



DEFENSE
HEALTH AGENCY

MB&RS

**OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS
16401 EAST CENTRETECH PARKWAY
AURORA, CO 80011-9066**

**CHANGE 6
10 USC 55
AUGUST 14, 2015**

**PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
FOR
TITLE 10, SUBTITLE A, PART II, CHAPTER 55
MEDICAL AND DENTAL CARE
(TMA VERSION)**

The Department of Defense, Office of the Secretary, has authorized the following addition(s)/revision(s) to 10 USC Chapter 55 (TMA Version), reissued March 2009.

CHANGE TITLE: JANUARY 2015 UPDATE

DATE LISTED: January 5, 2015.

PAGE CHANGE(S): USC Classification Table, 113th, Second Session (Public Laws 113-73 through 113-296)—Prepared by Office of the Law Revision Counsel, U.S. House of Representatives (January 5, 2015).

PAGE CHANGE(S): See page 2.

**ATTACHMENT(S): 173 PAGES
DISTRIBUTION: 10 USC 55**

WHEN PRESCRIBED ACTION HAS BEEN TAKEN, FILE THIS TRANSMITTAL WITH BASIC DOCUMENT

REMOVE PAGE(S)

Table of Contents, pages 1 through 4
Amendments, pages 1 through 3
Updates, page 11
Section 1071, pages 1 through 66
Section 1073, pages 3 - 8, 11 - 22, 29, and 30
Section 1074, pages 15 through 18
Section 1074g, pages 1 through 11
Section 1074m, pages 1 through 3
★ ★ ★ ★ ★ ★
Section 1078b, pages 1 and 2
Section 1079, pages 1 through 25
★ ★ ★ ★ ★ ★
Section 1086, pages 3 through 10
Section 1091, pages 3 and 4
Section 1095, pages 3 through 7
Section 1097a, pages 3 and 4
Section 1097c, pages 1 and 2
★ ★ ★ ★ ★ ★
Section 1105, pages 1 and 2

INSERT PAGE(S)

Table of Contents, pages 1 through 4
Amendments, pages 1 through 4
Updates, pages 11 through 13
Section 1071, pages 1 through 67
Section 1073, pages 3 - 8, 11 - 22, 29, and 30
Section 1074, pages 15 through 18
Section 1074g, pages 1 through 13
Section 1074m, pages 1 through 4
Section 1074n, pages 1 and 2
Section 1078b, pages 1 and 2
Section 1079, pages 1 through 24
Section 1079c, pages 1 and 2
Section 1086, pages 3 through 10
Section 1091, pages 3 through 5
Section 1095, pages 3 through 7
Section 1097a, pages 3 and 4
Section 1097c, pages 1 and 2
Section 1097d, page 1
Section 1105, pages 1 and 2

Title 10 - Armed Forces
Subtitle A - General Military Law
Part II - Personnel
Chapter 55 - Medical And Dental Care

Section Subject

| | |
|---|--|
| Amendments.Updates.1071.Purpose of this chapter | |
| 1072. | Definitions |
| 1073. | Administration of this chapter |
| 1073a. | Contracts for health care: best value contracting |
| 1073b. | Recurring reports |
| 1074. | Medical and dental care for members and certain former members |
| 1074a. | Medical and dental care: members on duty other than active duty for a period of more than 30 days |
| 1074b. | Medical and dental care: Academy cadets and midshipmen; members of, and designated applicants for membership in, Senior ROTC |
| 1074c. | Medical care: authority to provide a wig |
| 1074d. | Certain primary and preventive health care services |
| 1074e. | Medical care: certain Reserves who served in Southwest Asia during the Persian Gulf Conflict |
| 1074f. | Medical tracking system for members deployed overseas |
| 1074g. | Pharmacy benefits program |
| 1074h. | Medical and dental care: medal of honor recipients; dependents |
| 1074i. | Reimbursement for certain travel expenses |
| 1074j. | Sub-acute care program |
| 1074k. | Long-term care insurance |
| 1074l. | Notification to Congress of hospitalization of combat wounded members |
| 1074m. | Mental health assessments for members of the armed forces deployed in support of a contingency operation |
| 1074n. | Annual mental health assessments for members of the armed forces |
| 1075. | [Repealed] |
| 1076. | Medical and dental care for dependents: general rule |
| 1076a. | TRICARE dental program |
| 1076b. | [Repealed] |
| 1076c. | Dental insurance plan: certain retirees and their surviving spouses and other dependents |
| 1076d. | TRICARE program: TRICARE Standard coverage for members of the Selected Reserve |

DHA Version - March 2009

| Section | Subject |
|---------|---|
| 1076e. | TRICARE program: TRICARE Standard coverage for certain members of the Retired Reserve who are qualified for a non-regular retirement but are not yet age 60 |
| 1077. | Medical care for dependents: authorized care in facilities of uniformed services |
| 1078. | Medical and dental care for dependents: charges |
| 1078a. | Continued health benefits coverage |
| 1078b. | Provision of food to certain members and dependents not receiving inpatient care in military medical treatment facilities |
| 1079. | Contracts for medical care for spouses and children: plans |
| 1079a. | CHAMPUS: treatment of refunds and other amounts collected |
| 1079b. | Procedures for charging fees for care provided to civilians; retention and use of fees collected |
| 1079c. | Provisional coverage for emerging services and supplies |
| 1080. | Contracts for medical care for spouses and children: election of facilities |
| 1081. | Contracts for medical care for spouses and children: review and adjustment of payments |
| 1082. | Contracts for health care: advisory committees |
| 1083. | Contracts for medical care for spouses and children: additional hospitalization |
| 1084. | Determinations of dependency |
| 1085. | Medical and dental care from another executive department: reimbursement |
| 1086. | Contracts for health benefits for certain members, former members, and their dependents |
| 1086a. | Certain former spouses: extension of period of eligibility for health benefits |
| 1086b. | Prohibition against requiring retired members to receive health care solely through the Department of Defense |
| 1087. | Programing facilities for certain members, former members, and their dependents in construction projects of the uniformed services |
| 1088. | Air evacuation patients: furnished subsistence |
| 1089. | Defense of certain suits arising out of medical malpractice |
| 1090. | Identifying and treating drug and alcohol dependence |
| 1090a. | Commanding officer and supervisor referrals of members for mental health evaluations |
| 1091. | Personal services contracts |
| 1092. | Studies and demonstration projects relating to delivery of health and medical care |
| 1092a. | Persons entering the armed forces: baseline health data |
| 1093. | Performance of abortions: restrictions |

| Section | Subject |
|---------|---|
| 1094. | Licensure requirement for health-care professionals |
| 1094a. | Continuing medical education requirements: system for monitoring physician compliance |
| 1095. | Health care services incurred on behalf of covered beneficiaries: collection from third-party payers |
| 1095a. | Medical care: members held as captives and their dependents |
| 1095b. | TRICARE program: contractor payment of certain claims |
| 1095c. | TRICARE program: facilitation of processing of claims |
| 1095d. | TRICARE program: waiver of certain deductibles |
| 1095e. | TRICARE program: beneficiary counseling and assistance coordinators |
| 1095f. | TRICARE program: referrals for specialty health care |
| 1096. | Military-civilian health services partnership program |
| 1097. | Contracts for medical care for retirees, dependents, and survivors: alternative delivery of health care |
| 1097a. | TRICARE Prime: automatic enrollments; payment options |
| 1097b. | TRICARE program: financial management |
| 1097c. | TRICARE program: relationship with employer-sponsored group health plans |
| 1097d. | TRICARE program: notice of change to benefits |
| 1098. | Incentives for participation in cost-effective health care plans |
| 1099. | Health care enrollment system |
| 1100. | Defense Health Program Account |
| 1101. | Resource allocation methods: capitation or diagnosis-related groups |
| 1102. | Confidentiality of medical quality assurance records: qualified immunity for participants |
| 1103. | Contracts for medical and dental care: State and local preemption |
| 1104. | Sharing of health-care resources with the Department of Veterans Affairs |
| 1105. | Specialized treatment facility program |
| 1106. | Submittal of claims: standard form; time limits |
| 1107. | Notice of use of an investigational new drug or a drug unapproved for its applied use |
| 1107a. | Emergency use products |
| 1108. | Health care coverage through Federal Employees Health Benefits program: demonstration project |
| 1109. | Organ and tissue donor program |

| Section | Subject |
|---------|--|
| 1110. | Anthrax vaccine immunization program; procedures for exemptions and monitoring reactions |
| 1110a. | Notification of certain individuals regarding options for enrollment under Medicare part B |
| 1110b. | TRICARE program: extension of dependent coverage |

Title 10 - Armed Forces
Subtitle A - General Military Law
Part II - Personnel
Chapter 55 - Medical And Dental Care

Amendments

2014—Pub. L. 113-291, div. A, title VII, §§701(a)(2), 704(b), 711(b), Dec. 19, 2014, 128 Stat. 3408, 3413, 3414, added items 1074n, 1079c, and 1097d.

2011—Pub. L. 112-81, div. A, title VII, Secs. 702(a)(2), 704(b), 711(a)(2), Dec. 31, 2011, 125 Stat. 1471, 1473, 1476, added items 1074m, 1078b, and 1090a.

Pub. L. 111-383, div. A, title VII, Sec. 702(a)(2), Jan. 7, 2011, 124 Stat. 4245, added item 1110b.

2009—Pub. L. 111-84, div. A, title VII, Secs. 705(b), 707(b), Oct. 28, 2009, 123 Stat. 2375, 2376, added items 1076e and 1110a.

2008—Pub. L. 110-181, div. A, title XVI, Sec. 1617(b), Jan. 28, 2008, 122 Stat. 449, as amended by Pub. L. 110-417, [div. A], title X, Sec. 1061(b)(14), Oct. 14, 2008, 122 Stat. 4613, added item 1074l.

2006—Pub. L. 109-364, div. A, title VII, Sec. 707(b), Oct. 17, 2006, 120 Stat. 2284, added item 1097c.

Pub. L. 109-364, div. A, title VII, Sec. 706(e), Oct. 17, 2006, 120 Stat. 2282, struck out item 1076b “TRICARE program: TRICARE Standard coverage for members of the Selected Reserve” and substituted “TRICARE program: TRICARE Standard coverage for members of the Selected Reserve” for “TRICARE program: coverage for members of reserve components who commit to continued service in the Selected Reserve after release from active duty in support of a contingency operation” in item 1076d, effective Oct. 1, 2007.

Pub. L. 109-163, div. A, title VII, Secs. 701(f)(2), 702(a)(2), Jan. 6, 2006, 119 Stat. 3340, 3342, substituted “TRICARE program: TRICARE Standard coverage for members of the Selected Reserve” for “TRICARE program: coverage for members of the Ready Reserve” in item 1076b and “TRICARE program: coverage for members of reserve components who commit to continued service in the Selected Reserve after release from active duty in support of a contingency operation” for “TRICARE program: coverage for members of reserve components who commit to continued service in the Selected Reserve after release from active duty” in item 1076d.

2004—Pub. L. 108-375, div. A, title V, Sec. 555(a)(2), title VI, Sec. 607(a)(2), title VII, Secs. 701(a)(2), 733(a)(2), 739(a)(2), title X, Sec. 1084(d)(7), Oct. 28, 2004, 118 Stat. 1914, 1946, 1981, 1998, 2002, 2061, added items 1073b, 1074b, 1076d, and 1092a, reenacted item 1076b without change, and struck out item 1075 “Officers and certain enlisted members: subsistence charges”.

2003—Pub. L. 108-136, div. A, title XVI, Sec. 1603(b)(2), Nov. 24, 2003, 117 Stat. 1690, added item 1107a.

Pub. L. 108-106, title I, Sec. 1115(b), Nov. 6, 2003, 117 Stat. 1218, added item 1076b.

DHA Version - March 2009

**10 USC Chapter 55 - Medical And Dental Care
Amendments**

DHA Version - March 2009

2001—Pub. L. 107-107, div. A, title VII, Secs. 701(a)(2), (f)(2), 731(b), 732(a)(2), 736(c)(2), title X, Sec. 1048(a)(10), Dec. 28, 2001, 115 Stat. 1158, 1161, 1169, 1173, 1223, struck out item 1074b “Transitional medical and dental care: members on active duty in support of contingency operations”; transferred item 1074i to appear after item 1074h, and added items 1074j, 1074k, 1079b, and 1086b.

2000—Pub. L. 106-398, Sec. 1 [[div. A], title VII, Secs. 706(a)(2), 728(a)(2), 751(b)(2), 758(b)], Oct. 30, 2000, 114 Stat. 1654, 1654A-175, 1654A-189, 1654A-194, 1654A-200, added items 1074h, 1074i, 1095f, and 1110.

1999—Pub. L. 106-65, div. A, title VII, Secs. 701(a)(2), 711(b), 713(a)(2), 714(b), 715(a)(2), 716(a)(2), 722(b), Oct. 5, 1999, 113 Stat. 680, 687, 689-691, 695, added items 1073a, 1074g, 1076a, 1095c, 1095d, 1095e, and 1097b and struck out former items 1076a “Dependents’ dental program” and 1076b “Selected Reserve dental insurance”.

1998—Pub. L. 105-261, div. A, title VII, Secs. 711(b), 712(a)(2), 721(a)(2), 734(b)(2), 741(b)(2), Oct. 17, 1998, 112 Stat. 2058, 2059, 2065, 2073, 2074, added items 1094a, 1095b, 1097a, 1108, and 1109.

1997—Pub. L. 105-85, div. A, title VII, Secs. 738(b), 764(b), 765(a)(2), 766(b), Nov. 18, 1997, 111 Stat. 1815, 1826-1828, added items 1074e, 1074f, 1106, and 1107 and struck out former item 1106 “Submittal of claims under CHAMPUS”.

1996—Pub. L. 104-201, div. A, title VII, Secs. 701(a)(2)(B), 703(a)(2), 733(a)(2), Sept. 23, 1996, 110 Stat. 2587, 2590, 2598, substituted “Certain primary and preventive health care services” for “Primary and preventive health care services for women” in item 1074d and added items 1076c and 1079a.

Pub. L. 104-106, div. A, title VII, Secs. 705(a)(2), 735(d)(2), 738(b)(2), Feb. 10, 1996, 110 Stat. 373, 383, added item 1076b and substituted “Performance of abortions: restrictions” for “Restriction on use of funds for abortions” in item 1093 and “Defense Health Program Account” for “Military Health Care Account” in item 1100.

1993—Pub. L. 103-160, div. A, title VII, Secs. 701(a)(2), 712(a)(2), 714(b)(2), 716(a)(2), Nov. 30, 1993, 107 Stat. 1686, 1689, 1690, 1692, added item 1074d, substituted “Personal services contracts” for “Contracts for direct health care providers” in item 1091 and “Resource allocation methods: capitation or diagnosis-related groups” for “Diagnosis-related groups” in item 1101, added item 1105, and struck out former item 1105 “Issuance of nonavailability of health care statements”.

1992—Pub. L. 102-484, div. D, title XLIV, Sec. 4408(a)(2), Oct. 23, 1992, 106 Stat. 2712, added item 1078a.

1991—Pub. L. 102-190, div. A, title VI, Sec. 640(b), title VII, Secs. 715(b), 716(a)(2), Dec. 5, 1991, 105 Stat. 1385, 1403, 1404, added item 1074b, redesignated former item 1074b as 1074c, and added items 1105 and 1106.

1990—Pub. L. 101-510, div. A, title VII, Sec. 713(d)(2)[(3)], Nov. 5, 1990, 104 Stat. 1584, substituted “Health care services incurred on behalf of covered beneficiaries: collection from third-party payers” for “Collection from third-party payers of reasonable inpatient hospital care costs incurred on behalf of retirees and dependents” in item 1095.

10 USC Chapter 55 - Medical And Dental Care Amendments

1989—Pub. L. 101-189, div. A, title VII, Secs. 722(b), 731(b)(2), Nov. 29, 1989, 103 Stat. 1478, 1482, added items 1086a and 1104.

1987—Pub. L. 100-180, div. A, title VII, Sec. 725(a)(2), Dec. 4, 1987, 101 Stat. 1116, added item 1103.

Pub. L. 100-26, Sec. 7(e)(2), Apr. 21, 1987, 101 Stat. 281, redesignated item 1095 “Medical care: members held as captives and their dependents” as item 1095a.

1986—Pub. L. 99-661, div. A, title VI, Sec. 604(a)(2), title VII, Secs. 701(a)(2), 705(a)(2), Nov. 14, 1986, 100 Stat. 3875, 3897, 3904 substituted “active duty for a period of more than 30 days” for “active duty; injuries, diseases, and illnesses incident to duty” in item 1074a and added items 1096 to 1102.

Pub. L. 99-399, title VIII, Sec. 801(c)(2), Aug. 27, 1986, 100 Stat. 886, added item 1095 “Medical care: members held as captives and their dependents”.

Pub. L. 99-272, title II, Sec. 2001(a)(2), Apr. 7, 1986, 100 Stat. 101, added item 1095 “Collection from third-party payers of reasonable inpatient hospital care costs incurred on behalf of retirees and dependents”.

1985—Pub. L. 99-145, title VI, Secs. 651(a)(2), 653(a)(2), Nov. 8, 1985, 99 Stat. 656, 658, added items 1076a and 1094.

1984—Pub. L. 98-525, title VI, Sec. 631(a)(2), title XIV, Sec. 1401(e)(2)(B), (5)(B), Oct. 19, 1984, 98 Stat. 2543, 2616, 2618, substituted in item 1074a “Medical and dental care: members on duty other than active duty; injuries, diseases, and illnesses incident to duty” for “Medical and dental care for members of the uniformed services for injuries incurred or aggravated while traveling to and from inactive duty training” and added items 1074b and 1093.

1983—Pub. L. 98-94, title IX, Secs. 932(a)(2), 933(a)(2), title X, Sec. 1012(a)(2), title XII, Sec. 1268(5)(B), Sept. 24, 1983, 97 Stat. 650, 651, 665, 706, added items 1074a, 1091, and 1092, and struck out “; reports” at end of item 1081.

1982—Pub. L. 97-295, Sec. 1(15)(B), Oct. 12, 1982, 96 Stat. 1290, added item 1090.

1980—Pub. L. 96-513, title V, Sec. 511(34)(D), Dec. 12, 1980, 94 Stat. 2923, in items 1071 and 1073 substituted “this chapter” for “sections 1071-1087 of this title”, and in item 1086 substituted “benefits” for “care”.

1976—Pub. L. 94-464, Sec. 1(b), Oct. 8, 1976, 90 Stat. 1986, added item 1089.

1970—Pub. L. 91-481, Sec. 2(2), Oct. 21, 1970, 84 Stat. 1082, added item 1088.

1966—Pub. L. 89-614, Sec. 2(9), Sept. 30, 1966, 80 Stat. 866, substituted “1087” for “1085” in items 1071 and 1073, “Medical care” and “authorized care in facilities of uniformed services” for “Medical and dental care” and “specific inclusions and exclusions” in item 1077, “Contracts for health care” for “Contracts for medical care for spouses and children” in item 1082, and added items 1086 and 1087.

1965—Pub. L. 89-264, Sec. 2, Oct. 19, 1965, 79 Stat. 989, substituted “executive department” for “uniformed service” in item 1085.

DHA Version - March 2009

**10 USC Chapter 55 - Medical And Dental Care
Amendments**

1958—Pub. L. 85-861, Sec. 1(25)(A), (C), Sept. 2, 1958, 72 Stat. 1445, 1450, substituted “Medical and Dental Care” for “Voting by Members of Armed Forces” in heading of chapter, and substituted items 1071 to 1085 for former items 1071 to 1086.

DHA Version - March 2009

**10 USC Chapter 55 - Medical And Dental Care
Updates**

Change 5 Version: Title 10 of the USC as currently published by the U.S. Government reflects the laws passed by Congress as of January 16, 2014 (113-74).

The table below lists the classification updates (<http://uscode.house.gov/classification/tables.shtml>) for the sections contained in Chapter 55—Medical And Dental Care, from February 1, 2010 to the most recent entry on Tuesday, January 16, 2014.

