SEC. ___. AUTHORITY TO ENTER INTO PATIENT MOVEMENT AGREEMENTS WITH ALLIES.

(a) IN GENERAL.—Subchapter II of chapter 138 of title 10, United States Code, is amended by adding at the end the following new section:

"§ 2350m. Reciprocal patient movement agreements

"(a) AUTHORITY.—Subject to the availability of appropriations, the Secretary of Defense may, with the concurrence of the Secretary of State, enter into a bilateral or multilateral memorandum of understanding (or other formal agreement) with one or more governments of partner countries that provides for the—

"(1) interchangeable, non-reimbursable use of patient movement personnel, either individually or as members of a patient movement crew or team, and equipment, belonging to one partner country to perform patient movement services aboard the aircraft, vessels, or vehicles of another partner country;

"(2) reciprocal recognition and acceptance of national professional credentials, certifications, and licenses of patient movement personnel;

"(3) reciprocal recognition and acceptance of national certifications, approvals, and licenses of equipment used in the provision of patient movement services; and

"(4) acceptance of agreed-upon standards for the provision of patient movement services by aircraft, vessel, or vehicle, including, where desirable and otherwise permitted by law, the harmonization of patient treatment standards and procedures.

"(b) CERTIFICATIONS.—(1) Prior to entering into a memorandum of understanding (or other formal agreement) with the government of a partner country under this section, the Secretary of Defense, or designee, shall certify, in writing, that the partner country's professional

credentials, certifications, licenses, and approvals for both patient movement personnel and patient movement equipment—

"(A) meet or exceed the equivalent standards of the United States for similar personnel and equipment; and

"(B) will provide for a level of care comparable to, or better than, that provided by the Department of Defense.

"(2) Certifications made by the Secretary of Defense, or designee, under paragraph (1) shall be reviewed and recertified annually.

"(c) SUSPENSIONS.—In the event the Secretary of Defense, or designee, is unable to recertify a partner country, as required by subsection (b), use of that partner country's personnel or equipment by the Department of Defense under a memorandum of understanding (or other formal agreement) concluded pursuant to subsection (a) shall be suspended until such time as the Secretary of Defense, or designee, is able to recertify the partner country.

"(d) DEFINITIONS.—In this section:

"(1) PARTNER COUNTRY.—The term 'partner country' refers to any of the following:

"(A) A country that is a member of the North Atlantic Treaty Organization.

"(B) Australia, New Zealand, Japan, and the Republic of Korea.

"(C) Any other country designated as a partner country for the purposes of this section by the Secretary of Defense, with the concurrence of the Secretary of State.

"(2) PATIENT MOVEMENT.—The term 'patient movement' refers to the act or process of moving wounded, ill, injured, or other persons (including contaminated, contagious, and potentially exposed patients) to obtain medical, surgical, mental health, and dental care or treatment.".

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such subchapter is amended by adding at the end the following new item:

"2350m. Reciprocal patient movement agreements.".

Section-by-Section Analysis

The Department of Defense currently relies heavily on the Air Force to provide both inter- and intra-theater airlift for patient movement purposes. Contingency operations during the last 18 years have significantly taxed Air Force assets, and the lack of dedicated aircraft for patient movement purposes makes the patient movement enterprise, of which U.S. Transportation Command (USTRANSCOM) is the global manager, dependent on available cargo aircraft. Several U.S. allies and partners fly the same or similar cargo aircraft (specifically the C-17 and C-130), use similar equipment, and train their patient movement personnel similarly to the Air Force. Currently, there is a very laborious, ill-defined, and time-intensive waiver process that has to be undertaken each time patient movement personnel fly on a partner country's aircraft. In addition, to the extent the Department of Defense (DoD) or a partner country provides patient movement services to another, it currently must be accomplished in the context of a bilateral acquisition and cross-servicing agreement (ACSA) concluded under section 2342 of title 10, United States Code, which involves complex request and accounting procedures and reimbursement. The required request and accounting procedures under an ACSA severely limits the ability to use an ACSA just to move patients on another partner country's aircraft in a timely fashion. The bilateral or multilateral exchange of patient movement personnel or equipment under such agreements is all but impossible. The proposed legislation would enable the use of comparable patient movement assets on DoD and partner country aircraft, vessels, or vehicles, thereby expanding the pool of available assets for time-critical and mass casualty patient movement at little to no cost to the DoD.

This proposal authorizes memoranda of understanding (or other formal agreements) addressing three major hurdles to patient movement interoperability: the ability to practice medicine on aircraft by formally recognizing and accepting the credentialing and licensure of patient movement personnel as outlined in NATO STANAG 3204 and the Air Force Interoperability Council; the approval, standardization, and utilization of medical equipment on aircraft; and, to the extent allowed by law, the harmonization of patient treatment standards and procedures. A requirement that the Secretary of Defense, or designee, continually review and recertify partner country patient movement equipment and personnel meet or exceed U.S. standards, and provide a standard of care comparable to or greater than that provided by the

DoD, will ensure DoD and partner country patients are provided the same high-quality level of care as that currently provided by the DoD.

The proposed legislation will facilitate interoperability among key partner countries and, in a resource-constrained environment, provide a quick and safe expansion of patient movement capacity at little to no cost to the DoD and its partners. The timely expansion of capacity will be critical if there is a need for large-scale movement of casualties, from either contingency operations or humanitarian disaster relief operations, and will ultimately save lives.

Issues such as claims adjudication, reporting requirements, the standardization of equipment, the issuance of prescription medicine, and the return of medical equipment used in patient movement to the country of origin will be expanded upon in implementing arrangements or agreements with any participating partner country.

Although most patient movement occurs using aircraft, the possibility of using vessels and vehicles to perform this function exists. Consequently, the proposed legislation has been drafted to address the potential for using all modes for patient movement.

Budget Implications: This proposal has no significant budgetary impact. Resources impacted are incidental in nature and amount and are included within the Fiscal Year (FY) 2021 President's Budget request.

Changes to Existing Law: This proposal would add a new section to chapter 138 of title 10, United States Code. The new section is shown in full in the legislative text above.