

AMENDMENT TO H.R. 1538
OFFERED BY MR. ORTIZ OF TEXAS

Redesignate section 15 as section 16 and insert after
section 14 the following new section 15:

1 **SEC. 15. MORATORIUM ON CONVERSION TO CONTRACTOR**
2 **PERFORMANCE OF DEPARTMENT OF DE-**
3 **FENSE FUNCTIONS AT MILITARY MEDICAL**
4 **FACILITIES.**

5 (a) **FINDINGS.**—Congress finds the following:

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

12 (2) The Army Garrison commander at the Wal-
13 ter Reed Army Medical Center has stated that the
14 extended A-76 competition process contributed to
15 the departure of highly skilled administrative and
16 maintenance personnel, which led to the problems at
17 the Walter Reed Army Medical Center.

18 (b) **MORATORIUM.**—During the one-year period be-
19 ginning on the date of the enactment of this Act, no study

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1 or competition may be begun or announced pursuant to
2 section 2461 of title 10, United States Code, or otherwise
3 pursuant to Office of Management and Budget Circular
4 A-76 relating to the possible conversion to performance
5 by a contractor of any Department of Defense function
6 carried out at a military medical facility .

7 (c) REPORT REQUIRED.—Not later than 180 days
8 after the date of the enactment of this Act, the Secretary
9 of Defense shall submit to the Committee on Armed Serv-
10 ices of the Senate and the Committee on Armed Services
11 of the House of Representatives a report on the public-
12 private competitions being conducted for Department of
13 Defense functions carried out at military medical facilities
14 as of the date of the enactment of this Act by each military
15 department and defense agency. Such report shall in-
16 clude—

17 (1) for each such competition—

18 (A) the cost of conducting the public-pri-
19 vate competition;

20 (B) the number of military personnel and
21 civilian employees of the Department of De-
22 fense affected;

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

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

4 (E) the effect of converting the perform-
5 ance of the function to performance by a con-
6 tractor on the quality of the performance of the
7 function;

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

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

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Report on Army Infrastructure Requirements

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

- (1) A description of current and projected military facilities that support soldiers receiving medical treatment and rehabilitation services including medical facilities, dining facilities, barracks, family housing and exercise and rehabilitation facilities;
- (2) An analysis of the parking situation at all Army Medical Centers to determine whether adequate number of parking spaces exist and the walking time and distance on average to and from the most remote parking spaces.
- (3) An analysis of the infrastructure improvements to the facilities described in paragraphs (1) and (2), whether sufficient funds have been allocated for such improvements and such other recommendations as the Secretary considers appropriate.

AMENDMENT TO H.R. 1538
OFFERED BY MR. MILLER OF FLORIDA

Insert after section 14 the following new section
(and redesignate section 15 as section 16):

1 **SEC. 15. TRAUMATIC BRAIN INJURY CLASSIFICATIONS.**

2 (a) FINDINGS.—Congress finds the following:

3 (1) The Committees on Armed Services of the
4 Senate and the House of Representatives have re-
5 ceived testimony that the Department of Defense
6 needs to further study and develop its traumatic
7 brain injury classifications in order to properly clas-
8 sify brain injuries suffered by members of the
9 Armed Forces.

10 (2) Improvised explosive device wounds are the
11 most prevalent among military participants of Oper-
12 ation Iraqi Freedom and Operation Enduring Free-
13 dom and cause traumatic brain injury.

14 (b) INTERIM REPORT.—Not later than 90 days after
15 the date of the enactment of this Act, the Secretary of
16 Defense shall submit to the Committees on Armed Serv-
17 ices of the Senate and the House of Representatives an
18 interim report describing the changes undertaken within
19 the Department of Defense to ensure that traumatic brain

1 injury victims receive a proper medical designation con-
2 comitant with their injury as opposed to the current med-
3 ical designation which assigns a generic “organic psy-
4 chiatric disorder” classification.

