabled or less.
- Sec. 304. Pilot programs on revised and improved disability evaluation system for members of the Armed Forces.
- Sec. 305. Reports on Army action plan in response to deficiencies in the Army physical disability evaluation system.

Subtitle B—Other Disability Matters

- Sec. 311. Enhancement of disability severance pay for members of the Armed Forces.

TITLE IV—IMPROVEMENT OF FACILITIES HOUSING PATIENTS

- Sec. 401. Standards for military medical treatment facilities, specialty medical care facilities, and military quarters housing patients.
- Sec. 402. Reports on Army action plan in response to deficiencies identified at Walter Reed Army Medical Center.
- Sec. 403. Construction of facilities required for the closure of Walter Reed Army Medical Center, District of Columbia.

TITLE V—OUTREACH AND RELATED INFORMATION ON BENEFITS

- Sec. 501. Handbook for members of the Armed Forces on compensation and benefits available for serious injuries and illnesses.

1 **SEC. 2. GENERAL DEFINITIONS.**

2 In this Act:

3 (1) The term “appropriate committees of Con-
4 gress” means—

5 (A) the Committees on Armed Services
6 and Veterans' Affairs of the Senate; and

1 (B) the Committees on Armed Services
2 and Veterans' Affairs of the House of Rep-
3 resentatives.

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

7 (3) The term “covered member of the Armed
8 Forces” means a member of the Armed Forces, in-
9 cluding a member of the National Guard or a Re-
10 serve, who is undergoing medical treatment, recuper-
11 ation, or therapy, or is otherwise in medical hold or
12 medical holdover status, for a serious injury or ill-
13 ness.

14 (4) The term “family member”, with respect to
15 a member of the Armed Forces or a veteran, has the
16 meaning given that term in section 411h(b) of title
17 37, United States Code.

18 (5) The term “medical hold or medical holdover
19 status” means—

20 (A) the status of a member of the Armed
21 Forces, including a member of the National
22 Guard or Reserve, assigned or attached to a
23 military hospital for medical care; and

24 (B) the status of a member of a reserve
25 component of the Armed Forces who is sepa-

rated, whether pre-deployment or post-deployment, from the member's unit while in need of health care based on a medical condition identified while the member is on active duty in the Armed Forces.

(6) The term "serious injury or illness", in the case of a member of the Armed Forces, means an injury or illness incurred by the member in line of duty on active duty in the Armed Forces that may render the member medically unfit to perform the duties of the member's office, grade, rank, or rating.

(7) The term "TRICARE program" has the meaning given that term in section 1072(7) of title 10, United States Code.

TITLE I—POLICY ON CARE, MANAGEMENT, AND TRANSITION OF SERVICEMEMBERS WITH SERIOUS INJURIES OR ILLNESSES

SEC. 101. COMPREHENSIVE POLICY ON CARE, MANAGEMENT, AND TRANSITION OF MEMBERS OF THE ARMED FORCES WITH SERIOUS INJURIES OR ILLNESSES.

(a) COMPREHENSIVE POLICY REQUIRED.—

1 (1) IN GENERAL.—Not later than January 1,
2 2008, the Secretary of Defense and the Secretary of
3 Veterans Affairs shall, to the extent feasible, jointly
4 develop a comprehensive policy on the care and man-
5 agement of members of the Armed Forces who are
6 undergoing medical treatment, recuperation, or ther-
7 apy, or are otherwise in medical hold or medical
8 holdover status, for a serious injury or illness (here-
9 after in this section referred to as a “covered
10 servicemembers”).

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

13 (A) The care and management of covered
14 servicemembers while in medical hold or med-
15 ical holdover status.

16 (B) The medical evaluation and disability
17 evaluation of covered servicemembers.

18 (C) The return of covered servicemembers
19 to active duty when appropriate.

20 (D) The transition of covered
21 servicemembers from receipt of care and serv-
22 ices through the Department of Defense to re-
23 ceipt of care and services through the Depart-
24 ment of Veterans Affairs.

1 (3) CONSULTATION.—The Secretary of Defense
2 and the Secretary of Veterans Affairs shall develop
3 the policy in consultation with the heads of other ap-
4 propriate departments and agencies of the Federal
5 Government and with appropriate non-governmental
6 organizations having an expertise in matters relating
7 to the policy.

8 (4) UPDATE.—The Secretary of Defense and
9 the Secretary of Veterans Affairs shall jointly update
10 the policy on a periodic basis in order to incorporate
11 in the policy, as appropriate, the results of the re-
12 views under subsections (b) and (c) and the best
13 practices identified through pilot programs under
14 section 304.

15 (b) REVIEW OF CURRENT POLICIES AND PROCE-
16 DURES.—

17 (1) REVIEW REQUIRED.—In developing the pol-
18 icy required by this section, the Secretary of Defense
19 and the Secretary of Veterans Affairs shall, to the
20 extent necessary, jointly and separately conduct a
21 review of all policies and procedures of the Depart-
22 ment of Defense and the Department of Veterans
23 Affairs that apply to, or shall be covered by, the pol-
24 icy.

1 (2) PURPOSE.—The purpose of the review shall
2 be to identify the most effective and patient-oriented
3 approaches to care and management of covered
4 servicemembers for purposes of—

5 (A) incorporating such approaches into the
6 policy; and

7 (B) extending such approaches, where ap-
8 plicable, to care and management of other in-
9 jured or ill members of the Armed Forces and
10 veterans.

11 (3) ELEMENTS.—In conducting the review, the
12 Secretary of Defense and the Secretary of Veterans
13 Affairs shall—

14 (A) identify among the policies and proce-
15 dures described in paragraph (1) best practices
16 in approaches to the care and management de-
17 scribed in that paragraph;

18 (B) identify among such policies and pro-
19 cedures existing and potential shortfalls in such
20 care and management, and determine means of
21 addressing any shortfalls so identified;

22 (C) determine potential modifications of
23 such policies and procedures in order to ensure
24 consistency and uniformity among the military
25 departments and the regions of the Department

1 of Veterans Affairs in their application and dis-
2 charge; and

3 (D) develop recommendations for legisla-
4 tive and administrative action necessary to im-
5 plement the results of the review.

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

9 (c) CONSIDERATION OF FINDINGS, RECOMMENDA-
10 TIONS, AND PRACTICES.—In developing the policy re-
11 quired by this section, the Secretary of Defense and the
12 Secretary of Veterans Affairs shall take into account the
13 following:

14 (1) The findings and recommendations of appli-
15 cable studies, reviews, reports, and evaluations that
16 address matters relating to the policy, including, but
17 not limited, to the following:

18 (A) The Independent Review Group on Re-
19 habilitative Care and Administrative Processes
20 at Walter Reed Army Medical Center and Na-
21 tional Naval Medical Center appointed by the
22 Secretary of Defense.

23 (B) The Secretary of Veterans Affairs
24 Task Force on Returning Global War on Terror
25 Heroes appointed by the President.

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

3 (D) The Veterans' Disability Benefits
4 Commission established by title XV of the Na-
5 tional Defense Authorization Act for Fiscal
6 Year 2004 (Public Law 108-136; 117 Stat.
7 1676; 38 U.S.C. 1101 note).

8 (E) The President's Commission on Vet-
9 erans' Pensions, of 1956, chaired by General
10 Omar N. Bradley.

11 (F) The Report of the Congressional Com-
12 mission on Servicemembers and Veterans Tran-
13 sition Assistance, of 1999, chaired by Anthony
14 J. Principi.

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

18 (2) The experience and best practices of the
19 Department of Defense and the military depart-
20 ments on matters relating to the policy.

21 (3) The experience and best practices of the
22 Department of Veterans Affairs on matters relating
23 to the policy.

1 (4) Such other matters as the Secretary of De-
2 fense and the Secretary of Veterans Affairs consider
3 appropriate.

4 (d) PARTICULAR ELEMENTS OF POLICY.—The policy
5 required by this section shall provide, in particular, the
6 following:

7 (1) RESPONSIBILITY FOR COVERED
8 SERVICEMEMBERS IN MEDICAL HOLD OR MEDICAL
9 HOLDOVER STATUS.—Mechanisms to ensure respon-
10 sibility for covered servicemembers in medical hold
11 or medical holdover status, including the following:

12 (A) Uniform standards for access of cov-
13 ered servicemembers to non-urgent health care
14 services from the Department of Defense or
15 other providers under the TRICARE program,
16 with such access to be—

17 (i) for follow-up care, within 2 days of
18 request of care;

19 (ii) for specialty care, within 3 days of
20 request of care;

21 (iii) for diagnostic referrals and stud-
22 ies, within 5 days of request; and

23 (iv) for surgery based on a physician's
24 determination of medical necessity, within
25 14 days of request.

1 (B) Requirements for the assignment of
2 adequate numbers of personnel for the purpose
3 of responsibility for and administration of cov-
4 ered servicemembers in medical hold or medical
5 holdover status.

6 (C) Requirements for the assignment of
7 adequate numbers of medical personnel and
8 non-medical personnel to roles and responsibil-
9 ities for caring for and administering covered
10 servicemembers in medical hold or medical hold-
11 over status, and a description of the roles and
12 responsibilities of personnel so assigned.

13 (D) Guidelines for the location of care for
14 covered servicemembers in medical hold or med-
15 ical holdover status, which guidelines shall ad-
16 dress the assignment of such servicemembers to
17 care and residential facilities closest to their
18 duty station or home of record at the earliest
19 possible time.

20 (E) Criteria for work and duty assign-
21 ments of covered servicemembers in medical
22 hold or medical holdover status, including a
23 prohibition on the assignment of duty to a
24 servicemember which is incompatible with the
25 servicemember's medical condition.

1 (F) Guidelines for the provision of care
2 and counseling for eligible family members of
3 covered servicemembers in medical hold or med-
4 ical holdover status.

5 (G) Requirements for case management of
6 covered servicemembers in medical hold or med-
7 ical holdover status, including qualifications for
8 personnel providing such case management.

9 (H) Requirements for uniform quality of
10 care and administration for all covered
11 servicemembers in medical hold or medical hold-
12 over status, whether members of the regular
13 components of the Armed Forces or members of
14 the reserve components of the Armed Forces.

15 (I) Standards for the conditions and acces-
16 sibility of residential facilities for covered
17 servicemembers in medical hold or medical hold-
18 over status who are in outpatient status, and
19 for their immediate family members.

20 (J) Requirements on the provision of
21 transportation and subsistence for covered
22 servicemembers in medical hold or medical hold-
23 over status, whether in inpatient status or out-
24 patient status, to facilitate obtaining needed
25 medical care and services.

1 (K) Requirements on the provision of edu-
2 cational and vocational training and rehabilita-
3 tion opportunities for covered servicemembers
4 in medical hold or medical holdover status.

5 (L) Procedures for tracking and informing
6 covered servicemembers in medical hold or med-
7 ical holdover status about medical evaluation
8 board and physical disability evaluation board
9 processing.

10 (M) Requirements for integrated case man-
11 agement of covered servicemembers in medical
12 hold or medical holdover status during their
13 transition from care and treatment through the
14 Department of Defense to care and treatment
15 through the Department of Veterans Affairs.

16 (N) Requirements and standards for advis-
17 ing and training, as appropriate, family mem-
18 bers with respect to care for covered
19 servicemembers in medical hold or medical hold-
20 over status with serious medical conditions, par-
21 ticularly traumatic brain injury (TBI) and post-
22 traumatic stress disorder (PTSD).

23 (O) Requirements for periodic reassess-
24 ments of covered servicemembers, and limits on
25 the length of time such servicemembers may be

1 retained in medical hold or medical holdover
2 status.