USC Classification Table, 113th, First Session (Public Laws 113-1 through 113-72 and 113-74)—Prepared by Office of the Law Revision Counsel, U.S. House of Representatives (January 16, 2014).

Column 1—List USC sections in ascending order.

Column 2—Contains special information as follows:

- “nt” means note.
- “nt [tbl]” means note [table].
- “prec” means preceding.
- “fr” means a transfer from another section.
- “to” means a transfer to another section.
- “new” means a new section or new note.
- “gen amd” means the section or note generally amended.
- “omitted” means the section is omitted.
- “repealed” means the section is repealed.
- “nt ed chg” and “ed chg” -- See the Editorial Classification Change Table.

No entry or “nt” by itself means the section or note is amended.

Columns 3, 4, and 5—Contains Public Law, Section, and Statutes-at-Large citations. An item in quotes following the section citation in column 4 indicates a new section that is being added either to a positive law title or to an existing Act classified to a non-positive law title.

| Section | Description of Change | Public Law | | Statutes at Large |
|----------------------------|-----------------------|------------|---------|----------------------|
| | | Law | Section | Volume STAT. Page(s) |
| 113th First Session | | | | |
| 1071 | nt new | 113-66 | 703 | 791 |
| 1071 | nt new | 113-66 | 713 | 794 |
| 1074 | nt new | 113-66 | 704 | 792 |
| 1074i | 113-66 | 621(d) | 784 | |
| 1095 | nt new | 113-66 | 712 | 793 |
| 1097a | nt | 113-66 | 701 | 789 |

DHA Version - March 2009

**10 USC Chapter 55 - Medical And Dental Care
Updates**

Change 6 Version: Title 10 of the USC as currently published by the U.S. Government reflects the laws passed by Congress as of January 5, 2015 (Titles 1 - 15).

The table below lists the classification updates (<http://uscode.house.gov/classification/tables.shtml>) for the sections contained in Chapter 55—Medical And Dental Care, from February 1, 2010 to the most recent entry on Monday, January 5, 2015.

USC Classification Table, 113th, Second Session (Public Laws 113-73 through 113-296)—
Prepared by Office of the Law Revision Counsel, U.S. House of Representatives (January 5, 2015).

Column 1—List USC sections in ascending order.

Column 2—Contains special information as follows:

- “nt” means note.
- “nt [tbl]” means note [table].
- “prec” means preceding.
- “fr” means a transfer from another section.
- “to” means a transfer to another section.
- “new” means a new section or new note.
- “gen amd” means the section or note generally amended.
- “omitted” means the section is omitted.
- “repealed” means the section is repealed.
- “nt ed chg” and “ed chg” -- See the Editorial Classification Change Table.
- No entry or “nt” by itself means the section or note is amended.

Columns 3, 4, and 5—Contains Public Law, Section, and Statutes-at-Large citations. An item in quotes following the section citation in column 4 indicates a new section that is being added either to a positive law title or to an existing Act classified to a non-positive law title.

| Section | Description of Change | Public Law | | Statutes at Large |
|-----------------------------|-----------------------|------------|-------------|----------------------|
| | | Law | Section | Volume STAT. Page(s) |
| 113th Second Session | | | | |
| 1071 | prec | 113-291 | 701(a)(2) | 3408 |
| 1071 | prec | 113-291 | 704(b) | 3413 |
| 1071 | prec | 113-291 | 711(b) | 3414 |
| 1071 | nt | 113-175 | 105 | 1903 |
| 1071 | nt | 113-291 | 591 | 3394 |
| 1071 | nt | 113-291 | 724 | 3418 |
| 1071 | nt new | 113-291 | 523 | 3361 |
| 1071 | nt new | 113-291 | 567 | 3385 |
| 1071 | nt new | 113-291 | 727 | 3420 |
| 1073 | nt | 113-291 | 703(b) | 3411 |
| 1073 | nt | 113-291 | 712 | 3414 |
| 1073 | nt | 113-291 | 1071(b)(11) | 3507 |

DHA Version - March 2009

**10 USC Chapter 55 - Medical And Dental Care
Updates**

| Section | Description of Change | Public Law | | Statutes at Large |
|---------|-----------------------|------------|-------------------|----------------------|
| | | Law | Section | Volume STAT. Page(s) |
| 1074g | | 113-291 | 702(a)-(c)(1) | 3410 |
| 1074g | nt | 113-291 | 702(c)(2) | 3411 |
| 1074g | nt new | 113-291 | 726 | 3419 |
| 1074m | | 113-291 | 701(a)(5), (b) | 3409 |
| 1074m | | 113-291 | 1071(f)(13) | 3510 |
| 1074n | new | 113-291 | 701(a)(1) "1074n" | 3408 |
| 1074n | nt new | 113-291 | 701(a)(3) | 3409 |
| 1078b | | 113-291 | 705 | 3413 |
| 1079 | | 113-291 | 703(a) | 3411 |
| 1079 | | 113-291 | 703(c)(1) | 3412 |
| 1079 | | 113-291 | 706 | 3413 |
| 1079c | new | 113-291 | 704(a) "1079c" | 3412 |
| 1086 | | 113-291 | 703(c)(2) | 3412 |
| 1091 | nt new | 113-291 | 725 | 3418 |
| 1097a | nt | 113-291 | 723 | 3417 |
| 1097d | new | 113-291 | 711(a) "1097d" | 3413 |
| 1105 | | 113-291 | 703(c)(3) | 3412 |

DHA Version - March 2009

Title 10 - Armed Forces
Subtitle A - General Military Law
Part II - Personnel
Chapter 55 - Medical And Dental Care

§ 1071. Purpose of this chapter

The purpose of this chapter is to create and maintain high morale in the uniformed services by providing an improved and uniform program of medical and dental care for members and certain former members of those services, and for their dependents.

NOTES

Source

(Added Pub. L. 85-861, Sec. 1(25)(B), Sept. 2, 1958, 72 Stat. 1445; amended Pub. L. 89-614, Sec. 2(1), Sept. 30, 1966, 80 Stat. 862; Pub. L. 96-513, title V, Sec. 511(34)(A), (B), Dec. 12, 1980, 94 Stat. 2922.)

HISTORICAL AND REVISION NOTES

| REVISED SECTION | SOURCE (U.S. CODE) | SOURCE (STATUTES AT LARGE) |
|-----------------|--------------------|--|
| 1071 | 37:401. | June 7, 1956, ch. 374, Sec. 101, 70 Stat. 250. |

The words "and certain former members" are inserted to reflect the fact that many of the persons entitled to retired pay are former members only. The words "and dental" are inserted to reflect the fact that members and, in certain limited situations, dependents are entitled to dental care under sections 1071-1085 of this title.

Prior Provisions

A prior section 1071, act Aug. 10, 1956, ch. 1041, 70A Stat. 81, which stated the purpose of former sections 1071 to 1086 of this title, and provided for their construction, was repealed by Pub. L. 85-861, Sec. 36B(5), Sept. 2, 1958, 72 Stat. 1570, as superseded by the Federal Voting Assistance Act of 1955 which is classified to subchapter I-D (Sec. 1973cc et seq.) of chapter 20 of Title 42, The Public Health and Welfare.

Amendments

1980—Pub. L. 96-513 substituted "Purpose of this chapter" for "Purpose of sections 1071-1087 of this title" in section catchline, and substituted reference to this chapter for reference to sections 1071-1087 of this title in text.

1966—Pub. L. 89-614 substituted "1087" for "1085" in section catchline and text.

Effective Date Of 1980 Amendment

Amendment by Pub. L. 96-513 effective Dec. 12, 1980, see section 701(b)(3) of Pub. L. 96-513, set out as a note under section 101 of this title.

Effective Date Of 1966 Amendment

Pub. L. 89-614, **Sec. 3, Sept. 30, 1966, 80 Stat. 866**, provided that: "The amendments made by this Act [see Short Title of 1966 Amendment note below] shall become effective January 1, 1967, except

DHA Version - March 2009

10 USC Chapter 55 - Medical And Dental Care
§ 1071. Purpose of this chapter

that those amendments relating to outpatient care in civilian facilities for spouses and children of members of the uniformed services who are on active duty for a period of more than 30 days shall become effective on October 1, 1966.”

Short Title Of 2008 Amendment

Pub. L. 110-181, div. A, title XVI, Sec. 1601, Jan. 28, 2008, 122 Stat. 431, provided that: “This title [enacting sections 1074l, 1216a, and 1554a of this title, amending sections 1074, 1074f, 1074i, 1145, 1201, 1203, 1212, and 1599c of this title and section 6333 of Title 5, Government Organization and Employees, and enacting provisions set out as notes under this section, sections 1074, 1074f, 1074i, 1074l, 1212, and 1554a of this title, and section 6333 of Title 5] may be cited as the ‘Wounded Warrior Act.’”

Short Title Of 1987 Amendment

Pub. L. 100-180, div. A, title VII, Sec. 701, Dec. 4, 1987, 101 Stat. 1108, provided that: “This title [enacting sections 1103, 2128 to 2130 [now 16201 to 16203], and 6392 of this title, amending sections 533, 591, 1079, 1086, 1251, 2120, 2122, 2123, 2124, 2127, 2172 [now 16302], 3353, 3855, 5600, 8353, and 8855 of this title, section 302 of Title 37, Pay and Allowances of the Uniformed Services, and section 460 of Title 50, Appendix, War and National Defense, enacting provisions set out as notes under sections 1073, 1074, 1079, 1092, 1103, 2121, 2124, 12201, and 16201 of this title, amending provisions set out as notes under sections 1073 and 1101 of this title, and repealing provisions set out as notes under sections 2121 and 2124 of this title] may be cited as the ‘Military Health Care Amendments of 1987.’”

Short Title Of 1966 Amendment

Pub. L. 89-614, Sec. 1, Sept. 30, 1966, 80 Stat. 862, provided: “That this Act [enacting sections 1086 and 1087 of this title, amending this section and sections 1072 to 1074, 1076 to 1079, 1082, and 1084 of this title, and enacting provisions set out as a note under this section] may be cited as the ‘Military Medical Benefits Amendments of 1966.’”

Provision Of Information To Members Of The Armed Forces On Privacy Rights Relating To Receipt Of Mental Health Services

Pub. L. 113-291, div. A, title V, §523, Dec. 19, 2014, 128 Stat. 3361, provided that:

“(a) Provision of Information Required.—The Secretaries of the military departments shall ensure that the information described in subsection (b) is provided—

“(1) to each officer candidate during initial training;

“(2) to each recruit during basic training; and

“(3) to other members of the Armed Forces at such times as the Secretary of Defense considers appropriate.

“(b) Required Information.—The information required to be provided under subsection (a) shall include information on the applicability of the Department of Defense Instruction on Privacy of Individually Identifiable Health Information in DoD Health Care Programs and other regulations regarding privacy prescribed pursuant to the Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191) to records regarding a member of the Armed Forces seeking and receiving mental health services.”

Improved Consistency In Data Collection And Reporting In Armed Forces Suicide Prevention Efforts

Pub. L. 113–291, div. A, title V, §567, Dec. 19, 2014, 128 Stat. 3385, provided that:

- “(a) Policy for Standard Suicide Data Collection, Reporting, and Assessment.—
- “(1) Policy required.—The Secretary of Defense shall prescribe a policy for the development of a standard method for collecting, reporting, and assessing information regarding—
- “(A) any suicide or attempted suicide involving a member of the Armed Forces, including reserve components thereof; and
- “(B) any death that is reported as a suicide involving a dependent of a member of the Armed Forces.
- “(2) Purpose of policy.—The purpose of the policy required by this subsection is to improve the consistency and comprehensiveness of—
- “(A) the suicide prevention policy developed pursuant to section 582 of the National Defense Authorization Act for Fiscal Year 2013 (Public Law 112–239; 10 U.S.C. 1071 note); and
- “(B) the suicide prevention and resilience program for the National Guard and Reserves established pursuant to section 10219 of title 10, United States Code.
- “(3) Consultation.—The Secretary of Defense shall develop the policy required by this subsection in consultation with the Secretaries of the military departments and the Chief of the National Guard Bureau.
- “(b) Submission and Implementation of Policy.—
- “(1) Submission.—Not later than 180 days after the date of the enactment of this Act [Dec. 19, 2014], the Secretary of Defense shall submit the policy developed under subsection (a) to the Committees on Armed Services of the Senate and the House of Representatives.
- “(2) Implementation.—The Secretaries of the military departments shall implement the policy developed under subsection (a) not later than 180 days after the date of the submittal of the policy under paragraph (1).
- “(c) Dependent Defined.—In this section, the term ‘dependent’, with respect to a member of the Armed Forces, means a person described in section 1072(2) of title 10, United States Code, except that, in the case of a parent or parent-in-law of the member, the income requirements of subparagraph (E) of such section do not apply.”

Antimicrobial Stewardship Program At Medical Facilities Of The Department Of Defense

Pub. L. 113–291, div. A, title VII, §727, Dec. 19, 2014, 128 Stat. 3420, provided that:

- “(a) In General.—Not later than one year after the date of the enactment of this Act [Dec. 19, 2014], the Secretary of Defense shall carry out an antimicrobial stewardship program at medical facilities of the Department of Defense.
- “(b) Collection and Analysis of Data.—In carrying out the antimicrobial stewardship program required by subsection (a), the Secretary shall develop a consistent manner in which to collect and analyze data on antibiotic usage, health issues related to antibiotic usage, and antimicrobial resistance trends at medical facilities of the Department.
- “(c) Plan.—Not later than 180 days after the date of the enactment of this Act, the Secretary shall submit to the Committees on Armed Services of the House of Representatives and the Senate a plan for carrying out the antimicrobial stewardship program required by subsection (a).”

Comprehensive Policy on Improvements to Care and Transition of Members of the Armed Forces With Urotrauma

Pub. L. 113-66, div. A, title VII, §703, Dec. 26, 2013, 127 Stat. 791, provided that:

“(a) Comprehensive Policy Required.—

“(1) In general.—Not later than 180 days after the date of the enactment of this Act [Dec. 26, 2013], the Secretary of Defense and the Secretary of Veterans Affairs shall jointly develop and implement a comprehensive policy on improvements to the care, management, and transition of recovering members of the Armed Forces with urotrauma.

“(2) Scope of policy.—The policy shall cover each of the following:

“(A) The care and management of the specific needs of members who are urotrauma patients, including eligibility for the Recovery Care Coordinator Program pursuant to the Wounded Warrior Act [title XVI of div. A of Pub. L. 110-181] (10 U.S.C. 1071 note).

“(B) The return of members who have recovered to active duty when appropriate.

“(C) The transition of recovering members from receipt of care and services through the Department of Defense to receipt of care and services through the Department of Veterans Affairs.

“(b) Report.—

“(1) In general.—Not later than one year after implementing the policy under subsection (a)(1), the Secretary of Defense and the Secretary of Veterans Affairs shall jointly submit to the appropriate congressional committees a report that includes—

“(A) a review that identifies gaps in the care of members who are urotrauma patients; and

“(B) suggested options to respond to such gaps.

“(2) Appropriate congressional committees defined.—In this subsection, the term “appropriate congressional committees” means the following:

“(A) The Committees on Armed Services of the Senate and the House of Representatives.

“(B) The Committees on Veterans’ Affairs of the Senate and the House of Representatives.

Electronic Health Records of the Department of Defense and the Department of Veterans Affairs

Pub. L. 113-66, div. A, title VII, §713, Dec. 26, 2013, 127 Stat. 794, provided that:

“(a) Sense of Congress.—It is the sense of Congress that—

“(1) the Secretary of Defense and the Secretary of Veterans Affairs have failed to implement a solution that allows for seamless electronic sharing of medical health care data; and

“(2) despite the significant amount of read-only information shared between the Department of Defense and Department of Veterans Affairs, most of the information shared as of the date of the enactment of this Act [Dec. 26, 2013] is not standardized or available in real time to support all clinical decisions.

“(b) Implementation.—The Secretary of Defense and the Secretary of Veterans Affairs—

“(1) shall each ensure that the electronic health record systems of the Department of Defense and the Department of Veterans Affairs are interoperable with an integrated display of data, or a single electronic health record, by complying with the national standards and architectural requirements identified by the Interagency Program Office of the Departments (in this section referred to as the “Office”), in collaboration with the Office of the National Coordinator for Health Information Technology of the Department of Health and Human Services; and

“(2) shall each deploy modernized electronic health record software supporting clinicians of the Departments by no later than December 31, 2016, while ensuring continued support

10 USC Chapter 55 - Medical And Dental Care
§ 1071. Purpose of this chapter

and compatibility with the interoperability platform and full standards-based interoperability.

“(c) Design Principles.—The interoperable electronic health records with integrated display of data, or a single electronic health record, established under subsection (b) shall adhere to the following principles:

“(1) To the extent practicable, efforts to establish such records shall be based on objectives, activities, and milestones established by the Joint Executive Committee Joint Strategic Plan Fiscal Years 2013-2015, as well as future addendums or revisions.

“(2) Transition the current data exchanges between the Departments and private sector health care providers where practical to modern, open-architecture frameworks that use computable data mapped to national standards to make data available for determining medical trends and for enhanced clinician decision support.

“(3) Principles with respect to open architecture standards, including—

“(A) adoption of national data standards;

“(B) if such national standards do not exist as of the date on which the record is being established, adoption of the articulation of data of the Health Data Dictionary until such national standards are established;

“(C) use of enterprise investment strategies that maximize the use of commercial best practices to ensure robust competition and best value;

“(D) aggressive life-cycle sustainment planning that uses proven technology insertion strategies and product upgrade techniques;

“(E) enforcement of system design transparency, continuous design disclosure and improvement, and peer reviews that align with the requirements of the Federal Acquisition Regulation; and

“(F) strategies for data management rights to ensure a level competitive playing field and access to alternative solutions and sources across the life-cycle of the programs.

“(4) By the point of deployment, such record must be at a generation 3 level or better for a health information technology system.

“(5) To the extent the Secretaries consider feasible and advisable, principles with respect to—

“(A) the creation of a health data authoritative source by the Department of Defense and the Department of Veterans Affairs that can be accessed by multiple providers and standardizes the input of new medical information;

“(B) the ability of patients of both the Department of Defense and the Department of Veterans Affairs to download, or otherwise receive electronically, the medical records of the patient; and

“(C) the feasibility of establishing a secure, remote, network-accessible computer storage system to provide members of the Armed Forces and veterans the ability to upload the health care records of the member or veteran if the member or veteran elects to do so and allow medical providers of the Department of Defense and the Department of Veterans Affairs to access such records in the course of providing care to the member or veteran.