5 (e) FINAL REPORT.—Not later than 180 days after
6 the date of the enactment of this Act, the Secretary of
7 Defense shall submit to the Committees on Armed Serv-
8 ices of the Senate and the House of Representatives a
9 final report concerning traumatic brain injury classifica-
10 tions and an explanation and justification of the Depart-
11 ment’s use of the international classification of disease
12 (ICD) 9 designation, plans to transition to ICD 10 or 11,
13 and the benefits the civilian community experiences from
14 using ICD 10.

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SUBSTITUTE AMENDMENT
OFFERED BY MR. MILLER OF FLORIDA

Page 5, after the period on line 16, add the following: "The survey shall be conducted in coordination with installation medical commanders and authorities, and shall be coordinated with such commanders and authorities before submission to the Secretary."

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AMENDMENT TO H.R. 1538
OFFERED BY MR. MILLER OF FLORIDA

Page 3, line 7, insert "(A)" after "(2)".

Page 3, after line 16, insert the following:

1 “(B) The weekly medical status review described in
2 subparagraph (A)(iii) shall be conducted in person with
3 the member. If such a review is not practicable, the med-
4 ical care case manager shall provide a written statement
5 to the case manager’s supervisor indicating why an in-per-
6 son medical status review was not possible.

Page 3, line 11, strike “(A)” and insert “(i)”.

Page 3, line 13, strike “(B)” and insert “(ii)”.

Page 3, line 15, strike “(C)” and insert “(iii)”.

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AMENDMENT TO H.R. 1538
OFFERED BY MR. CUMMINGS OF MARYLAND

Page 27, line 9, strike "President" and insert "Secretary of Veterans Affairs" .

AMENDMENT TO H.R. 1538
OFFERED BY MR. HUNTER

Strike section 10 and insert the following new section:

1 **SEC. 10. IMPROVED TRANSITION OF MEMBERS OF THE**
2 **ARMED FORCES TO DEPARTMENT OF VET-**
3 **ERANS AFFAIRS UPON RETIREMENT OR SEP-**
4 **ARATION.**

5 (a) TRANSITION OF MEMBERS SEPARATED OR RE-
6 TIRED.—

7 (1) TRANSITION PROCESS.—Chapter 58 of title
8 10, United States Code, is amended by inserting
9 after section 1142 the following new section:

10 **“§ 1142a. Process for transition of members to health**
11 **care and physical disability systems of**
12 **Department of Veterans Affairs**

13 “(a) TRANSITION PLAN.—(1) The Secretary of De-
14 fense shall ensure that each member of the armed forces
15 who is being separated or retired under chapter 61 of this
16 title receives a written transition plan that—

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

1 “(B) provides for a coordinated transition of
2 the member from the Department of Defense dis-
3 ability system to the Department of Veterans Af-
4 fairs.

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

8 “(3) The transition plan for a member under this
9 subsection shall include information and guidance de-
10 signed to assist the member in understanding and meeting
11 the schedule and milestones for the member’s transition.

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

19 “(2) The records and other information to be trans-
20 mitted under paragraph (1) with respect to a member
21 shall include, at a minimum, the following:

22 “(A) The member’s address and contact infor-
23 mation.

24 “(B) The member’s DD-214 discharge form,
25 which shall be transmitted electronically.

1 “(C) A copy of the member’s service record, in-
2 cluding medical records and any results of a Phys-
3 ical Evaluation Board.

4 “(D) Whether the member is entitled to transi-
5 tional health care, a conversion health policy, or
6 other health benefits through the Department of De-
7 fense under section 1145 of this title.

8 “(E) Any requests by the member for assist-
9 ance in enrolling in, or completed applications for
10 enrollment in, the health care system of the Depart-
11 ment of Veterans Affairs for health care benefits for
12 which the member may be eligible under laws admin-
13 istered by the Secretary of Veterans Affairs.

14 “(F) Any requests by the member for assist-
15 ance in applying for, or completed applications for,
16 compensation and vocational rehabilitation benefits
17 to which the member may be entitled under laws ad-
18 ministered by the Secretary of Veterans Affairs, if
19 the member is being medically separated or is being
20 retired under chapter 61 of this title.