3 (P) Requirements to inform covered
4 servicemembers and their family members of
5 their rights and responsibilities while in medical
6 hold or medical holdover status.

7 (2) MEDICAL EVALUATION AND PHYSICAL DIS-
8 ABILITY EVALUATION FOR COVERED
9 SERVICEMEMBERS.—

10 (A) MEDICAL EVALUATIONS.—Processes,
11 procedures, and standards for medical evalua-
12 tions of covered servicemembers, including the
13 following:

14 (i) Processes for medical evaluations
15 of covered servicemembers that are—

16 (I) applicable uniformly through-
17 out the military departments; and

18 (II) applicable uniformly with re-
19 spect to such servicemembers who are
20 members of the regular components of
21 the Armed Forces and such
22 servicemembers who are members of
23 the National Guard and Reserve.

24 (ii) Standard criteria and definitions
25 for determining the achievement for cov-

1 ered servicemembers of the maximum med-
2 ical benefit from treatment and rehabilita-
3 tion.

4 (iii) Standard timelines for each of
5 the following:

6 (I) Determinations of fitness for
7 duty of covered servicemembers.

8 (II) Specialty consultations for
9 covered servicemembers.

10 (III) Preparation of medical doc-
11 uments for covered servicemembers.

12 (IV) Appeals by covered
13 servicemembers of medical evaluation
14 determinations, including determina-
15 tions of fitness for duty.

16 (iv) Uniform standards for qualifica-
17 tions and training of medical evaluation
18 board personnel, including physicians, case
19 workers, and physical disability evaluation
20 board liaison officers, in conducting med-
21 ical evaluations of covered servicemembers.

22 (v) Standards for the maximum num-
23 ber of medical evaluation cases of covered
24 servicemembers that are pending before a
25 medical evaluation board at any one time,

1 and requirements for the establishment of
2 additional medical evaluation boards in the
3 event such number is exceeded.

4 (vi) Uniform standards for informa-
5 tion for covered servicemembers, and their
6 families, on the medical evaluation board
7 process and the rights and responsibilities
8 of such servicemembers under that process,
9 including a standard handbook on such in-
10 formation.

11 (B) PHYSICAL DISABILITY EVALUA-
12 TIONS.—Processes, procedures, and standards
13 for physical disability evaluations of covered
14 servicemembers, including the following:

15 (i) A non-adversarial process of the
16 Department of Defense and the Depart-
17 ment of Veterans Affairs for disability de-
18 terminations of covered servicemembers.

19 (ii) To the extent feasible, procedures
20 to eliminate unacceptable discrepancies
21 among disability ratings assigned by the
22 military departments and the Department
23 of Veterans Affairs, particularly in the dis-
24 ability evaluation of covered service-
25 members, which procedures shall be sub-

1 ject to the following requirements and limi-
2 tations:

3 (I) Such procedures shall apply
4 uniformly with respect to covered
5 servicemembers who are members of
6 the regular components of the Armed
7 Forces and covered servicemembers
8 who are members of the National
9 Guard and Reserve.

10 (II) Under such procedures, each
11 Secretary of a military department
12 shall, to the extent feasible, utilize the
13 standard schedule for rating disabil-
14 ities in use by the Department of Vet-
15 erans Affairs, including any applicable
16 interpretation of such schedule by the
17 United States Court of Appeals for
18 Veterans Claims, in making any de-
19 termination of disability of a covered
20 servicemember.

21 (iii) Standard timelines for appeals of
22 determinations of disability of covered
23 servicemembers, including timelines for
24 presentation, consideration, and disposition
25 of appeals.

1 (iv) Uniform standards for qualifica-
2 tions and training of physical disability
3 evaluation board personnel in conducting
4 physical disability evaluations of covered
5 servicemembers.

6 (v) Standards for the maximum num-
7 ber of physical disability evaluation cases
8 of covered servicemembers that are pend-
9 ing before a physical disability evaluation
10 board at any one time, and requirements
11 for the establishment of additional physical
12 disability evaluation boards in the event
13 such number is exceeded.

14 (vi) Procedures for the provision of
15 legal counsel to covered servicemembers
16 while undergoing evaluation by a physical
17 disability evaluation board.

18 (vii) Uniform standards on the roles
19 and responsibilities of case managers,
20 servicemember advocates, and judge advo-
21 cates assigned to covered servicemembers
22 undergoing evaluation by a physical dis-
23 ability board, and uniform standards on
24 the maximum number of cases involving

1 such servicemembers that are to be as-
2 signed to such managers and advocates.

3 (C) RETURN OF COVERED
4 SERVICEMEMBERS TO ACTIVE DUTY.—Stand-
5 ards for determinations by the military depart-
6 ments on the return of covered servicemembers
7 to active duty in the Armed Forces.

8 (D) TRANSITION OF COVERED
9 SERVICEMEMBERS FROM DOD TO VA.—Proc-
10 esses, procedures, and standards for the transi-
11 tion of covered servicemembers from care and
12 treatment by the Department of Defense to
13 care and treatment by the Department of Vet-
14 erans Affairs before, during, and after separa-
15 tion from the Armed Forces, including the fol-
16 lowing:

17 (i) A uniform, patient-focused policy
18 to ensure that the transition occurs with-
19 out gaps in medical care and the quality of
20 care and services.

21 (ii) Procedures for the identification
22 and tracking of covered servicemembers
23 during the transition, and for the coordina-
24 tion of care and treatment of such
25 servicemembers during the transition, in-

cluding a system of cooperative case management of such servicemembers by the Department of Defense and the Department of Veterans Affairs during the transition.

(iii) Procedures for the notification of Department of Veterans Affairs liaison personnel of the commencement by covered servicemembers of the medical evaluation process and the physical disability evaluation process.

(iv) Procedures and timelines for the enrollment of covered servicemembers in applicable enrollment or application systems of the Department of Veterans with respect to health care, disability, education, vocational rehabilitation, or other benefits.

(v) Procedures to ensure the access of covered servicemembers during the transition to vocational, educational, and rehabilitation benefits available through the Department of Veterans Affairs.

(vi) Standards for the optimal location of Department of Defense and Department of Veterans Affairs liaison and case man-

1 agement personnel at military medical
2 treatment facilities, medical centers, and
3 other medical facilities of the Department
4 of Defense.

5 (vii) Standards and procedures for in-
6 tegrated medical care and management for
7 covered servicemembers during the transi-
8 tion, including procedures for the assign-
9 ment of medical personnel of the Depart-
10 ment of Veterans Affairs to Department of
11 Defense facilities to participate in the
12 needs assessments of such servicemembers
13 before, during, and after their separation
14 from military service.

15 (viii) Standards for the preparation of
16 detailed plans for the transition of covered
17 servicemembers from care and treatment
18 by the Department of Defense to care and
19 treatment by the Department of Veterans
20 Affairs, which plans shall be based on
21 standardized elements with respect to care
22 and treatment requirements and other ap-
23 plicable requirements.

1 (E) OTHER MATTERS.—The following ad-
2 ditional matters with respect to covered
3 servicemembers:

4 (i) Access by the Department of Vet-
5 erans Affairs to the military health records
6 of covered servicemembers who are receiv-
7 ing care and treatment in Department of
8 Veterans Affairs health care facilities.

9 (ii) Requirements for utilizing, in ap-
10 propriate cases, a single physical examina-
11 tion that meets requirements of both the
12 Department of Defense and the Depart-
13 ment of Veterans Affairs for covered
14 servicemembers who are being retired, sep-
15 arated, or released from military service.

16 (iii) Surveys and other mechanisms to
17 measure patient and family satisfaction
18 with the provision by the Department of
19 Defense and the Department of Veterans
20 Affairs of care and services for covered
21 servicemembers, and to facilitate appro-
22 priate oversight by supervisory personnel
23 of the provision of such care and services.

24 (e) REPORTS.—

1 (1) REPORT ON POLICY.—Upon the develop-
2 ment of the policy required by this section but not
3 later than January 1, 2008, the Secretary of De-
4 fense and the Secretary of Veterans Affairs shall
5 jointly submit to the appropriate committees of Con-
6 gress a report on the policy, including a comprehen-
7 sive and detailed description of the policy and of the
8 manner in which the policy addresses the findings
9 and recommendations of the reviews under sub-
10 sections (b) and (c).

11 (2) REPORTS ON UPDATE.—Upon updating the
12 policy under subsection (a)(4), the Secretary of De-
13 fense and the Secretary of Veterans Affairs shall
14 jointly submit to the appropriate committees of Con-
15 gress a report on the update of the policy, including
16 a comprehensive and detailed description of such up-
17 date and of the reasons for such update.

1 **TITLE II—HEALTH CARE**
2 **Subtitle A—Enhanced Availability**
3 **of Care for Servicemembers**

4 **SEC. 201. MEDICAL CARE AND OTHER BENEFITS FOR MEM-**
5 **BERS AND FORMER MEMBERS OF THE**
6 **ARMED FORCES WITH SEVERE INJURIES OR**
7 **ILLNESSES.**

8 (a) MEDICAL AND DENTAL CARE FOR MEMBERS
9 AND FORMER MEMBERS.—

10 (1) IN GENERAL.—Effective as of the date of
11 the enactment of this Act, any covered member of
12 the Armed Forces, and any former member of the
13 Armed Forces, with a severe injury or illness is enti-
14 tled to medical and dental care in any facility of the
15 uniformed services under section 1074(a) of title 10,
16 United States Code, or through any civilian health
17 care provider authorized by the Secretary to provide
18 health and mental health services to members of the
19 uniformed services, including traumatic brain injury
20 (TBI) and post-traumatic stress disorder (PTSD),
21 as if such member or former member were a mem-
22 ber of the uniformed services described in paragraph
23 (2) of such section who is entitled to medical and
24 dental care under such section.

1 (2) PERIOD OF AUTHORIZED CARE.—A member
2 or former member described in paragraph (1) is en-
3 titled to care under that paragraph during the three-
4 year period beginning on the date the member or
5 former member leaves active duty, except that such
6 period may be extended by the Secretary concerned
7 for an additional period of up to two years if the
8 Secretary concerned determines that such extension
9 is necessary to assure the maximum feasible recov-
10 ery and rehabilitation of the member or former
11 member. Any such determination shall be made on
12 a case-by-case basis.

13 (3) INTEGRATED CARE MANAGEMENT.—The
14 Secretary of Defense shall provide for a program of
15 integrated care management in the provision of care
16 and services under this subsection, which manage-
17 ment shall be provided by appropriate medical and
18 case management personnel of the Department of
19 Defense and the Department of Veterans Affairs (as
20 approved by the Secretary of Veterans Affairs) and
21 with appropriate support from the Department of
22 Defense regional health care support contractors.

23 (4) WAIVER OF LIMITATIONS TO MAXIMIZE
24 CARE.—The Secretary of Defense may, in providing
25 medical and dental care to a member or former

1 member under this subsection during the period re-
2 ferred to in paragraph (2), waive any limitation oth-
3 erwise applicable under chapter 55 of title 10,
4 United States Code, to the provision of such care to
5 the member or former member if the Secretary con-
6 sider the waiver appropriate to assure the max-
7 imum feasible recovery and rehabilitation of the
8 member or former member.

9 (5) CONSTRUCTION WITH ELIGIBILITY FOR
10 VETERANS BENEFITS.—Nothing in this subsection
11 shall be construed to reduce, alter, or otherwise af-
12 fect the eligibility or entitlement of a member or
13 former member of the Armed Forces to any health
14 care, disability, or other benefits to which the mem-
15 ber or former member would otherwise be eligible or
16 entitled as a veteran under the laws administered by
17 the Secretary of Veterans Affairs.

