

PROVIDING FOR CONSIDERATION OF THE BILL (H.R. 1538) TO AMEND TITLE 10, UNITED STATES CODE, TO IMPROVE THE MANAGEMENT OF MEDICAL CARE, PERSONNEL ACTIONS, AND QUALITY OF LIFE ISSUES FOR MEMBERS OF THE ARMED FORCES WHO ARE RECEIVING MEDICAL CARE IN AN OUTPATIENT STATUS, AND FOR OTHER PURPOSES

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MARCH 27, 2007.—Referred to the House Calendar and ordered to be printed

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Ms. CASTOR, from the Committee on Rules,  
submitted the following

## R E P O R T

[To accompany H. Res. 274]

The Committee on Rules, having had under consideration House Resolution 274, by a nonrecord vote, report the same to the House with the recommendation that the resolution be adopted.

### SUMMARY OF PROVISIONS OF THE RESOLUTION

The resolution provides for consideration of H.R. 1538 to improve the management of medical care, personnel actions, and quality of life issues for members of the Armed Forces who are receiving medical care in an outpatient status. The resolution provides for one hour and twenty minutes of general debate, with one hour equally divided and controlled by the Chairman and Ranking Minority Member of the Committee on Armed Services and twenty minutes equally divided and controlled by the Chairman and Ranking Minority Member of the Committee on Veterans' Affairs.

The resolution waives all points of order against consideration of the bill except those arising under clause 9 or 10 of rule XXI. The resolution makes in order the amendment in the nature of a substitute recommended by the Committee on Armed Services as the original bill for the purpose of further amendment.

The resolution makes in order those amendments printed in this report. Finally, the resolution provides one motion to recommit with or without instructions.

### EXPLANATION OF WAIVERS

The resolution includes a waiver of all points of order against consideration of the bill except for those arising under clauses 9 and 10 of rule XXI. The waiver includes a waiver of clause 3(c)(4)

of rule XIII (regarding statement of general performance goals and objectives in committee report).

#### COMMITTEE VOTES

The results of each record vote on an amendment or motion to report, together with the names of those voting for and against, are printed below:

##### *Rules Committee record vote No. 105*

Date: March 27, 2007.

Measure: H.R. 1538.

Motion by: Mr. Dreier.

Summary of motion: To report an open rule.

Results: Defeated 3–9.

Vote by Members: McGovern—Nay; Hastings (FL)—Nay; Matsui—Nay; Cardoza—Nay; Welch—Nay; Castor—Nay; Arcuri—Nay; Sutton—Nay; Dreier—Yea; Hastings (WA)—Yea; Sessions—Yea; Slaughter—Nay.

##### *Rules Committee record vote No. 106*

Date: March 27, 2007.

Measure: H.R. 1538.

Motion by: Mr. Dreier.

Summary of motion: To make in order and provide appropriate waivers for an amendment by Rep. Shays (#6) requiring the establishment, publication, and monitoring of medical holdover (MHO) process performance standards and requiring holdover and inspection reports to be submitted to the Secretary of Defense and the Defense Department Inspector General.

Results: Defeated 3–9.

Vote by Members: McGovern—Nay; Hastings (FL)—Nay; Matsui—Nay; Cardoza—Nay; Welch—Nay; Castor—Nay; Arcuri—Nay; Sutton—Nay; Dreier—Yea; Hastings (WA)—Yea; Sessions—Yea; Slaughter—Nay.

##### *Rules Committee record vote No. 107*

Date: March 27, 2007.

Measure: H.R. 1538.

Motion by: Mr. Hastings of Washington.

Summary of motion: To make in order and provide appropriate waivers for an amendment by Rep. Moran of Kansas (#21) establishing a pilot program to allow combat veterans residing in highly rural areas to receive covered Department of Veterans' Affairs health care services through a non-VA provider.

Results: Defeated 3–9.

Vote by Members: McGovern—Nay; Hastings (FL)—Nay; Matsui—Nay; Cardoza—Nay; Welch—Nay; Castor—Nay; Arcuri—Nay; Sutton—Nay; Dreier—Yea; Hastings (WA)—Yea; Sessions—Yea; Slaughter—Nay.

##### *Rules Committee record vote No. 108*

Date: March 27, 2007.

Measure: H.R. 1538.

Motion by: Mr. Hastings of Washington.

Summary of motion: To make in order and provide appropriate waivers for an amendment by Rep. Pearce (#14) requiring the VA Secretary to contract with local doctors and hospitals on a case-by-case basis to provide medical services, including primary care, for those veterans who live far away from VA medical centers.

