SEC. 1042. REPEAL AND MODIFICATION OF REPORTING REQUIREMENTS.

(a) ANNUAL REPORT OF OFFICE OF COMMUNITY SUPPORT FOR MILITARY FAMILIES WITH SPECIAL NEEDS.—Section 1781c of title 10, United States Code, is amended by striking subsection (h).

(b) ANNUAL AUDIT OF THE AMERICAN RED CROSS.—Section 300110(b) of title 36, United States Code, is amended—

(1) by striking "AND SUBMISSION TO CONGRESS" in the subsection heading; and

(2) by striking "and submit a copy of the audited report to Congress".

(c) ANNUAL REPORT ON MITIGATION OF POWER OUTAGE RISKS FOR DEPARTMENT OF DEFENSE FACILITIES AND ACTIVITIES.—Section 335 of the Duncan Hunter Nation Defense Authorization Act for Fiscal Year 2009 (Public Law 110-417; 122 Stat. 4422; 10 U.S.C. 2911 note) is amended by striking subsection (c).

(d) INCLUSION OF EXTREMITY TRAUMA AND AMPUTATION CENTER OF EXCELLENCE AND DEPARTMENT OF VETERANS AFFAIRS-DEPARTMENT OF DEFENSE JOINT EXECUTIVE COMMITTEE REPORTS IN DEPARTMENT OF VETERANS AFFAIRS AND DEPARTMENT OF DEFENSE JOINT ANNUAL REPORT ON HEALTH CARE COORDINATION AND SHARING ACTIVITIES.—

(1) Section 723 of the Duncan Hunter National Defense Authorization Act for Fiscal Year 2009 (Public Law 110-417; 122 Stat. 4508) is amended by striking subsection (d).

(2) Section 8111(f) of title 38, United States Code, is amended by adding at the end the following new paragraph:

"(6) The two Secretaries shall include in the annual report under this subsection a report on the activities of the Center of Excellence in the Mitigation, Treatment, and Rehabilitation of

Traumatic Extremity Injuries and Amputations (established pursuant to section 723 of the Duncan Hunter National Defense Authorization Act for Fiscal Year 2009 (Public Law 110-417)) during the one-year period ending on the date of such report. Each such report shall include a description of the activities of the center during such period and an assessment of the role of such activities in improving and enhancing the efforts of the Department of Defense and the Department of Veterans Affairs for the mitigation, treatment, and rehabilitation of traumatic extremity injuries and amputations.".

(3) Section 320(c)(2) of title 38, United States Code, is amended by striking "and to Congress".

[Please note: The "Changes to Existing Law" section below sets out in red-line format how the legislative text above would amend existing law]

Section-by-Section Analysis

This proposal represents the Department of Defense's latest effort to reduce the burden of recurring reporting requirements on the Department while ensuring that Congress continues to receive the information it requires.

This proposal would repeal and modify the statutory requirement for the submission of various recurring reports currently required by law. These proposed changes would allow the Department to employ its finite resources more efficiently and would improve Congress's ability to conduct effective oversight by focusing that effort on reports of substantial importance and utility.

Subsection (a) of the proposal would repeal the requirement for an annual report on the activities of the Office of Community Support for Military Families With Special Needs. Based on the 2014 Cost Assessment and Program Evaluation (CAPE) estimate, this report requires approximately 37 man-hours and $1,900 in Department of Defense (DoD) labor to complete. The information contained in the report is already covered in depth in the "Annual Report to the Congressional Defense Committees on Plans for the Department of Defense for the Support of Military Family Readiness," mandated by 10 U.S.C. 1781b. By eliminating this redundancy, the Department would realize cost and labor efficiencies. The information previously covered in the discrete report on special needs would continue to be provided to DoD leadership and the congressional defense committees through the annual report on military family readiness.