18 (6) SUNSET.—The Secretary of Defense may
19 not provide medical or dental care to a member or
20 former member of the Armed Forces under this sub-
21 section after December 31, 2012, if the Secretary
22 has not provided medical or dental care to the mem-
23 ber or former member under this subsection before
24 that date.

1 (b) RECOVERY OF CERTAIN EXPENSES OF MEDICAL
2 CARE AND RELATED TRAVEL.—

3 (1) IN GENERAL.—Commencing not later than
4 60 days after the date of the enactment of this Act,
5 the Secretary of the military department concerned
6 may reimburse covered members of the Armed
7 Forces, and former members of the Armed Forces,
8 with a severe injury or illness for covered expenses
9 incurred by such members or former members, or
10 their family members, in connection with the receipt
11 by such members or former members of medical care
12 that is required for such injury or illness.

13 (2) COVERED EXPENSES.—Expenses for which
14 reimbursement may be made under paragraph (1)
15 include the following:

16 (A) Expenses for health care services for
17 which coverage would be provided under section
18 1074(c) of title 10, United States Code, for
19 members of the uniformed services on active
20 duty.

21 (B) Expenses of travel of a non-medical at-
22 tendant who accompanies a member or former
23 member of the Armed Forces for required med-
24 ical care that is not available to such member
25 or former member locally, if such attendant is

appointed for that purpose by a competent medical authority (as determined under regulations prescribed by the Secretary of Defense for purposes of this subsection).

(C) Such other expenses for medical care as the Secretary may prescribe for purposes of this subsection.

(3) AMOUNT OF REIMBURSEMENT.—The amount of reimbursement under paragraph (1) for expenses covered by paragraph (2) shall be determined in accordance with regulations prescribed by the Secretary of Defense for purposes of this subsection.

(c) SEVERE INJURY OR ILLNESS DEFINED.—In this section, the term “severe injury or illness” means any serious injury or illness that is assigned a disability rating of 50 percent or higher under the schedule for rating disabilities in use by the Department of Veterans Affairs.

Subtitle B—Care and Services for Dependents

SEC. 211. MEDICAL CARE AND SERVICES AND SUPPORT SERVICES FOR FAMILIES OF MEMBERS OF THE ARMED FORCES RECOVERING FROM SERIOUS INJURIES OR ILLNESSES.

(a) URGENT AND EMERGENCY MEDICAL CARE.—

1 (1) ELIGIBILITY.—A family member of a cov-
2 ered member of the Armed Forces who is not other-
3 wise eligible for medical care at a military medical
4 treatment facility shall be eligible for urgent and
5 emergency medical care and counseling at military
6 medical treatment facilities and medical facilities of
7 the Department of Veterans Affairs if the family
8 member is—

9 (A) on invitational orders while caring for
10 the covered member;

11 (B) a non-medical attendee caring for the
12 covered member; or

13 (C) receiving per diem payments from the
14 Department of Defense while caring for the
15 covered member.

16 (2) SPECIFICATION OF FAMILY MEMBERS.—
17 Notwithstanding section 2(4), the Secretary of De-
18 fense and the Secretary of Veterans Affairs shall
19 jointly prescribe in regulations the family members
20 of covered members of the Armed Forces who shall
21 be considered to be a family member of a covered
22 member of the Armed Forces for purposes of para-
23 graph (1).

24 (3) SPECIFICATION OF CARE.—(A) The Sec-
25 retary of Defense shall prescribe in regulations the

1 urgent and emergency medical care and counseling
2 that shall be available to family members under
3 paragraph (1) at military medical treatment facili-
4 ties.

5 (B) The Secretary of Veterans Affairs shall pre-
6 scribe in regulations the urgent and emergency med-
7 ical care and counseling that shall be available to
8 family members under paragraph (1) at medical fa-
9 cilities of the Department of Veterans Affairs.

10 (4) RECOVERY OF COSTS.—The United States
11 may recover the costs of the provision of medical
12 care and counseling under paragraph (1) as follows
13 (as applicable):

14 (A) From third-party payers, in the same
15 manner as the United States may collect costs
16 of the charges of health care provided to cov-
17 ered beneficiaries from third-party payers under
18 section 1095 of title 10, United States Code.

19 (B) As if such care and counseling was
20 provided under the authority of section 1784 of
21 title 38, United States Code.

22 (b) JOB PLACEMENT SERVICES.—A family member
23 who is on invitational orders or is a non-medical attendee
24 while caring for a covered member of the Armed Forces
25 for more than 45 days during a one-year period shall be

1 eligible for job placement services otherwise offered by the
 2 Department of Defense.

3 **Subtitle C—Traumatic Brain Injury**
 4 **and Post-Traumatic Stress Dis-**
 5 **order**

6 **SEC. 221. COMPREHENSIVE PLANS ON PREVENTION, DIAG-**
 7 **NOSIS, MITIGATION, AND TREATMENT OF**
 8 **TRAUMATIC BRAIN INJURY AND POST-TRAU-**
 9 **MATIC STRESS DISORDER IN MEMBERS OF**
 10 **THE ARMED FORCES.**

11 (a) PLANS REQUIRED.—Not later than 180 days
 12 after the date of the enactment of this Act, the Secretary
 13 of Defense shall, in consultation with the Secretary of Vet-
 14 erans Affairs, submit to the congressional defense commit-
 15 tees one or more comprehensive plans for programs and
 16 activities of the Department of Defense to prevent, diag-
 17 nose, mitigate, treat, and otherwise respond to traumatic
 18 brain injury (TBI) and post-traumatic stress disorder
 19 (PTSD) in members of the Armed Forces.

20 (b) ELEMENTS.—Each plan submitted under sub-
 21 section (a) shall include comprehensive proposals of the
 22 Department on the following:

23 (1) The designation by the Secretary of Defense
 24 of a lead agent or executive agent for the Depart-

1 ment to coordinate development and implementation
2 of the plan.

3 (2) The improvement of personnel protective
4 equipment for members of the Armed Forces in
5 order to prevent traumatic brain injury.

6 (3) The improvement of methods and mecha-
7 nisms for the detection and treatment of traumatic
8 brain injury and post-traumatic stress disorder in
9 members of the Armed Forces in the field.

10 (4) The development and deployment of diag-
11 nostic criteria for the detection and evaluation of the
12 range of traumatic brain injury and post-traumatic
13 stress disorder in members of the Armed Forces,
14 which criteria shall be employed uniformly across the
15 military departments in all applicable circumstances,
16 including provision of clinical care and assessment of
17 future deployability of members of the Armed
18 Forces.

19 (5) The development and deployment of effec-
20 tive means of assessing traumatic brain injury and
21 post-traumatic stress disorder in members of the
22 Armed Forces, including a system of pre-deployment
23 and post-deployment screenings of cognitive ability
24 in members for the detection of cognitive impair-

1 ment, as required by the amendments made by sec-
2 tion 222.

3 (6) The development and deployment of effec-
4 tive means of managing and monitoring members of
5 the Armed Forces with traumatic brain injury or
6 post-traumatic stress disorder in the receipt of care
7 for traumatic brain injury or post-traumatic stress
8 disorder, as applicable, including the monitoring and
9 assessment of treatment and outcomes.

10 (7) The requirements for research on traumatic
11 brain injury and post-traumatic stress disorder, in-
12 cluding (in particular) research on pharmacological
13 approaches to treatment for traumatic brain injury
14 or post-traumatic stress disorder, as applicable, and
15 the allocation of priorities among such research.

16 (8) The provision of education and outreach to
17 families of members of the Armed Forces with trau-
18 matic brain injury or post-traumatic stress disorder
19 on a range of matters relating to traumatic brain in-
20 jury or post-traumatic stress disorder, as applicable,
21 including detection, mitigation, and treatment.

22 (9) The assessment of the current capabilities
23 of the Department for the prevention, diagnosis,
24 mitigation, treatment, and rehabilitation of trau-

1 matic brain injury and post-traumatic stress dis-
2 order in members of the Armed Forces.

3 (10) The identification of gaps in current capa-
4 bilities of the Department for the prevention, diag-
5 nosis, mitigation, treatment, and rehabilitation of
6 traumatic brain injury and post-traumatic stress dis-
7 order in members of the Armed Forces.

8 (11) The identification of the resources required
9 for the Department in fiscal years 2009 thru 2013
10 to address the gaps in capabilities identified under
11 paragraph (10).

12 (12) The development of joint planning among
13 the Department of Defense, the military depart-
14 ments, and the Department of Veterans Affairs for
15 the prevention, diagnosis, mitigation, treatment, and
16 rehabilitation of traumatic brain injury and post-
17 traumatic stress disorder in members of the Armed
18 Forces, including planning for the seamless transi-
19 tion of such members from care through the Depart-
20 ment of Defense care through the Department of
21 Veterans Affairs.

22 (13) A requirement that exposure to a blast or
23 blasts be recorded in the records of members of the
24 Armed Forces.

1 (14) The development of clinical practice guide-
 2 lines for the diagnosis and treatment of blast inju-
 3 ries in members of the Armed Forces, including, but
 4 not limited to, traumatic brain injury.

5 (c) COORDINATION IN DEVELOPMENT.—Each plan
 6 submitted under subsection (a) shall be developed in co-
 7 ordination with the Secretary of the Army (who was des-
 8 ignated by the Secretary of Defense as executive agent for
 9 the prevention, mitigation, and treatment of blast injuries
 10 under section 256 of the National Defense Authorization
 11 Act for Fiscal Year 2006 (Public Law 109–163; 119 Stat.
 12 3181; 10 U.S.C. 1071 note)).

13 **SEC. 222. IMPROVEMENT OF MEDICAL TRACKING SYSTEM**
 14 **FOR MEMBERS OF THE ARMED FORCES DE-**
 15 **PLOYED OVERSEAS.**

16 (a) PROTOCOL FOR ASSESSMENT OF COGNITIVE
 17 FUNCTIONING.—

18 (1) PROTOCOL REQUIRED.—Subsection (b) of
 19 section 1074f of title 10, United States Code, is
 20 amended—

21 (A) in paragraph (2), by adding at the end
 22 the following new subparagraph:

23 “(C) An assessment of post-traumatic stress
 24 disorder.”; and

1 (B) by adding at the end the following new
2 paragraph:

3 “(3)(A) The Secretary shall establish for purposes of
4 subparagraphs (B) and (C) of paragraph (2) a protocol
5 for the predeployment assessment and documentation of
6 the cognitive (including memory) functioning of a member
7 who is deployed outside the United States in order to fa-
8 cilitate the assessment of the postdeployment cognitive
9 (including memory) functioning of the member.

10 “(B) The protocol under subparagraph (A) shall in-
11 clude appropriate mechanisms to permit the differential
12 diagnosis of traumatic brain injury in members returning
13 from deployment in a combat zone.”.

14 (2) PILOT PROJECTS.—(A) In developing the
15 protocol required by paragraph (3) of section
16 1074f(b) of title 10, United States Code (as amend-
17 ed by paragraph (1) of this subsection), for purposes
18 of assessments for traumatic brain injury, the Sec-
19 retary of Defense shall conduct up to three pilot
20 projects to evaluate various mechanisms for use in
21 the protocol for such purposes. One of the mecha-
22 nisms to be so evaluated shall be a computer-based
23 assessment tool.

24 (B) Not later than 60 days after the completion
25 of the pilot projects conducted under this paragraph,

1 the Secretary shall submit to the appropriate com-
2 mittees of Congress a report on the pilot projects.