Results: Defeated 3–9.

Vote by Members: McGovern—Nay; Hastings (FL)—Nay; Matsui—Nay; Cardoza—Nay; Welch—Nay; Castor—Nay; Arcuri—Nay; Sutton—Nay; Dreier—Yea; Hastings (WA)—Yea; Sessions—Yea; Slaughter—Nay.

*Rules Committee record vote No. 109*

Date: March 27, 2007.

Measure: H.R. 1538.

Motion by: Mr. Sessions.

Summary of motion: To make in order and provide appropriate waivers for an amendment by Rep. Shays (#7) establishing a patient advocate or “navigator” program for wounded service members. The Navigators will be representatives for patients and their families, independent of current military service.

Results: Defeated 3–9.

Vote by Members: McGovern—Nay; Hastings (FL)—Nay; Matsui—Nay; Cardoza—Nay; Welch—Nay; Castor—Nay; Arcuri—Nay; Sutton—Nay; Dreier—Yea; Hastings (WA)—Yea; Sessions—Yea; Slaughter—Nay.

SUMMARY OF AMENDMENTS MADE IN ORDER

1. Barrow (GA): The amendment eliminates the deductible and changes the method of determining the mileage reimbursement rate under the beneficiary travel program administered by the Secretary of Veterans’ Affairs. The reimbursement rate will be increased to the level at which Government employees are reimbursed for the use of privately owned vehicles on official business. (10 minutes)

2. Skelton (MO): The amendment would make technical changes in section 101 to clarify the qualification of military officers who may supervise medical care case managers and in section 107 to require that the tracking system for reports to medical authorities regarding wounded warrior symptoms of post-traumatic stress disorder or suicidal tendencies be developed not later than 180 days after the date of enactment and that the results be included in the Congressional reporting requirement. (10 minutes)

3. Kline (MN): This amendment directs the Secretary of Defense to ensure that \$10,000,000 is directed to support programs, activities, and facilities associated with the Marine Corps Wounded Warrior Regiment program from the Medical Support Fund created by this bill. (10 minutes)

4. Sestak (PA)/Kennedy, Patrick (RI): The amendment adds a definition to Sec. 2 to clarify that “medical care” includes mental health care. (10 minutes)

5. Brown, Corrine (FL): This amendment will ensure confidentiality for members of the military who call the hotline for help. (10 minutes)

6. Johnson, Eddie Bernice (TX): The amendment strengthens language that professionals’ training be “improved” rather than “modi-

fied,” and it also places greater emphasis on adequate training to detect mental health conditions among recovering service members. (10 minutes)

7. Kennedy, Patrick (RI)/Sestak (PA): This amendment would require the Secretary of the Department of Defense to develop and implement a plan to help prevent Post-Traumatic Stress Disorder and other stress-related psychopathologies (including substance abuse conditions) from developing in our military service members. In addition, this amendment would establish a new Peer-Reviewed research program within the Defense Health Program’s research and development function to research the prevention of Post-Traumatic Stress Disorder and how to best strengthen the psychological resiliency of our military service members. (10 minutes)

8. Hooley (OR): Amendment would give members of the Reserve Component the option to use Military Medical Treatment Facilities closest to home for treatment on an outpatient basis of injuries sustained in theater. (10 minutes)

9. Hensarling (TX): This amendment would direct the Secretary of Veterans Affairs to conduct a study to determine what the average length of time is between the date for which a veteran requests an appointment and the date he is able to receive care. This amendment also requires that the Secretary report back to Congress within 180 days with recommendations as to how this time could be decreased to 15 days. (10 minutes)

10. Bilirakis (FL): The amendment creates an office of the ombudsman within the Office of the Secretary of Defense which would develop policies for the military departments on providing assistance to recovering service members and their families. (10 minutes)

11. Buchanan (FL): The amendment would direct the Secretary of Defense to submit to Congress a report on the feasibility of a Soldier Patient Tracking System so any patient can be located in the medical holdover (MHO) process. (10 minutes)

12. Welch (VT): The amendment requires that the Secretary concerned provide the medical care managers and service member advocates with all the resources they need to expeditiously carry out their work. The amendment would also require the Department of Defense to conduct outreach to inform all service members and their families about the existence of and services available to them by the medical care managers and service member advocates contained in the bill. (10 minutes)

#### TEXT OF AMENDMENTS MADE IN ORDER UNDER THE RULE

##### 1. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE BARROW OF GEORGIA, OR HIS DESIGNEE, DEBATABLE FOR 10 MINUTES

Add at the end of the bill the following new section:

#### **SEC. 304. VETERANS BENEFICIARY TRAVEL PROGRAM.**

(a) **ELIMINATION OF DEDUCTIBLE.**—Subsection (c) of section 111 of title 38, United States Code, is repealed.