Subsection (b) of the proposal would repeal the requirement that the Secretary of Defense submit to Congress a copy of the annual audited report of the American Red Cross. The

Secretary annually receives and audits the American Red Cross report. Submitting a copy of the audited report to Congress has served its useful purpose and the requirement is no longer needed to ensure the American Red Cross is in compliance (We believe the original intention behind this piece of legislation was to make sure DoD was receiving the reports from the Red Cross. That intent has been met as we receive the report regularly). Eliminating the submission of a copy of the audited report to Congress would reduce manpower hours for duplication, coordination, calculation of administrative costs, and correspondence to transmit the report to Congress.

Subsection (c) of the proposal would repeal the requirement for an annual report on mitigation of power outage risks for Department of Defense facilities and activities under section 335 of the Duncan Hunter Nation Defense Authorization Act for Fiscal Year 2009 (FY 2009 NDAA) (Public Law 110-417; 122 Stat. 4422; 10 U.S.C. 2911 note). The report required by that section is no longer necessary and places an unnecessary burden on the Department in a time of budget austerity and reduced Office of the Secretary of Defense (OSD) staffing. The Department has completed the initial required comprehensive technical and operational risk assessments required by section 335(a), the associated risk mitigation plans in section 335(b), and has submitted a report annually since 2010. Additionally, the Department has largely institutionalized the activities in subsection (a) through Defense Critical Infrastructure Program implementation (e.g., vulnerability, threat and hazard, and risk assessments, and corresponding risk mitigation and remediation plans). These implementation actions specifically address commercial electric power risks to mission critical installations, facilities, and activities. Because mission critical installations, facilities, and activities are not static, the Department conducts comprehensive technical and operational risk assessments on an ongoing basis. Furthermore, the reporting requirement is duplicative. Under 10 U.S.C. 2925, the Office of the Under Secretary of Defense for Acquisition, Technology and Logistics (USD(AT&L)) submits an annual report to Congress that includes details of electric power outages at military installations and the measures taken to mitigate outages in the future at the affected location and across the Department. The Office of the Assistant Secretary of Defense for Homeland Defense & Global Security (ASD(HD&GS)) coordinates on this USD(AT&L) report. Finally, this report places an unnecessary drain on resources and staff in a time of fiscal austerity and personnel cuts: each of the 4 reports has cost approximately $10,000,000 in manpower hours to write and staff.

Subsection (d) of the proposal would consolidate reporting requirements relating to the Extremity Trauma and Amputation Center of Excellence and the Department of Veterans Affairs-Department of Defense Joint Executive Committee into the Department of Veterans Affairs (VA) and Department of Defense joint annual report on health care coordination and sharing activities. DoD requests consolidating the requirement under section 723(d) of the FY 2009 NDAA for an annual report describing and assessing of the Extremity Trauma and Amputation Center of Excellence into the VA/DoD Joint Executive Council (JEC) Annual Report because it would be more efficient and cost effective to consolidate the FY 2009 NDAA requirement for an annual report into a single report -- the JEC Annual Report. The JEC Annual Report, as required by 38 U.S.C. 320 and 8111(f), provides Congress with the collective accomplishments between the two Departments and highlights the current efforts to improve resource sharing. The Extremity Trauma and Amputation Center of Excellence and the other congressionally mandated Centers of Excellence (Vision, Hearing, and Psychological Health/

Traumatic Brain Injury) provide extensive input into the JEC Annual Report to describe and assess the activities of the respective centers.

Budgetary Implications: This proposal would reduce the cost to the Department of Defense of producing recurring reports for Congress.

Changes to Existing Law: This proposal would amend existing provisions of law as follows:

TITLE 10, UNITED STATES CODE

§1781c. Office of Community Support for Military Families With Special Needs

(a) ESTABLISHMENT.—There is in the Office of the Under Secretary of Defense for Personnel and Readiness the Office of Community Support for Military Families With Special Needs (in this section referred to as the "Office").

(b) PURPOSE.—The purpose of the Office is to enhance and improve Department of Defense support around the world for military families with special needs (whether medical or educational needs) through the development of appropriate policies, enhancement and dissemination of appropriate information throughout the Department of Defense, support for such families in obtaining referrals for services and in obtaining service, and oversight of the activities of the military departments in support of such families.