3 The report shall include—

4 (i) a description of the pilot projects so
5 conducted;

6 (ii) an assessment of the results of each
7 such pilot project; and

8 (iii) a description of any mechanisms eval-
9 uated under each such pilot project that will in-
10 corporated into the protocol.

11 (C) There is hereby authorized to be appro-
12 priated to the Department of Defense, \$3,000,000
13 for the pilot projects authorized by this paragraph.
14 Of the amount so authorized to be appropriated, not
15 more than \$1,000,000 shall be available for any par-
16 ticular pilot project.

17 (b) QUALITY ASSURANCE.—Subsection (d)(2) of sec-
18 tion 1074f of title 10, United States Code, is amended
19 by adding at the end the following new subparagraph:

20 “(F) The diagnosis and treatment of traumatic
21 brain injury and post-traumatic stress disorder.”.

22 (c) STANDARDS FOR DEPLOYMENT.—Subsection (f)
23 of such section is amended—

24 (1) in the subsection heading, by striking
25 “MENTAL HEALTH”; and

1 (2) in paragraph (2)(B), by striking “or” and
 2 inserting “, traumatic brain injury, or”.

3 **SEC. 223. CENTERS OF EXCELLENCE IN THE PREVENTION,**
 4 **DIAGNOSIS, MITIGATION, TREATMENT, AND**
 5 **REHABILITATION OF TRAUMATIC BRAIN IN-**
 6 **JURY AND POST-TRAUMATIC STRESS DIS-**
 7 **ORDER.**

8 (a) CENTER OF EXCELLENCE ON TRAUMATIC BRAIN
 9 INJURY.—Chapter 55 of title 10, United States Code, is
 10 amended by inserting after section 1105 the following new
 11 section:

12 **“§ 1105a. Center of Excellence in Prevention, Diag-**
 13 **nosis, Mitigation, Treatment, and Reha-**
 14 **bilitation of Traumatic Brain Injury**

15 “(a) IN GENERAL.—The Secretary of Defense shall
 16 establish within the Department of Defense a center of
 17 excellence in the prevention, diagnosis, mitigation, treat-
 18 ment, and rehabilitation of traumatic brain injury (TBI),
 19 including mild, moderate, and severe traumatic brain in-
 20 jury, to carry out the responsibilities specified in sub-
 21 section (c). The center shall be known as a ‘Center of Ex-
 22 cellence in Prevention, Diagnosis, Mitigation, Treatment,
 23 and Rehabilitation of Traumatic Brain Injury’.

24 “(b) PARTNERSHIPS.—The Secretary shall authorize
 25 the Center to enter into such partnerships, agreements,

1 or other arrangements as the Secretary considers appro-
2 priate with the Department of Veterans Affairs, institu-
3 tions of higher education, and other appropriate public
4 and private entities (including international entities) to
5 carry out the responsibilities specified in subsection (c).

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

8 “(1) To direct and oversee, based on expert re-
9 search, the development and implementation of a
10 long-term, comprehensive plan and strategy for the
11 Department of Defense for the prevention, diagnosis,
12 mitigation, treatment, and rehabilitation of trau-
13 matic brain injury.

14 “(2) To provide for the development, testing,
15 and dissemination within the Department of best
16 practices for the treatment of traumatic brain in-
17 jury.

18 “(3) To provide guidance for the mental health
19 system of the Department in determining the mental
20 health and neurological health personnel required to
21 provide quality mental health care for members of
22 the armed forces with traumatic brain injury.

23 “(4) To establish, implement, and oversee a
24 comprehensive program to train mental health and

1 neurological health professionals of the Department
2 in the treatment of traumatic brain injury.

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

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

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

16 “(8) To develop outreach strategies and treat-
17 ments for families of members of the armed forces
18 with traumatic brain injury in order to mitigate the
19 negative impacts of traumatic brain injury on such
20 family members and to support the recovery of such
21 members from traumatic brain injury.

22 “(9) To conduct research on the unique mental
23 health needs of women members of the armed forces
24 with traumatic brain injury and develop treatments
25 to meet any needs identified through such research.

1 “(10) To conduct research on the unique men-
 2 tal health needs of ethnic minority members of the
 3 armed forces with traumatic brain injury and de-
 4 velop treatments to meet any needs identified
 5 through such research.

6 “(11) To conduct research on the mental health
 7 needs of families of members of the armed forces
 8 with traumatic brain injury and develop treatments
 9 to meet any needs identified through such research.

10 “(12) To develop and oversee a long-term plan
 11 to increase the number of mental health and neuro-
 12 logical health professionals within the Department in
 13 order to facilitate the meeting by the Department of
 14 the needs of members of the armed forces with trau-
 15 matic brain injury until their transition to care and
 16 treatment from the Department of Veterans Affairs.

17 “(13) Such other responsibilities as the Sec-
 18 retary shall specify.”.

19 (b) CENTER OF EXCELLENCE ON POST-TRAUMATIC
 20 STRESS DISORDER.—Chapter 55 of such title is further
 21 amended by inserting after section 1105a, as added by
 22 subsection (a), the following new section:

1 **“§ 1105b. Center of Excellence in Prevention, Diag-**
 2 **nosis, Mitigation, Treatment, and Reha-**
 3 **bilitation of Post-Traumatic Stress Dis-**
 4 **order**

5 “(a) IN GENERAL.—The Secretary of Defense shall
 6 establish within the Department of Defense a center of
 7 excellence in the prevention, diagnosis, mitigation, treat-
 8 ment, and rehabilitation of post-traumatic stress disorder
 9 (PTSD), including mild, moderate, and severe post-trau-
 10 matic stress disorder, to carry out the responsibilities
 11 specified in subsection (c). The center shall be known as
 12 a ‘Center of Excellence in Prevention, Diagnosis, Mitiga-
 13 tion, Treatment, and Rehabilitation of Post-Traumatic
 14 Stress Disorder’.

15 “(b) PARTNERSHIPS.—The Secretary shall authorize
 16 the Center to enter into such partnerships, agreements,
 17 or other arrangements as the Secretary considers appro-
 18 priate with the National Center for Post-Traumatic Stress
 19 Disorder of the Department of Veterans Affairs, institu-
 20 tions of higher education, and other appropriate public
 21 and private entities (including international entities) to
 22 carry out the responsibilities specified in subsection (c).

23 “(c) RESPONSIBILITIES.—The Center shall have re-
 24 sponsibilities as follows:

25 “(1) To direct and oversee, based on expert re-
 26 search, the development and implementation of a

1 long-term, comprehensive plan and strategy for the
2 Department of Defense for the prevention, diagnosis,
3 mitigation, treatment, and rehabilitation of post-
4 traumatic stress disorder.

5 “(2) To provide for the development, testing,
6 and dissemination within the Department of best
7 practices for the treatment of post-traumatic stress
8 disorder.

9 “(3) To provide guidance for the mental health
10 system of the Department in determining the mental
11 health and neurological health personnel required to
12 provide quality mental health care for members of
13 the armed forces with post-traumatic stress disorder.

14 “(4) To establish, implement, and oversee a
15 comprehensive program to train mental health and
16 neurological health professionals of the Department
17 in the treatment of post-traumatic stress disorder.

18 “(5) To facilitate advancements in the study of
19 the short-term and long-term psychological effects of
20 post-traumatic stress disorder.

21 “(6) To disseminate within the military medical
22 treatment facilities of the Department best practices
23 for training mental health professionals, including
24 neurological health professionals, with respect to
25 post-traumatic stress disorder.

1 “(7) To conduct basic science and translational
2 research on post-traumatic stress disorder for the
3 purposes of understanding the etiology of post-trau-
4 matic stress disorder and developing preventive
5 interventions and new treatments.

6 “(8) To develop outreach strategies and treat-
7 ments for families of members of the armed forces
8 with post-traumatic stress disorder in order to miti-
9 gate the negative impacts of traumatic brain injury
10 on such family members and to support the recovery
11 of such members from post-traumatic stress dis-
12 order.

13 “(9) To conduct research on the unique mental
14 health needs of women members of the armed forces,
15 including victims of sexual assault, with post-trau-
16 matic stress disorder and develop treatments to meet
17 any needs identified through such research.

18 “(10) To conduct research on the unique men-
19 tal health needs of ethnic minority members of the
20 armed forces with post-traumatic stress disorder and
21 develop treatments to meet any needs identified
22 through such research.

23 “(11) To conduct research on the mental health
24 needs of families of members of the armed forces
25 with post-traumatic stress disorder and develop

1 treatments to meet any needs identified through
 2 such research.

3 “(12) To develop and oversee a long-term plan
 4 to increase the number of mental health and neuro-
 5 logical health professionals within the Department in
 6 order to facilitate the meeting by the Department of
 7 the needs of members of the armed forces with post-
 8 traumatic stress disorder until their transition to
 9 care and treatment from the Department of Vet-
 10 erans Affairs.

11 “(13) Such other responsibilities as the Sec-
 12 retary shall specify.”.

13 (c) CLERICAL AMENDMENT.—The table of sections
 14 at the beginning of chapter 55 of such title is amended
 15 by inserting after the item relating to section 1105 the
 16 following new items:

“1105a. Center of Excellence in Prevention, Diagnosis, Mitigation, Treatment,
 and Rehabilitation of Traumatic Brain Injury.

“1105b. Center of Excellence in Prevention, Diagnosis, Mitigation, Treatment,
 and Rehabilitation of Post-Traumatic Stress Disorder.”.

17 (d) REPORT ON ESTABLISHMENT.—Not later than
 18 180 days after the date of the enactment of this Act, the
 19 Secretary of Defense shall submit to Congress a report
 20 on the establishment of the Center of Excellence in Pre-
 21 vention, Diagnosis, Mitigation, Treatment, and Rehabili-
 22 tation of Traumatic Brain Injury required by section
 23 1105a of title 10, United States Code (as added by sub-

1 section (a)), and the establishment of the Center of Excel-
2 lence in Prevention, Diagnosis, Mitigation, Treatment,
3 and Rehabilitation of Post-Traumatic Stress Disorder re-
4 quired by section 1105b of title 10, United States Code
5 (as added by subsection (b)). The report shall, for each
6 such Center—

7 (1) describe in detail the activities and proposed
8 activities of such Center; and

9 (2) assess the progress of such Center in dis-
10 charging the responsibilities of such Center.

11 (e) AUTHORIZATION OF APPROPRIATIONS.—There is
12 hereby authorized to be appropriated for fiscal year 2008
13 for the Department of Defense for Defense Health Pro-
14 gram, \$10,000,000, of which—

15 (1) \$5,000,000 shall be available for the Center
16 of Excellence in Prevention, Diagnosis, Mitigation,
17 Treatment, and Rehabilitation of Traumatic Brain
18 Injury required by section 1105a of title 10, United
19 States Code; and

20 (2) \$5,000,000 shall be available for the Center
21 of Excellence in Prevention, Diagnosis, Mitigation,
22 Treatment, and Rehabilitation of Post-Traumatic
23 Stress Disorder required by section 1105b of title
24 10, United States Code.

1 **SEC. 224. FUNDING FOR IMPROVED DIAGNOSIS, TREAT-**
2 **MENT, AND REHABILITATION OF MEMBERS**
3 **OF THE ARMED FORCES WITH TRAUMATIC**
4 **BRAIN INJURY OR POST-TRAUMATIC STRESS**
5 **DISORDER.**

6 (a) AUTHORIZATION OF APPROPRIATIONS.—

7 (1) IN GENERAL.—Funds are hereby authorized
8 to be appropriated for fiscal year 2008 for the De-
9 partment of Defense for Defense Health Program in
10 the amount of \$50,000,000, with such amount to be
11 available for activities as follows:

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

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

20 (2) AVAILABILITY OF AMOUNT.—Of the amount
21 authorized to be appropriated by paragraph (1),
22 \$17,000,000 shall be available for the Defense and
23 Veterans Brain Injury Center of the Department of
24 Defense.