“(d) Programs Plan.—Not later than January 31, 2014, the Secretaries shall prepare and brief the appropriate congressional committees with a detailed programs plan for the oversight and execution of the interoperable electronic health records with an integrated display of data, or a single electronic health record, established under subsection (b). This briefing and supporting documentation shall include—

“(1) programs objectives;

“(2) organization;

“(3) responsibilities of the Departments;

DHA Version - March 2009

10 USC Chapter 55 - Medical And Dental Care
§ 1071. Purpose of this chapter

DHA Version - March 2009

- "(4) technical objectives and design principles;
 - "(5) milestones, including a schedule for the development, acquisition, or industry competitions for capabilities needed to satisfy the technical system requirements;
 - "(6) data standards being adopted by the programs;
 - "(7) outcome-based metrics proposed to measure the performance and effectiveness of the programs; and
 - "(8) the level of funding for fiscal years 2014 through 2017.
- "(e) Limitation on Funds.—Not more than 25 percent of the amounts authorized to be appropriated by this Act or otherwise made available for development, procurement, modernization, or enhancement of the interoperable electronic health records with an integrated display of data, or a single electronic health record, established under subsection (b) for the Department of Defense or the Department of Veterans Affairs may be obligated or expended until the date on which the Secretaries brief the appropriate congressional committees of the programs plan under subsection (d).
- "(f) Reporting.—
- "(1) Quarterly reporting.—On a quarterly basis, the Secretaries shall submit to the appropriate congressional committees a detailed financial summary.
 - "(2) Notification.—The Secretary of Defense and Secretary of Veterans Affairs shall submit to the appropriate congressional committees written notification prior to obligating funds for any contract or task order for electronic health record system modernization efforts that is in excess of \$5,000,000.
- "(g) Requirements.—
- "(1) In general.—Not later than October 1, 2014, all health care data contained in the Department of Defense AHLTA and the Department of Veterans Affairs VistA systems shall be computable in real time and comply with the existing national data standards and have a process in place to ensure data is standardized as national standards continue to evolve. On a quarterly basis, the Secretaries shall submit to the appropriate congressional committees updates on the progress of data sharing.
 - "(2) Certification.—At such time as the operational capability described in subsection (b)(1) is achieved, the Secretaries shall jointly certify to the appropriate congressional committees that the Secretaries have complied with such data standards described in paragraph (1).
 - "(3) Responsible official.—The Secretaries shall each identify a senior official to be responsible for the modern platforms supporting an interoperable electronic health record with an integrated display of data, or a single electronic health record, established under subsection (b). The Secretaries shall also each identify a senior official to be responsible for modernizing the electronic health record software of the respective Department. Such official shall have included within their performance evaluation performance metrics related to the execution of the responsibilities under this paragraph. Not later than 30 days after the date of the enactment of this Act [Dec. 26, 2013], each Secretary shall submit to the appropriate congressional committees the name of each senior official selected under this paragraph.
 - "(4) Comptroller general assessment.—If both Secretaries do not meet the requirements under paragraph (1), the Comptroller General of the United States shall submit to the appropriate congressional committees an assessment of the performance of the compliance of both Secretaries of such requirements.
- "(h) Executive Committee.—
- "(1) Establishment.—Not later than 60 days after the date of the enactment of this Act [Dec. 26, 2013], the Secretaries shall jointly establish an executive committee to support the development and validation of adopted standards, required architectural platforms and structure, and the capacity to enforce such standards, platforms, and structure as the

10 USC Chapter 55 - Medical And Dental Care
§ 1071. Purpose of this chapter

Secretaries execute requirements and develop programmatic assessment as needed by the Secretaries to ensure interoperable electronic health records with an integrated display of data, or a single electronic health record, are established pursuant to the requirements of subsection (b). The Executive Committee shall annually certify to the appropriate congressional committees that such record meets the definition of “integrated” as specified in subsection (k)(4).

“(2) Membership.—The Executive Committee established under paragraph (1) shall consist of not more than 6 members, appointed by the Secretaries as follows:

“(A) Two co-chairs, one appointed by each of the Secretaries.

“(B) One member from the technical community of the Department of Defense appointed by the Secretary of Defense.

“(C) One member from the technical community of the Department of Veterans Affairs appointed by the Secretary of Veterans Affairs.

“(D) One member from the clinical community of the Department of Defense appointed by the Secretary of Defense.

“(E) One member from the clinical community of the Department of Veterans Affairs appointed by the Secretary of Veterans Affairs.

“(3) Reporting.—Not later than June 1, 2014, and on a quarterly basis thereafter, the Executive Committee shall submit to the appropriate congressional committees a report on the activities of the Committee.

“(i) Independent Review.—The Secretary of Defense shall request the Defense Science Board to conduct an annual review of the progress of the Secretary toward achieving the requirements in paragraphs (1) and (2) of subsection (b). The Defense Science Board shall submit to the Secretary a report of the findings of the review. Not later than 30 days after receiving the report, the Secretary shall submit to the appropriate congressional committees the report with any comments considered appropriate by the Secretary.

“(j) Deadline for Completion of Implementation of the Healthcare Artifact and Image Management Solution Program.—

“(1) Deadline.—The Secretary of Defense shall complete the implementation of the Healthcare Artifact and Image Management Solution program of the Department of Defense by not later than the date that is 180 days after the date of the enactment of this Act [Dec. 26, 2013].

“(2) Report.—Upon completion of the implementation of the Healthcare Artifact and Image Management Solution program, the Secretary shall submit to the appropriate congressional committees a report describing the extent of the interoperability between the Healthcare Artifact and Image Management Solution program and the Veterans Benefits Management System of the Department of Veterans Affairs.

“(k) Definitions.—In this section:

“(1) Appropriate congressional committees.—The term “appropriate congressional committees” means—

“(A) the congressional defense committees [Committees on Armed Services and Appropriations of the Senate and the House of Representatives]; and

“(B) the Committees on Veterans’ Affairs of the Senate and the House of Representatives.

“(2) Generation 3.—The term “generation 3” means, with respect to an electronic health system, a system that has the technical capability to bring evidence-based medicine to the point of care and provide functionality for multiple care venues.

“(3) Interoperable.—The term “interoperable” refers to the ability of different electronic health records systems or software to meaningfully exchange information in real time and provide useful results to one or more systems.

DHA Version - March 2009

“(4) Integrated.—The term “integrated” refers to the integration of health data from the Department of Defense and the Department of Veterans Affairs and outside providers to provide clinicians with a comprehensive medical record that allows data existing on disparate systems to be shared or accessed across functional or system boundaries in order to make the most informed decisions when treating patients.

Enhancement Of Oversight And Management Of Department Of Defense Suicide Prevention And Resilience Programs

Pub. L. 112-239, div. A, title V, Sec. 580, Jan. 2, 2013, 126 Stat. 1764, provided that:

“(a) In General.—The Secretary of Defense shall, acting through the Under Secretary of Defense for Personnel and Readiness, establish within the Office of the Secretary of Defense a position with responsibility for oversight of all suicide prevention and resilience programs of the Department of Defense (including those of the military departments and the Armed Forces).

“(b) Scope of Responsibilities.—The individual serving in the position established under subsection (a) shall have the responsibilities as follows:

“(1) To establish a uniform definition of resiliency for use in the suicide prevention and resilience programs and preventative behavioral health programs of the Department of Defense (including those of the military departments and the Armed Forces).

“(2) To oversee the implementation of the comprehensive policy on the prevention of suicide among members of the Armed Forces required by section 582.”

Comprehensive Policy On Prevention Of Suicide Among Members Of The Armed Forces

Pub. L. 112-239, div. A, title V, Sec. 582, Jan. 2, 2013, 126 Stat. 1766, provided that:

“(a) Comprehensive Policy Required.—Not later than 180 days after the date of the enactment of this Act [Jan. 2, 2013], the Secretary of Defense shall, acting through the Under Secretary of Defense for Personnel and Readiness, develop within the Department of Defense a comprehensive policy on the prevention of suicide among members of the Armed Forces. In developing the policy, the Secretary shall consider recommendations from the operational elements of the Armed Forces regarding the feasibility of the implementation and execution of particular elements of the policy.

“(b) Elements.—The policy required by subsection (a) shall cover each of the following:

“(1) Increased awareness among members of the Armed Forces about mental health conditions and the stigma associated with mental health conditions and mental health care.

“(2) The means of identifying members who are at risk for suicide (including enhanced means for early identification and treatment of such members).

“(3) The continuous access by members to suicide prevention services, including suicide crisis services.

“(4) The means to evaluate and assess the effectiveness of the suicide prevention and resilience programs and preventative behavioral health programs of the Department of Defense (including those of the military departments and the Armed Forces), including the development of metrics for that purpose.

“(5) The means to evaluate and assess the current diagnostic tools and treatment methods in the programs referred to in paragraph (4) to ensure clinical best practices are used in such programs.

“(6) The standard of care for suicide prevention to be used throughout the Department.

“(7) The training of mental health care providers on suicide prevention.

“(8) The training standards for behavioral health care providers to ensure that such providers receive training on clinical best practices and evidence-based treatments as information on such practices and treatments becomes available.

10 USC Chapter 55 - Medical And Dental Care
§ 1071. Purpose of this chapter

“(9) The integration of mental health screenings and suicide risk and prevention for members into the delivery of primary care for such members.

“(10) The standards for responding to attempted or completed suicides among members, including guidance and training to assist commanders in addressing incidents of attempted or completed suicide within their units.

“(11) The means to ensure the protection of the privacy of members seeking or receiving treatment relating to suicide.

“(12) Such other matters as the Secretary considers appropriate in connection with the prevention of suicide among members.”

Research And Medical Practice On Mental Health Conditions

Pub. L. 112-239, div. A, title VII, Sec. 725, Jan. 2, 2013, 126 Stat. 1806, provided that:

“(a) Research and Practice.—The Secretary of Defense shall provide for the translation of research on the diagnosis and treatment of mental health conditions into policy on medical practices.

“(b) Report.—Not later than 180 days after the date of the enactment of this Act [Jan. 2, 2013], the Secretary shall submit to the Committees on Armed Services of the House of Representatives and the Senate a report on the translation of research into policy as described in subsection (a). The report shall include the following:

“(1) A summary of the efforts of the Department of Defense to carry out such translation.

“(2) A description of any policy established pursuant to subsection (a).

“(3) Additional legislative or administrative actions the Secretary considers appropriate with respect to such translation.”

Plan For Reform Of The Administration Of The Military Health System

Pub. L. 112-239, div. A, title VII, Sec. 731, Jan. 2, 2013, 126 Stat. 1815, provided that:

“(a) Detailed Plan.—In implementing reforms to the governance of the military health system described in the memorandum of the Deputy Secretary of Defense dated March 2012, the Secretary of Defense shall develop a detailed plan to carry out such reform.

“(b) Elements.—The plan developed under subsection (a) shall include the following:

“(1) Goals to achieve while carrying out the reform described in subsection (a), including goals with respect to improving clinical and business practices, cost reductions, infrastructure reductions, and personnel reductions, achieved by establishing the Defense Health Agency, carrying out shared services, and modifying the governance of the National Capital Region.

“(2) Metrics to evaluate the achievement of each goal under paragraph (1) with respect to the purpose, objective, and improvements made by each such goal.

“(3) The personnel levels required for the Defense Health Agency and the National Capital Region Medical Directorate.

“(4) A detailed schedule to carry out the reform described in subsection (a), including a schedule for meeting the goals under paragraph (1).

“(5) Detailed information describing the initial operating capability of the Defense Health Agency.

“(6) With respect to each shared service that the Secretary will implement during fiscal year 2013 or 2014—

“(A) a timeline for such implementation; and

“(B) a business case analysis detailing—

“(i) the services that will be consolidated into the shared service;

“(ii) the purpose of the shared service;

“(iii) the scope of the responsibilities and goals for the shared service;

DHA Version - March 2009

10 USC Chapter 55 - Medical And Dental Care
§ 1071. Purpose of this chapter

DHA Version - March 2009

“(iv) the cost of implementing the shared service, including the costs regarding personnel severance, relocation, military construction, information technology, and contractor support; and

“(v) the anticipated cost savings to be realized by implementing the shared service.

“(c) Submission.—The Secretary of Defense shall submit to the congressional defense committees [Committees on Armed Services and Appropriations of the Senate and the House of Representatives] the plan developed under subsection (a) as follows:

“(1) The contents of the plan described in paragraphs (1) and (4) of subsection (b) shall be submitted not later than March 31, 2013.

“(2) The contents of the plan described in paragraphs (2) and (3) of subsection (b) and paragraph (6) of such subsection with respect to shared services implemented during fiscal year 2013 shall be submitted not later than June 30, 2013.

“(3) The contents of the plan described in paragraph (6) of such subsection with respect to shared services implemented during fiscal year 2014 shall be submitted not later than September 30, 2013.

“(d) Limitations.—

“(1) First submission.—Of the funds authorized to be appropriated by this Act [see Tables for classification] or otherwise made available for fiscal year 2013 for the accounts and activities described in paragraph (4), not more than 50 percent may be obligated or expended until the date on which the Secretary of Defense submits to the congressional defense committees the contents of the plan under subsection (c)(1).

“(2) Second submission.—Of the funds authorized to be appropriated by this Act or otherwise made available for fiscal year 2013 for the accounts and activities described in paragraph (4), not more than 75 percent may be obligated or expended until the date on which the Secretary of Defense submits to the congressional defense committees the contents of the plan under subsection (c)(2).

“(3) Comptroller general review.—The Comptroller General of the United States shall submit to the congressional defense committees a review of the contents of the plan submitted under each of paragraphs (1) and (2) to assess whether the Secretary of Defense meets the requirements of such contents.

“(4) Accounts and activities described.—The accounts and activities described in this paragraph are as follows:

“(A) Operation and maintenance, Defense-wide, for the Office of the Secretary of Defense for travel.

“(B) Operation and maintenance, Defense-wide, for the Office of the Secretary of Defense for management professional support services.

“(C) Operation and maintenance, Defense Health Program, for travel.

“(D) Operation and maintenance, Defense Health Program, for management professional support services.

“(e) Shared Services Defined.—In this section, the term ‘shared services’ means the common services required for each military department to provide medical support to the Armed Forces and authorized beneficiaries.”

Performance Metrics And Reports On Warriors In Transition Programs Of The Military Departments

Pub. L. 112-239, div. A, title VII, Sec. 738, Jan. 2, 2013, 126 Stat. 1820, provided that:

“(a) Metrics Required.—The Secretary of Defense shall establish a policy containing uniform performance outcome measurements to be used by each Secretary of a military department in tracking and monitoring members of the Armed Forces in Warriors in Transition programs.

10 USC Chapter 55 - Medical And Dental Care
§ 1071. Purpose of this chapter

“(b) Elements.—The policy established under subsection (a) shall identify outcome measurements with respect to the following:

- “(1) Physical health and behavioral health.
- “(2) Rehabilitation.
- “(3) Educational and vocational preparation.
- “(4) Such other matters as the Secretary considers appropriate.

“(c) Milestones.—In establishing the policy under subsection (a), the Secretary of Defense shall establish metrics and milestones for members in Warriors in Transition programs. Such metrics and milestones shall cover members throughout the course of care and rehabilitation in Warriors in Transitions programs by applying to the following occasions:

- “(1) When the member commences participation in the program.
- “(2) At least once each year the member participates in the program.
- “(3) When the member ceases participation in the program or is transferred to the jurisdiction of the Secretary of Veterans Affairs.

“(d) Cohort Groups and Parameters.—The policy established under subsection (a)—

- “(1) may differentiate among cohort groups within the population of members in Warriors in Transition programs, as appropriate; and
- “(2) shall include parameters for specific outcome measurements in each element under subsection (b) and each metric and milestone under subsection (c).

“(e) Reports Required.—

“(1) Initial report.—Not later than 180 days after the date of the enactment of this Act [Jan. 2, 2013], the Secretary of Defense shall submit to the congressional defense committees [Committees on Armed Services and Appropriations of the Senate and the House of Representatives] a report on the policy established under subsection (a), including the outcome measurements for each element under subsection (b) and each metric and milestone under subsection (c).

“(2) Annual reports.—Not later than February of each year beginning in 2014 and ending in 2018, the Secretary of Defense shall submit to the congressional defense committees a report on the performance of the military departments with respect to the policy established under subsection (a). Each report shall include—

“(A) an analysis of—

- “(i) data on improvements in the progress of members in Warriors in Transition programs in each specific area identified in the policy;
- “(ii) access to health and rehabilitation services by such members, including average appointment waiting times by specialty;
- “(iii) effectiveness of the programs in assisting in the transition of such members to military duty or civilian life through education and vocational assistance;
- “(iv) any differences in outcomes in Warriors in Transition programs, and the reason for any such differences; and
- “(v) the quantities and effectiveness of medical and nonmedical case managers, legal support and physical evaluation board liaison officers, mental health care providers, and medical evaluation physicians in comparison to the actual number of members requiring such services; and

“(B) such other results and analyses as the Secretary considers appropriate, including any recommendations for legislation if needed.

“(f) Warriors in Transition Program Defined.—In this section, the term ‘Warriors in Transition program’ means any major support program of the Armed Forces for members of the Armed Forces with severe wounds, illnesses, or injuries that is intended to provide such members with

DHA Version - March 2009

10 USC Chapter 55 - Medical And Dental Care
§ 1071. Purpose of this chapter

nonmedical case management service and care coordination services, and includes the programs as follows:

“(1) Warrior Transition Units and the Wounded Warrior Program of the Army.

“(2) The Wounded Warrior Safe Harbor program of the Navy.

“(3) The Wounded Warrior Regiment of the Marine Corps.

“(4) The Recovery Care Program and the Wounded Warrior programs of the Air Force.

“(5) The Care Coalition of the United States Special Operations Command.”

Department Of Defense Suicide Prevention Program

Pub. L. 112-81, div. A, title V, Sec. 533(a), (b), Dec. 31, 2011, 125 Stat. 1404, provided that:

“(a) Program Enhancement. —The Secretary of Defense shall take appropriate actions to enhance the suicide prevention program of the Department of Defense through the provision of suicide prevention information and resources to members of the Armed Forces from their initial enlistment or appointment through their final retirement or separation.

“(b) Cooperative Effort.—The Secretary of Defense shall develop suicide prevention information and resources in consultation with—

“(1) the Secretary of Veterans Affairs, the National Institute of Mental Health, and the Substance Abuse and Mental Health Services Administration of the Department of Health and Human Services; and

“(2) to the extent appropriate, institutions of higher education and other public and private entities, including international entities, with expertise regarding suicide prevention.”

Treatment Of Wounded Warriors

Pub. L. 112-81, div. A, title VII, Sec. 722, Dec. 31, 2011, 125 Stat. 1479, provided that: “The Secretary of Defense may establish a program to enter into partnerships to enable coordinated, rapid clinical evaluation and the application of evidence-based treatment strategies for wounded service members, with an emphasis on the most common musculoskeletal injuries, that will address the priorities of the Armed Forces with respect to retention and readiness.”

Comprehensive Plan On Prevention, Diagnosis, And Treatment Of Substance Use Disorders And Disposition Of Substance Abuse Offenders In The Armed Forces

Pub. L. 111-84, div. A, title V, Sec. 596, Oct. 28, 2009, 123 Stat. 2339, provided that:

“(a) Review and Assessment of Current Capabilities.—

“(1) In general.—Not later than 180 days after the date of the enactment of this Act [Oct. 28, 2009], the Secretary of Defense, in consultation with the Secretaries of the military departments, shall conduct a comprehensive review of the following:

“(A) The programs and activities of the Department of Defense for the prevention, diagnosis, and treatment of substance use disorders in members of the Armed Forces.

“(B) The policies of the Department of Defense relating to the disposition of substance abuse offenders in the Armed Forces, including disciplinary action and administrative separation.

“(2) Elements.—The review conducted under paragraph (1) shall include an assessment of each of the following:

“(A) The current state and effectiveness of the programs of the Department of Defense and the military departments relating to the prevention, diagnosis, and treatment of substance use disorders.

“(B) The adequacy of the availability of care, and access to care, for substance abuse in military medical treatment facilities and under the TRICARE program.

10 USC Chapter 55 - Medical And Dental Care
§ 1071. Purpose of this chapter

DHA Version - March 2009

“(C) The adequacy of oversight by the Department of Defense of programs relating to the prevention, diagnosis, and treatment of substance abuse in members of the Armed Forces.

“(D) The adequacy and appropriateness of current credentials and other requirements for healthcare professionals treating members of the Armed Forces with substance use disorders.

“(E) The advisable ratio of physician and nonphysician care providers for substance use disorders to members of the Armed Forces with such disorders.

“(F) The adequacy and appropriateness of protocols and directives for the diagnosis and treatment of substance use disorders in members of the Armed Forces and for the disposition, including disciplinary action and administrative separation, of members of the Armed Forces for substance abuse.

“(G) The adequacy of the availability of and access to care for substance use disorders for members of the reserve components of the Armed Forces, including an identification of any obstacles that are unique to the prevention, diagnosis, and treatment of substance use disorders among members of the reserve components, and the appropriate disposition, including disciplinary action and administrative separation, of members of the reserve components for substance abuse.

“(H) The adequacy of the prevention, diagnosis, and treatment of substance use disorders in dependents of members of the Armed Forces.

“(I) Any gaps in the current capabilities of the Department of Defense for the prevention, diagnosis, and treatment of substance use disorders in members of the Armed Forces.