(c) DIRECTOR.—(1) The head of the Office shall be the Director of the Office of Community Support for Military Families With Special Needs, who shall be a member of the Senior Executive Service or a general officer or flag officer.

(2) In the discharge of the responsibilities of the Office, the Director shall be subject to the supervision, direction, and control of the Under Secretary of Defense for Personnel and Readiness.

(d) RESPONSIBILITIES.—The Office shall have the responsibilities as follows:

(1) To develop and implement a comprehensive policy on support for military families with special needs as required by subsection (e).

(2) To establish and oversee the programs required by subsection (f).

(3) To identify gaps in services available through the Department of Defense for military families with special needs.

(4) To develop plans to address gaps identified under paragraph (3) through appropriate mechanisms, such as enhancing resources and training and ensuring the provision of special assistance to military families with special needs and military parents of individuals with special needs (including through the provision of training and seminars to members of the armed forces).

(5) To monitor the programs of the military departments for the assignment of members of the armed forces who are members of military families with special needs, and the programs for the support of such military families, and to advise the Secretary of Defense on the adequacy of such programs in conjunction with the preparation of future-years defense programs and other budgeting and planning activities of the Department of Defense.

(6) To monitor the availability and accessibility of programs provided by other Federal, State, local, and non-governmental agencies to military families with special needs.

(7) To conduct periodic reviews of best practices in the United States in the provision of medical and educational services for children with special needs.

(8) To carry out such other matters with respect to the programs and activities of the Department of Defense regarding military families with special needs as the Under Secretary of Defense for Personnel and Readiness shall specify.

(e) POLICY.—(1) The Office shall develop, and update from time to time, a uniform policy for the Department of Defense regarding military families with special needs. The policy shall apply with respect to members of the armed forces without regard to their location, whether within or outside the continental United States.

(2) The policy developed under this subsection shall include elements regarding the following:

(A) The assignment of members of the armed forces who are members of military families with special needs.

(B) Support for military families with special needs.

(3) In addressing the assignment of members of the armed forces under paragraph (2)(A), the policy developed under this subsection shall, in a manner consistent with the needs of the armed forces and responsive to the career development of members of the armed forces on active duty, provide for such members each of the following:

(A) Assignment to locations where care and support for family members with special needs are available.

(B) Stabilization of assignment for a minimum of 4 years.

(4) In addressing support for military families under paragraph (2)(B), the policy developed under this subsection shall provide the following:

(A) Procedures to identify members of the armed forces who are members of military families with special needs.

(B) Mechanisms to ensure timely and accurate evaluations of members of such families who have special needs.

(C) Procedures to facilitate the enrollment of such members of the armed forces and their families in programs of the military department for the support of military families with special needs.

(D) Procedures to ensure the coordination of Department of Defense health care programs and support programs for military families with special needs, and the coordination of such programs with other Federal, State, local, and non-governmental health care programs and support programs intended to serve such families.

(E) Requirements for resources (including staffing) to ensure the availability through the Department of Defense of appropriate numbers of case managers to provide individualized support for military families with special needs.

(F) Requirements regarding the development and continuous updating of an individualized services plan (medical and educational) for each military family with special needs.

(G) Requirements for record keeping, reporting, and continuous monitoring of available resources and family needs under individualized services support plans for military families with special needs, including the establishment and maintenance of a central or various regional databases for such purposes.

(f) PROGRAMS.—(1) The Office shall establish, maintain, and oversee a program to provide information and referral services on special needs matters to military families with

special needs on a continuous basis regardless of the location of the member's assignment. The program shall provide for timely access by members of such military families to individual case managers and counselors on matters relating to special needs.

(2) The Office shall establish, maintain, and oversee a program of outreach on special needs matters for military families with special needs. The program shall—

(A) assist military families in identifying whether or not they have a member with special needs; and

(B) provide military families with special needs with information on the services, support, and assistance available through the Department of Defense regarding such members with special needs, including information on enrollment in programs of the military departments for such services, support, and assistance.