25 (b) SUPPLEMENT NOT SUPPLANT.—The amount au-
26 thorized to be appropriated by subsection (a) for Defense

1 Health Program is in addition to any other amounts au-
2 thorized to be appropriated by this Act for Defense Health
3 Program.

4 **SEC. 225. REPORTS.**

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

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

18 (2) The requirements arising from the amend-
19 ments made by section 738 of the John Warner Na-
20 tional Defense Authorization Act for Fiscal Year
21 2007 (120 Stat. 2303), relating to enhanced mental
22 health screening and services for members of the
23 Armed Forces.

24 (3) The requirements of section 741 of the
25 John Warner National Defense Authorization Act

1 for Fiscal Year 2007 (120 Stat. 2304), relating to
2 pilot projects on early diagnosis and treatment of
3 post-traumatic stress disorder and other mental
4 health conditions.

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

7 (1) REPORTS REQUIRED.—Not later than
8 March 1, 2008, and each year thereafter, the Sec-
9 retary of Defense shall submit to the congressional
10 defense committees a report setting forth the
11 amounts expended by the Department of Defense
12 during the preceding calendar year on activities de-
13 scribed in paragraph (2), including the amount allo-
14 cated during such calendar year to the Defense and
15 Veterans Brain Injury Center of the Department.

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

18 (A) Activities relating to the improved di-
19 agnosis, treatment, and rehabilitation of mem-
20 bers of the Armed Forces with traumatic brain
21 injury (TBI).

22 (B) Activities relating to the improved di-
23 agnosis, treatment, and rehabilitation of mem-
24 bers of the Armed Forces with post-traumatic
25 stress disorder (PTSD).

1 (3) ELEMENTS.—Each report under paragraph

2 (1) shall include—

3 (A) a description of the amounts expended
4 as described in that paragraph, including a de-
5 scription of the activities for which expended;

6 (B) a description and assessment of the
7 outcome of such activities;

8 (C) a statement of priorities of the Depart-
9 ment in activities relating to the prevention, di-
10 agnosis, research, treatment, and rehabilitation
11 of traumatic brain injury in members of the
12 Armed Forces during the year in which such re-
13 port is submitted and in future calendar years;
14 and

15 (D) a statement of priorities of the De-
16 partment in activities relating to the prevention,
17 diagnosis, research, treatment, and rehabilita-
18 tion of post-traumatic stress disorder in mem-
19 bers of the Armed Forces during the year in
20 which such report is submitted and in future
21 calendar years.

Subtitle D—Other Matters

SEC. 231. JOINT ELECTRONIC HEALTH RECORD FOR THE DEPARTMENT OF DEFENSE AND DEPARTMENT OF VETERANS AFFAIRS.

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

(1) develop and implement a joint electronic health record for use by the Department of Defense and the Department of Veterans Affairs; and

(2) accelerate the exchange of health care information between the Department of Defense and the Department of Veterans Affairs in order to support the delivery of health care by both Departments.

(b) DEPARTMENT OF DEFENSE-DEPARTMENT OF VETERANS AFFAIRS INTERAGENCY PROGRAM OFFICE FOR A JOINT ELECTRONIC HEALTH RECORD.—

(1) IN GENERAL.—There is hereby established a joint element of the Department of Defense and the Department of Veterans Affairs to be known as the “Department of Defense-Department of Veterans Affairs Interagency Program Office for a Joint Electronic Health Record” (in this section referred to as the “Office”).

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

1 (A) To act as a single point of account-
 2 ability for the Department of Defense and the
 3 Department of Veterans Affairs in the rapid de-
 4 velopment, test, and implementation of a joint
 5 electronic health record for use by the Depart-
 6 ment of Defense and the Department of Vet-
 7 erans Affairs.

8 (B) To accelerate the exchange of health
 9 care information between Department of De-
 10 fense and the Department of Veterans Affairs
 11 in order to support the delivery of health care
 12 by both Departments.

13 (c) LEADERSHIP.—

14 (1) DIRECTOR.—The Director of the Depart-
 15 ment of Defense-Department of Veterans Affairs
 16 Interagency Program Office for a Joint Electronic
 17 Health Record shall be the head of the Office.

18 (2) DEPUTY DIRECTOR.—The Deputy Director
 19 of the Department of Defense-Department of Vet-
 20 erans Affairs Interagency Program Office for a
 21 Joint Electronic Health Record shall be the deputy
 22 head of the office and shall assist the Director in
 23 carrying out the duties of the Director.

24 (3) APPOINTMENTS.—(A) The Director shall be
 25 appointed by the Secretary of Defense, with the con-

1 currence of the Secretary of Veterans Affairs, from
2 among employees of the Department of Defense and
3 the Department of Veterans Affairs in the Senior
4 Executive Service who are qualified to direct the de-
5 velopment and acquisition of major information tech-
6 nology capabilities.

7 (B) The Deputy Director shall be appointed by
8 the Secretary of Veterans Affairs, with the concur-
9 rence of the Secretary of Defense, from among em-
10 ployees of the Department of Defense and the De-
11 partment of Veterans Affairs in the Senior Execu-
12 tive Service who are qualified to direct the develop-
13 ment and acquisition of major information tech-
14 nology capabilities.

15 (4) ADDITIONAL GUIDANCE.—In addition to the
16 direction, supervision, and control provided by the
17 Secretary of Defense and the Secretary of Veterans
18 Affairs, the Office shall also receive guidance from
19 the Department of Veterans Affairs-Department of
20 Defense Joint Executive Committee under section
21 320 of title 38, United States Code, in the discharge
22 of the functions of the Office under this section.

23 (5) TESTIMONY.—Upon request by any of the
24 appropriate committees of Congress, the Director
25 and the Deputy Director shall testify before such

1 committee regarding the discharge of the functions
2 of the Office under this section.

3 (d) FUNCTION.—The function of the Office shall be
4 to develop and prepare for deployment, by not later than
5 September 30, 2010, a joint electronic health record to
6 be utilized by both the Department of Defense and the
7 Department of Veterans Affairs in the provision of med-
8 ical care and treatment to members of the Armed Forces
9 and veterans.

10 (e) SCHEDULES AND BENCHMARKS.—Not later than
11 30 days after the date of the enactment of this Act, the
12 Secretary of Defense and the Secretary of Veterans Af-
13 fairs shall jointly establish a schedule and benchmarks for
14 the discharge by the Office of its function under this sec-
15 tion, including each of the following:

16 (1) A schedule for the establishment of the Of-
17 fice.

18 (2) A schedule and deadline for the establish-
19 ment of the requirements for the joint electronic
20 health record described in subsection (d).

21 (3) A schedule and associated deadlines for any
22 acquisition and testing required in the development
23 and deployment of the joint electronic health record.

1 (4) A schedule and associated deadlines and re-
 2 quirements for the deployment of the joint electronic
 3 health record.

4 (5) Proposed funding for the Office for each of
 5 fiscal years 2009 through 2013 for the discharge of
 6 its function.

7 (f) PILOT PROJECTS.—

8 (1) AUTHORITY.—In order to assist the Office
 9 in the discharge of its function under this section,
 10 the Secretary of Defense and the Secretary of Vet-
 11 erans Affairs may, acting jointly, carry out one or
 12 more pilot projects to assess the feasibility and ad-
 13 visability of various technological approaches to the
 14 achievement of the joint electronic health record de-
 15 scribed in subsection (d).

16 (2) TREATMENT AS SINGLE HEALTH CARE SYS-
 17 TEM.—For purposes of each pilot project carried out
 18 under this subsection, the health care system of the
 19 Department of Defense and the health care system
 20 of the Department of Veterans Affairs shall be treat-
 21 ed as a single health care system for purposes of the
 22 regulations promulgated under section 264(c) of the
 23 Health Insurance Portability and Accountability Act
 24 of 1996 (42 U.S.C. 1320d–2 note).

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 development
6 and implementation of the joint electronic
7 health record 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 the joint electronic health record described in subsection
20 (d), the Comptroller General of the United States shall
21 submit to the appropriate committees of Congress a report
22 setting forth the assessment of the Comptroller General
23 of the progress of the Department of Defense and the De-
24 partment of Veterans Affairs in developing and imple-
25 menting the joint electronic health record.

1 (j) FUNDING.—

2 (1) IN GENERAL.—The Secretary of Defense
3 and the Secretary of Veterans Affairs shall each con-
4 tribute equally to the costs of the Office in fiscal
5 year 2008 and fiscal years thereafter. The amount
6 so contributed by each Secretary in fiscal year 2008
7 shall be up to \$10,000,000.

8 (2) SOURCE OF FUNDS.—(A) Amounts contrib-
9 uted by the Secretary of Defense under paragraph
10 (1) shall be derived from amounts authorized to be
11 appropriated for the Department of Defense for the
12 Defense Health Program and available for program
13 management and technology resources.

14 (B) Amounts contributed by the Secretary of
15 Veterans Affairs under paragraph (1) shall be de-
16 rived from amounts authorized to be appropriated
17 for the Department of Veterans Affairs for Medical
18 Care and available for program management and
19 technology resources.

20 (k) JOINT ELECTRONIC HEALTH RECORD DE-
21 FINED.—In this section, the term “joint electronic health
22 record” means a single system that includes patient infor-
23 mation across the continuum of medical care, including
24 inpatient care, outpatient care, pharmacy care, patient
25 safety, and rehabilitative care.

1 **SEC. 232. ENHANCED PERSONNEL AUTHORITIES FOR THE**
 2 **DEPARTMENT OF DEFENSE FOR HEALTH**
 3 **CARE PROFESSIONALS FOR CARE AND**
 4 **TREATMENT OF WOUNDED AND INJURED**
 5 **MEMBERS OF THE ARMED FORCES.**

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

8 **“§ 1599c. Health care professionals: enhanced ap-**
 9 **pointment and compensation authority**
 10 **for personnel for care and treatment of**
 11 **wounded and injured members of the**
 12 **armed forces**

13 “The Secretary of Defense may, in the discretion of
 14 the Secretary, exercise any authority for the appointment
 15 and pay of health care personnel under chapter 74 of title
 16 38 for purposes of the recruitment, employment, and re-
 17 tention of civilian health care professionals for the Depart-
 18 ment of Defense if the Secretary determines that the exer-
 19 cise of such authority is necessary in order to provide or
 20 enhance the capacity of the Department to provide care
 21 and treatment for members of the armed forces who are
 22 wounded or injured on active duty in the armed forces.”.

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

“1599e. Health care professionals: enhanced appointment and compensation authority for personnel for care and treatment of wounded and injured members of the armed forces.”.

1 **SEC. 233. PERSONNEL SHORTAGES IN THE MENTAL**
 2 **HEALTH WORKFORCE OF THE DEPARTMENT**
 3 **OF DEFENSE.**

4 (a) RECOMMENDATIONS ON MEANS OF ADDRESSING
 5 SHORTAGES.—

6 (1) REPORT.—Not later than 45 days after the
 7 date of the enactment of this Act, the Secretary of
 8 Defense shall submit to the Committees on Armed
 9 Services of the Senate and the House of Representa-
 10 tives a report setting forth the recommendations of
 11 the Secretary for such legislative or administrative
 12 actions as the Secretary considers appropriate to ad-
 13 dress current personnel shortages in the mental
 14 health workforce of the Department of Defense.