21 “(3) The transmittal of information under paragraph
22 (1) may be subject to the consent of the member, as re-
23 quired by statute.

24 “(c) MEETING.—(1) The formal process required by
25 subsection (b) for the transmittal of records and other in-

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1 formation with respect to a member shall include a meet-
2 ing between representatives of the Secretary concerned
3 and the Secretary of Veterans Affairs, which shall take
4 place at a location designated by the Secretaries. The
5 member shall be informed of the meeting at least 30 days
6 in advance of the meeting, except that the member may
7 waive the notice requirement in order to accelerate trans-
8 mission of the member's records and other information to
9 the Department of Veterans Affairs.

10 “(2) A member shall be given an opportunity to sub-
11 mit a written statement for consideration by the Secretary
12 of Veterans Affairs.

13 “(d) TIME FOR TRANSMITTAL OF RECORDS.—The
14 Secretary concerned shall provide for the transmittal to
15 the Department of Veterans Affairs of records and other
16 information with respect to a member at the earliest prac-
17 ticable date. In no case should the transmittal occur later
18 than the date of the separation or retirement of the mem-
19 ber.

20 “(e) ARMED FORCES.—In this section, the term
21 ‘armed forces’ means the Army, Navy, Air Force, and Ma-
22 rine Corps.”.

23 “(2) TABLE OF SECTIONS.—The table of sections
24 at the beginning of such chapter is amended by in-

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1 serting after the item relating to section 1142 the
2 following new item:

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

3 (b) UNIFORM SEPARATION AND EVALUATION PHYS-
4 ICAL.—Section 1145 of such title is amended—

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

7 (2) by inserting after subsection (c) the fol-
8 lowing new subsection:

9 “(d) UNIFORM SEPARATION AND EVALUATION PHYS-
10 ICAL.—The joint separation and evaluation physical, as
11 described in DD-2808 and DD-2697, shall be used by the
12 Secretary of Defense in connection with the medical sepa-
13 ration or retirement of all members of the armed forces,
14 including members separated or retired under chapter 61
15 of this title. The Secretary of Veterans Affairs shall adopt
16 the same separation and evaluation physical for use by the
17 Department of Veterans Affairs.”.

18 (c) INTEROPERABILITY OF MEDICAL INFORMATION
19 SYSTEMS AND BI-DIRECTIONAL ACCESS.—The Secretary
20 of Defense and the Secretary of Veterans Affairs shall es-
21 tablish and implement a single medical information system
22 for the Department of Defense and the Department of
23 Veterans Affairs for the purpose of ensuring the complete

1 interoperability and bi-directional, real-time exchange of
2 critical medical information.

3 (d) CO-LOCATION OF VA BENEFIT TEAMS.—

4 (1) CO-LOCATION.—The Secretary of Defense
5 and the Secretary of Veterans Affairs shall jointly
6 determine the optimal locations for the deployment
7 of Department of Veterans Affairs benefits team to
8 support recovering servicemembers assigned to mili-
9 tary medical treatment facilities, medical-related
10 support facilities, and community-based health care
11 organizations.

12 (2) MILITARY MEDICAL TREATMENT FACILITY
13 DEFINED.—In this subsection, the term “medical-re-
14 lated support facility” has the meaning given that
15 term in subsection (b) of section 490 of title 10,
16 United States Code, as added by section 12(a) of
17 this Act.

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

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

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

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1 **“§ 1142. Preseparation counseling”.**

2 (3) TABLE OF SECTIONS.—The table of sections
3 at the beginning of chapter 58 of such title is
4 amended by striking the item relating to section
5 1142 and inserting the following new item:

“1142. Preseparation counseling.”.