“(3) Report.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Defense shall submit to the Committees on Armed Services of the Senate and the House of Representatives a report setting forth the findings and recommendations of the Secretary as a result of the review conducted under paragraph (1). The report shall—

“(A) set forth the findings and recommendations of the Secretary regarding each element of the review specified in paragraph (2);

“(B) set forth relevant statistics on the frequency of substance use disorders, disciplinary actions, and administrative separations for substance abuse in members of the regular components of the Armed Forces, members of the reserve component of the Armed Forces, and to the extent applicable, dependents of such members (including spouses and children); and

“(C) include such other findings and recommendations on improvements to the current capabilities of the Department of Defense for the prevention, diagnosis, and treatment of substance use disorders in members of the Armed Forces and the policies relating to the disposition, including disciplinary action and administrative separation, of members of the Armed Forces for substance abuse, as the Secretary considers appropriate.

“(b) Plan for Improvement and Enhancement of Programs and Policies.—

“(1) Plan required.—Not later than 270 days after the date of the enactment of this Act [Oct. 28, 2009], the Secretary of Defense shall submit to the congressional defense committees [Committees on Armed Services and Appropriations of the Senate and the House of Representatives] a comprehensive plan for the improvement and enhancement of the following:

“(A) The programs and activities of the Department of Defense for the prevention, diagnosis, and treatment of substance use disorders in members of the Armed Forces and their dependents.

10 USC Chapter 55 - Medical And Dental Care
§ 1071. Purpose of this chapter

DHA Version - March 2009

“(B) The policies of the Department of Defense relating to the disposition of substance abuse offenders in the Armed Forces, including disciplinary action and administrative separation.

“(2) Basis.—The comprehensive plan required by paragraph (1) shall take into account the following:

“(A) The results of the review and assessment conducted under subsection (a).

“(B) Similar initiatives of the Secretary of Veterans Affairs to expand and improve care for substance use disorders among veterans, including the programs and activities conducted under title I of the Veterans’ Mental Health and Other Care Improvements Act of 2008 (Public Law 110-387; 112 Stat. 4112) [see Tables for classification].

“(3) Comprehensive statement of policy.—The comprehensive plan required by paragraph (1) shall include a comprehensive statement of the following:

“(A) The policy of the Department of Defense regarding the prevention, diagnosis, and treatment of substance use disorders in members of the Armed Forces and their dependents.

“(B) The policies of the Department of Defense relating to the disposition of substance abuse offenders in the Armed Forces, including disciplinary action and administrative separation.

“(4) Availability of services and treatment.—The comprehensive plan required by paragraph (1) shall include mechanisms to ensure the availability to members of the Armed Forces and their dependents of a core of evidence-based practices across the spectrum of medical and non-medical services and treatments for substance use disorders, including the reestablishment of regional long-term inpatient substance abuse treatment programs. The Secretary may use contracted services for not longer than three years after the date of the enactment of this Act to perform such inpatient substance abuse treatment until the Department of Defense reestablishes this capability within the military health care system.

“(5) Prevention and reduction of disorders.—The comprehensive plan required by paragraph (1) shall include mechanisms to facilitate the prevention and reduction of substance use disorders in members of the Armed Forces through science-based initiatives, including education programs, for members of the Armed Forces and their dependents.

“(6) Specific instructions.—The comprehensive plan required by paragraph (1) shall include each of the following:

“(A) Substances of abuse.—Instructions on the prevention, diagnosis, and treatment of substance abuse in members of the Armed Forces, including the abuse of alcohol, illicit drugs, and nonmedical use and abuse of prescription drugs.

“(B) Healthcare professionals.—Instructions on—

“(i) appropriate training of healthcare professionals in the prevention, screening, diagnosis, and treatment of substance use disorders in members of the Armed Forces;

“(ii) appropriate staffing levels for healthcare professionals at military medical treatment facilities for the prevention, screening, diagnosis, and treatment of substance use disorders in members of the Armed Forces; and

“(iii) such uniform training and credentialing requirements for physician and nonphysician healthcare professionals in the prevention, screening, diagnosis, and treatment of substance use disorders in members of the Armed Forces as the Secretary considers appropriate.

“(C) Services for dependents.—Instructions on the availability of services for substance use disorders for dependents of members of the Armed Forces, including instructions on making such services available to dependents to the maximum extent practicable.

10 USC Chapter 55 - Medical And Dental Care
§ 1071. Purpose of this chapter

DHA Version - March 2009

- “(D) Relationship between disciplinary action and treatment.—Policy on the relationship between disciplinary actions and administrative separation processing and prevention and treatment of substance use disorders in members of the Armed Forces.
- “(E) Confidentiality.—Recommendations regarding policies pertaining to confidentiality for members of the Armed Forces in seeking or receiving services or treatment for substance use disorders.
- “(F) Participation of chain of command.—Policy on appropriate consultation, reference to, and involvement of the chain of command of members of the Armed Forces in matters relating to the diagnosis and treatment of substance abuse and disposition of members of the Armed Forces for substance abuse.
- “(G) Consideration of gender.—Instructions on gender specific requirements, if appropriate, in the prevention, diagnosis, treatment, and management of substance use disorders in members of the Armed Forces, including gender specific care and treatment requirements.
- “(H) Coordination with other healthcare initiatives.—Instructions on the integration of efforts on the prevention, diagnosis, treatment, and management of substance use disorders in members of the Armed Forces with efforts to address co- occurring health care disorders (such as post-traumatic stress disorder and depression) and suicide prevention.
- “(7) Other elements.—In addition to the matters specified in paragraph (3), the comprehensive plan required by paragraph (1) shall include the following:
- “(A) Implementation plan.—An implementation plan for the achievement of the goals of the comprehensive plan, including goals relating to the following:
- “(i) Enhanced education of members of the Armed Forces and their dependents regarding substance use disorders.
 - “(ii) Enhanced and improved identification and diagnosis of substance use disorders in members of the Armed Forces and their dependents.
 - “(iii) Enhanced and improved access of members of the Armed Forces to services and treatment for and management of substance use disorders.
 - “(iv) Appropriate staffing of military medical treatment facilities and other facilities for the treatment of substance use disorders in members of the Armed Forces.
- “(B) Best practices.—The incorporation of evidence-based best practices utilized in current military and civilian approaches to the prevention, diagnosis, treatment, and management of substance use disorders.
- “(C) Available research.—The incorporation of applicable results of available studies, research, and academic reviews on the prevention, diagnosis, treatment, and management of substance use disorders.
- “(8) Update in light of independent study.—Upon the completion of the study required by subsection (c), the Secretary of Defense shall—
- “(A) in consultation with the Secretaries of the military departments, make such modifications and improvements to the comprehensive plan required by paragraph (1) as the Secretary of Defense considers appropriate in light of the findings and recommendations of the study; and
 - “(B) submit to the congressional defense committees [Committees on Armed Services and Appropriations of the Senate and the House of Representatives] a report setting forth the comprehensive plan as modified and improved under subparagraph (A).

10 USC Chapter 55 - Medical And Dental Care
§ 1071. Purpose of this chapter

DHA Version - March 2009

“(c) Independent Report on Substance Use Disorders Programs for Members of the Armed Forces.—

“(1) Study required.—Upon completion of the policy review required by subsection (a), the Secretary of Defense shall provide for a study on substance use disorders programs for members of the Armed Forces to be conducted by the Institute of Medicine of the National Academies of Sciences or such other independent entity as the Secretary shall select for purposes of the study.

“(2) Elements.—The study required by paragraph (1) shall include a review and assessment of the following:

“(A) The adequacy and appropriateness of protocols for the diagnosis, treatment, and management of substance use disorders in members of the Armed Forces.

“(B) The adequacy of the availability of and access to care for substance use disorders in military medical treatment facilities and under the TRICARE program.

“(C) The adequacy and appropriateness of current credentials and other requirements for physician and non-physician healthcare professionals treating members of the Armed Forces with substance use disorders.

“(D) The advisable ratio of physician and non-physician care providers for substance use disorders to members of the Armed Forces with such disorders.

“(E) The adequacy of the availability of and access to care for substance use disorders for members of the reserve components of the Armed Forces when compared with the availability of and access to care for substance use disorders for members of the regular components of the Armed Forces.

“(F) The adequacy of the prevention, diagnosis, treatment, and management of substance use disorders programs for dependents of members of the Armed Forces, whether such dependents suffer from their own substance use disorder or because of the substance use disorder of a member of the Armed Forces.

“(G) Such other matters as the Secretary considers appropriate for purposes of the study.

“(3) Report.—Not later than two years after the date of the enactment of this Act [Oct. 28, 2009], the entity conducting the study required by paragraph (1) shall submit to the Secretary of Defense and the congressional defense committees [Committees on Armed Services and Appropriations of the Senate and the House of Representatives] a report on the results of the study. The report shall set forth the findings and recommendations of the entity as a result of the study.”

Comprehensive Policy On Pain Management By The Military Health Care System

Pub. L. 111-84, div. A, title VII, Sec. 711, Oct. 28, 2009, 123 Stat. 2378, provided that:

“(a) Comprehensive Policy Required.—Not later than March 31, 2011, the Secretary of Defense shall develop and implement a comprehensive policy on pain management by the military health care system.

“(b) Scope of Policy.—The policy required by subsection (a) shall cover each of the following:

“(1) The management of acute and chronic pain.

“(2) The standard of care for pain management to be used throughout the Department of Defense.

“(3) The consistent application of pain assessments throughout the Department of Defense.

“(4) The assurance of prompt and appropriate pain care treatment and management by the Department when medically necessary.

10 USC Chapter 55 - Medical And Dental Care
§ 1071. Purpose of this chapter

"(5) Programs of research related to acute and chronic pain, including pain attributable to central and peripheral nervous system damage characteristic of injuries incurred in modern warfare, brain injuries, and chronic migraine headache.

"(6) Programs of pain care education and training for health care personnel of the Department.

"(7) Programs of patient education for members suffering from acute or chronic pain and their families.

"(c) Updates.—The Secretary shall revise the policy required by subsection (a) on a periodic basis in accordance with experience and evolving best practice guidelines.

"(d) Annual Report.—

"(1) In general.—Not later than 180 days after the date of the commencement of the implementation of the policy required by subsection (a), and on October 1 each year thereafter through 2018, the Secretary shall submit to the Committee on Armed Services of the Senate and the Committee on Armed Services of the House of Representatives a report on the policy.

"(2) Elements.—Each report required by paragraph (1) shall include the following:

"(A) A description of the policy implemented under subsection (a), and any revisions to such policy under subsection (c).

"(B) A description of the performance measures used to determine the effectiveness of the policy in improving pain care for beneficiaries enrolled in the military health care system.

"(C) An assessment of the adequacy of Department pain management services based on a current survey of patients managed in Department clinics.

"(D) An assessment of the research projects of the Department relevant to the treatment of the types of acute and chronic pain suffered by members of the Armed Forces and their families.

"(E) An assessment of the training provided to Department health care personnel with respect to the diagnosis, treatment, and management of acute and chronic pain.

"(F) An assessment of the pain care education programs of the Department.

"(G) An assessment of the dissemination of information on pain management to beneficiaries enrolled in the military health care system."

Plan To Increase The Mental Health Capabilities Of The Department Of Defense

Pub. L. 111-84, div. A, title VII, Sec. 714, Oct. 28, 2009, 123 Stat. 2381, as amended by Pub. L. 111-383, div. A, title X, Sec. 1075(d)(8), Jan. 7, 2011, 124 Stat. 4373, provided that:

"(a) Increased Authorizations.—Not later than 180 days after the date of the enactment of this Act [Oct. 28, 2009], the Secretary of each military department shall increase the number of active duty mental health personnel authorized for the department under the jurisdiction of the Secretary in an amount equal to the sum of the following amounts:

"(1) The greater of—

"(A) the amount identified on personnel authorization documents as required but not authorized to be filled; or

"(B) the amount that is 25 percent of the amount identified on personnel authorization documents as authorized.

"(2) The amount required to fulfill the requirements of section 708 [10 U.S.C. 1074f note], as determined by the Secretary concerned.

"(b) Report and Plan on the Required Number of Mental Health Personnel.—

"(1) In general.—Not later than one year after the date of the enactment of this Act [Oct. 28, 2009], the Secretary of Defense shall submit to the congressional defense committees [Committees on Armed Services and Appropriations of the Senate and the House of

DHA Version - March 2009

10 USC Chapter 55 - Medical And Dental Care
§ 1071. Purpose of this chapter

DHA Version - March 2009

Representatives] a report on the appropriate number of mental health personnel required to meet the mental health care needs of members of the Armed Forces, retired members, and dependents. The report shall include, at a minimum, the following:

“(A) An evaluation of the recommendation titled ‘Ensure an Adequate Supply of Uniformed Providers’ made by the Department of Defense Task Force on Mental Health established by section 723 of the National Defense Authorization Act for Fiscal Year 2006 (Public Law 109-163; 119 Stat. 3348).

“(B) The criteria and models used to determine the appropriate number of mental health personnel.

“(C) The plan under paragraph (2).

“(2) Plan.—The Secretary shall develop and implement a plan to significantly increase the number of military and civilian mental health personnel of the Department of Defense by September 30, 2013. The plan may include the following:

“(A) The allocation of scholarships and financial assistance under the Health Professions Scholarship and Financial Assistance Program under subchapter I of chapter 105 of title 10, United States Code, to students pursuing advanced degrees in clinical psychology and other mental health professions.

“(B) The offering of accession and retention bonuses for psychologists pursuant to section 620 of the Duncan Hunter National Defense Authorization Act for Fiscal Year 2009 (Public Law 110-417; 122 Stat. 4489) [enacting section 302c-1 of Title 37, Pay and Allowances of the Uniformed Services, and provisions set out as a note under section 335 of Title 37].

“(C) An expansion of the capacity for training doctoral-level clinical psychologists at the Uniformed Services University of the Health Sciences.

“(D) An expansion of the capacity of the Department of Defense for training masters-level clinical psychologists and social workers with expertise in deployment-related mental health disorders, such as post-traumatic stress disorder.

“(E) The detail of commissioned officers of the Armed Forces to accredited schools of psychology for training leading to a doctoral degree in clinical psychology or social work.

“(F) The reassignment of military mental health personnel from administrative positions to clinical positions in support of military units.

“(G) The offering of civilian hiring incentives and bonuses and the use of direct hiring authority to increase the number of mental health personnel of the Department of Defense.

“(H) Such other mechanisms to increase the number of mental health personnel of the Department of Defense as the Secretary considers appropriate.

“(c) Report on Additional Officer or Enlisted Military Specialties for Mental Health.—

“(1) Report.—Not later than 120 days after the date of the enactment of this Act [Oct. 28, 2009], the Secretary shall submit to the congressional defense committees [Committees on Armed Services and Appropriations of the Senate and the House of Representatives] a report setting forth the assessment of the Secretary of the feasibility and advisability of establishing one or more military mental health specialties for officers or enlisted members of the Armed Forces in order to better meet the mental health care needs of members of the Armed Forces and their families.

“(2) Elements.—The report required by paragraph (1) shall set forth the following:

“(A) A recommendation as to the feasibility and advisability of establishing one or more military mental health specialties for officers or enlisted members of the Armed Forces.

10 USC Chapter 55 - Medical And Dental Care
§ 1071. Purpose of this chapter

“(B) For each military specialty recommended to be established under subparagraph

(A)—

“(i) a description of the qualifications required for such specialty [sic], which shall reflect lessons learned from best practices in academia and the civilian health care industry regarding positions analogous to such specialty; and

“(ii) a description of the incentives or other mechanisms, if any, that would be advisable to facilitate recruitment and retention of individuals to and in such specialty.

Study And Plan To Improve Military Health Care

Pub. L. 111-84, div. A, title VII, Sec. 721, Oct. 28, 2009, 123 Stat. 2385, provided that:

“(a) Study and Report Required.—Not later than one year after the date of the enactment of this Act [Oct. 28, 2009], the Secretary of Defense shall submit to the congressional defense committees [Committees on Armed Services and Appropriations of the Senate and the House of Representatives] a report on the health care needs of dependents (as defined in section 1072(2) of title 10, United States Code). The report shall include, at a minimum, the following:

“(1) With respect to both the direct care system and the purchased care system, an analysis of the type of health care facility in which dependents seek care.

“(2) The 10 most common medical conditions for which dependents seek care.

“(3) The availability of and access to health care providers to treat the conditions identified under paragraph (2), both in the direct care system and the purchased care system.

“(4) Any shortfalls in the ability of dependents to obtain required health care services.

“(5) Recommendations on how to improve access to care for dependents.

“(6) With respect to dependents accompanying a member stationed at a military installation outside of the United States, the need for and availability of mental health care services.

“(b) Enhanced Military Health System and Improved TRICARE.—

“(1) In general.—The Secretary of Defense, in consultation with the other administering Secretaries, shall undertake actions to enhance the capability of the military health system and improve the TRICARE program.

“(2) Elements.—In undertaking actions to enhance the capability of the military health system and improve the TRICARE program under paragraph (1), the Secretary shall consider the following actions:

“(A) Actions to guarantee the availability of care within established access standards for eligible beneficiaries, based on the results of the study required by subsection (a).

“(B) Actions to expand and enhance sharing of health care resources among Federal health care programs, including designated providers (as that term is defined in section 721(5) of the National Defense Authorization Act for Fiscal Year 1997 (Public Law 104-201; 110 Stat. 2593; 10 U.S.C. 1073 note)).

“(C) Actions using medical technology to speed and simplify referrals for specialty care.

“(D) Actions to improve regional or national staffing capabilities in order to enhance support provided to military medical treatment facilities facing staff shortages.

“(E) Actions to improve health care access for members of the reserve components and their families, including such access with respect to mental health care and consideration of access issues for members and their families located in rural areas.

“(F) Actions to ensure consistency throughout the TRICARE program to comply with access standards, which are applicable to both commanders of military treatment facilities and managed care support contractors.

“(G) Actions to create new budgeting and resource allocation methodologies to fully support and incentivize care provided by military treatment facilities.

DHA Version - March 2009

10 USC Chapter 55 - Medical And Dental Care
§ 1071. Purpose of this chapter

DHA Version - March 2009

- "(H) Actions regarding additional financing options for health care provided by civilian providers.
 - "(I) Actions to reduce administrative costs.
 - "(J) Actions to control the cost of health care and pharmaceuticals.
 - "(K) Actions to audit the Defense Enrollment Eligibility Reporting System to improve system checks on the eligibility of TRICARE beneficiaries.
 - "(L) Actions, including a comprehensive plan, for the enhanced availability of prevention and wellness care.
 - "(M) Actions using technology to improve direct communication with beneficiaries regarding health and preventive care.
 - "(N) Actions to create performance metrics by which to measure improvement in the TRICARE program.
 - "(O) Such other actions as the Secretary, in consultation with the other administering Secretaries, considers appropriate.
- "(c) Quality Assurance.—In undertaking actions under this section, the Secretary of Defense and the other administering Secretaries shall continue or enhance the current level of quality health care provided by the Department of Defense and the military departments with no adverse impact to cost, access, or care.
- "(d) Consultation.—In considering actions to be undertaken under this section, and in undertaking such actions, the Secretary shall consult with a broad range of national health care and military advocacy organizations.
- "(e) Reports Required.—
- "(1) Initial report.—Not later than 180 days after the date of the enactment of this Act [Oct. 28, 2009], the Secretary shall submit to the congressional defense committees [Committees on Armed Services and Appropriations of the Senate and the House of Representatives] an initial report on the progress made in undertaking actions under this section and future plans for improvement of the military health system.
 - "(2) Report required with fiscal year 2012 budget proposal.—Together with the budget justification materials submitted to Congress in support of the Department of Defense budget for fiscal year 2012 (as submitted with the budget of the President under section 1105(a) of title 31, United States Code), the Secretary shall submit to the congressional defense committees a report setting forth the following:
 - "(A) Updates on the progress made in undertaking actions under this section.
 - "(B) Future plans for improvement of the military health system.
 - "(C) An explanation of how the budget submission may reflect such progress and plans.
 - "(3) Periodic reports.—The Secretary shall, on a periodic basis, submit to the congressional defense committees a report on the progress being made in the improvement of the TRICARE program under this section.
 - "(4) Elements.—Each report under this subsection shall include the following:
 - "(A) A description and assessment of the progress made as of the date of such report in the improvement of the TRICARE program.
 - "(B) Such recommendations for administrative or legislative action as the Secretary considers appropriate to expedite and enhance the improvement of the TRICARE program.
- "(f) Definitions.—In this section:
- "(1) The term 'administering Secretaries' has the meaning given that term in section 1072(3) of title 10, United States Code.
 - "(2) The term 'TRICARE program' has the meaning given that term in section 1072(7) of title 10, United States Code."