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

17 (A) Enhancements or improvements of fi-
 18 nancial incentives for personnel in the mental
 19 health workforce of the Department of Defense
 20 in order to enhance the recruitment and reten-
 21 tion of such personnel, including recruitment,
 22 accession, or retention bonuses and scholarship,
 23 tuition, and other financial assistance.

1 (B) Modifications of service obligations of
 2 personnel in the mental health workforce.

3 (C) Such other matters as the Secretary
 4 considers appropriate.

5 (b) RECRUITMENT.—Commencing not later than 180
 6 days after the date of the enactment of this Act, the Sec-
 7 retary of Defense shall implement programs to recruit
 8 qualified individuals in mental health fields to serve in the
 9 Armed Forces as mental health personnel of the Armed
 10 Forces.

11 **TITLE III—DISABILITY MATTERS**
 12 **Subtitle A—Disability Evaluations**

13 **SEC. 301. UTILIZATION OF VETERANS’ PRESUMPTION OF**
 14 **SOUND CONDITION IN ESTABLISHING ELIGI-**
 15 **BILITY OF MEMBERS OF THE ARMED FORCES**
 16 **FOR RETIREMENT FOR DISABILITY.**

17 (a) RETIREMENT OF REGULARS AND MEMBERS ON
 18 ACTIVE DUTY FOR MORE THAN 30 DAYS.—Clause (i) of
 19 section 1201(b)(3)(A) of title 10, United States Code, is
 20 amended to read as follows:

21 “(i) the member has six months or
 22 more of active military service and the dis-
 23 ability was not noted at the time of the
 24 member’s entrance on active duty (unless
 25 compelling evidence or medical judgment is

1 such to warrant a finding that the dis-
 2 ability existed before the member’s en-
 3 trance on active duty);”.

4 (b) SEPARATION OF REGULARS AND MEMBERS ON
 5 ACTIVE DUTY FOR MORE THAN 30 DAYS.—Section
 6 1203(b)(4)(B) of such title is amended by striking “and
 7 the member has at least eight years of service computed
 8 under section 1208 of this title” and inserting “, the mem-
 9 ber has six months or more of active military service, and
 10 the disability was not noted at the time of the member’s
 11 entrance on active duty (unless evidence or medical judg-
 12 ment is such to warrant a finding that the disability ex-
 13 isted before the member’s entrance on active duty)”.

14 **SEC. 302. REQUIREMENTS AND LIMITATIONS ON DEPART-**
 15 **MENT OF DEFENSE DETERMINATIONS OF**
 16 **DISABILITY WITH RESPECT TO MEMBERS OF**
 17 **THE ARMED FORCES.**

18 (a) IN GENERAL.—Chapter 61 of title 10, United
 19 States Code, is amended by inserting after section 1216
 20 the following new section:

21 **“§ 1216a. Determinations of disability: requirements**
 22 **and limitations on determinations**

23 “(a) UTILIZATION OF VA SCHEDULE FOR RATING
 24 DISABILITIES IN DETERMINATIONS OF DISABILITY.—(1)
 25 In making a determination of disability of a member of

1 the armed forces for purposes of this chapter, the Sec-
2 retary concerned—

3 “(A) shall, to the extent feasible, utilize the
4 schedule for rating disabilities in use by the Depart-
5 ment of Veterans Affairs, including any applicable
6 interpretation of the schedule by the United States
7 Court of Appeals for Veterans Claims; and

8 “(B) except as provided in paragraph (2), may
9 not deviate from the schedule or any such interpre-
10 tation of the schedule.

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

20 “(b) CONSIDERATION OF ALL MEDICAL CONDI-
21 TIONS.—In making a determination of the rating of dis-
22 ability of a member of the armed forces for purposes of
23 this chapter, the Secretary concerned shall take into ac-
24 count all medical conditions, whether individually or collec-

tively, that render the member unfit to perform the duties of the member's office, grade, rank, or rating.”.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 61 of such title is amended by inserting after the item relating to section 1216 the following new item:

“1216a. Determinations of disability: requirements and limitations on determinations.”.

**SEC. 303. REVIEW OF SEPARATION OF MEMBERS OF THE
ARMED FORCES SEPARATED FROM SERVICE
WITH A DISABILITY RATING OF 20 PERCENT
DISABLED OR LESS.**

(a) BOARD REQUIRED.—

(1) IN GENERAL.—Chapter 79 of title 10, United States Code, is amended by inserting after section 1554 adding the following new section:

**“§ 1554a. Review of separation with disability rating
of 20 percent disabled or less**

“(a) IN GENERAL.—(1) The Secretary of Defense shall establish within the Office of the Secretary of Defense a board of review to review the disability determinations of covered individuals by Physical Evaluation Boards. The board shall be known as the ‘Physical Disability Board of Review’.

“(2) The Board shall consist of not less than three members appointed by the Secretary.

1 “(b) COVERED INDIVIDUALS.—For purposes of this
2 section, covered individuals are members and former mem-
3 bers of the armed forces who, during the period beginning
4 on September 11, 2001, and ending on December 31,
5 2009—

6 “(1) are separated from the armed forces due
7 to unfitness for duty due to a medical condition with
8 a disability rating of 20 percent disabled or less; and

9 “(2) are found to be not eligible for retirement.

10 “(c) REVIEW.—(1) Upon its own motion, or upon the
11 request of a covered individual, or a surviving spouse, next
12 of kin, or legal representative of a covered individual, the
13 Board shall review the findings and decisions of the Phys-
14 ical Evaluation Board with respect to such covered indi-
15 vidual.

16 “(2) The review by the Board under paragraph (1)
17 shall be based on the records of the armed force concerned
18 and such other evidence as may be presented to the Board.
19 A witness may present evidence to the Board by affidavit
20 or by any other means considered acceptable by the Sec-
21 retary of Defense.

22 “(d) AUTHORIZED RECOMMENDATIONS.—The Board
23 may, as a result of its findings under a review under sub-
24 section (c), recommend to the Secretary concerned the fol-
25 lowing (as applicable) with respect to a covered individual:

1 “(1) No recharacterization of the separation of
2 such individual or modification of the disability rat-
3 ing previously assigned such individual.

4 “(2) The recharacterization of the separation of
5 such individual to retirement for disability.

6 “(3) The modification of the disability rating
7 previously assigned such individual by the Physical
8 Evaluation Board concerned.

9 “(4) The issuance of a new disability rating for
10 such individual.

11 “(e) CORRECTION OF MILITARY RECORDS.—(1) The
12 Secretary concerned may correct the military records of
13 a covered individual in accordance with a recommendation
14 made by the Board under subsection (d). Any such correc-
15 tion may be made effective as of the effective date of the
16 action taken on the report of the Physical Evaluation
17 Board to which such recommendation relates.

18 “(2) In the case of a member previously separated
19 pursuant to the findings and decision of a Physical Eval-
20 uation Board together with a lump-sum or other payment
21 of back pay and allowances at separation, the amount of
22 pay or other monetary benefits to which such member
23 would be entitled based on the member’s military record
24 as corrected shall be reduced to take into account receipt

1 of such lump-sum or other payment in such manner as
 2 the Secretary of Defense considers appropriate.

3 “(3) If the Board makes a recommendation not to
 4 correct the military records of a covered individual, the
 5 action taken on the report of the Physical Evaluation
 6 Board to which such recommendation relates shall be
 7 treated as final as of the date of such action.

8 “(f) REGULATIONS.—(1) This section shall be carried
 9 out in accordance with regulations prescribed by the Sec-
 10 retary of Defense.

11 “(2) The regulations under paragraph (1) shall speci-
 12 fy the effect of a determination or pending determination
 13 of a Physical Evaluation Board on considerations by
 14 boards for correction of military records under section
 15 1552 of this title.”.

16 (2) CLERICAL AMENDMENT.—The table of sec-
 17 tions at the beginning of chapter 79 of such title is
 18 amended by inserting after the item relating to sec-
 19 tion 1554 the following new item:

“1554a. Review of separation with disability rating of 20 percent disabled or
 less.”.

20 (b) IMPLEMENTATION.—The Secretary of Defense
 21 shall establish the board of review required by section
 22 1554a of title 10, United States Code (as added by sub-
 23 section (a)), and prescribe the regulations required by

1 such section, not later than 90 days after the date of the
2 enactment of this Act.

3 **SEC. 304. PILOT PROGRAMS ON REVISED AND IMPROVED**
4 **DISABILITY EVALUATION SYSTEM FOR MEM-**
5 **BERS OF THE ARMED FORCES.**

6 (a) PILOT PROGRAMS.—

7 (1) IN GENERAL.—The Secretary of Defense
8 shall, in consultation with the Secretary of Veterans
9 Affairs, carry out pilot programs with respect to the
10 disability evaluation system of the Department of
11 Defense for the purpose set forth in subsection (d).

12 (2) REQUIRED PILOT PROGRAMS.—In carrying
13 out this section, the Secretary of Defense shall carry
14 out the pilot programs described in paragraphs (1)
15 through (3) of subsection (c). Each such pilot pro-
16 gram shall be implemented not later than 90 days
17 after the date of the enactment of this Act.

18 (3) AUTHORIZED PILOT PROGRAMS.—In car-
19 rying out this section, the Secretary of Defense may
20 carry out such other pilot programs as the Secretary
21 of Defense, in consultation with the Secretary of
22 Veterans Affairs, considers appropriate.

23 (b) DISABILITY EVALUATION SYSTEM OF THE DE-
24 PARTMENT OF DEFENSE.—For purposes of this section,
25 the disability evaluation system of the Department of De-

1 fense is the system of the Department for the evaluation
2 of the disabilities of members of the Armed Forces who
3 are being separated or retired from the Armed Forces for
4 disability under chapter 61 of title 10, United States
5 Code.

6 (c) SCOPE OF PILOT PROGRAMS.—

7 (1) DISABILITY DETERMINATIONS BY DOD UTI-
8 LIZING VA ASSIGNED DISABILITY RATING.—Under
9 one of the pilot programs under subsection (a), for
10 purposes of making a determination of disability of
11 a member of the Armed Forces under section
12 1201(b) of title 10, United States Code, for the re-
13 tirement, separation, or placement of the member on
14 the temporary disability retired list under chapter 61
15 of such title, upon a determination by the Secretary
16 of the military department concerned that the mem-
17 ber is unfit to perform the duties of the member's
18 office, grade, rank, or rating because of a physical
19 disability as described in section 1201(a) of such
20 title—

21 (A) the Secretary of Veterans Affairs
22 shall—

23 (i) conduct an evaluation of the mem-
24 ber for physical disability; and

(ii) assign the member a rating of disability in accordance with the schedule for rating disabilities utilized by the Secretary of Veterans Affairs based on all medical conditions (whether individually or collectively) that render the member unfit for duty; and

(B) the Secretary of the military department concerned shall make the determination of disability regarding the member utilizing the rating of disability assigned under subparagraph (A)(ii).

(2) DISABILITY DETERMINATIONS UTILIZING
JOINT DOD/VA ASSIGNED DISABILITY RATING.—

Under one of the pilot programs under subsection (a), in making a determination of disability of a member of the Armed Forces under section 1201(b) of title 10, United States Code, for the retirement, separation, or placement of the member on the temporary disability retired list under chapter 61 of such title, the Secretary of the military department concerned shall, upon determining that the member is unfit to perform the duties of the member's office, grade, rank, or rating because of a physical disability as described in section 1201(a) of such title—

1 (A) provide for the joint evaluation of the
2 member for disability by the Secretary of the
3 military department concerned and the Sec-
4 retary of Veterans Affairs, including the assign-
5 ment of a rating of disability for the member in
6 accordance with the schedule for rating disabili-
7 ties utilized by the Secretary of Veterans Af-
8 fairs based on all medical conditions (whether
9 individually or collectively) that render the
10 member unfit for duty; and

11 (B) make the determination of disability
12 regarding the member utilizing the rating of
13 disability assigned under subparagraph (A).