(b) **DETERMINATION OF MILEAGE REIMBURSEMENT RATE.**—

(1) **DETERMINATION.**—Paragraph (1) of subsection (g) of such section is amended to read as follows:

“(1) In determining the amount of allowances or reimbursement to be paid under this section, the Secretary shall use the mileage reimbursement rates for the use of privately owned vehicles by

Government employees on official business, as prescribed by the Administrator of General Services under section 5707(b) of title 5, United States Code.”.

(2) CONFORMING AMENDMENT.—Subsection (g) of such section is further amended by striking paragraphs (3) and (4).

(c) SOURCE OF FUNDS.—Such section is further amended by adding at the end the following new subsection:

“(i) Funds for payments made under this section shall be appropriated separately from other amounts appropriated for the Department.”.

(d) EFFECTIVE DATE.—The amendments made by this Act shall apply with respect to travel expenses incurred after the expiration of the 90-day period that begins on the date of the enactment of this Act.

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2. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE SKELTON OF MISSOURI, OR HIS DESIGNEE, DEBATABLE FOR 10 MINUTES

At the end of section 1074l(a)(4)(B) of title 10, United States Code, as proposed to be added by section 101 of the bill, strike “or Air Force Medical Service.” and insert “Air Force Medical Service, or other corps comprised of health care professionals at the discretion of the Secretary of Defense.”.

In section 107(b), add at the end the following:

(3) The progress made in developing the tracking system under subsection (c) and the results of the system.

In section 107(c), strike “The” and insert “Not later than 180 days after the date of the enactment of this Act, the”.

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3. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE KLINE OF MINNESOTA, OR HIS DESIGNEE, DEBATABLE FOR 10 MINUTES

Insert the following after subsection (d) of section 111 (and redesignate subsection (e) as subsection (f)):

(e) WOUNDED WARRIOR REGIMENT PROGRAM.—The Secretary of Defense shall ensure that \$10,000,000 for fiscal year 2007 is transferred from the Medical Support Fund to support programs, activities, and facilities associated with the Marine Corps Wounded Warrior Regiment program, to be used as follows:

- (1) \$6,550,000 for Case Management and Patient Support.
- (2) \$1,200,000 for Wounded Warrior Interim Regimental Headquarters Building conversion.
- (3) \$1,300,000 for Case Management System Development.
- (4) \$95,000 for Support Equipment.

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4. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE SESTAK OF PENNSYLVANIA, OR HIS DESIGNEE, DEBATABLE FOR 10 MINUTES

At the end of section 2, add the following:

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

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AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE CORRINE BROWN OF FLORIDA, OR HER DESIGNEE, DEBATABLE FOR 10 MINUTES

In section 1567 of title 10, United States Code, as proposed to be added by section 102 of the bill—

(1) redesignate subsections (b), (c), and (d) as subsections (c), (d), and (e), respectively; and

(2) insert after subsection (a) the following new subsection (b):

“(b) CONFIDENTIALITY.—(1) Individuals who seek to provide information through use of the toll-free telephone number under subsection (a) shall be notified, immediately before they provide such information, of their option to elect, at their discretion, to have their identity remain confidential.

“(2) In the case of information provided through use of the toll-free telephone number by an individual who elects to maintain the confidentiality of his or her identity, any individual who, by necessity, has had access to such information for purposes of conducting the investigation or executing the response plan required by subsection (c) may not disclose the identity of the individual who provided the information.”.

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6. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE EDDIE BERNICE JOHNSON OF TEXAS, OR HER DESIGNEE, DEBATABLE FOR 10 MINUTES

In section 107(a), in the first sentence, strike “modification of the training” and insert “improvement of the training”.

In section 107(a), strike the second sentence and insert the following: “The recommendations shall include, at a minimum, specific recommendations to ensure that such health care professionals, medical care case managers, and service member advocates are adequately trained and able to detect early warning signs of post-traumatic stress disorder (PTSD), suicidal tendencies, and other mental health conditions among recovering service members.”.