(3)(A) The Office shall provide support to the Secretary of each military department in the establishment and sustainment by such Secretary of a program for the support of military families with special needs under the jurisdiction of such Secretary. Each program shall be consistent with the policy developed by the Office under subsection (e).

(B) Each program under this paragraph shall provide for appropriate numbers of case managers for the development and oversight of individualized services plans for educational and medical support for military families with special needs.

(C) Services under a program under this paragraph may be provided by contract or other arrangements with non-Department of Defense entities qualified to provide such services.

(g) RESOURCES.—The Secretary of Defense shall assign to the Office such resources, including personnel, as the Secretary considers necessary for the discharge of the responsibilities of the Office, including a sufficient number of members of the armed forces to ensure appropriate representation by the military departments in the personnel of the Office.

~~(h) REPORTS.—(1) Not later than April 30 each year, the Secretary of Defense shall submit to the congressional defense committees a report on the activities of the Office.~~

~~(2) Each report under this subsection shall include the following:~~

~~(A) A description of any gaps in services available through the Department of Defense for military families with special needs that were identified under subsection (d)(3).~~

~~(B) A description of the actions being taken, or planned, to address such gaps, including any plans developed under subsection (d)(4).~~

~~(C) Such recommendations for legislative action as the Secretary considers appropriate to provide for the continuous improvement of support and services for military families with special needs.~~

(i) MILITARY FAMILY WITH SPECIAL NEEDS.—For purposes of this section, a military family with special needs is any military family with one or more members who has a medical or educational special need (as defined by the Secretary in regulations for purposes of this section), including a condition covered by the Extended Health Care Option Program under section 1079f of this title.

TITLE 36, UNITED STATES CODE

§300110. Annual report and audit

(a) SUBMISSION OF REPORT.—As soon as practicable after the end of the corporation's fiscal year, which may be changed from time to time by the board of governors, the corporation shall submit a report to the Secretary of Defense on the activities of the corporation during such fiscal year, including a complete, itemized report of all receipts and expenditures.

(b) AUDITING OF REPORT ~~AND SUBMISSION TO CONGRESS~~.—The Secretary shall audit the report ~~and submit a copy of the audited report to Congress~~.

(c) PAYMENT OF AUDIT EXPENSES.—The corporation shall reimburse the Secretary each year for auditing its accounts. The amount paid shall be deposited in the Treasury of the United States as a miscellaneous receipt.

TITLE 38, UNITED STATES CODE

§320. Department of Veterans Affairs-Department of Defense Joint Executive Committee

(a) JOINT EXECUTIVE COMMITTEE.—(1) There is established an interagency committee to be known as the Department of Veterans Affairs-Department of Defense Joint Executive Committee (hereinafter in this section referred to as the "Committee").

(2) The Committee is composed of—

(A) the Deputy Secretary of Veterans Affairs and such other officers and employees of the Department of Veterans Affairs as the Secretary of Veterans Affairs may designate; and

(B) the Under Secretary of Defense for Personnel and Readiness and such other officers and employees of the Department of Defense as the Secretary of Defense may designate.

(b) ADMINISTRATIVE MATTERS.—(1) The Deputy Secretary of Veterans Affairs and the Under Secretary of Defense shall determine the size and structure of the Committee, as well as the administrative and procedural guidelines for the operation of the Committee.

(2) The two Departments shall supply appropriate staff and resources to provide administrative support and services. Support for such purposes shall be provided at a level sufficient for the efficient operation of the Committee, including a subordinate Health Executive Committee, a subordinate Benefits Executive Committee, and such other committees or working groups as considered necessary by the Deputy Secretary and Under Secretary.

(c) RECOMMENDATIONS.—(1) The Committee shall recommend to the Secretaries strategic direction for the joint coordination and sharing efforts between and within the two Departments under section 8111 of this title and shall oversee implementation of those efforts.

(2) The Committee shall submit to the two Secretaries ~~and to Congress~~ an annual report containing such recommendations as the Committee considers appropriate.