14 (3) ELECTRONIC CLEARING HOUSE.—Under
15 one of the pilot programs, the Secretary of Defense
16 shall establish and operate a single Internet website
17 for the disability evaluation system of the Depart-
18 ment of Defense that enables participating members
19 of the Armed Forces to fully utilize such system
20 through the Internet, with such Internet website to
21 include the following:

22 (A) The availability of any forms required
23 for the utilization of the disability evaluation
24 system by members of the Armed Forces under
25 the system.

1 (B) Secure mechanisms for the submission
2 of such forms by members of the Armed Forces
3 under the system, and for the tracking of the
4 acceptance and review of any forms so sub-
5 mitted.

6 (C) Secure mechanisms for advising mem-
7 bers of the Armed Forces under the system of
8 any additional information, forms, or other
9 items that are required for the acceptance and
10 review of any forms so submitted.

11 (D) The continuous availability of assist-
12 ance to members of the Armed Forces under
13 the system (including assistance through the
14 caseworkers assigned to such members of the
15 Armed Forces) in submitting and tracking such
16 forms, including assistance in obtaining infor-
17 mation, forms, or other items described by sub-
18 paragraph (C).

19 (E) Secure mechanisms to request and re-
20 ceive personnel files or other personnel records
21 of members of the Armed Forces under the sys-
22 tem that are required for submission under the
23 disability evaluation system, including the capa-
24 bility to track requests for such files or records

1 and to determine the status of such requests
2 and of responses to such requests.

3 (4) OTHER PILOT PROGRAMS.—Under any pilot
4 program carried out by the Secretary of Defense
5 under subsection (a)(3), the Secretary shall provide
6 for the development, evaluation, and identification of
7 such practices and procedures under the disability
8 evaluation system of the Department of Defense as
9 the Secretary considers appropriate for purpose set
10 forth in subsection (d).

11 (d) PURPOSE.—The purpose of each pilot program
12 under subsection (a) shall be—

13 (1) to provide for the development, evaluation,
14 and identification of revised and improved practices
15 and procedures under the disability evaluation sys-
16 tem of the Department of Defense in order to—

17 (A) reduce the processing time under the
18 disability evaluation system of members of the
19 Armed Forces who are likely to be retired or
20 separated for disability, and who have not re-
21 quested continuation on active duty, including,
22 in particular, members who are severely wound-
23 ed;

24 (B) identify and implement or seek the
25 modification of statutory or administrative poli-

1 cies and requirements applicable to the dis-
2 ability evaluation system that—

3 (i) are unnecessary or contrary to ap-
4 plicable best practices of civilian employers
5 and civilian healthcare systems; or

6 (ii) otherwise result in hardship, arbi-
7 trary, or inconsistent outcomes for mem-
8 bers of the Armed Forces, or unwarranted
9 inefficiencies and delays;

10 (C) eliminate material variations in poli-
11 cies, interpretations, and overall performance
12 standards among the military departments
13 under the disability evaluation system; and

14 (D) determine whether it enhances the ca-
15 pability of the Department of Veterans Affairs
16 to receive and determine claims from members
17 of the Armed Forces for compensation, pension,
18 hospitalization, or other veterans benefits; and

19 (2) in conjunction with the findings and rec-
20 ommendations of applicable Presidential and De-
21 partment of Defense study groups, to provide for the
22 eventual development of revised and improved prac-
23 tices and procedures for the disability evaluation sys-
24 tem in order to achieve the objectives set forth in
25 paragraph (1).

1 (e) UTILIZATION OF RESULTS IN UPDATES OF COM-
2 PREHENSIVE POLICY ON CARE, MANAGEMENT, AND
3 TRANSITION OF COVERED SERVICEMEMBERS.—The Sec-
4 retary of Defense and the Secretary of Veterans Affairs
5 shall jointly incorporate responses to any findings and rec-
6 ommendations arising under the pilot programs required
7 by subsection (a) in updating the comprehensive policy on
8 the care and management of covered servicemembers
9 under section 101.

10 (f) CONSTRUCTION WITH OTHER AUTHORITIES.—

11 (1) IN GENERAL.—Subject to paragraph (2), in
12 carrying out a pilot program under subsection (a)—

13 (A) the rules and regulations of the De-
14 partment of Defense and the Department of
15 Veterans Affairs relating to methods of deter-
16 mining fitness or unfitness for duty and dis-
17 ability ratings for members of the Armed
18 Forces shall apply to the pilot program only to
19 the extent provided in the report on the pilot
20 program under subsection (h)(1); and

21 (B) the Secretary of Defense and the Sec-
22 retary of Veterans Affairs may waive any provi-
23 sion of title 10, 37, or 38, United States Code,
24 relating to methods of determining fitness or
25 unfitness for duty and disability ratings for

1 members of the Armed Forces if the Secretaries
2 determine in writing that the application of
3 such provision would be inconsistent with the
4 purpose of the pilot program.

5 (2) LIMITATION.—Nothing in paragraph (1)
6 shall be construed to authorize the waiver of any
7 provision of section 1216a of title 10, United States
8 Code, as added by section 302 of this Act.

9 (g) DURATION.—Each pilot program under sub-
10 section (a) shall be completed not later than one year after
11 the date of the commencement of such pilot program
12 under that subsection.

13 (h) REPORTS.—

14 (1) INITIAL REPORT.—Not later than 90 days
15 after the date of the enactment of this Act, the Sec-
16 retary of Defense shall submit to the appropriate
17 committees of Congress a report on the pilot pro-
18 grams under subsection (a). The report shall in-
19 clude—

20 (A) a description of the scope and objec-
21 tives of each pilot program;

22 (B) a description of the methodology to be
23 used under such pilot program to ensure rapid
24 identification under such pilot program of re-
25 vised or improved practices under the disability

1 evaluation system of the Department of Defense
2 in order to achieve the objectives set forth in
3 subsection (d)(1); and

4 (C) a statement of any provision described
5 in subsection (f)(1)(B) that shall not apply to
6 the pilot program by reason of a waiver under
7 that subsection.

8 (2) INTERIM REPORT.—Not later than 150
9 days after the date of the submittal of the report re-
10 quired by paragraph (1), the Secretary shall submit
11 to the appropriate committees of Congress a report
12 describing the current status of such pilot program.

13 (3) FINAL REPORT.—Not later than 90 days
14 after the completion of all the pilot programs de-
15 scribed in paragraphs (1) through (3) of subsection
16 (c), the Secretary shall submit to the appropriate
17 committees of Congress a report setting forth a final
18 evaluation and assessment of such pilot programs.
19 The report shall include such recommendations for
20 legislative or administrative action as the Secretary
21 considers appropriate in light of such pilot pro-
22 grams.

1 **SEC. 305. REPORTS ON ARMY ACTION PLAN IN RESPONSE**
2 **TO DEFICIENCIES IN THE ARMY PHYSICAL**
3 **DISABILITY EVALUATION SYSTEM.**

4 (a) REPORTS REQUIRED.—Not later than 30 days
5 after the date of the enactment of this Act, and every 120
6 days thereafter until March 1, 2009, the Secretary of De-
7 fense shall submit to the congressional defense committees
8 a report on the implementation of corrective measures by
9 the Department of Defense with respect to the Physical
10 Disability Evaluation System (PDES) in response to the
11 following:

12 (1) The report of the Inspector General of the
13 Army on that system of March 6, 2007.

14 (2) The report of the Independent Review
15 Group on Rehabilitation Care and Administrative
16 Processes at Walter Reed Army Medical Center and
17 National Naval Medical Center.

18 (3) The report of the Department of Veterans
19 Affairs Task Force on Returning Global War on
20 Terror Heroes.

21 (b) ELEMENTS OF REPORT.—Each report under sub-
22 section (a) shall include current information on the fol-
23 lowing:

24 (1) The total number of cases, and the number
25 of cases involving combat disabled servicemembers,
26 pending resolution before the Medical and Physical

1 Disability Evaluation Boards of the Army, including
2 information on the number of members of the Army
3 who have been in a medical hold or holdover status
4 for more than each of 100, 200, and 300 days.

5 (2) The status of the implementation of modi-
6 fications to disability evaluation processes of the De-
7 partment of Defense in response to the following:

8 (A) The report of the Inspector General on
9 such processes dated March 6, 2007.

10 (B) The report of the Independent Review
11 Group on Rehabilitation Care and Administra-
12 tive Processes at Walter Reed Army Medical
13 Center and National Naval Medical Center.

14 (C) The report of the Department of Vet-
15 erans Affairs Task Force on Returning Global
16 War on Terror Heroes.

17 (c) POSTING ON INTERNET.—Not later than 24
18 hours after submitting a report under subsection (a), the
19 Secretary shall post such report on the Internet website
20 of the Department of Defense that is available to the pub-
21 lic.

**Subtitle B—Other Disability
Matters**

**SEC. 311. ENHANCEMENT OF DISABILITY SEVERANCE PAY
FOR MEMBERS OF THE ARMED FORCES.**

(a) IN GENERAL.—Section 1212 of title 10, United States Code, is amended—

(1) in subsection (a)(1), by striking “his years of service, but not more than 12, computed under section 1208 of this title” in the matter preceding subparagraph (A) and inserting “the member’s years of service computed under section 1208 of this title (subject to the minimum and maximum years of service provided for in subsection (c))”;

(2) by redesignating subsection (c) as subsection (d); and

(3) by inserting after subsection (b) the following new subsection (c):

“(c)(1) The minimum years of service of a member for purposes of subsection (a)(1) shall be as follows:

“(A) Six years in the case of a member separated from the armed forces for a disability incurred in line of duty in a combat zone (as designated by the Secretary of Defense for purposes of this subsection).

1 “(B) Three years in the case of any other mem-
2 ber.

3 “(2) The maximum years of service of a member for
4 purposes of subsection (a)(1) shall be 19 years.”.

5 (b) NO DEDUCTION FROM COMPENSATION OF SEV-
6 ERANCE PAY FOR DISABILITIES INCURRED IN COMBAT
7 ZONES.—Subsection (d) of such section, as redesignated
8 by subsection (a)(2) of this section, is further amended—

9 (1) by inserting “(1)” after “(d)”;

10 (2) by striking the second sentence; and

11 (3) by adding at the end the following new
12 paragraphs:

13 “(2) No deduction may be made under paragraph (1)
14 in the case of disability severance pay received by a mem-
15 ber for a disability incurred in line of duty in a combat
16 zone.

17 “(3) No deduction may be made under paragraph (1)
18 from any death compensation to which a member’s de-
19 pendants become entitled after the member’s death.”.

20 (c) EFFECTIVE DATE.—The amendments made by
21 this section shall take effect on the date of the enactment
22 of this Act, and shall apply with respect to members of
23 the Armed Forces separated from the Armed Forces
24 under chapter 61 of title 10, United States Code, on or
25 after that date.