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

AMENDMENT TO H.R. 1538
OFFERED BY MR. COURTNEY OF CONNECTICUT

Page 19, after line 5, insert the following new paragraph:

- 1 (4) With the consent of a member participating in
- 2 the pilot process, the address and contact information of
- 3 the member shall also be submitted to the department or
- 4 agency for veterans affairs of the State in which the mem-
- 5 ber intends to reside after the separation or retirement
- 6 of the member.

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AMENDMENT TO H.R. 1538
OFFERED BY MS. CASTOR OF FLORIDA

Insert after section 14 the following new section 15
(and redesignate section 15 as section 16, and conform
the table of contents accordingly):

1 **SEC. 15. INCREASE IN PHYSICIANS AT HOSPITALS OF THE**
2 **DEPARTMENT OF VETERANS AFFAIRS.**

3 The Secretary of Veterans Affairs shall increase the
4 number of resident physicians at hospitals of the Depart-
5 ment of Veterans Affairs.

AMENDMENT TO H.R. 1538
OFFERED BY MRS. BOYDA OF KANSAS

Strike section 12 and insert the following (and conform the table of contents accordingly):

1 **SEC. 12. ACCESS OF RECOVERING SERVICEMEMBERS TO**
2 **ADEQUATE OUTPATIENT RESIDENTIAL FA-**
3 **CILITIES.**

4 (a) **REQUIRED INSPECTIONS OF FACILITIES.**—All
5 quarters of the United States and housing facilities under
6 the jurisdiction of the Armed Forces that are occupied by
7 recovering servicemembers shall be inspected on a semi-
8 annual basis for the first two years after the enactment
9 of this Act and annually thereafter by the inspectors gen-
10 eral of the regional medical commands.

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

13 (1) submit a report on each inspection of a fa-
14 cility conducted under subsection (a) to the post
15 commander at such facility, the commanding officer
16 of the hospital affiliated with such facility, the sur-
17 geon general of the military department that oper-
18 ates such hospital, the Secretary of the military de-
19 partment concerned, the Assistant Secretary of De-

14

1 fense for Health Affairs, the Oversight Board for
2 Wounded Warriors established pursuant to section
3 14, and the appropriate congressional committees;
4 and

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

AMENDMENT TO H.R. 1538
OFFERED BY MR. KLINE OF MINNESOTA

Page 3, after line 22, insert the following:

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

5 (B) For purposes of subparagraph (A), an appro-
6 priate military occupation specialty, designator, or spe-
7 cialty code includes membership in the Army Medical
8 Corps, Army Medical Service Corps, Army Nurse Corps,
9 Navy Medical Corps, Navy Medical Corps, Navy Medical
10 Service Corps, Navy Nurse Corps, or Air Force Medical
11 Service.

AMENDMENT TO H.R. 1538
OFFERED BY MR. KLINE OF MINNESOTA

Page 4, after line 21, insert the following:

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

AMENDMENT TO H.R. 1538
OFFERED BY MR. KLINE OF MINNESOTA

Page 16, after line 3, insert the following new section 9 (and redesignate succeeding sections and conform the table of contents accordingly):

1 **SEC. 9. PILOT PROGRAM TO ESTABLISH AN ARMY WOUND-**
2 **ED WARRIOR BATTALION AT AN APPRO-**
3 **PRIATE ACTIVE DUTY BASE.**

4 (a) **PILOT PROGRAM REQUIRED.**—

5 (1) **ESTABLISHMENT.**—The Secretary of the
6 Army shall establish a pilot program, at an appro-
7 priate active duty base with a major medical facility,
8 based on the Wounded Warrior Regiment program
9 of the Marine Corps. The pilot program shall be
10 known as the Army Wounded Warrior Battalion.

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

15 (A) the course of their treatment;

16 (B) medical and physical evaluation
17 boards;

1 (C) transition back to their parent units;
2 and

3 (D) medical retirement and subsequent
4 transition into the Department of Veterans Af-
5 fairs medical system.