Program For Health Care Delivery At Military Installations With Projected Growth

Pub. L. 110-417, [div. A], title VII, Sec. 705, Oct. 14, 2008, 122 Stat. 4499, provided that:

“(a) Program.—The Secretary of Defense is authorized to develop a plan to establish a program to build cooperative health care arrangements and agreements between military installations projected to grow and local and regional non-military health care systems.

“(b) Requirements of Plan.—In developing the plan, the Secretary of Defense shall—

“(1) identify and analyze health care delivery options involving the private sector and health care services in military facilities located on military installations;

“(2) develop methods for determining the cost avoidance or savings resulting from innovative partnerships between the Department of Defense and the private sector;

“(3) develop requirements for Department of Defense health care providers to deliver health care in civilian community hospitals; and

“(4) collaborate with State and local authorities to create an arrangement to share and exchange, between the Department of Defense and nonmilitary health care systems, personal health information, and data of military personnel and their families.

“(c) Coordination With Other Entities.—The plan shall include requirements for coordination with Federal, State, and local entities, TRICARE managed care support contractors, and other contracted assets around installations selected for participation in the program.

“(d) Consultation Requirements.—The Secretary of Defense shall develop the plan in consultation with the Secretaries of the military departments.

“(e) Selection of Military Installations.—Each selected military installation shall meet the following criteria:

“(1) The military installation has members of the Armed Forces on active duty and members of reserve components of the Armed Forces that use the installation as a training and operational base, with members routinely deploying in support of the global war on terrorism.

“(2) The military population of an installation will significantly increase by 2013 due to actions related to either Grow the Force initiatives or recommendations of the Defense Base Realignment and Closure Commission.

“(3) There is a military treatment facility on the installation that has—

“(A) no inpatient or trauma center care capabilities; and

“(B) no current or planned capacity that would satisfy the proposed increase in military personnel at the installation.

“(4) There is a civilian community hospital near the military installation, and the military treatment facility has—

“(A) no inpatient services or limited capability to expand inpatient care beds, intensive care, and specialty services; and

“(B) limited or no capability to provide trauma care.

“(f) Reports.—Not later than one year after the date of the enactment of this Act [Oct. 14, 2008], and every year thereafter, the Secretary of Defense shall submit to the Committees on Armed Services of the Senate and House of Representatives an annual report on any plan developed under subsection (a).”

Center Of Excellence In Prevention, Diagnosis, Mitigation, Treatment, And Rehabilitation Of Hearing Loss And Auditory System Injuries

Pub. L. 110-417, [div. A], title VII, Sec. 721, Oct. 14, 2008, 122 Stat. 4506, provided that:

“(a) In General.—The Secretary of Defense shall establish within the Department of Defense a center of excellence in the prevention, diagnosis, mitigation, treatment, and rehabilitation of hearing loss and auditory system injury to carry out the responsibilities specified in subsection (c).

10 USC Chapter 55 - Medical And Dental Care
§ 1071. Purpose of this chapter

DHA Version - March 2009

“(b) Partnerships.—The Secretary shall ensure that the center collaborates to the maximum extent practicable with the Secretary 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.—

“(1) In general.—The center shall—

“(A) implement a comprehensive plan and strategy for the Department of Defense, as developed by the Secretary of Defense, for a registry of information for the tracking of the diagnosis, surgical intervention or other operative procedure, other treatment, and follow up for each case of hearing loss and auditory system injury incurred by a member of the Armed Forces while serving on active duty;

“(B) ensure the electronic exchange with the Secretary of Veterans Affairs of information obtained through tracking under subparagraph (A); and

“(C) enable the Secretary of Veterans Affairs to access the registry and add information pertaining to additional treatments or surgical procedures and eventual hearing outcomes for veterans who were entered into the registry and subsequently received treatment through the Veterans Health Administration.

“(2) Designation of registry.—The registry under this subsection shall be known as the ‘Hearing Loss and Auditory System Injury Registry’ (hereinafter referred to as the ‘Registry’).

“(3) Consultation in development.—The center shall develop the Registry in consultation with audiologists, speech and language pathologists, otolaryngologists, and other specialist personnel of the Department of Defense and the audiologists, speech and language pathologists, otolaryngologists, and other specialist personnel of the Department of Veterans Affairs. The mechanisms and procedures of the Registry shall reflect applicable expert research on military and other hearing loss.

“(4) Mechanisms.—The mechanisms of the Registry for tracking under paragraph (1)(A) shall ensure that each military medical treatment facility or other medical facility shall submit to the center for inclusion in the Registry information on the diagnosis, surgical intervention or other operative procedure, other treatment, and follow up for each case of hearing loss and auditory system injury described in that paragraph as follows (to the extent applicable):

“(A) Not later than 30 days after surgery or other operative intervention, including a surgery or other operative intervention carried out as a result of a follow-up examination.

“(B) Not later than 180 days after the hearing loss and auditory system injury is reported or recorded in the medical record.

“(5) Coordination of care and benefits.—

“(A) The center shall provide notice to the National Center for Rehabilitative Auditory Research (NCRAR) of the Department of Veterans Affairs and to the auditory system impairment services of the Veterans Health Administration on each member of the Armed Forces described in subparagraph (B) for purposes of ensuring the coordination of the provision of ongoing auditory system rehabilitation benefits and services by the Department of Veterans Affairs after the separation or release of such member from the Armed Forces.

“(B) A member of the Armed Forces described in this subparagraph is a member of the Armed Forces with significant hearing loss or auditory system injury incurred while serving on active duty, including a member with auditory dysfunction related to traumatic brain injury.

“(d) Utilization of Registry Information.—The Secretary of Defense and the Secretary of Veterans Affairs shall jointly ensure that information in the Registry is available to appropriate

10 USC Chapter 55 - Medical And Dental Care
§ 1071. Purpose of this chapter

audiologists, speech and language pathologists, otolaryngologists, and other specialist personnel of the Department of Defense and the Department of Veterans Affairs for purposes of encouraging and facilitating the conduct of research, and the development of best practices and clinical education, on hearing loss or auditory system injury incurred by members of the Armed Forces.

“(e) Inclusion of Records of OIF/OEF Veterans.—The Secretary of Defense shall take appropriate actions to include in the Registry such records of members of the Armed Forces who incurred a hearing loss or auditory system injury while serving on active duty on or after September 11, 2001, but before the establishment of the Registry, as the Secretary considers appropriate for purposes of the Registry.”

Wounded Warrior Health Care Improvements

Pub. L. 110-181, div. A, title XVI, Secs. 1602, 1603, 1611-1614, 1616, 1618, 1621-1623, 1631, 1635, 1644, 1648, 1651, 1662, 1671, 1672, 1676, Jan. 28, 2008, 122 Stat. 431-443, 447, 450-455, 458, 460, 467, 473, 476, 479, 481, 484, as amended by Pub. L. 110-417, [div. A], title II, Sec. 252, title VII, Secs. 722, 724, title X, Sec. 1061(b)(13), Oct. 14, 2008, 122 Stat. 4400, 4508, 4509, 4613; Pub. L. 111-84, div. A, title VI, Sec. 632(h), Oct. 28, 2009, 123 Stat. 2362; Pub. L. 112-56, title II, Sec. 231, Nov. 21, 2011, 125 Stat. 719; Pub. L. 112-81, div. A, title VI, Sec. 631(f)(4)(B), title VII, Sec. 707, Dec. 31, 2011, 125 Stat. 1465, 1474, Pub. L. 112-239, div. A, title X, Sec. 1076(a)(9), Jan. 2, 2013, 126 Stat. 1948; **Pub. L. 113-175, title I, §105, Sept. 26, 2014, 128 Stat. 1903; Pub. L. 113-291, div. A, title V, §591, title VII, §724, Dec. 19, 2014, 128 Stat. 3394, 3418**, provided that:

“SEC. 1602. GENERAL DEFINITIONS.

“In this title [see Short Title of 2008 Amendment note above]:

“(1) Appropriate committees of congress.—The term ‘appropriate committees of Congress’ means—

“(A) the Committees on Armed Services, Veterans’ Affairs, and Appropriations of the Senate; and

“(B) the Committees on Armed Services, Veterans’ Affairs, and Appropriations of the House of Representatives.

“(2) Benefits delivery at discharge program.—The term ‘Benefits Delivery at Discharge Program’ means a program administered jointly by the Secretary of Defense and the Secretary of Veterans Affairs to provide information and assistance on available benefits and other transition assistance to members of the Armed Forces who are separating from the Armed Forces, including assistance to obtain any disability benefits for which such members may be eligible.

“(3) Disability evaluation system.—The term ‘Disability Evaluation System’ means the following:

“(A) A system or process of the Department of Defense for evaluating the nature and extent of disabilities affecting members of the Armed Forces that is operated by the Secretaries of the military departments and is comprised of medical evaluation boards, physical evaluation boards, counseling of members, and mechanisms for the final disposition of disability evaluations by appropriate personnel.

“(B) A system or process of the Coast Guard for evaluating the nature and extent of disabilities affecting members of the Coast Guard that is operated by the Secretary of Homeland Security and is similar to the system or process of the Department of Defense described in subparagraph (A).

“(4) Eligible family member.—The term ‘eligible family member’, with respect to a recovering service member, means a family member (as defined in section 481h(b)(3)(B) of title 37, United States Code) who is on invitational travel orders or serving as a non-medical

DHA Version - March 2009

10 USC Chapter 55 - Medical And Dental Care
§ 1071. Purpose of this chapter

DHA Version - March 2009

attendee while caring for the recovering service member for more than 45 days during a one-year period.

“(5) Medical care.—The term ‘medical care’ includes mental health care.

“(6) Outpatient status.—The term ‘outpatient status’, with respect to a recovering service member, means the status of a recovering service member assigned to—

“(A) a military medical treatment facility as an outpatient; or

“(B) a unit established for the purpose of providing command and control of members of the Armed Forces receiving medical care as outpatients.

“(7) Recovering service member.—The term ‘recovering service member’ means a member of the Armed Forces, including a member of the National Guard or a Reserve, who is undergoing medical treatment, recuperation, or therapy and is in an outpatient status while recovering from a serious injury or illness related to the member’s military service.

“(8) Serious injury or illness.—The term ‘serious injury or illness’, in the case of a member of the Armed Forces, means an injury or illness incurred by the member in line of duty on active duty in the Armed Forces that may render the member medically unfit to perform the duties of the member’s office, grade, rank, or rating.

“(9) TRICARE program.—The term ‘TRICARE program’ has the meaning given that term in section 1072(7) of title 10, United States Code. [As amended Pub. L. 110-417, [div. A], title X, Sec. 1061(b)(13), Oct. 14, 2008, 122 Stat. 4613; Pub. L. 111-84, div. A, title VI, Sec. 632(h), Oct. 28, 2009, 123 Stat. 2362.]

“SEC. 1603. CONSIDERATION OF GENDER-SPECIFIC NEEDS OF RECOVERING SERVICE MEMBERS AND VETERANS.

“(a) In General.—In developing and implementing the policy required by section 1611(a), and in otherwise carrying out any other provision of this title [see Short Title of 2008 Amendment note above] or any amendment made by this title, the Secretary of Defense and the Secretary of Veterans Affairs shall take into account and fully address any unique gender-specific needs of recovering service members and veterans under such policy or other provision.

“(b) Reports.—In submitting any report required by this title or an amendment made by this title, the Secretary of Defense and the Secretary of Veterans Affairs shall, to the extent applicable, include a description of the manner in which the matters covered by such report address the unique gender-specific needs of recovering service members and veterans.

“SEC. 1611. COMPREHENSIVE POLICY ON IMPROVEMENTS TO CARE, MANAGEMENT, AND TRANSITION OF RECOVERING SERVICE MEMBERS.

“(a) Comprehensive Policy Required.—

“(1) In general.—Not later than July 1, 2008, the Secretary of Defense and the Secretary of Veterans Affairs shall, to the extent feasible, jointly develop and implement a comprehensive policy on improvements to the care, management, and transition of recovering service members.

“(2) Scope of policy.—The policy shall cover each of the following:

“(A) The care and management of recovering service members.

“(B) The medical evaluation and disability evaluation of recovering service members.

“(C) The return of service members who have recovered to active duty when appropriate.

“(D) The transition of recovering service members from receipt of care and services through the Department of Defense to receipt of care and services through the Department of Veterans Affairs.

“(3) Consultation.—The Secretary of Defense and the Secretary of Veterans Affairs shall develop the policy in consultation with the heads of other appropriate departments and

10 USC Chapter 55 - Medical And Dental Care
§ 1071. Purpose of this chapter

agencies of the Federal Government and with appropriate non-governmental organizations having an expertise in matters relating to the policy.

“(4) Update.—The Secretary of Defense and the Secretary of Veterans Affairs shall jointly update the policy on a periodic basis, but not less often than annually, in order to incorporate in the policy, as appropriate, the following:

“(A) The results of the reviews required under subsections (b) and (c).

“(B) Best practices identified through pilot programs carried out under this title.

“(C) Improvements to matters under the policy otherwise identified and agreed upon by the Secretary of Defense and the Secretary of Veterans Affairs.

“(b) Review of Current Policies and Procedures.—

“(1) Review required.—In developing the policy required by subsection (a), the Secretary of Defense and the Secretary of Veterans Affairs shall, to the extent necessary, jointly and separately conduct a review of all policies and procedures of the Department of Defense and the Department of Veterans Affairs that apply to, or shall be covered by, the policy.

“(2) Purpose.—The purpose of the review shall be to identify the most effective and patient-oriented approaches to care and management of recovering service members for purposes of—

“(A) incorporating such approaches into the policy; and

“(B) extending such approaches, where applicable, to the care and management of other injured or ill members of the Armed Forces and veterans.

“(3) Elements.—In conducting the review, the Secretary of Defense and the Secretary of Veterans Affairs shall—

“(A) identify among the policies and procedures described in paragraph (1) best practices in approaches to the care and management of recovering service members;

“(B) identify among such policies and procedures existing and potential shortfalls in the care and management of recovering service members (including care and management of recovering service members on the temporary disability retired list), and determine means of addressing any shortfalls so identified;

“(C) determine potential modifications of such policies and procedures in order to ensure consistency and uniformity, where appropriate, in the application of such policies and procedures—

“(i) among the military departments;

“(ii) among the Veterans Integrated Services Networks (VISNs) of the Department of Veterans Affairs; and

“(iii) between the military departments and the Veterans Integrated Services Networks; and

“(D) develop recommendations for legislative and administrative action necessary to implement the results of the review.

“(4) Deadline for completion.—The review shall be completed not later than 90 days after the date of the enactment of this Act [Jan. 28, 2008].

“(c) Consideration of Existing Findings, Recommendations, and Practices.—In developing the policy required by subsection (a), the Secretary of Defense and the Secretary of Veterans Affairs shall take into account the following:

“(1) The findings and recommendations of applicable studies, reviews, reports, and evaluations that address matters relating to the policy, including, but not limited, to the following:

“(A) The Independent Review Group on Rehabilitative Care and Administrative Processes at Walter Reed Army Medical Center and National Naval Medical Center, appointed by the Secretary of Defense.

DHA Version - March 2009

10 USC Chapter 55 - Medical And Dental Care
§ 1071. Purpose of this chapter

DHA Version - March 2009

- “(B) The Secretary of Veterans Affairs Task Force on Returning Global War on Terror Heroes, appointed by the President.
- “(C) The President’s Commission on Care for America’s Returning Wounded Warriors.
- “(D) The Veterans’ Disability Benefits Commission established by title XV of the National Defense Authorization Act for Fiscal Year 2004 (Public Law 108-136; 117 Stat. 1676; 38 U.S.C. 1101 note).
- “(E) The President’s Task Force to Improve Health Care Delivery for Our Nation’s Veterans, of March 2003.
- “(F) The Report of the Congressional Commission on Service members and Veterans Transition Assistance, of 1999, chaired by Anthony J. Principi.
- “(G) The President’s Commission on Veterans’ Pensions, of 1956, chaired by General Omar N. Bradley.
- “(2) The experience and best practices of the Department of Defense and the military departments on matters relating to the policy.
- “(3) The experience and best practices of the Department of Veterans Affairs on matters relating to the policy.
- “(4) Such other matters as the Secretary of Defense and the Secretary of Veterans Affairs consider appropriate.
- “(d) Training and Skills of Health Care Professionals, Recovery Care Coordinators, Medical Care Case Managers, and Non-Medical Care Managers for Recovering Service Members.—
- “(1) In general.—The policy required by subsection (a) shall provide for uniform standards among the military departments for the training and skills of health care professionals, recovery care coordinators, medical care case managers, and non-medical care managers for recovering service members under subsection (e) in order to ensure that such personnel are able to—
- “(A) detect early warning signs of post-traumatic stress disorder (PTSD), suicidal or homicidal thoughts or behaviors, and other behavioral health concerns among recovering service members; and
- “(B) promptly notify appropriate health care professionals following detection of such signs.
- “(2) Tracking of notifications.—In providing for uniform standards under paragraph (1), the policy shall include a mechanism or system to track the number of notifications made by recovery care coordinators, medical care case managers, and non-medical care managers to health care professionals under paragraph (1)(A) regarding early warning signs of post-traumatic stress disorder and suicide in recovering service members.
- “(e) Services for Recovering Service Members.—The policy required by subsection (a) shall provide for improvements as follows with respect to the care, management, and transition of recovering service members:
- “(1) Comprehensive recovery plan for recovering service members.—The policy shall provide for uniform standards and procedures for the development of a comprehensive recovery plan for each recovering service member that covers the full spectrum of care, management, transition, and rehabilitation of the service member during recovery.
- “(2) Recovery care coordinators for recovering service members.—
- “(A) In general.—The policy shall provide for a uniform program for the assignment to recovering service members of recovery care coordinators having the duties specified in subparagraph (B).
- “(B) Duties.—The duties under the program of a recovery care coordinator for a recovering service member shall include, but not be limited to, overseeing and assisting the service member in the service member’s course through the entire spectrum of care, management, transition, and rehabilitation services available from

10 USC Chapter 55 - Medical And Dental Care
§ 1071. Purpose of this chapter

the Federal Government, including services provided by the Department of Defense, the Department of Veterans Affairs, the Department of Labor, and the Social Security Administration.

“(C) Limitation on number of service members managed by coordinators.—The maximum number of recovering service members whose cases may be assigned to a recovery care coordinator under the program at any one time shall be such number as the policy shall specify, except that the Secretary of the military department concerned may waive such limitation with respect to a given coordinator for not more than 120 days in the event of unforeseen circumstances (as specified in the policy).

“(D) Training.—The policy shall specify standard training requirements and curricula for recovery care coordinators under the program, including a requirement for successful completion of the training program before a person may assume the duties of such a coordinator.

“(E) Resources.—The policy shall include mechanisms to ensure that recovery care coordinators under the program have the resources necessary to expeditiously carry out the duties of such coordinators under the program.

“(F) Supervision.—The policy shall specify requirements for the appropriate rank or grade, and appropriate occupation, for persons appointed to head and supervise recovery care coordinators.

“(3) Medical care case managers for recovering service members.—

“(A) In general.—The policy shall provide for a uniform program among the military departments for the assignment to recovering service members of medical care case managers having the duties specified in subparagraph (B).

“(B) Duties.—The duties under the program of a medical care case manager for a recovering service member (or the service member’s immediate family or other designee if the service member is incapable of making judgments about personal medical care) shall include, at a minimum, the following:

“(i) Assisting in understanding the service member’s medical status during the care, recovery, and transition of the service member.