(d) FUNCTIONS.—In order to enable the Committee to make recommendations in its annual report under subsection (c)(2), the Committee shall do the following:

(1) Review existing policies, procedures, and practices relating to the coordination and sharing of resources between the two Departments.

(2) Identify changes in policies, procedures, and practices that, in the judgment of the Committee, would promote mutually beneficial coordination, use, or exchange of use of services and resources of the two Departments, with the goal of improving the quality, efficiency and effectiveness of the delivery of benefits and services to veterans, service

members, military retirees, and their families through an enhanced Department of Veterans Affairs and Department of Defense partnership.

(3) Identify and assess further opportunities for the coordination and collaboration between the Departments that, in the judgment of the Committee, would not adversely affect the range of services, the quality of care, or the established priorities for benefits provided by either Department.

(4) Review the plans of both Departments for the acquisition of additional resources, especially new facilities and major equipment and technology, in order to assess the potential effect of such plans on further opportunities for the coordination and sharing of resources.

(5) Review the implementation of activities designed to promote the coordination and sharing of resources between the Departments.

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§8111. Sharing of Department of Veterans Affairs and Department of Defense health care resources

(a) REQUIRED COORDINATION AND SHARING OF HEALTH CARE RESOURCES.—The Secretary of Veterans Affairs and the Secretary of Defense shall enter into agreements and contracts for the mutually beneficial coordination, use, or exchange of use of the health care resources of the Department of Veterans Affairs and the Department of Defense with the goal of improving the access to, and quality and cost effectiveness of, the health care provided by the Veterans Health Administration and the Military Health System to the beneficiaries of both Departments.

(b) JOINT REQUIREMENTS FOR SECRETARIES OF VETERANS AFFAIRS AND DEFENSE.—To facilitate the mutually beneficial coordination, use, or exchange of use of the health care resources of the two Departments, the two Secretaries shall carry out the following functions:

(1) Develop and publish a joint strategic vision statement and a joint strategic plan to shape, focus, and prioritize the coordination and sharing efforts among appropriate elements of the two Departments and incorporate the goals and requirements of the joint sharing plan into the strategic plan of each Department under section 306 of title 5 and the performance plan of each Department under section 1115 of title 31.

(2) Jointly fund the Department of Veterans Affairs-Department of Defense Joint Executive Committee under section 320 of this title.

(3) Continue to facilitate and improve sharing between individual Department of Veterans Affairs and Department of Defense health care facilities, but giving priority of effort to initiatives (A) that improve sharing and coordination of health resources at the intraregional and nationwide levels, and (B) that improve the ability of both Departments to provide coordinated health care.

(4) Establish a joint incentive program under subsection (d).

[(c) Repealed.]

(d) JOINT INCENTIVES PROGRAM.—(1) Pursuant to subsection (b)(4), the two Secretaries shall carry out a program to identify, provide incentives to, implement, fund, and evaluate creative coordination and sharing initiatives at the facility, intraregional, and nationwide levels. The program shall be administered by the Department of Veterans Affairs-Department of Defense Joint Executive Committee, under procedures jointly prescribed by the two Secretaries.

(2) To facilitate the incentive program, there is established in the Treasury a fund to be known as the "DOD–VA Health Care Sharing Incentive Fund". Each Secretary shall annually contribute to the fund a minimum of $15,000,000 from the funds appropriated to that Secretary's Department. Such funds shall remain available until expended and shall be available for any purpose authorized by this section.

(3) The program under this subsection shall terminate on September 30, 2015.

(e) GUIDELINES AND POLICIES FOR IMPLEMENTATION OF COORDINATION AND SHARING RECOMMENDATIONS, CONTRACTS, AND AGREEMENTS.—(1) To implement the recommendations made by the Department of Veterans Affairs-Department of Defense Joint Executive Committee with respect to health care resources, as well as to carry out other health care contracts and agreements for coordination and sharing initiatives as they consider appropriate, the two Secretaries shall jointly issue guidelines and policy directives. Such guidelines and policies shall provide for coordination and sharing that—

(A) is consistent with the health care responsibilities of the Department of Veterans Affairs under this title and with the health care responsibilities of the Department of Defense under chapter 55 of title 10;

(B) will not adversely affect the range of services, the quality of care, or the established priorities for care provided by either Department; and

(C) will not reduce capacities in certain specialized programs of the Department of Veterans Affairs that the Secretary is required to maintain in accordance with section 1706(b) of this title.

