119TH CONGRESS
1ST SESSION

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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

JUNE 4, 2025

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

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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.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Retaining Essential Support for Combat and Unified Evacuation Act of 2025'' or the ''RESCUE Act of 2025''.

SEC. 2. PRESERVATION OF DEDICATED AEROMEDICAL EVACUATION CAPABILITY OF MEDICAL SERVICE CORPS OF THE ARMY.

(a) IN GENERAL.—The Medical Service Corps of the Army shall maintain a dedicated aeromedical evacuation capability, including personnel, training, doctrine, and aircraft specifically configured for aeromedical evacuation missions.

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

(1) the aviation branch of the Army has the authority to organize, train, and equip aviation assets in accordance with operational requirements; and

(2) the medical department of the Army, under the authority delegated to such department by the Surgeon General of the Army, has the authority for medical command and control, patient care responsibilities, and clinical standards for aeromedical evacuation operations.

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

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

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

(3) in support of—

(A) the commanders of the combatant commands;

(B) contingency operations and operational plans;

(C) civil authorities;

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

(E) humanitarian assistance and disaster response operations; and

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

(d) CHANGE IN STRUCTURE.—

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

(A) be accompanied by a formal risk assessment on—

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

(ii) readiness of the Medical Service Corps to support the joint force and missions specified under subsection (c)(3); and

(B) contain a report that—

(i) is based on the force structure authorizations outlined in the most current Army Structure Message;

(ii) is informed by the most current Total Army Analysis approved by the Secretary of the Army; and

(iii) does not propose or assume any changes to the aircraft authorizations reflected in the documents specified in clauses (i) and (ii).

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

oversight, and doctrinal development for aeromedical evacuation units.

(e) CHANGE TO ALLOCATIONS.—The Secretary of the Army may not make any changes to allocations for the Medical Service Corps of the Army that is inconsistent with the requirements of this section without prior consultation with the Surgeon General of the Army, who shall certify that the proposed changes are supported by a sufficiency analysis and that the revised platform levels remain adequate to support all mission categories requiring aeromedical evacuation, consistent with medical evacuation doctrine and operational planning assumptions of the Army.

(f) EFFECTIVE DATE.—This section shall take effect on the date that is 180 days after the date of the enactment of this Act.

(g) RULE OF CONSTRUCTION.—Nothing in this section shall be construed to prohibit augmentation of military patient movement operations with combatant, commercial, or allied assets in contingency or humanitarian operations, as determined necessary by the Secretary of Defense.

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