“(ii) Assisting in the receipt by the service member of prescribed medical care during the care, recovery, and transition of the service member.

“(iii) Conducting a periodic review of the medical status of the service member, which review shall be conducted, to the extent practicable, in person with the service member, or, whenever the conduct of the review in person is not practicable, with the medical care case manager submitting to the manager’s supervisor a written explanation why the review in person was not practicable (if the Secretary of the military department concerned elects to require such written explanations for purposes of the program).

“(C) Limitation on number of service members managed by managers.—The maximum number of recovering service members whose cases may be assigned to a medical care case manager under the program at any one time shall be such number as the policy shall specify, except that the Secretary of the military department concerned may waive such limitation with respect to a given manager for not more than 120 days in the event of unforeseen circumstances (as specified in the policy).

“(D) Training.—The policy shall specify standard training requirements and curricula for medical care case managers under the program, including a requirement for successful completion of the training program before a person may assume the duties of such a manager.

DHA Version - March 2009

10 USC Chapter 55 - Medical And Dental Care
§ 1071. Purpose of this chapter

DHA Version - March 2009

“(E) Resources.—The policy shall include mechanisms to ensure that medical care case managers under the program have the resources necessary to expeditiously carry out the duties of such managers under the program.

“(F) Supervision at armed forces medical facilities.—The policy shall specify requirements for the appropriate rank or grade, and appropriate occupation, for persons appointed to head and supervise the medical care case managers at each medical facility of the Armed Forces. Persons so appointed may be appointed from the Army Medical Corps, Army Medical Service Corps, Army Nurse Corps, Navy Medical Corps, Navy Medical Service Corps, Navy Nurse Corps, Air Force Medical Service, or other corps or civilian health care professional, as applicable, at the discretion of the Secretary of Defense.

“(4) Non-medical care managers for recovering service members.—

“(A) In general.—The policy shall provide for a uniform program among the military departments for the assignment to recovering service members of non-medical care managers having the duties specified in subparagraph (B).

“(B) Duties.—The duties under the program of a non-medical care manager for a recovering service member shall include, at a minimum, the following:

“(i) Communicating with the service member and with the service member’s family or other individuals designated by the service member regarding non-medical matters that arise during the care, recovery, and transition of the service member.

“(ii) Assisting with oversight of the service member’s welfare and quality of life.

“(iii) Assisting the service member in resolving problems involving financial, administrative, personnel, transitional, and other matters that arise during the care, recovery, and transition of the service member.

“(C) Duration of duties.—The policy shall provide that a non-medical care manager shall perform duties under the program for a recovering service member until the service member is returned to active duty or retired or separated from the Armed Forces.

“(D) Limitation on number of service members managed by managers.—The maximum number of recovering service members whose cases may be assigned to a non-medical care manager under the program at any one time shall be such number as the policy shall specify, except that the Secretary of the military department concerned may waive such limitation with respect to a given manager for not more than 120 days in the event of unforeseen circumstances (as specified in the policy).

“(E) Training.—The policy shall specify standard training requirements and curricula among the military departments for non-medical care managers under the program, including a requirement for successful completion of the training program before a person may assume the duties of such a manager.

“(F) Resources.—The policy shall include mechanisms to ensure that non-medical care managers under the program have the resources necessary to expeditiously carry out the duties of such managers under the program.

“(G) Supervision at armed forces medical facilities.—The policy shall specify requirements for the appropriate rank and occupational speciality for persons appointed to head and supervise the non-medical care managers at each medical facility of the Armed Forces.

“(5) Access of recovering service members to non-urgent health care from the department of defense or other providers under TRICARE.—

10 USC Chapter 55 - Medical And Dental Care
§ 1071. Purpose of this chapter

- “(A) In general.—The policy shall provide for appropriate minimum standards for access of recovering service members to non-urgent medical care and other health care services as follows:
- “(i) In medical facilities of the Department of Defense.
 - “(ii) Through the TRICARE program.
- “(B) Maximum waiting times for certain care.—The standards for access under subparagraph (A) shall include such standards on maximum waiting times of recovering service members as the policy shall specify for care that includes, but is not limited to, the following:
- “(i) Follow-up care.
 - “(ii) Specialty care.
 - “(iii) Diagnostic referrals and studies.
 - “(iv) Surgery based on a physician’s determination of medical necessity.
- “(C) Waiver by recovering service members.—The policy shall permit any recovering service member to waive a standard for access under this paragraph under such circumstances and conditions as the policy shall specify.
- “(6) Assignment of recovering service members to locations of care.—
- “(A) In general.—The policy shall provide for uniform guidelines among the military departments for the assignment of recovering service members to a location of care, including guidelines that provide for the assignment of recovering service members, when medically appropriate, to care and residential facilities closest to their duty station or home of record or the location of their designated care giver at the earliest possible time.
- “(B) Reassignment from deficient facilities.—The policy shall provide for uniform guidelines and procedures among the military departments for the reassignment of recovering service members from a medical or medical-related support facility determined by the Secretary of Defense to violate the standards required by section 1648 to another appropriate medical or medical-related support facility until the correction of violations of such standards at the medical or medical-related support facility from which such service members are reassigned.
- “(7) Transportation and subsistence for recovering service members.—The policy shall provide for uniform standards among the military departments on the availability of appropriate transportation and subsistence for recovering service members to facilitate their obtaining needed medical care and services.
- “(8) Work and duty assignments for recovering service members.—The policy shall provide for uniform criteria among the military departments for the assignment of recovering service members to work and duty assignments that are compatible with their medical conditions.
- “(9) Access of recovering service members to educational and vocational training and rehabilitation.—The policy shall provide for uniform standards among the military departments on the provision of educational and vocational training and rehabilitation opportunities for recovering service members at the earliest possible point in their recovery.
- “(10) Tracking of recovering service members.—The policy shall provide for uniform procedures among the military departments on tracking recovering service members to facilitate—
- “(A) locating each recovering service member; and
 - “(B) tracking medical care appointments of recovering service members to ensure timeliness and compliance of recovering service members with appointments, and other physical and evaluation timelines, and to provide any other information needed

DHA Version - March 2009

10 USC Chapter 55 - Medical And Dental Care
§ 1071. Purpose of this chapter

DHA Version - March 2009

to conduct oversight of the care, management, and transition of recovering service members.

“(11) Referrals of recovering service members to other care and services providers.—The policy shall provide for uniform policies, procedures, and criteria among the military departments on the referral of recovering service members to the Department of Veterans Affairs and other private and public entities (including universities and rehabilitation hospitals, centers, and clinics) in order to secure the most appropriate care for recovering service members, which policies, procedures, and criteria shall take into account, but not be limited to, the medical needs of recovering service members and the geographic location of available necessary recovery care services.

“(f) Services for Families of Recovering Service Members.—The policy required by subsection (a) shall provide for improvements as follows with respect to services for families of recovering service members:

“(1) Support for family members of recovering service members.—The policy shall provide for uniform guidelines among the military departments on the provision by the military departments of support for family members of recovering service members who are not otherwise eligible for care under section 1672 in caring for such service members during their recovery.

“(2) Advice and training for family members of recovering service members.—The policy shall provide for uniform requirements and standards among the military departments on the provision by the military departments of advice and training, as appropriate, to family members of recovering service members with respect to care for such service members during their recovery.

“(3) Measurement of satisfaction of family members of recovering service members with quality of health care services.—The policy shall provide for uniform procedures among the military departments on the measurement of the satisfaction of family members of recovering service members with the quality of health care services provided to such service members during their recovery.

“(4) Job placement services for family members of recovering service members.—The policy shall provide for procedures for application by eligible family members during a one-year period for job placement services otherwise offered by the Department of Defense.

“(g) Outreach to Recovering Service Members and Their Families on Comprehensive Policy.—The policy required by subsection (a) shall include procedures and mechanisms to ensure that recovering service members and their families are fully informed of the policies required by this section, including policies on medical care for recovering service members, on the management and transition of recovering service members, and on the responsibilities of recovering service members and their family members throughout the continuum of care and services for recovering service members under this section.

“(h) Applicability of Comprehensive Policy to Recovering Service Members on Temporary Disability Retired List.—Appropriate elements of the policy required by this section shall apply to recovering service members whose names are placed on the temporary disability retired list in such manner, and subject to such terms and conditions, as the Secretary of Defense shall prescribe in regulations for purposes of this subsection.

“SEC. 1612. MEDICAL EVALUATIONS AND PHYSICAL DISABILITY EVALUATIONS OF RECOVERING SERVICE MEMBERS.

“(a) Medical Evaluations of Recovering Service Members.—

“(1) In general.—Not later than July 1, 2008, the Secretary of Defense shall develop a policy on improvements to the processes, procedures, and standards for the conduct by the military departments of medical evaluations of recovering service members.

10 USC Chapter 55 - Medical And Dental Care
§ 1071. Purpose of this chapter

- “(2) Elements.—The policy on improvements to processes, procedures, and standards required under this subsection shall include and address the following:
- “(A) Processes for medical evaluations of recovering service members that—
 - “(i) apply uniformly throughout the military departments; and
 - “(ii) apply uniformly with respect to recovering service members who are members of the regular components of the Armed Forces and recovering service members who are members of the National Guard and Reserve.
 - “(B) Standard criteria and definitions for determining the achievement for recovering service members of the maximum medical benefit from treatment and rehabilitation.
 - “(C) Standard timelines for each of the following:
 - “(i) Determinations of fitness for duty of recovering service members.
 - “(ii) Specialty care consultations for recovering service members.
 - “(iii) Preparation of medical documents for recovering service members.
 - “(iv) Appeals by recovering service members of medical evaluation determinations, including determinations of fitness for duty.
 - “(D) Procedures for ensuring that—
 - “(i) upon request of a recovering service member being considered by a medical evaluation board, a physician or other appropriate health care professional who is independent of the medical evaluation board is assigned to the service member; and
 - “(ii) the physician or other health care professional assigned to a recovering service member under clause (i)—
 - “(I) serves as an independent source for review of the findings and recommendations of the medical evaluation board;
 - “(II) provides the service member with advice and counsel regarding the findings and recommendations of the medical evaluation board; and
 - “(III) advises the service member on whether the findings of the medical evaluation board adequately reflect the complete spectrum of injuries and illness of the service member.
 - “(E) Standards for qualifications and training of medical evaluation board personnel, including physicians, case workers, and physical disability evaluation board liaison officers, in conducting medical evaluations of recovering service members.
 - “(F) Standards for the maximum number of medical evaluation cases of recovering service members that are pending before a medical evaluation board at any one time, and requirements for the establishment of additional medical evaluation boards in the event such number is exceeded.
 - “(G) Standards for information for recovering service members, and their families, on the medical evaluation board process and the rights and responsibilities of recovering service members under that process, including a standard handbook on such information (which handbook shall also be available electronically).
- “(b) Physical Disability Evaluations of Recovering Service Members.—
- “(1) In general.—Not later than July 1, 2008, the Secretary of Defense and the Secretary of Veterans Affairs shall develop a policy on improvements to the processes, procedures, and standards for the conduct of physical disability evaluations of recovering service members by the military departments and by the Department of Veterans Affairs.
 - “(2) Elements.—The policy on improvements to processes, procedures, and standards required under this subsection shall include and address the following:
 - “(A) A clearly-defined process of the Department of Defense and the Department of Veterans Affairs for disability determinations of recovering service members.

DHA Version - March 2009

10 USC Chapter 55 - Medical And Dental Care
§ 1071. Purpose of this chapter

DHA Version - March 2009

“(B) To the extent feasible, procedures to eliminate unacceptable discrepancies and improve consistency among disability ratings assigned by the military departments and the Department of Veterans Affairs, particularly in the disability evaluation of recovering service members, which procedures shall be subject to the following requirements and limitations:

“(i) Such procedures shall apply uniformly with respect to recovering service members who are members of the regular components of the Armed Forces and recovering service members who are members of the National Guard and Reserve.

“(ii) Under such procedures, each Secretary of a military department shall, to the extent feasible, utilize the standard schedule for rating disabilities in use by the Department of Veterans Affairs, including any applicable interpretation of such schedule by the United States Court of Appeals for Veterans Claims, in making any determination of disability of a recovering service member, except as otherwise authorized by section 1216a of title 10, United States Code (as added by section 1642 of this Act).

“(C) Uniform timelines among the military departments for appeals of determinations of disability of recovering service members, including timelines for presentation, consideration, and disposition of appeals.

“(D) Uniform standards among the military departments for qualifications and training of physical disability evaluation board personnel, including physical evaluation board liaison personnel, in conducting physical disability evaluations of recovering service members.

“(E) Uniform standards among the military departments for the maximum number of physical disability evaluation cases of recovering service members that are pending before a physical disability evaluation board at any one time, and requirements for the establishment of additional physical disability evaluation boards in the event such number is exceeded.

“(F) Uniform standards and procedures among the military departments for the provision of legal counsel to recovering service members while undergoing evaluation by a physical disability evaluation board.

“(G) Uniform standards among the military departments on the roles and responsibilities of non-medical care managers under section 1611(e)(4) and judge advocates assigned to recovering service members undergoing evaluation by a physical disability board, and uniform standards on the maximum number of cases involving such service members that are to be assigned to judge advocates at any one time.

“(c) Assessment of Consolidation of Department of Defense and Department of Veterans Affairs Disability Evaluation Systems.—

“(1) In general.—The Secretary of Defense and the Secretary of Veterans Affairs shall jointly submit to the appropriate committees of Congress a report on the feasibility [sic] and advisability of consolidating the disability evaluation systems of the military departments and the disability evaluation system of the Department of Veterans Affairs into a single disability evaluation system. The report shall be submitted together with the report required by section 1611(a).

“(2) Elements.—The report required by paragraph (1) shall include the following:

“(A) An assessment of the feasibility [sic] and advisability of consolidating the disability evaluation systems described in paragraph (1) as specified in that paragraph.

“(B) If the consolidation of the systems is considered feasible and advisable—

“(i) recommendations for various options for consolidating the systems as specified in paragraph (1); and

10 USC Chapter 55 - Medical And Dental Care
§ 1071. Purpose of this chapter

“(ii) recommendations for mechanisms to evaluate and assess any progress made in consolidating the systems as specified in that paragraph.

“SEC. 1613. RETURN OF RECOVERING SERVICE MEMBERS TO ACTIVE DUTY IN THE ARMED FORCES.
“The Secretary of Defense shall establish standards for determinations by the military departments on the return of recovering service members to active duty in the Armed Forces.

“SEC. 1614. TRANSITION OF RECOVERING SERVICE MEMBERS FROM CARE AND TREATMENT THROUGH THE DEPARTMENT OF DEFENSE TO CARE, TREATMENT, AND REHABILITATION THROUGH THE DEPARTMENT OF VETERANS AFFAIRS.

“(a) In General.—Not later than July 1, 2008, the Secretary of Defense and the Secretary of Veterans Affairs shall jointly develop and implement processes, procedures, and standards for the transition of recovering service members from care and treatment through the Department of Defense to care, treatment, and rehabilitation through the Department of Veterans Affairs.

“(b) Elements.—The processes, procedures, and standards required under this section shall include the following:

“(1) Uniform, patient-focused procedures to ensure that the transition described in subsection (a) occurs without gaps in medical care and in the quality of medical care, benefits, and services.

“(2) Procedures for the identification and tracking of recovering service members during the transition, and for the coordination of care and treatment of recovering service members during the transition, including a system of cooperative case management of recovering service members by the Department of Defense and the Department of Veterans Affairs during the transition.

“(3) Procedures for the notification of Department of Veterans Affairs liaison personnel of the commencement by recovering service members of the medical evaluation process and the physical disability evaluation process.

“(4) Procedures and timelines for the enrollment of recovering service members in applicable enrollment or application systems of the Department of Veterans Affairs with respect to health care, disability, education, vocational rehabilitation, or other benefits.

“(5) Procedures to ensure the access of recovering service members during the transition to vocational, educational, and rehabilitation benefits available through the Department of Veterans Affairs.

“(6) Standards for the optimal location of Department of Defense and Department of Veterans Affairs liaison and case management personnel at military medical treatment facilities, medical centers, and other medical facilities of the Department of Defense.

“(7) Standards and procedures for integrated medical care and management of recovering service members during the transition, including procedures for the assignment of medical personnel of the Department of Veterans Affairs to Department of Defense facilities to participate in the needs assessments of recovering service members before, during, and after their separation from military service.

“(8) Standards for the preparation of detailed plans for the transition of recovering service members from care and treatment by the Department of Defense to care, treatment, and rehabilitation by the Department of Veterans Affairs, which plans shall—

“(A) be based on standardized elements with respect to care and treatment requirements and other applicable requirements; and

“(B) take into account the comprehensive recovery plan for the recovering service member concerned as developed under section 1611(e)(1).

DHA Version - March 2009

10 USC Chapter 55 - Medical And Dental Care
§ 1071. Purpose of this chapter

DHA Version - March 2009

“(9) Procedures to ensure that each recovering service member who is being retired or separated under chapter 61 of title 10, United States Code, receives a written transition plan, prior to the time of retirement or separation, that—

“(A) specifies the recommended schedule and milestones for the transition of the service member from military service;

“(B) provides for a coordinated transition of the service member from the Department of Defense disability evaluation system to the Department of Veterans Affairs disability system; and

“(C) includes information and guidance designed to assist the service member in understanding and meeting the schedule and milestones specified under subparagraph (A) for the service member’s transition.

“(10) Procedures for the transmittal from the Department of Defense to the Department of Veterans Affairs of records and any other required information on each recovering service member described in paragraph (9), which procedures shall provide for the transmission from the Department of Defense to the Department of Veterans Affairs of records and information on the service member as follows:

“(A) The address and contact information of the service member.

“(B) The DD-214 discharge form of the service member, which shall be transmitted under such procedures electronically.

“(C) A copy of the military service record of the service member, including medical records and any results of a physical evaluation board.

“(D) Information on whether the service member is entitled to transitional health care, a conversion health policy, or other health benefits through the Department of Defense under section 1145 of title 10, United States Code.

“(E) A copy of any request of the service member for assistance in enrolling in, or completed applications for enrollment in, the health care system of the Department of Veterans Affairs for health care benefits for which the service member may be eligible under laws administered by the Secretary of Veterans Affairs.

“(F) A copy of any request by the service member for assistance in applying for, or completed applications for, compensation and vocational rehabilitation benefits to which the service member may be entitled under laws administered by the Secretary of Veterans Affairs.

“(11) A process to ensure that, before transmittal of medical records of a recovering service member to the Department of Veterans Affairs, the Secretary of Defense ensures that the service member (or an individual legally recognized to make medical decisions on behalf of the service member) authorizes the transfer of the medical records of the service member from the Department of Defense to the Department of Veterans Affairs pursuant to the Health Insurance Portability and Accountability Act of 1996 [Pub. L. 104-191, see Tables for classification].

“(12) Procedures to ensure that, with the consent of the recovering service member concerned, the address and contact information of the service member is transmitted to the department or agency for veterans affairs of the State in which the service member intends to reside after the retirement or separation of the service member from the Armed Forces.

“(13) Procedures to ensure that, before the transmittal of records and other information with respect to a recovering service member under this section, a meeting regarding the transmittal of such records and other information occurs among the service member, appropriate family members of the service member, representatives of the Secretary of the military department concerned, and representatives of the Secretary of Veterans Affairs, with at least 30 days advance notice of the meeting being given to the service member

10 USC Chapter 55 - Medical And Dental Care
§ 1071. Purpose of this chapter

unless the service member waives the advance notice requirement in order to accelerate transmission of the service member's records and other information to the Department of Veterans Affairs.

"(14) Procedures to ensure that the Secretary of Veterans Affairs gives appropriate consideration to a written statement submitted to the Secretary by a recovering service member regarding the transition.

"(15) Procedures to provide access for the Department of Veterans Affairs to the military health records of recovering service members who are receiving care and treatment, or are anticipating receipt of care and treatment, in Department of Veterans Affairs health care facilities, which procedures shall be consistent with the procedures and requirements in paragraphs (11) and (13).