(2) To facilitate the sharing and coordination of health care services between the two Departments, the two Secretaries shall jointly develop and implement guidelines for a standardized, uniform payment and reimbursement schedule for those services. Such schedule shall be revised periodically as necessary. The two Secretaries may on a case-by-case basis waive elements of the schedule if they jointly agree that such a waiver is in the best interests of both Departments.

(3)(A) The guidelines established under paragraph (1) shall authorize the heads of individual Department of Defense and Department of Veterans Affairs medical facilities and service regions to enter into health care resources coordination and sharing agreements.

(B) Under any such agreement, an individual who is a primary beneficiary of one Department may be provided health care, as provided in the agreement, at a facility or in the service region of the other Department that is a party to the sharing agreement.

(C) Each such agreement shall identify the health care resources to be shared.

(D) Each such agreement shall provide, and shall specify procedures designed to ensure, that the availability of direct health care to individuals who are not primary beneficiaries of the providing Department is (i) on a referral basis from the facility or service region of the other Department, and (ii) does not (as determined by the head of the providing facility or region) adversely affect the range of services, the quality of care, or the established priorities for care provided to the primary beneficiaries of the providing Department.

(E) Each such agreement shall provide that a providing Department or service region shall be reimbursed for the cost of the health care resources provided under the agreement and that the rate of such reimbursement shall be as determined in accordance with paragraph (2).

(F) Each proposal for an agreement under this paragraph shall be effective (i) on the 46th day after the receipt of such proposal by the Committee, unless earlier disapproved, or (ii) if earlier approved by the Committee, on the date of such approval.

(G) Any funds received through such a uniform payment and reimbursement schedule shall be credited to funds that have been allotted to the facility of either Department that provided the care or services, or is due the funds from, any such agreement.

(f) ANNUAL JOINT REPORT.—(1) At the time the President's budget is transmitted to Congress in any year pursuant to section 1105 of title 31, the two Secretaries shall submit to Congress a joint report on health care coordination and sharing activities under this section during the fiscal year that ended during the previous calendar year.

(2) Each report under this section shall include the following:

(A) The guidelines prescribed under subsection (e) (and any revision of such guidelines).

(B) The assessment of further opportunities identified by the Department of Veterans Affairs-Department of Defense Joint Executive Committee under subsection (d)(3) of section 320 of this title for the sharing of health-care resources between the two Departments.

(C) Any recommendation made by that committee under subsection (c)(2) of that section during that fiscal year.

(D) A review of the sharing agreements entered into under subsection (e) and a summary of activities under such agreements during such fiscal year and a description of the results of such agreements in improving access to, and the quality and cost effectiveness of, the health care provided by the Veterans Health Administration and the Military Health System to the beneficiaries of both Departments.

(E) A summary of other planning and activities involving either Department in connection with promoting the coordination and sharing of Federal health-care resources during the preceding fiscal year.

(F) Such recommendations for legislation as the two Secretaries consider appropriate to facilitate the sharing of health-care resources between the two Departments.

(3) In addition to the matters specified in paragraph (2), the two Secretaries shall include in the annual report under this subsection an overall status report of the progress of health resources sharing between the two Departments as a consequence of subtitle C of title VII of the Bob Stump National Defense Authorization Act for Fiscal Year 2003 (Public Law 107–314) and of other sharing initiatives taken during the period covered by the report. Such status report shall indicate the status of such sharing and shall include appropriate data as well as analyses of that data. The annual report shall include the following:

(A) Enumerations and explanations of major policy decisions reached by the two Secretaries during the period covered by the report period with respect to sharing between the two Departments.