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7. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE KENNEDY OF RHODE ISLAND, OR HIS DESIGNEE, DEBATABLE FOR 10 MINUTES

At the end of title I, add the following new section (and conform the table of contents accordingly):

**SEC. 113. PLANS AND RESEARCH FOR REDUCING POST TRAUMATIC STRESS DISORDER.**

(a) PLANS FOR REDUCING POST TRAUMATIC STRESS DISORDER.—

(1) PLAN FOR PREVENTION.—

(A) IN GENERAL.—The Secretary of Defense shall develop a plan to incorporate evidence-based preventive and early-intervention measures, practices, or procedures that reduce the likelihood that personnel in combat will develop post-traumatic stress disorder or other stress-related psychopathologies (including substance use conditions) into—

- (i) basic and pre-deployment training for enlisted members of the Armed Forces, noncommissioned officers, and officers;
- (ii) combat theater operations; and
- (iii) post-deployment service.

(B) UPDATES.—The Secretary of Defense shall update the plan under subparagraph (A) periodically to incorporate, as the Secretary considers appropriate, the results of relevant research, including research conducted pursuant to subsection (b).

(2) RESEARCH.—Subject to subsection (b), the Secretary of Defense shall develop a plan, in consultation with the Department of Veterans Affairs, the National Institutes of Health, and the National Academy of Sciences, to conduct such research as is necessary to develop the plan described in paragraph (1).

(b) EVIDENCE-BASED RESEARCH AND TRAINING.—

(1) WORKING GROUP.—The Secretary of Defense shall conduct a study, in coordination with the Department of Veterans Affairs, the National Institutes of Health, and the National Academy of Sciences' Institute of Medicine, to determine the feasibility of establishing a working group tasked with researching and developing evidence-based measures, practices, or procedures that reduce the likelihood that personnel in combat will develop post-traumatic stress disorder or other stress-related psychological pathologies (including substance use conditions). The working group shall include personnel with experience in a combat theater, and behavioral health personnel who have experience providing treatment to individuals with experience in a combat theater.

(2) PEER-REVIEWED RESEARCH PROGRAM.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Defense shall submit to Congress a plan for a peer-reviewed research program within the Defense Health Program's research and development function to research and develop evidence-based preventive and early intervention measures, practices, or procedures that reduce the likelihood that personnel in combat will develop post-traumatic stress disorder or other stress-related psychopathologies (including substance use conditions).

(c) REPORT.—The Secretary of Defense shall submit to Congress annually a report on the plans and studies required under this section.

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8. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE HOOLEY OF OREGON, OR HER DESIGNEE, DEBATABLE FOR 10 MINUTES

At the end of title I, add the following new section (and conform the table of contents accordingly):

**SEC. 113. OPTION FOR MEMBERS OF RESERVE COMPONENTS TO USE MILITARY MEDICAL TREATMENT FACILITIES CLOSEST TO HOME FOR CERTAIN INJURIES.**

The Secretary of Defense shall provide that, in the case of members of the reserve components returning from a combat theater, if a member requires treatment on an outpatient basis for injuries or

wounds sustained in theater, the member may be provided treatment at the military medical treatment facility closest to the member's home rather than closest to the base from which the member was deployed.

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9. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE HENSARLING OF TEXAS, OR HIS DESIGNEE, DEBATABLE FOR 10 MINUTES

At the end of title II, add the following new section (and conform the table of contents accordingly):

**SEC. 207. STUDY AND REPORT ON WAITING PERIODS FOR APPOINTMENTS AT DEPARTMENT OF VETERANS AFFAIRS MEDICAL FACILITIES.**

(a) **STUDY REQUIRED.**—The Secretary of Veterans Affairs shall conduct a study on the average length of time between the desired date for which a veteran seeks to schedule an appointment for health care at a Department of Veterans Affairs medical facility and the date on which such appointment is completed.

(b) **FOCUS OF STUDY.**—In conducting the study under subsection (a), the Secretary shall focus on appointments scheduled and completed at Department medical facilities located in both rural and urban areas.

(c) **REPORT.**—Not later than 180 days after the date of the enactment of this Act, the Secretary shall submit a report to Congress containing the findings of the study under subsection (a) and recommendations for decreasing the waiting time between the desired date of an appointment and the completion of the appointment to a maximum of 15 days.

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10. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE BILIRAKIS OF FLORIDA, OR HIS DESIGNEE, DEBATABLE FOR 10 MINUTES

After section 101, insert the following new section (and conform the table of contents accordingly):

**SEC. 102. ESTABLISHMENT OF A DEPARTMENT OF DEFENSE-WIDE OMBUDSMAN OFFICE.**

(a) **ESTABLISHMENT.**—The Secretary of Defense shall establish a Department of Defense-wide Ombudsman Office (in this section referred to as the “Ombudsman Office”) within the Office of the Secretary of Defense.

