

119TH CONGRESS
1ST SESSION

S. _____

To ensure the preservation and operational integrity of the aeromedical evacuation capabilities of the Department of the Army within the Medical Service Corps and to maintain the role of the Medical Service Corps as the primary joint service provider for intra-theater aeromedical evacuation, and for other purposes.

IN THE SENATE OF THE UNITED STATES

Mr. CRUZ introduced the following bill; which was read twice and referred to the Committee on _____

A BILL

To ensure the preservation and operational integrity of the aeromedical evacuation capabilities of the Department of the Army within the Medical Service Corps and to maintain the role of the Medical Service Corps as the primary joint service provider for intra-theater aeromedical evacuation, 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 “Retaining Essential
5 Support for Combat and Unified Evacuation Act of 2025”
6 or the “RESCUE Act of 2025”.

1 **SEC. 2. PRESERVATION OF DEDICATED AEROMEDICAL**
2 **EVACUATION CAPABILITY OF MEDICAL SERV-**
3 **ICE CORPS OF THE ARMY.**

4 (a) IN GENERAL.—The Medical Service Corps of the
5 Army shall maintain a dedicated aeromedical evacuation
6 capability, including personnel, training, doctrine, and air-
7 craft specifically configured for aeromedical evacuation
8 missions.

9 (b) CLARIFICATION OF AUTHORITY.—The Secretary
10 of the Army shall ensure that—

11 (1) the aviation branch of the Army has the au-
12 thority to organize, train, and equip aviation assets
13 in accordance with operational requirements; and

14 (2) the medical department of the Army, under
15 the authority delegated to such department by the
16 Surgeon General of the Army, has the authority for
17 medical command and control, patient care respon-
18 sibilities, and clinical standards for aeromedical
19 evacuation operations.

20 (c) ELEMENTS OF CAPABILITY.—The Secretary of
21 the Army shall maintain the capability required under
22 subsection (a)—

23 (1) in alignment with the sufficiency analysis of
24 the Surgeon General of the Army;

1 (2) consistent with medical evacuation doctrine
2 and operational planning assumptions of the Army;
3 and

4 (3) in support of—

5 (A) the commanders of the combatant
6 commands;

7 (B) contingency operations and operational
8 plans;

9 (C) civil authorities;

10 (D) chemical, biological, radiological, and
11 nuclear response force missions;

12 (E) humanitarian assistance and disaster
13 response operations; and

14 (F) garrison emergency medical response
15 operations at installations of the Department of
16 Defense.

17 (d) CHANGE IN STRUCTURE.—

18 (1) IN GENERAL.—The capability required
19 under subsection (a) shall remain a distinct compo-
20 nent within the Medical Service Corps of the Army
21 and may not be restructured into general-purpose
22 aviation elements or dual-use configurations without
23 prior notification to the congressional defense com-
24 mittees (as defined in section 101(a) of title 10,
25 United States Code), which shall—

1 (A) be accompanied by a formal risk as-
2 sessment on—

3 (i) operational medical readiness of
4 the Medical Service Corps; and

5 (ii) readiness of the Medical Service
6 Corps to support the joint force and mis-
7 sions specified under subsection (c)(3); and

8 (B) contain a report that—

9 (i) is based on the force structure au-
10 thorizations outlined in the most current
11 Army Structure Message;

12 (ii) is informed by the most current
13 Total Army Analysis approved by the Sec-
14 retary of the Army; and

15 (iii) does not propose or assume any
16 changes to the aircraft authorizations re-
17 flected in the documents specified in
18 clauses (i) and (ii).

19 (2) OPERATIONAL MEDICAL REQUIREMENTS
20 AND JOINT FORCE NEEDS.—Any adjustments made
21 to the force structure of the aeromedical evacuation
22 capability of the Army must account for operational
23 medical requirements and joint force needs where
24 the Surgeon General of the Army retains authority
25 over the medical force structure, staffing, clinical

1 oversight, and doctrinal development for aeromedical
2 evacuation units.

3 (e) CHANGE TO ALLOCATIONS.—The Secretary of the
4 Army may not make any changes to allocations for the
5 Medical Service Corps of the Army that is inconsistent
6 with the requirements of this section without prior con-
7 sultation with the Surgeon General of the Army, who shall
8 certify that the proposed changes are supported by a suffi-
9 ciency analysis and that the revised platform levels remain
10 adequate to support all mission categories requiring
11 aeromedical evacuation, consistent with medical evacu-
12 ation doctrine and operational planning assumptions of
13 the Army.

14 (f) EFFECTIVE DATE.—This section shall take effect
15 on the date that is 180 days after the date of the enact-
16 ment of this Act.

17 (g) RULE OF CONSTRUCTION.—Nothing in this sec-
18 tion shall be construed to prohibit augmentation of mili-
19 tary patient movement operations with combatant, com-
20 mercial, or allied assets in contingency or humanitarian
21 operations, as determined necessary by the Secretary of
22 Defense.