(B) A description of progress made in new ventures or particular areas of sharing and coordination that would be of policy interest to Congress consistent with the intent of such subtitle.

(C) A description of enhancements of access to care of beneficiaries of both Departments that came about as a result of new sharing approaches brought about by such subtitle.

(D) A description of proposals for which funds are provided through the joint incentives program under subsection (d), together with a description of their results or status at the time of the report, including access improvements, savings, and quality-of-

care enhancements they brought about, and a description of any additional use of funds made available under subsection (d).

(4) In addition to the matters specified in paragraphs (2) and (3), the two Secretaries shall include in the annual report under this subsection for each year through 2008 the following:

(A) A description of the measures taken, or planned to be taken, to implement the health resources sharing project under section 722 of the Bob Stump National Defense Authorization Act for Fiscal Year 2003 (Public Law 107–314) and any cost savings anticipated, or cost sharing achieved, at facilities participating in the project, including information on improvements in access to care, quality, and timeliness, as well as impediments encountered and legislative recommendations to ameliorate such impediments.

(B) A description of the use of the waiver authority provided by section 722(d)(1) of the Bob Stump National Defense Authorization Act for Fiscal Year 2003 (Public Law 107–314), including—

(i) a statement of the numbers and types of requests for waivers under that section of administrative policies that have been made during the period covered by the report and, for each such request, an explanation of the content of each request, the intended purpose or result of the requested waiver, and the disposition of each request; and

(ii) descriptions of any new administrative policies that enhance the success of the project.

(5) In addition to the matters specified in paragraphs (2), (3), and (4), the two Secretaries shall include in the annual report under this subsection for each year through 2009 a report on the pilot program for graduate medical education under section 725 of the Bob Stump National Defense Authorization Act for Fiscal Year 2003 (Public Law 107–314), including activities under the program during the preceding year and each Secretary's assessment of the efficacy of providing education and training under that program.

<u>(6) The two Secretaries shall include in the annual report under this subsection a report on the activities of the Center of Excellence in the Mitigation, Treatment, and Rehabilitation of Traumatic Extremity Injuries and Amputations (established pursuant to section 723 of the Duncan Hunter National Defense Authorization Act for Fiscal Year 2009 (Public Law 110-417)) during the one-year period ending on the date of such report. Each such report shall include a description of the activities of the center during such period and an assessment of the role of such activities in improving and enhancing the efforts of the Department of Defense and the Department of Veterans Affairs for the mitigation, treatment, and rehabilitation of traumatic extremity injuries and amputations.</u>

(g) DEFINITIONS.—For the purposes of this section:

(1) The term "beneficiary" means a person who is a primary beneficiary of the Department of Veterans Affairs or of the Department of Defense.

(2) The term "direct health care" means health care provided to a beneficiary in a medical facility operated by the Department of Veterans Affairs or the Department of Defense.

(3) The term "head of a medical facility" (A) with respect to a medical facility of the Department of Veterans Affairs, means the director of the facility, and (B) with respect to a medical facility of the Department of Defense, means the medical or dental officer in charge or the contract surgeon in charge.

(4) The term "health-care resource" includes hospital care, medical services, and rehabilitative services, as those terms are defined in paragraphs (5), (6), and (8), respectively, of section 1701 of this title, services under sections 1782 and 1783 of this title, any other health-care service, and any health-care support or administrative resource.

(5) The term "primary beneficiary" (A) with respect to the Department means a person who is eligible under this title (other than under section 1782, 1783, or 1784 or subsection (d) of this section) or any other provision of law for care or services in Department medical facilities, and (B) with respect to the Department of Defense, means a member or former member of the Armed Forces who is eligible for care under section 1074 of title 10.

(6) The term "providing Department" means the Department of Veterans Affairs, in the case of care or services furnished by a facility of the Department of Veterans Affairs, and the Department of Defense, in the case of care or services furnished by a facility of the Department of Defense.

