

118TH CONGRESS
2D SESSION

S. 4415

To require the Secretary of Defense to establish a medical readiness program in the Indo-Pacific region, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MAY 23, 2024

Ms. DUCKWORTH introduced the following bill; which was read twice and referred to the Committee on Armed Services

A BILL

To require the Secretary of Defense to establish a medical readiness program in the Indo-Pacific region, and for other purposes.

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

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Access to Care for
5 Overseas Military Act”.

6 **SEC. 2. MEDICAL READINESS PROGRAM OF DEPARTMENT**
7 **OF DEFENSE IN INDO-PACIFIC REGION.**

8 (a) ESTABLISHMENT.—

9 (1) IN GENERAL.—Not later than January 1,
10 2027, the Secretary of Defense shall establish a

1 medical readiness program (referred to in this sec-
2 tion as the “Program”) to develop relationships with
3 partner nations in the Indo-Pacific region and to fa-
4 cilitate engagement designed to improve medical
5 care during peacetime and wartime and maintain
6 strategies and policies of the Department of Defense
7 for medical readiness in that region.

8 (2) ORGANIZATION.—The Secretary of Defense
9 shall be responsible for and oversee the Program in
10 consultation with the Secretary of each military de-
11 partment, the commanders of the combatant com-
12 mands, the Director of the Defense Health Agency,
13 and any other official the Secretary of Defense con-
14 siders appropriate.

15 (3) OBJECTIVES.—The objectives of the Pro-
16 gram shall be to promote the medical readiness of
17 the Armed Forces for missions during peacetime and
18 wartime operations by—

19 (A) reducing potential requirements for
20 long-distance medical evacuation to receive de-
21 finitive patient care in the Indo-Pacific region;

22 (B) managing the patient medical evacu-
23 ation enterprise during contingency operations,
24 including planning, policies, resourcing, and co-
25 ordination;

1 (C) increasing the medical capacity and ca-
2 pabilities of the Department of Defense by ex-
3 panding, where and when appropriate, patient
4 access to public, private, and military foreign
5 medical treatment facilities and foreign medical
6 providers across the Indo-Pacific region;

7 (D) in collaboration with partner nations,
8 improving the standard of medical care by ei-
9 ther—

10 (i) accrediting foreign medical treat-
11 ment facilities, which will standardize med-
12 ical procedures, patient care, and policies
13 similar to military medical treatment facili-
14 ties of the Department of Defense; or

15 (ii) developing standardized proce-
16 dures for medical procedures, patient care,
17 and policies when using foreign medical
18 treatment facilities; and

19 (E) enhancing and promoting interoper-
20 ability and interchangeability, wherever feasible,
21 through shared patient record management
22 techniques, medical equipment commonality,
23 and coordination of medical care.

1 (4) ACTIVITIES.—In carrying out the Program,
2 the Secretary of Defense shall seek to conduct the
3 following activities:

4 (A) Assess and integrate current medical
5 capabilities and capacities of the Department of
6 Defense in the Indo-Pacific region into the Pro-
7 gram.

8 (B) Select a lead to coordinate the Pro-
9 gram and activities associated with the func-
10 tions of the Program.

11 (C) Select an appropriate accreditation or-
12 ganization to either—

13 (i) accredit a public, private, or mili-
14 tary foreign medical treatment facility; or

15 (ii) provide technical expertise to de-
16 velop standardization procedures for med-
17 ical procedures, patient care, and policies
18 when using foreign medical treatment fa-
19 cilities.

20 (D) Coordinate with partner nations to
21 identify and evaluate medical facilities for the
22 Program.

23 (E) Establish agreements with foreign
24 medical facilities for potential use of the Pro-
25 gram.

- 1 (F) To the greatest extent practicable, es-
2 tablish policies and procedures—
- 3 (i) to reduce patient movement times
4 in various countries in the Indo-Pacific re-
5 gion during peacetime and wartime oper-
6 ations;
 - 7 (ii) to standardize medical procedures,
8 patient care, and policies;
 - 9 (iii) to securely share patient data
10 with partner nations when appropriate to
11 do so, such as during a contingency oper-
12 ation;
 - 13 (iv) with respect to medical equipment
14 commonality and interchangeability;
 - 15 (v) with respect to the coordination of
16 medical care;
 - 17 (vi) with respect to translators and
18 language standardization;
 - 19 (vii) with respect to foreign blood
20 products; and
 - 21 (viii) with respect to medical mal-
22 practice liability and procedures.
- 23 (G) Integrate the Program into operational
24 plans of the combatant commands.

1 (H) Identify mutually beneficial training
2 opportunities for military medical personnel.

3 (b) STRATEGY.—

4 (1) IN GENERAL.—Not later than September
5 30, 2025, the Under Secretary of Defense for Per-
6 sonnel and Readiness shall submit to the Commit-
7 tees on Armed Services of the Senate and the House
8 of Representatives a strategy for the implementation
9 of the Program.

10 (2) ELEMENTS.—The strategy required by
11 paragraph (1) shall include the following:

12 (A) A governance structure for the Pro-
13 gram, including—

14 (i) the officials tasked to oversee the
15 Program;

16 (ii) the format of the governing body
17 of the Program;

18 (iii) the functions and duties of such
19 governing body with respect to establishing
20 and maintaining the Program; and

21 (iv) mechanisms for coordinating with
22 partner countries selected to participate in
23 the Program.

1 (B) With respect to the initial selection of
2 partner countries to participate in the Pro-
3 gram—

4 (i) an identification of each such
5 country;

6 (ii) the rationale for selecting each
7 such country; and

8 (iii) any other information the Sec-
9 retary considers appropriate.

10 (C) An identification of objectives for the
11 first three fiscal years of the Program, includ-
12 ing—

13 (i) a description of, and a rational for
14 selecting, such objectives;

15 (ii) an identification of milestones to-
16 ward achieving such objectives; and

17 (iii) metrics for evaluating success in
18 achieving such objectives.

19 (D) A description of opportunities and po-
20 tential timelines for future expansion of the
21 Program, as appropriate.

22 (E) A list of additional authorities, appro-
23 priations, or other legislative action necessary
24 to ensure the success of the Program.

1 (F) Any other information the Secretary
2 considers appropriate.

3 (3) FORM.—The strategy required by para-
4 graph (1) shall be submitted in unclassified form,
5 but may include a classified annex.

6 (c) REPORT.—

7 (1) IN GENERAL.—Not later than September
8 20th of each of 2025 through 2035, the Under Sec-
9 retary of Defense for Personnel and Readiness shall
10 submit to the congressional defense committees a re-
11 port on the Program.

12 (2) ELEMENTS.—Each report required by para-
13 graph (1) shall include the following:

14 (A) A narrative summary of activities con-
15 ducted as part of the Program during the pre-
16 ceding fiscal year.

17 (B) Except in the case of the initial report,
18 an assessment of progress toward the objectives
19 established for the preceding fiscal year de-
20 scribed in the preceding report under this sub-
21 section using the metrics established in such re-
22 port.

23 (C) An identification of objectives for the
24 three fiscal years following the date of submis-
25 sion of the report, including—

1 (i) a description of, and a rationale for
2 selecting, such objectives;

3 (ii) an identification of milestones to-
4 ward achieving such objectives; and

5 (iii) metrics for evaluating success in
6 achieving such objectives.

7 (D) A description of opportunities and po-
8 tential timelines for future expansion of the
9 Program, as appropriate.

10 (E) Any other information the Under Sec-
11 retary considers appropriate.

12 (3) FORM.—Each report required by paragraph
13 (1) shall be submitted in unclassified form, but may
14 include a classified annex.

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