1 **TITLE IV—IMPROVEMENT OF**
2 **FACILITIES HOUSING PATIENTS**

3 **SEC. 401. STANDARDS FOR MILITARY MEDICAL TREAT-**
4 **MENT FACILITIES, SPECIALTY MEDICAL**
5 **CARE FACILITIES, AND MILITARY QUARTERS**
6 **HOUSING PATIENTS.**

7 (a) ESTABLISHMENT OF STANDARDS.—The Sec-
8 retary of Defense shall establish for the military facilities
9 referred to in subsection (b) standards with respect to the
10 matters set forth in subsection (c). The standards shall,
11 to the maximum extent practicable—

12 (1) be uniform and consistent across such facili-
13 ties; and

14 (2) be uniform and consistent across the De-
15 partment of Defense and the military departments.

16 (b) COVERED MILITARY FACILITIES.—The military
17 facilities referred to in this subsection are the military fa-
18 cilities of the Department of Defense and the military de-
19 partments as follows:

20 (1) Military medical treatment facilities.

21 (2) Specialty medical care facilities.

22 (3) Military quarters housing patients.

23 (c) SCOPE OF STANDARDS.—The standards required
24 by subsection (a) shall provide minimally acceptable condi-
25 tions for the following:

1 (1) Appearance and maintenance of facilities
2 generally, including the structure and roofs of facili-
3 ties.

4 (2) Size, appearance, and maintenance of rooms
5 housing or utilized by patients, including furniture
6 and amenities in such rooms.

7 (3) Operation and maintenance of primary and
8 back-up facility utility systems and other systems re-
9 quired for patient care, including electrical systems,
10 plumbing systems, heating, ventilation, and air con-
11 ditioning systems, communications systems, fire pro-
12 tection systems, energy management systems, and
13 other systems required for patient care.

14 (4) Compliance with Federal Government
15 standards for hospital facilities and operations.

16 (5) Compliance of facilities, rooms, and
17 grounds, to the maximum extent practicable and ap-
18 propriate, with the Americans with Disabilities Act
19 of 1990 (42 U.S.C. 12101 et seq.).

20 (6) Such other matters relating to the appear-
21 ance, size, operation, and maintenance of facilities
22 and rooms as the Secretary considers appropriate.

23 (d) COMPLIANCE WITH STANDARDS.—

24 (1) DEADLINE.—In establishing standards
25 under subsection (a), the Secretary shall specify a

1 deadline for compliance with such standards by each
2 facility referred to in subsection (b). The deadline
3 shall be at the earliest date practicable after the
4 date of the enactment of this Act, and shall, to the
5 maximum extent practicable, be uniform across the
6 facilities referred to in subsection (b).

7 (2) INVESTMENT.—In carrying out this section,
8 the Secretary shall also establish guidelines for in-
9 vestment to be utilized by the Department of De-
10 fense and the military departments in determining
11 the allocation of financial resources to facilities re-
12 ferred to in subsection (b) in order to meet the dead-
13 line specified under paragraph (1).

14 (e) REPORT.—

15 (1) IN GENERAL.—Not later than December 30,
16 2007, the Secretary shall submit to the congres-
17 sional defense committees a report on the actions
18 taken to carry out this section.

19 (2) ELEMENTS.—The report under paragraph
20 (1) shall include the following:

21 (A) The standards established under sub-
22 section (a).

23 (B) An assessment of the appearance, con-
24 dition, and maintenance of each facility referred
25 to in subsection (a), including—

1 (i) an assessment of the compliance of
2 such facility with the standards established
3 under subsection (a); and

4 (ii) a description of any deficiency or
5 noncompliance in each facility with the
6 standards.

7 (C) A description of the investment to be
8 allocated to address each deficiency or non-
9 compliance identified under subparagraph
10 (B)(ii).

11 **SEC. 402. REPORTS ON ARMY ACTION PLAN IN RESPONSE**
12 **TO DEFICIENCIES IDENTIFIED AT WALTER**
13 **REED ARMY MEDICAL CENTER.**

14 (a) **REPORTS REQUIRED.**—Not later than 30 days
15 after the date of the enactment of this Act, and every 120
16 days thereafter until March 1, 2009, the Secretary of De-
17 fense shall submit to the congressional defense committees
18 a report on the implementation of the action plan of the
19 Army to correct deficiencies identified in the condition of
20 facilities, and in the administration of outpatients in med-
21 ical hold or medical holdover status, at Walter Reed Army
22 Medical Center (WRAMC) and at other applicable Army
23 installations at which covered members of the Armed
24 Forces are assigned.

1 (b) ELEMENTS OF REPORT.—Each report under sub-
2 section (a) shall include current information on the fol-
3 lowing:

4 (1) The number of inpatients at Walter Reed
5 Army Medical Center, and the number of out-
6 patients on medical hold or in a medical holdover
7 status at Walter Reed Army Medical Center, as a
8 result of serious injuries or illnesses.

9 (2) A description of the lodging facilities and
10 other forms of housing at Walter Reed Army Med-
11 ical Center, and at each other Army facility, to
12 which are assigned personnel in medical hold or
13 medical holdover status as a result of serious inju-
14 ries or illnesses, including—

15 (A) an assessment of the conditions of
16 such facilities and housing; and

17 (B) a description of any plans to correct
18 inadequacies in such conditions.

19 (3) The status, estimated completion date, and
20 estimated cost of any proposed or ongoing actions to
21 correct any inadequacies in conditions as described
22 under paragraph (2).

23 (4) The number of case managers, platoon ser-
24 geants, patient advocates, and physical evaluation
25 board liaison officers stationed at Walter Reed Army

1 Medical Center, and at each other Army facility, to
2 which are assigned personnel in medical hold or
3 medical holdover status as a result of serious inju-
4 ries or illnesses, and the ratio of case workers and
5 platoon sergeants to outpatients for whom they are
6 responsible at each such facility.

7 (5) The number of telephone calls received dur-
8 ing the preceding 60 days on the Wounded Soldier
9 and Family hotline (as established on March 19,
10 2007), a summary of the complaints or communica-
11 tions received through such calls, and a description
12 of the actions taken in response to such calls.

13 (6) A summary of the activities, findings, and
14 recommendations of the Army tiger team of medical
15 and installation professionals who visited the major
16 medical treatment facilities and community-based
17 health care organizations of the Army pursuant to
18 March 2007 orders, and a description of the status
19 of corrective actions being taken with to address de-
20 ficiencies noted by that team.

21 (7) The status of the ombudsman programs at
22 Walter Reed Army Medical Center and at other
23 major Army installations to which are assigned per-
24 sonnel in medical hold or medical holdover status as
25 a result of serious injuries or illnesses.

1 (c) POSTING ON INTERNET.—Not later than 24
 2 hours after submitting a report under subsection (a), the
 3 Secretary shall post such report on the Internet website
 4 of the Department of Defense that is available to the pub-
 5 lic.

6 **SEC. 403. CONSTRUCTION OF FACILITIES REQUIRED FOR**
 7 **THE CLOSURE OF WALTER REED ARMY MED-**
 8 **ICAL CENTER, DISTRICT OF COLUMBIA.**

9 (a) ASSESSMENT OF ACCELERATION OF CONSTRUC-
 10 TION OF FACILITIES.—The Secretary of Defense shall
 11 carry out an assessment of the feasibility (including the
 12 cost-effectiveness) of accelerating the construction and
 13 completion of any new facilities required to facilitate the
 14 closure of Walter Reed Army Medical Center, District of
 15 Columbia, as required as a result of the 2005 round of
 16 defense base closure and realignment under the Defense
 17 Base Closure and Realignment Act of 1990 (part A of title
 18 XXIX of Public Law 101–510; U.S.C. 2687 note).

19 (b) DEVELOPMENT AND IMPLEMENTATION OF PLAN
 20 FOR CONSTRUCTION OF FACILITIES.—

21 (1) IN GENERAL.—The Secretary shall develop
 22 and carry out a plan for the construction and com-
 23 pletion of any new facilities required to facilitate the
 24 closure of Walter Reed Army Medical Center as re-
 25 quired as described in subsection (a). If the Sec-

1 retary determines as a result of the assessment
2 under subsection (a) that accelerating the construc-
3 tion and completion of such facilities is feasible, the
4 plan shall provide for the accelerated construction
5 and completion of such facilities in a manner con-
6 sistent with that determination.

7 (2) SUBMITTAL OF PLAN.—The Secretary shall
8 submit to the congressional defense committees the
9 plan required by paragraph (1) not later than Sep-
10 tember 30, 2007.

11 (c) CERTIFICATIONS.—Not later than September 30,
12 2007, the Secretary shall submit to the congressional de-
13 fense committees a certification of each of the following:

14 (1) That a transition plan has been developed,
15 and resources have been committed, to ensure that
16 patient care services, medical operations, and facili-
17 ties are sustained at the highest possible level at
18 Walter Reed Army Medical Center until facilities to
19 replace Walter Reed Army Medical Center are
20 staffed and ready to assume at least the same level
21 of care previously provided at Walter Reed Army
22 Medical Center.

23 (2) That the closure of Walter Reed Army Med-
24 ical Center will not result in a net loss of capacity
25 in the major military medical centers in the National

1 Capitol Region in terms of total bed capacity or
2 staffed bed capacity.

3 (3) That the capacity and types of medical hold
4 and out-patient lodging facilities currently operating
5 at Walter Reed Army Medical Center will be avail-
6 able at the facilities to replace Walter Reed Army
7 Medical Center by the date of the closure of Walter
8 Reed Army Medical Center.

9 (4) That adequate funds have been provided to
10 complete fully all facilities identified in the Base Re-
11 alignment and Closure Business Plan for Walter
12 Reed Army Medical Center submitted to the con-
13 gressional defense committees as part of the budget
14 justification materials submitted to Congress to-
15 gether with the budget of the President for fiscal
16 year 2008 as contemplated in that business plan.

17 (d) ENVIRONMENTAL LAWS.—Nothing in this section
18 shall require the Secretary or any designated representa-
19 tive to waive or ignore responsibilities and actions required
20 by the National Environmental Policy Act of 1969 (42
21 U.S.C. 4321 et seq.) or the regulations implementing such
22 Act.

1 **TITLE V—OUTREACH AND RE-**
 2 **LATED INFORMATION ON**
 3 **BENEFITS**

4 **SEC. 501. HANDBOOK FOR MEMBERS OF THE ARMED**
 5 **FORCES ON COMPENSATION AND BENEFITS**
 6 **AVAILABLE FOR SERIOUS INJURIES AND ILL-**
 7 **NESSES.**

8 (a) INFORMATION ON AVAILABLE COMPENSATION
 9 AND BENEFITS.—The Secretary of Defense shall, in con-
 10 sultation with the Secretary of Veterans Affairs and the
 11 Secretary of Health and Human Services, develop and
 12 maintain in handbook form a comprehensive description
 13 of the compensation and other benefits to which a member
 14 of the Armed Forces, and the family of such member,
 15 would be entitled upon the member's separation or retire-
 16 ment from the Armed Forces as a result of a serious in-
 17 jury or illness. The handbook shall set forth the range of
 18 such compensation and benefits based on grade, length of
 19 service, degree of disability at separation or retirement,
 20 and such other factors affecting such compensation and
 21 benefits as the Secretary of Defense considers appropriate.

22 (b) PROVISION TO MEMBERS.—The Secretary of the
 23 military department concerned shall provide the descrip-
 24 tive handbook under subsection (a) to each member of the
 25 Armed Forces described in that subsection as soon as

1 practicable following the injury or illness qualifying the
2 member for coverage under that subsection.

3 (c) PROVISION TO REPRESENTATIVES.—If a member
4 is incapacitated or otherwise unable to receive the descrip-
5 tive handbook to be provided under subsection (a), the
6 handbook shall be provided to the next of kin or a legal
7 representative of the member (as determined in accord-
8 ance with regulations prescribed by the Secretary of the
9 military department concerned for purposes of this sec-
10 tion).

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