6 (3) ORGANIZATION.—The commanding officer
7 of the Battalion shall be selected by the Army Chief
8 of Staff and shall be a post-command, at O-5 or O-
9 5 select, with combat experience in Operation Iraqi
10 Freedom or Operation Enduring Freedom. The
11 chain-of-command shall be filled by previously
12 wounded junior officers and non-commissioned offi-
13 cers when available and appropriate.

14 (4) FACILITIES.—The base selected for the
15 pilot program shall provide adequate physical infra-
16 structure to house the Army Wounded Warrior Bat-
17 talion. Any funds necessary for construction or ren-
18 ovation of existing facilities shall be allocated from
19 the Department of Defense Medical Support Fund
20 established under this Act.

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

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

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

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

9 (2) an assessment of the Army's ability to es-
10 tablish Wounded Warrior Battalions at other major
11 Army bases.

12 (3) recommendations regarding—

13 (A) the adaptability of the Wounded War-
14 rior Battalion concept for the Army's larger
15 wounded population; and

16 (B) closer coordination and sharing of re-
17 sources with counterpart programs of the Ma-
18 rine Corps.

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

AMENDMENT TO H.R. 1538
OFFERED BY MR. KLINE OF MINNESOTA

Page 26, after line 17, insert the following new section 14 (and redesignate the succeeding sections and conform the table of contents accordingly):

1 **SEC. 14. EVALUATION OF THE POLYTRAUMA LIAISON OFFI-**
2 **CER/NON-COMMISSIONED OFFICER PRO-**
3 **GRAM.**

4 (a) **EVALUATION REQUIRED.**—The Secretary of De-
5 fense shall conduct an evaluation of the Polytrauma Liai-
6 son Officer/Non-Commissioned Officer program, which is
7 the program operated by each of the military departments
8 and the Department of Veterans Affairs for the purpose
9 of—

10 (1) assisting in the seamless transition of mem-
11 bers of the Armed Forces from the Department of
12 Defense health care system to the Department of
13 Veterans Affairs system; and

14 (2) expediting the flow of information and com-
15 munication between military treatment facilities and
16 the Veterans Affairs Polytrauma Centers.

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

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

6 (A) Handling of military patient transfers.

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

9 (C) Collaboration with Polytrauma Center
10 treatment teams.

11 (D) Collaboration with Veteran Service Or-
12 ganizations.

13 (E) Functioning as the Polytrauma Cen-
14 ter's subject-matter expert on military issues.

15 (F) Supporting and assisting family mem-
16 bers.

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

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

23 (I) Inclusion in Polytrauma Center meet-
24 ings.

1 (J) Completion of required administrative
2 reporting.

3 (K) Ability to provide necessary adminis-
4 trative support to all members of the Armed
5 Forces.

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

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

13 (c) REPORTING REQUIREMENT.—Not later than 90
14 days after the date of the enactment of this Act, the Sec-
15 retary of Defense shall submit to Congress a report con-
16 taining—

17 (1) the results of the evaluation; and

18 (2) recommendations for any improvements in
19 the program.

AMENDMENT TO H.R. 1538
OFFERED BY MR. FRANKS OF ARIZONA

Page 24, after line 16, add the following new subsection (b) (and redesignate the subsequent subsection as subsection (c)):

1 “(b) RESPONSE TO HOT-LINE INFORMATION.—The
2 Secretary of Defense shall include in each report informa-
3 tion regarding—

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

10 “(2) the investigations conducted and plans of
11 action prepared under such section to respond to
12 such deficiencies.”.

AMENDMENT TO H.R. 1538
OFFERED BY MS. GIFFORDS OF ARIZONA

Page 15, line 19, insert before the period the following: “, and make prompt notification to the appropriate health care professionals”.

Page 16, line 3, insert before the period the following “, and the number of such professionals, managers, and advocates trained”.

Page 16, after line 3, insert the following:

1 (3) The number of notifications made by health
2 care professionals, medical care case managers, and
3 service member advocates, and the number of such
4 notifications made by medical care case managers
5 and service member advocates as a percentage of
6 their total caseload.