(b) **FUNCTIONS.**—

(1) **IN GENERAL.**—The functions of the Ombudsman Office are to provide policy guidance to, and oversight of, the ombudsman offices in the military departments.

(2) **POLICY GUIDANCE.**—The Ombudsman Office shall develop policy guidance with respect to the following:

(A) Providing assistance to and answering questions from recovering service members and their families regarding—

(i) administrative processes, financial matters, and non-military related services available to the members and their families throughout the member's evaluation, treatment, and recovery;



- (ii) transfer to the care of the Veterans Administration; and
- (iii) support services available upon the member's return home.

(B) Accountability standards, including—

- (i) creating and maintaining case files for individual specific questions received, and initiating inquiries and tracking responses for all such questions;
- (ii) setting standards for timeliness of responses; and
- (iii) setting standards for accountability to recovering service members and their families, including requirements for daily updates to the members and their families about steps being taken to alleviate problems and concerns until problems are addressed

(c) STATUS REPORTS.—The ombudsman office in each military department shall submit status reports of actions taken to address individual concerns to the Ombudsman Office, at such times as the Ombudsman Office considers appropriate.

(d) RESPONSES FROM OTHER OFFICES.—The Secretary of Defense shall ensure that all other offices within the Department of Defense and the military departments respond in a timely manner to resolve questions and requests from the Ombudsman Office on behalf of recovering service members and their families, including offices responsible for medical matters (including medical holdover processes), financial and accounting matters, legal matters, human resources matters, reserve component matters, installation and management matters, and physical disability matters.

(e) STAFF OF THE OFFICE.—The staff of the Ombudsman Office shall include representatives from each military department, including persons with experience in medical holdover processes and other medical matters.

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11. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE BUCHANAN OF FLORIDA, OR HIS DESIGNEE, DEBATABLE FOR 10 MINUTES

At the end of title II, add the following new section:

**SEC. 207. STUDY AND REPORT ON STANDARD SOLDIER PATIENT TRACKING SYSTEM.**

(a) STUDY REQUIRED.—The Secretary of Defense shall conduct a study on the feasibility of developing a joint soldier tracking system for recovering service members.

(b) MATTERS COVERED.—The study under subsection (a) shall include the following:

- (1) Review of the feasibility of allowing each recovering service member, each family member of such a member, each commander of a military installation retaining medical holdover patients, each patient navigator, and ombudsman office personnel, at all times, to be able to locate and understand exactly where a recovering service member is in the medical holdover process.
- (2) A determination of whether the tracking system can be designed to ensure that—

(A) the commander of each military medical facility where recovering service members are located is able to track appointments of such members to ensure they are meeting timeliness and other standards that serve the member; and

(B) each recovering service member is able to know when his appointments and other medical evaluation board or physical evaluation board deadlines will be and that they have been scheduled in a timely and accurate manner.

(3) Any other information needed to conduct oversight of care of the member throughout the medical holdover process.

(c) REPORT.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Defense shall submit to the Committees on Armed Services of the Senate and the House of Representatives a report on the results of the study, with such findings and recommendations as the Secretary considers appropriate.

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12. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE WELCH OF VERMONT, OR HIS DESIGNEE, DEBATABLE FOR 10 MINUTES

Insert at the end of section 1074l(a) of title 10, United States Code, as proposed to be added by section 101 of the bill, the following new paragraph:

“(6) The Secretary concerned shall ensure that medical care case managers have the resources necessary to ensure that they expeditiously carry out the responsibilities and duties of their position.

Insert at the end of section 1074l(b) of title 10, United States Code, as proposed to be added by section 101 of the bill, the following new paragraph:

“(7) The Secretary concerned shall ensure that service member advocates have the resources necessary to ensure that they expeditiously carry out the responsibilities and duties of their position.

Insert after subsection (b) of section 1074l of title 10, United States Code, as proposed to be added by section 101 of the bill, the following new subsection (and redesignate subsections (c) and (d) of such section as subsections (d) and (e), respectively):

“(c) OUTREACH.—The Secretary of Defense shall make available to each member in an outpatient status at a military medical treatment facility, and to the family members of all such members, information on the availability of services provided by the medical care case managers and service member advocates, including information on how to contact such managers and advocates and how to use their services.