

**AMENDMENT TO RULES COMMITTEE PRINT**

**118–36**

**OFFERED BY MR. CASE OF HAWAII**

Add at the end of subtitle C of title VII the following:

1 **SEC. 7\_\_\_ . REQUIREMENTS STUDY AND STRATEGY FOR**  
2 **COMBAT MEDICAL SUPPORT DURING CRISIS**  
3 **OR CONFLICT IN THE INDO-PACIFIC.**

4 (a) IN GENERAL.—The Under Secretary of Defense  
5 for Personnel and Readiness shall conduct a study to de-  
6 termine the requirements for combat medical support dur-  
7 ing a crisis or conflict in the Indo-Pacific and in support  
8 of the objectives of the national defense strategy. Such  
9 study shall include the following:

10 (1) Identification of anticipated medical re-  
11 quirements necessary to support a most likely con-  
12 flict scenario in the Indo-Pacific, including—

13 (A) requirements for short-term, mid-term,  
14 and long-term contingency and steady-state  
15 medical operations against adversaries;

16 (B) requirements for medical equipment,  
17 facilities, and personnel, to include anticipated  
18 medical specialties needed;

1 (C) timelines associated with activating or  
2 mobilizing total force medical personnel and  
3 equipment; and

4 (D) the role of the Integrated CONUS  
5 Medical Operations Plan.

6 (2) An assessment of the ideal posture of med-  
7 ical personnel and equipment, including—

8 (A) locations ideal for pre-positioning med-  
9 ical personnel, equipment, and assets, to include  
10 hospital ships and expeditionary medical facili-  
11 ties;

12 (B) the role of fixed military medical treat-  
13 ment facilities and their personnel in Hawaii  
14 and elsewhere in the Indo-Pacific;

15 (C) infrastructure requirements or consid-  
16 erations in Hawaii, Guam, and other U.S. in-  
17 stallations in the Indo-Pacific; and

18 (D) current or potential partner nation  
19 support capabilities or agreements.

20 (3) An assessment of the rotary, tilt, and fixed  
21 wing aircraft and key medical evacuation enabling  
22 capabilities that—

23 (A) are needed to meet the requirements  
24 identified under paragraph (1);

1 (B) have been accounted for in the budget  
2 as of the date of the study; or

3 (C) that are being considered or in devel-  
4 opment and the projected timeline to meet full  
5 operational capability.

6 (4) Identification of any medical care or sup-  
7 port capability gaps, including an assessment of—

8 (A) whether and to what extent such gaps  
9 may affect the ability of the joint force to pro-  
10 vide medical support and care during a conflict;  
11 and

12 (B) any capability gaps attributable to un-  
13 funded requirements.

14 (5) Identification and assessment of key cur-  
15 rent, emerging, and future technologies with poten-  
16 tial applications to the combat medical support and  
17 medical evacuation mission.

18 (b) STRATEGY REQUIRED.—

19 (1) IN GENERAL.—Based on the results of the  
20 study conducted under subsection (a), the Secretary  
21 of Defense shall develop a strategy to meet the re-  
22 quirements identified under such study.

23 (2) ELEMENTS.—The strategy under paragraph  
24 (1) shall include—

1 (A) a prioritized list of capabilities, equip-  
2 ment and infrastructure needed to meet the re-  
3 quirements identified under subsection (a);

4 (B) the estimated costs of such capabili-  
5 ties, equipment, and infrastructure; and

6 (C) the roles of each service component in  
7 contributing to combat medical support from  
8 point of injury to recovery.

9 (3) SUBMISSION TO CONGRESS.—

10 (A) IN GENERAL.—Not later than one year  
11 after the enactment of this Act, the Office of  
12 Secretary of Defense shall submit to the con-  
13 gressional defense committees a report on the  
14 strategy developed under paragraph (1).

15 (B) FORM.—The report shall be submitted  
16 in unclassified form, by may include a classified  
17 annex.