(7) The term "service region" means a geographic service area of the Veterans Health Administration, in the case of the Department of Veterans Affairs, and a service region, in the case of the Department of Defense.

Duncan Hunter National Defense Authorization Act for Fiscal Year 2009 (Public Law 110–417)

SEC. 335. MITIGATION OF POWER OUTAGE RISKS FOR DEPARTMENT OF DEFENSE FACILITIES AND ACTIVITIES.

(a) RISK ASSESSMENT.—The Secretary of Defense shall conduct a comprehensive technical and operational risk assessment of the risks posed to mission critical installations, facilities, and activities of the Department of Defense by extended power outages resulting from failure of the commercial electricity supply or grid and related infrastructure.

(b) RISK MITIGATION PLANS.—

(1) IN GENERAL.—The Secretary of Defense shall develop integrated prioritized plans to eliminate, reduce, or mitigate significant risks identified in the risk assessment under subsection (a).

(2) ADDITIONAL CONSIDERATIONS.—In developing the risk mitigation plans under paragraph (1), the Secretary of Defense shall—

(A) prioritize the mission critical installations, facilities, and activities that are subject to the greatest and most urgent risks; and

(B) consider the cost effectiveness of risk mitigation options.

~~(c) ANNUAL REPORT.—~~

~~(1) IN GENERAL.—The Secretary of Defense shall submit a report on the efforts of the Department of Defense to mitigate the risks described in subsection (a) as part of the budget justification materials submitted to Congress in support of the Department of Defense budget for fiscal year 2010 and each fiscal year thereafter (as submitted with the budget of the President under section 1105(a) of title 31, United States Code).~~

~~(2) CONTENT.—Each report submitted under paragraph (1) shall describe the integrated prioritized plans developed under subsection (b) and the progress made toward achieving the goals established under such subsection.~~

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SEC. 723. CENTER OF EXCELLENCE IN THE MITIGATION, TREATMENT, AND REHABILITATION OF TRAUMATIC EXTREMITY INJURIES AND AMPUTATIONS.

(a) IN GENERAL.—The Secretary of Defense and the Secretary of Veterans Affairs shall jointly establish a center of excellence in the mitigation, treatment, and rehabilitation of traumatic extremity injuries and amputations.

(b) PARTNERSHIPS.—The Secretary of Defense and the Secretary of Veterans Affairs shall jointly ensure that the center collaborates with the Department of Defense, the Department of Veterans Affairs, institutions of higher education, and other appropriate public and private entities (including international entities) to carry out the responsibilities specified in subsection (c).

(c) RESPONSIBILITIES.—The center shall have the responsibilities as follows:

(1) To implement a comprehensive plan and strategy for the Department of Defense and the Department of Veterans Affairs for the mitigation, treatment, and rehabilitation of traumatic extremity injuries and amputations.

(2) To conduct research to develop scientific information aimed at saving injured extremities, avoiding amputations, and preserving and restoring the function of injured extremities. Such research shall address military medical needs and include the full range of scientific inquiry encompassing basic, translational, and clinical research.

(3) To carry out such other activities to improve and enhance the efforts of the Department of Defense and the Department of Veterans Affairs for the mitigation, treatment, and rehabilitation of traumatic extremity injuries and amputations as the Secretary of Defense and the Secretary of Veterans Affairs consider appropriate.

~~(d) REPORTS.—~~

~~(1) IN GENERAL.—Not later than one year after the date of the enactment of this Act, and annually thereafter, the Secretary of Defense and the Secretary of Veterans Affairs shall jointly submit to Congress a report on the activities of the center.~~

~~(2) ELEMENTS.—Each report under this subsection shall include the following:~~

~~(A) In the case of the first report under this subsection, a description of the implementation of the requirements of this Act.~~

~~(B) A description and assessment of the activities of the center during the one-year period ending on the date of such report, including an assessment of the role of such activities in improving and enhancing the efforts of the Department of Defense and the Department of Veterans Affairs for the mitigation, treatment, and rehabilitation of traumatic extremity injuries and amputations.~~