"(16) A process for the utilization of a joint separation and evaluation physical examination that meets the requirements of both the Department of Defense and the Department of Veterans Affairs in connection with the medical separation or retirement of a recovering service member from military service and for use by the Department of Veterans Affairs in disability evaluations.

"(17) Procedures for surveys and other mechanisms to measure patient and family satisfaction with the provision by the Department of Defense and the Department of Veterans Affairs of care and services for recovering service members, and to facilitate appropriate oversight by supervisory personnel of the provision of such care and services.

"(18) Procedures to ensure the participation of recovering service members who are members of the National Guard or Reserve in the Benefits Delivery at Discharge Program, including procedures to ensure that, to the maximum extent feasible, services under the Benefits Delivery at Discharge Program are provided to recovering service members at—

"(A) appropriate military installations;

"(B) appropriate armories and military family support centers of the National Guard;

"(C) appropriate military medical care facilities at which members of the Armed Forces are separated or discharged from the Armed Forces; and

"(D) in the case of a member on the temporary disability retired list under section 1202 or 1205 of title 10, United States Code, who is being retired under another provision of such title or is being discharged, at a location reasonably convenient to the member.

"SEC. 1616. ESTABLISHMENT OF A WOUNDED WARRIOR RESOURCE CENTER.

"(a) Establishment.—The Secretary of Defense shall establish a wounded warrior resource center (in this section referred to as the 'center') to provide wounded warriors, their families, and their primary caregivers with a single point of contact for assistance with reporting deficiencies in covered military facilities, obtaining health care services, receiving benefits information, receiving legal assistance referral information (where appropriate), receiving other appropriate referral information, and any other difficulties encountered while supporting wounded warriors. The Secretary shall widely disseminate information regarding the existence and availability of the center, including contact information, to members of the Armed Forces and their dependents. In carrying out this subsection, the Secretary may use existing infrastructure and organizations but shall ensure that the center has the ability to separately keep track of calls from wounded warriors.

"(b) Access.—The center shall provide multiple methods of access, including at a minimum an Internet website and a toll-free telephone number (commonly referred to as a 'hot line') at which personnel are accessible at all times to receive reports of deficiencies or provide information about covered military facilities, health care services, or military benefits.

DHA Version - March 2009

- “(c) Confidentiality.—
- “(1) Notification.—Individuals who seek to provide information through the center under subsection (a) shall be notified, immediately before they provide such information, of their option to elect, at their discretion, to have their identity remain confidential.
- “(2) Prohibition on further disclosure.—In the case of information provided through use of the toll-free telephone number by an individual who elects to maintain the confidentiality of his or her identity, any individual who, by necessity, has had access to such information for purposes of investigating or responding to the call as required under subsection (d) may not disclose the identity of the individual who provided the information.
- “(d) Functions.—The center shall perform the following functions:
- “(1) Call tracking.—The center shall be responsible for documenting receipt of a call, referring the call to the appropriate office within a military department for answer or investigation, and tracking the formulation and notification of the response to the call.
- “(2) Investigation and response.—The center shall be responsible for ensuring that, not later than 96 hours after a call—
- “(A) if a report of deficiencies is received in a call—
- “(i) any deficiencies referred to in the call are investigated;
- “(ii) if substantiated, a plan of action for remediation of the deficiencies is developed and implemented; and
- “(iii) if requested, the individual who made the report is notified of the current status of the report; or
- “(B) if a request for information is received in a call—
- “(i) the information requested by the caller is provided by the center;
- “(ii) all requests for information from the call are referred to the appropriate office or offices of a military department for response; and
- “(iii) the individual who made the report is notified, at a minimum, of the current status of the query.
- “(3) Final notification.—The center shall be responsible for ensuring that, if requested, the caller is notified when the deficiency has been corrected or when the request for information has been fulfilled to the maximum extent practicable, as determined by the Secretary.
- “(e) Definitions.—In this section:
- “(1) Covered military facility.—The term ‘covered military facility’ has the meaning provided in section 1648(b) of this Act.
- “(2) Call.—The term ‘call’ means any query or report that is received by the center by means of the toll-free telephone number or other source.
- “(f) Effective Dates.—
- “(1) Toll-free telephone number.—The toll-free telephone number required to be established by subsection (a), shall be fully operational not later than April 1, 2008.
- “(2) Internet website.—The Internet website required to be established by subsection (a), shall be fully operational not later than July 1, 2008. [As amended Pub. L. 110-417, [div. A], title VII, Sec. 724, Oct. 14, 2008, 122 Stat. 4509.]

“SEC. 1618. COMPREHENSIVE PLAN ON PREVENTION, DIAGNOSIS, MITIGATION, TREATMENT, AND REHABILITATION OF, AND RESEARCH ON, TRAUMATIC BRAIN INJURY, POST-TRAUMATIC STRESS DISORDER, AND OTHER MENTAL HEALTH CONDITIONS IN MEMBERS OF THE ARMED FORCES.

- “(a) Comprehensive Statement of Policy.—The Secretary of Defense and the Secretary of Veterans Affairs shall direct joint planning among the Department of Defense, the military departments, and the Department of Veterans Affairs for the prevention, diagnosis, mitigation, treatment, and rehabilitation of, and research on, traumatic brain injury, post-traumatic stress

10 USC Chapter 55 - Medical And Dental Care
§ 1071. Purpose of this chapter

disorder, and other mental health conditions in members of the Armed Forces, including planning for the seamless transition of such members from care through the Department of Defense to care through the Department of Veterans Affairs.

“(b) Comprehensive Plan Required.—Not later than 180 days after the date of the enactment of this Act [Jan. 28, 2008], the Secretary of Defense shall, in consultation with the Secretary of Veterans Affairs, submit to the congressional defense committees [Committees on Armed Services and Appropriations of the Senate and the House of Representatives] a comprehensive plan for programs and activities of the Department of Defense to prevent, diagnose, mitigate, treat, research, and otherwise respond to traumatic brain injury, post-traumatic stress disorder, and other mental health conditions in members of the Armed Forces, including—

“(1) an assessment of the current capabilities of the Department for the prevention, diagnosis, mitigation, treatment, and rehabilitation of, and research on, traumatic brain injury, post-traumatic stress disorder, and other mental health conditions in members of the Armed Forces;

“(2) the identification of gaps in current capabilities of the Department for the prevention, diagnosis, mitigation, treatment, and rehabilitation of, and research on, traumatic brain injury, post-traumatic stress disorder, and other mental health conditions in members of the Armed Forces; and

“(3) the identification of the resources required for the Department in fiscal years 2009 through 2013 to address the gaps in capabilities identified under paragraph (2).

“(c) Program Required.—One of the programs contained in the comprehensive plan submitted under subsection (b) shall be a Department of Defense program, developed in collaboration with the Department of Veterans Affairs, under which each member of the Armed Forces who incurs a traumatic brain injury or post-traumatic stress disorder during service in the Armed Forces—

“(1) is enrolled in the program; and

“(2) receives treatment and rehabilitation meeting a standard of care such that each individual who qualifies for care under the program shall—

“(A) be provided the highest quality, evidence-based care in facilities that most appropriately meet the specific needs of the individual; and

“(B) be rehabilitated to the fullest extent possible using up-to-date evidence-based medical technology, and physical and medical rehabilitation practices and expertise.

“(d) Provision of Information Required.—The comprehensive plan submitted under subsection (b) shall require the provision of information by the Secretary of Defense to members of the Armed Forces with traumatic brain injury, post-traumatic stress disorder, or other mental health conditions and their families about their options with respect to the following:

“(1) The receipt of medical and mental health care from the Department of Defense and the Department of Veterans Affairs.

“(2) Additional options available to such members for treatment and rehabilitation of traumatic brain injury, post-traumatic stress disorder, and other mental health conditions.

“(3) The options available, including obtaining a second opinion, to such members for a referral to an authorized provider under chapter 55 of title 10, United States Code, as determined under regulations prescribed by the Secretary of Defense.

“(e) Additional Elements of Plan.—The comprehensive plan submitted under subsection (b) shall include comprehensive proposals of the Department on the following:

“(1) Lead agent.—The designation by the Secretary of Defense of a lead agent or executive agent for the Department to coordinate development and implementation of the plan.

“(2) Detection and treatment.—The improvement of methods and mechanisms for the detection and treatment of traumatic brain injury, post-traumatic stress disorder, and other mental health conditions in members of the Armed Forces in the field.

DHA Version - March 2009

10 USC Chapter 55 - Medical And Dental Care
§ 1071. Purpose of this chapter

DHA Version - March 2009

“(3) Reduction of PTSD.—The development of a plan for reducing post traumatic-stress disorder, incorporating evidence- based preventive and early-intervention measures, practices, or procedures that reduce the likelihood that personnel in combat will develop post-traumatic stress disorder or other stress-related conditions (including substance abuse conditions) into—

“(A) basic and pre-deployment training for enlisted members of the Armed Forces, noncommissioned officers, and officers;

“(B) combat theater operations; and

“(C) post-deployment service.

“(4) Research.—Requirements for research on traumatic brain injury, post-traumatic stress disorder, and other mental health conditions including (in particular) research on pharmacological and other approaches to treatment for traumatic brain injury, post-traumatic stress disorder, or other mental health conditions, as applicable, and the allocation of priorities among such research.

“(5) Diagnostic criteria.—The development, adoption, and deployment of joint Department of Defense-Department of Veterans Affairs evidence-based diagnostic criteria for the detection and evaluation of the range of traumatic brain injury, post-traumatic stress disorder, and other mental health conditions in members of the Armed Forces, which criteria shall be employed uniformly across the military departments in all applicable circumstances, including provision of clinical care and assessment of future deployability of members of the Armed Forces.

“(6) Assessment.—The development and deployment of evidence- based means of assessing traumatic brain injury, post-traumatic stress disorder, and other mental health conditions in members of the Armed Forces, including a system of pre-deployment and post- deployment screenings of cognitive ability in members for the detection of cognitive impairment.

“(7) Managing and monitoring.—The development and deployment of effective means of managing and monitoring members of the Armed Forces with traumatic brain injury, post-traumatic stress disorder, or other mental health conditions in the receipt of care for traumatic brain injury, post-traumatic stress disorder, or other mental health conditions, as applicable, including the monitoring and assessment of treatment and outcomes.

“(8) Education and awareness.—The development and deployment of an education and awareness training initiative designed to reduce the negative stigma associated with traumatic brain injury, post-traumatic stress disorder, and other mental health conditions, and mental health treatment.

“(9) Education and outreach.—The provision of education and outreach to families of members of the Armed Forces with traumatic brain injury, post-traumatic stress disorder, or other mental health conditions on a range of matters relating to traumatic brain injury, post-traumatic stress disorder, or other mental health conditions, as applicable, including detection, mitigation, and treatment.

“(10) Recording of blasts.—A requirement that exposure to a blast or blasts be recorded in the records of members of the Armed Forces.

“(11) Guidelines for blast injuries.—The development of clinical practice guidelines for the diagnosis and treatment of blast injuries in members of the Armed Forces, including, but not limited to, traumatic brain injury.

“(12) Gender- and ethnic group-specific services and treatment.—The development of requirements, as appropriate, for gender- and ethnic group-specific medical care services and treatment for members of the Armed Forces who experience mental health problems and conditions, including post-traumatic stress disorder, with specific regard to the availability of, access to, and research and development requirements of such needs.

10 USC Chapter 55 - Medical And Dental Care
§ 1071. Purpose of this chapter

“(f) Coordination in Development.—The comprehensive plan submitted under subsection (b) shall be developed in coordination with the Secretary of the Army (who was designated by the Secretary of Defense as executive agent for the prevention, mitigation, and treatment of blast injuries under section 256 of the National Defense Authorization Act for Fiscal Year 2006 (Public Law 109-163; 119 Stat. 3181; 10 U.S.C. 1071 note)).

“SEC. 1621. CENTER OF EXCELLENCE IN THE PREVENTION, DIAGNOSIS, MITIGATION, TREATMENT, AND REHABILITATION OF TRAUMATIC BRAIN INJURY.

“(a) In General.—The Secretary of Defense shall establish within the Department of Defense a center of excellence in the prevention, diagnosis, mitigation, treatment, and rehabilitation of traumatic brain injury, including mild, moderate, and severe traumatic brain injury, to carry out the responsibilities specified in subsection (c).

“(b) Partnerships.—The Secretary shall ensure that the Center collaborates to the maximum extent practicable with 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 responsibilities as follows:

“(1) To implement the comprehensive plan and strategy for the Department of Defense, required by section 1618 of this Act, for the prevention, diagnosis, mitigation, treatment, and rehabilitation of traumatic brain injury, including research on gender and ethnic group-specific health needs related to traumatic brain injury.

“(2) To provide for the development, testing, and dissemination within the Department of best practices for the treatment of traumatic brain injury.

“(3) To provide guidance for the mental health system of the Department in determining the mental health and neurological health personnel required to provide quality mental health care for members of the Armed Forces with traumatic brain injury.

“(4) To establish, implement, and oversee a comprehensive program to train mental health and neurological health professionals of the Department in the treatment of traumatic brain injury.

“(5) To facilitate advancements in the study of the short-term and long-term psychological effects of traumatic brain injury.

“(6) To disseminate within the military medical treatment facilities of the Department best practices for training mental health professionals, including neurological health professionals, with respect to traumatic brain injury.

“(7) To conduct basic science and translational research on traumatic brain injury for the purposes of understanding the etiology of traumatic brain injury and developing preventive interventions and new treatments.

“(8) To develop programs and outreach strategies for families of members of the Armed Forces with traumatic brain injury in order to mitigate the negative impacts of traumatic brain injury on such family members and to support the recovery of such members from traumatic brain injury.

“(9) To conduct research on the mental health needs of families of members of the Armed Forces with traumatic brain injury and develop protocols to address any needs identified through such research.

“(10) To conduct longitudinal studies (using imaging technology and other proven research methods) on members of the Armed Forces with traumatic brain injury to identify early signs of Alzheimer’s disease, Parkinson’s disease, or other manifestations of neurodegeneration, as well as epilepsy, in such members, in coordination with the studies authorized by section 721 of the John Warner National Defense Authorization Act for Fiscal Year 2007 (Public Law 109-364; 120 Stat. 2294) [10 U.S.C. 1074 note] and other studies of the

DHA Version - March 2009

10 USC Chapter 55 - Medical And Dental Care
§ 1071. Purpose of this chapter

DHA Version - March 2009

Department of Defense and the Department of Veterans Affairs that address the connection between exposure to combat and the development of Alzheimer's disease, Parkinson's disease, and other neurodegenerative disorders, as well as epilepsy.

"(11) To develop and oversee a long-term plan to increase the number of mental health and neurological health professionals within the Department in order to facilitate the meeting by the Department of the needs of members of the Armed Forces with traumatic brain injury until their transition to care and treatment from the Department of Veterans Affairs.

"(12) To develop a program on comprehensive pain management, including management of acute and chronic pain, to utilize current and develop new treatments for pain, and to identify and disseminate best practices on pain management related to traumatic brain injury.

"(13) Such other responsibilities as the Secretary shall specify.

"SEC. 1622. CENTER OF EXCELLENCE IN PREVENTION, DIAGNOSIS, MITIGATION, TREATMENT, AND REHABILITATION OF POST-TRAUMATIC STRESS DISORDER AND OTHER MENTAL HEALTH CONDITIONS.

"(a) In General.—The Secretary of Defense shall establish within the Department of Defense a center of excellence in the prevention, diagnosis, mitigation, treatment, and rehabilitation of post-traumatic stress disorder (PTSD) and other mental health conditions, including mild, moderate, and severe post-traumatic stress disorder and other mental health conditions, to carry out the responsibilities specified in subsection (c).

"(b) Partnerships.—The Secretary shall ensure that the center collaborates to the maximum extent practicable with the National Center on Post-Traumatic Stress Disorder of 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 responsibilities as follows:

"(1) To implement the comprehensive plan and strategy for the Department of Defense, required by section 1618 of this Act, for the prevention, diagnosis, mitigation, treatment, and rehabilitation of post-traumatic stress disorder and other mental health conditions, including research on gender- and ethnic group- specific health needs related to post-traumatic stress disorder and other mental health conditions.

"(2) To provide for the development, testing, and dissemination within the Department of best practices for the treatment of post- traumatic stress disorder.

"(3) To provide guidance for the mental health system of the Department in determining the mental health and neurological health personnel required to provide quality mental health care for members of the Armed Forces with post-traumatic stress disorder and other mental health conditions.

"(4) To establish, implement, and oversee a comprehensive program to train mental health and neurological health professionals of the Department in the treatment of post-traumatic stress disorder and other mental health conditions.

"(5) To facilitate advancements in the study of the short-term and long-term psychological effects of post-traumatic stress disorder and other mental health conditions.

"(6) To disseminate within the military medical treatment facilities of the Department best practices for training mental health professionals, including neurological health professionals, with respect to post-traumatic stress disorder and other mental health conditions.

"(7) To conduct basic science and translational research on post-traumatic stress disorder for the purposes of understanding the etiology of post-traumatic stress disorder and developing preventive interventions and new treatments.

10 USC Chapter 55 - Medical And Dental Care
§ 1071. Purpose of this chapter

“(8) To develop programs and outreach strategies for families of members of the Armed Forces with post-traumatic stress disorder and other mental health conditions in order to mitigate the negative impacts of post-traumatic stress disorder and other mental health conditions on such family members and to support the recovery of such members from post-traumatic stress disorder and other mental health conditions.

“(9) To conduct research on the mental health needs of families of members of the Armed Forces with post-traumatic stress disorder and other mental health conditions and develop protocols to address any needs identified through such research.

“(10) To develop and oversee a long-term plan to increase the number of mental health and neurological health professionals within the Department in order to facilitate the meeting by the Department of the needs of members of the Armed Forces with post-traumatic stress disorder and other mental health conditions until their transition to care and treatment from the Department of Veterans Affairs.

“SEC. 1623. CENTER OF EXCELLENCE IN PREVENTION, DIAGNOSIS, MITIGATION, TREATMENT, AND REHABILITATION OF MILITARY EYE INJURIES.

“(a) In General.—The Secretary of Defense shall establish within the Department of Defense a center of excellence in the prevention, diagnosis, mitigation, treatment, and rehabilitation of military eye injuries to carry out the responsibilities specified in subsection (c).

“(b) Partnerships.—The Secretary shall ensure that the center collaborates to the maximum extent practicable with the Secretary 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.—

“(1) In general.—The center shall—

“(A) implement a comprehensive plan and strategy for the Department of Defense, as developed by the Secretary of Defense, for a registry of information for the tracking of the diagnosis, surgical intervention or other operative procedure, other treatment, and follow up for each case of significant eye injury incurred by a member of the Armed Forces while serving on active duty;

“(B) ensure the electronic exchange with the Secretary of Veterans Affairs of information obtained through tracking under subparagraph (A); and

“(C) enable the Secretary of Veterans Affairs to access the registry and add information pertaining to additional treatments or surgical procedures and eventual visual outcomes for veterans who were entered into the registry and subsequently received treatment through the Veterans Health Administration.

“(2) Designation of registry.—The registry under this subsection shall be known as the ‘Military Eye Injury Registry’ (hereinafter referred to as the ‘Registry’).

“(3) Consultation in development.—The center shall develop the Registry in consultation with the ophthalmological specialist personnel and optometric specialist personnel of the Department of Defense and the ophthalmological specialist personnel and optometric specialist personnel of the Department of Veterans Affairs. The mechanisms and procedures of the Registry shall reflect applicable expert research on military and other eye injuries.

“(4) Mechanisms.—The mechanisms of the Registry for tracking under paragraph (1)(A) shall ensure that each military medical treatment facility or other medical facility shall submit to the center for inclusion in the Registry information on the diagnosis, surgical intervention or other operative procedure, other treatment, and follow up for each case of eye injury described in that paragraph as follows (to the extent applicable):

DHA Version - March 2009

10 USC Chapter 55 - Medical And Dental Care
§ 1071. Purpose of this chapter

DHA Version - March 2009

“(A) Not later than 30 days after surgery or other operative intervention, including a surgery or other operative intervention carried out as a result of a follow-up examination.

“(B) Not later than 180 days after the significant eye injury is reported or recorded in the medical record.

“(5) Coordination of care and benefits.—

“(A) The center shall provide notice to the Blind Rehabilitation Service of the Department of Veterans Affairs and to the eye care services of the Veterans Health Administration on each member of the Armed Forces described in subparagraph (B) for purposes of ensuring the coordination of the provision of ongoing eye care and visual rehabilitation benefits and services by the Department of Veterans Affairs after the separation or release of such member from the Armed Forces.

“(B) A member of the Armed Forces described in this subparagraph is a member of the Armed Forces as follows:

“(i) A member with a significant eye injury incurred while serving on active duty, including a member with visual dysfunction related to traumatic brain injury.

“(ii) A member with an eye injury incurred while serving on active duty who has a visual acuity of 20/200 or less in the injured eye.

“(iii) A member with an eye injury incurred while serving on active duty who has a loss of peripheral vision resulting in 20 degrees or less of visual field in the injured eye.

“(d) Utilization of Registry Information.—The Secretary of Defense and the Secretary of Veterans Affairs shall jointly ensure that information in the Registry is available to appropriate ophthalmological and optometric personnel of the Department of Defense and the Department of Veterans Affairs for purposes of encouraging and facilitating the conduct of research, and the development of best practices and clinical education, on eye injuries incurred by members of the Armed Forces.

“(e) Inclusion of Records of OIF/OEF Veterans.—The Secretary of Defense shall take appropriate actions to include in the Registry such records of members of the Armed Forces who incurred an eye injury while serving on active duty on or after September 11, 2001, but before the establishment of the Registry, as the Secretary considers appropriate for purposes of the Registry.

“(f) Traumatic Brain Injury Post Traumatic Visual Syndrome.—In carrying out the program at Walter Reed Army Medical Center, District of Columbia, on traumatic brain injury post traumatic visual syndrome, the Secretary of Defense and the Department of Veterans Affairs shall jointly provide for the conduct of a cooperative program for members of the Armed Forces and veterans with traumatic brain injury by military medical treatment facilities of the Department of Defense and medical centers of the Department of Veterans Affairs selected for purposes of this subsection for purposes of vision screening, diagnosis, rehabilitative management, and vision research, including research on prevention, on visual dysfunction related to traumatic brain injury. [As amended Pub. L. 110-417, [div. A], title VII, Sec. 722, Oct. 14, 2008, 122 Stat. 4508.]

“SEC. 1631. MEDICAL CARE AND OTHER BENEFITS FOR MEMBERS AND FORMER MEMBERS OF THE ARMED FORCES WITH SEVERE INJURIES OR ILLNESSES.

“(a) Medical and Dental Care for Former Members.—

“(1) In general.—Effective as of the date of the enactment of this Act [Jan. 28, 2008] and subject to regulations prescribed by the Secretary of Defense, the Secretary may authorize that any former member of the Armed Forces with a serious injury or illness may receive the same medical and dental care as a member of the Armed Forces on active duty for medical

10 USC Chapter 55 - Medical And Dental Care
§ 1071. Purpose of this chapter

and dental care not reasonably available to such former member in the Department of Veterans Affairs.

“(2) Sunset.—The Secretary of Defense may not provide medical or dental care to a former member of the Armed Forces under this subsection after December 31, 2012, if the Secretary has not provided medical or dental care to the former member under this subsection before that date.

“(b) Rehabilitation and Vocational Benefits.—

“(1) In general.—Effective as of the date of the enactment of this Act [Jan. 28, 2008], a member of the Armed Forces with a severe injury or illness is entitled to such benefits (including rehabilitation and vocational benefits, but not including compensation) from the Secretary of Veterans Affairs to facilitate the recovery and rehabilitation of such member as the Secretary otherwise provides to veterans of the Armed Forces receiving medical care in medical facilities of the Department of Veterans Affairs facilities in order to facilitate the recovery and rehabilitation of such members.

“(2) Sunset.—The Secretary of Veterans Affairs may not provide benefits to a member of the Armed Forces under this subsection after December 31, 2015, if the Secretary has not provided benefits to the member under this subsection before that date.

“(c) Rehabilitative Equipment for Members of the Armed Forces.—

“(1) In general.—Subject to the availability of appropriations for such purpose, the Secretary of Defense may provide an active duty member of the Armed Forces with a severe injury or illness with rehabilitative equipment, including recreational sports equipment that provide an adaptation or accommodation for the member, regardless of whether such equipment is intentionally designed to be adaptive equipment.

“(2) Consultation.—In carrying out this subsection, the Secretary of Defense shall consult with the Secretary of Veterans Affairs regarding similar programs carried out by the Secretary of Veterans Affairs.

“SEC. 1635. FULLY INTEROPERABLE ELECTRONIC PERSONAL HEALTH INFORMATION FOR THE DEPARTMENT OF DEFENSE AND DEPARTMENT OF VETERANS AFFAIRS.

“(a) In General.—The Secretary of Defense and the Secretary of Veterans Affairs shall jointly—

“(1) develop and implement electronic health record systems or capabilities that allow for full interoperability of personal health care information between the Department of Defense and the Department of Veterans Affairs; and

“(2) accelerate the exchange of health care information between the Department of Defense and the Department of Veterans Affairs in order to support the delivery of health care by both Departments.

“(b) Department of Defense-Department of Veterans Affairs Interagency Program Office.—

“(1) In general.—There is hereby established an interagency program office of the Department of Defense and the Department of Veterans Affairs (in this section referred to as the ‘Office’) for the purposes described in paragraph (2).

“(2) Purposes.—The purposes of the Office shall be as follows:

“(A) To act as a single point of accountability for the Department of Defense and the Department of Veterans Affairs in the rapid development and implementation of electronic health record systems or capabilities that allow for full interoperability of personal health care information between the Department of Defense and the Department of Veterans Affairs.

“(B) To accelerate the exchange of health care information between the Department of Defense and the Department of Veterans Affairs in order to support the delivery of health care by both Departments.

DHA Version - March 2009

10 USC Chapter 55 - Medical And Dental Care
§ 1071. Purpose of this chapter

DHA Version - March 2009

“(c) Leadership.—

“(1) Director.—The Director of the Office shall be the head of the Office.

“(2) Deputy director.—The Deputy Director of the Office shall be the deputy head of the Office and shall assist the Director in carrying out the duties of the Director.

“(3) Appointments.—

“(A) The Director shall be appointed by the Secretary of Defense, with the concurrence of the Secretary of Veterans Affairs, from among persons who are qualified to direct the development, acquisition, and integration of major information technology capabilities.

“(B) The Deputy Director shall be appointed by the Secretary of Veterans Affairs, with the concurrence of the Secretary of Defense, from among employees of the Department of Defense and the Department of Veterans Affairs in the Senior Executive Service who are qualified to direct the development, acquisition, and integration of major information technology capabilities.

“(4) Additional guidance.—In addition to the direction, supervision, and control provided by the Secretary of Defense and the Secretary of Veterans Affairs, the Office shall also receive guidance from the Department of Veterans Affairs-Department of Defense Joint Executive Committee under section 320 of title 38, United States Code, in the discharge of the functions of the Office under this section.

“(5) Testimony.—Upon request by any of the appropriate committees of Congress, the Director and the Deputy Director shall testify before such committee regarding the discharge of the functions of the Office under this section.

“(d) Function.—The function of the Office shall be to implement, by not later than September 30, 2009, electronic health record systems or capabilities that allow for full interoperability of personal health care information between the Department of Defense and the Department of Veterans Affairs, which health records shall comply with applicable interoperability standards, implementation specifications, and certification criteria (including for the reporting of quality measures) of the Federal Government.

“(e) Schedules and Benchmarks.—Not later than 30 days after the date of the enactment of this Act [Jan. 28, 2008], the Secretary of Defense and the Secretary of Veterans Affairs shall jointly establish a schedule and benchmarks for the discharge by the Office of its function under this section, including each of the following:

“(1) A schedule for the establishment of the Office.

“(2) A schedule and deadline for the establishment of the requirements for electronic health record systems or capabilities described in subsection (d), including coordination with the Office of the National Coordinator for Health Information Technology in the development of a nationwide interoperable health information technology infrastructure.

“(3) A schedule and associated deadlines for any acquisition and testing required in the implementation of electronic health record systems or capabilities that allow for full interoperability of personal health care information between the Department of Defense and the Department of Veterans Affairs.

“(4) A schedule and associated deadlines and requirements for the implementation of electronic health record systems or capabilities that allow for full interoperability of personal health care information between the Department of Defense and the Department of Veterans Affairs.

“(f) Pilot Projects.—

“(1) Authority.—In order to assist the Office in the discharge of its function under this section, the Secretary of Defense and the Secretary of Veterans Affairs may, acting jointly, carry out one or more pilot projects to assess the feasibility and advisability of various

10 USC Chapter 55 - Medical And Dental Care
§ 1071. Purpose of this chapter

technological approaches to the achievement of the electronic health record systems or capabilities described in subsection (d).

“(2) Sharing of protected health information.—For purposes of each pilot project carried out under this subsection, the Secretary of Defense and the Secretary of Veterans Affairs shall, for purposes of the regulations promulgated under section 264(c) of the Health Insurance Portability and Accountability Act of 1996 [Pub. L. 104-191] (42 U.S.C. 1320d-2 note), ensure the effective sharing of protected health information between the health care system of the Department of Defense and the health care system of the Department of Veterans Affairs as needed to provide all health care services and other benefits allowed by law.

“(g) Staff and Other Resources.—

“(1) In general.—The Secretary of Defense and the Secretary of Veterans Affairs shall assign to the Office such personnel and other resources of the Department of Defense and the Department of Veterans Affairs as are required for the discharge of its function under this section.

“(2) Additional services.—Subject to the approval of the Secretary of Defense and the Secretary of Veterans Affairs, the Director may utilize the services of private individuals and entities as consultants to the Office in the discharge of its function under this section.

Amounts available to the Office shall be available for payment for such services.

“(h) Annual Reports.—

“(1) In general.—Not later than January 1, 2009, and each year thereafter through 2015, the Director shall submit to the Secretary of Defense and the Secretary of Veterans Affairs, and to the appropriate committees of Congress, a report on the activities of the Office during the preceding calendar year. Each report shall include, for the year covered by such report, the following:

“(A) A detailed description of the activities of the Office, including a detailed description of the amounts expended and the purposes for which expended.

“(B) An assessment of the progress made by the Department of Defense and the Department of Veterans Affairs in the full implementation of electronic health record systems or capabilities described in subsection (d).

“(C) A description and analysis of the level of interoperability and security of technologies for sharing healthcare information among the Department of Defense, the Department of Veterans Affairs, and their transaction partners.

“(D) A description and analysis of the problems the Department of Defense and the Department of Veterans Affairs are having with, and the progress such departments are making toward, ensuring interoperable and secure healthcare information systems and electronic healthcare records.

“(2) Availability to public.—The Secretary of Defense and the Secretary of Veterans Affairs shall make available to the public each report submitted under paragraph (1), including by posting such report on the Internet website of the Department of Defense and the Department of Veterans Affairs, respectively, that is available to the public.

“(i) Comptroller General Assessment of Implementation.—Not later than six months after the date of the enactment of this Act [Jan. 28, 2008] and every six months thereafter until the completion of the implementation of electronic health record systems or capabilities described in subsection (d), the Comptroller General of the United States shall submit to the appropriate committees of Congress a report setting forth the assessment of the Comptroller General of the progress of the Department of Defense and the Department of Veterans Affairs in implementing electronic health record systems or capabilities described in subsection (d).

“(j) Technology-Neutral Guidelines and Standards.—The Director, in consultation with industry and appropriate Federal agencies, shall develop, or shall adopt from industry, technology-

DHA Version - March 2009

10 USC Chapter 55 - Medical And Dental Care
§ 1071. Purpose of this chapter

neutral information technology infrastructure guidelines and standards for use by the Department of Defense and the Department of Veterans Affairs to enable those departments to effectively select and utilize information technologies to meet the requirements of this section. [As amended Pub. L. 110-417, [div. A], title II, Sec. 252, Oct. 14, 2008, 122 Stat. 4400.]

"SEC. 1644. AUTHORIZATION OF PILOT PROGRAMS TO IMPROVE THE DISABILITY EVALUATION SYSTEM FOR MEMBERS OF THE ARMED FORCES.

"(a) Pilot Programs.—

"(1) Programs authorized.—For the purposes set forth in subsection (c), the Secretary of Defense may establish and conduct pilot programs with respect to the system of the Department of Defense for the evaluation of the disabilities of members of the Armed Forces who are being separated or retired from the Armed Forces for disability under chapter 61 of title 10, United States Code (in this section referred to as the 'disability evaluation system').

"(2) Types of pilot programs.—In carrying out this section, the Secretary of Defense may conduct one or more of the pilot programs described in paragraphs (1) through (3) of subsection (b) or such other pilot programs as the Secretary of Defense considers appropriate.

"(3) Consultation.—In establishing and conducting any pilot program under this section, the Secretary of Defense shall consult with the Secretary of Veterans Affairs.

"(b) Scope of Pilot Programs.—

"(1) Disability determinations by DoD utilizing VA assigned disability rating.—Under one of the pilot programs authorized by subsection (a), for purposes of making a determination of disability of a member of the Armed Forces under section 1201(b) of title 10, United States Code, for the retirement, separation, or placement of the member on the temporary disability retired list under chapter 61 of such title, upon a determination by the Secretary of the military department concerned that the member is unfit to perform the duties of the member's office, grade, rank, or rating because of a physical disability as described in section 1201(a) of such title—

"(A) the Secretary of Veterans Affairs may—

"(i) conduct an evaluation of the member for physical disability; and

"(ii) assign the member a rating of disability in accordance with the schedule for rating disabilities utilized by the Secretary of Veterans Affairs based on all medical conditions (whether individually or collectively) that render the member unfit for duty; and

"(B) the Secretary of the military department concerned may make the determination of disability regarding the member utilizing the rating of disability assigned under subparagraph (A)(ii).

"(2) Disability determinations utilizing joint DoD/VA assigned disability rating.—Under one of the pilot programs authorized by subsection (a), in making a determination of disability of a member of the Armed Forces under section 1201(b) of title 10, United States Code, for the retirement, separation, or placement of the member on the temporary disability retired list under chapter 61 of such title, the Secretary of the military department concerned may, upon determining that the member is unfit to perform the duties of the member's office, grade, rank, or rating because of a physical disability as described in section 1201(a) of such title—

"(A) provide for the joint evaluation of the member for disability by the Secretary of the military department concerned and the Secretary of Veterans Affairs, including the assignment of a rating of disability for the member in accordance with the schedule for rating disabilities utilized by the Secretary of Veterans Affairs based on all medical

10 USC Chapter 55 - Medical And Dental Care
§ 1071. Purpose of this chapter

conditions (whether individually or collectively) that render the member unfit for duty; and

“(B) make the determination of disability regarding the member utilizing the rating of disability assigned under subparagraph (A).

“(3) Electronic clearing house.—Under one of the pilot programs authorized by subsection (a), the Secretary of Defense may establish and operate a single Internet website for the disability evaluation system of the Department of Defense that enables participating members of the Armed Forces to fully utilize such system through the Internet, with such Internet website to include the following:

“(A) The availability of any forms required for the utilization of the disability evaluation system by members of the Armed Forces under the system.

“(B) Secure mechanisms for the submission of such forms by members of the Armed Forces under the system, and for the tracking of the acceptance and review of any forms so submitted.

“(C) Secure mechanisms for advising members of the Armed Forces under the system of any additional information, forms, or other items that are required for the acceptance and review of any forms so submitted.

“(D) The continuous availability of assistance to members of the Armed Forces under the system (including assistance through the caseworkers assigned to such members of the Armed Forces) in submitting and tracking such forms, including assistance in obtaining information, forms, or other items described by subparagraph (C).

“(E) Secure mechanisms to request and receive personnel files or other personnel records of members of the Armed Forces under the system that are required for submission under the disability evaluation system, including the capability to track requests for such files or records and to determine the status of such requests and of responses to such requests.

“(4) Other pilot programs.—The pilot programs authorized by subsection (a) may also provide for the development, evaluation, and identification of such practices and procedures under the disability evaluation system as the Secretary considers appropriate for purposes set forth in subsection (c).

“(c) Purposes.—A pilot program established under subsection (a) may have one or more of the following purposes:

“(1) To provide for the development, evaluation, and identification of revised and improved practices and procedures under the disability evaluation system in order to—

“(A) reduce the processing time under the disability evaluation system of members of the Armed Forces who are likely to be retired or separated for disability, and who have not requested continuation on active duty, including, in particular, members who are severely wounded;

“(B) identify and implement or seek the modification of statutory or administrative policies and requirements applicable to the disability evaluation system that—

“(i) are unnecessary or contrary to applicable best practices of civilian employers and civilian healthcare systems; or

“(ii) otherwise result in hardship, arbitrary, or inconsistent outcomes for members of the Armed Forces, or unwarranted inefficiencies and delays;

“(C) eliminate material variations in policies, interpretations, and overall performance standards among the military departments under the disability evaluation system; and

“(D) determine whether it enhances the capability of the Department of Veterans Affairs to receive and determine claims from members of the Armed Forces for compensation, pension, hospitalization, or other veterans benefits.

DHA Version - March 2009

10 USC Chapter 55 - Medical And Dental Care
§ 1071. Purpose of this chapter

DHA Version - March 2009

“(2) In conjunction with the findings and recommendations of applicable Presidential and Department of Defense study groups, to provide for the eventual development of revised and improved practices and procedures for the disability evaluation system in order to achieve the objectives set forth in paragraph (1).

“(d) Utilization of Results in Updates of Comprehensive Policy on Care, Management, and Transition of Recovering Service Members.—The Secretary of Defense and the Secretary of Veterans Affairs, acting jointly, may incorporate responses to any findings and recommendations arising under the pilot programs conducted under subsection (a) in updating the comprehensive policy on the care and management of covered service members under section 1611(a)(4).

“(e) Construction With Other Authorities.—

“(1) In general.—Subject to paragraph (2), in carrying out a pilot program under subsection (a)—

“(A) the rules and regulations of the Department of Defense and the Department of Veterans Affairs relating to methods of determining fitness or unfitness for duty and disability ratings for members of the Armed Forces shall apply to the pilot program only to the extent provided in the report on the pilot program under subsection (g)(1); and
“(B) the Secretary of Defense and the Secretary of Veterans Affairs may waive any provision of title 10, 37, or 38, United States Code, relating to methods of determining fitness or unfitness for duty and disability ratings for members of the Armed Forces if the Secretaries determine in writing that the application of such provision would be inconsistent with the purpose of the pilot program.

“(2) Limitation.—Nothing in paragraph (1) shall be construed to authorize the waiver of any provision of section 1216a of title 10, United States Code, as added by section 1642 of this Act.

“(f) Duration.—Each pilot program conducted under subsection (a) shall be completed not later than one year after the date of the commencement of such pilot program under that subsection.

“(g) Reports.—

“(1) Initial report.—Not later than 90 days after the date of the enactment of this Act [Jan. 28, 2008], the Secretary of Defense shall submit to the appropriate committees of Congress a report on each pilot program that has been commenced as of that date under subsection (a). The report shall include—

“(A) a description of the scope and objectives of the pilot program;

“(B) a description of the methodology to be used under the pilot program to ensure rapid identification under such pilot program of revised or improved practices under the disability evaluation system in order to achieve the objectives set forth in subsection (c)(1); and

“(C) a statement of any provision described in subsection (e)(1)(B) that will not apply to the pilot program by reason of a waiver under that subsection.

“(2) Interim report.—Not later than 180 days after the date of the submittal of the report required by paragraph (1) with respect to a pilot program, the Secretary shall submit to the appropriate committees of Congress a report describing the current status of the pilot program.

“(3) Final report.—Not later than 90 days after the completion of all of the pilot programs conducted under subsection (a), the Secretary shall submit to the appropriate committees of Congress a report setting forth a final evaluation and assessment of the pilot programs. The report shall include such recommendations for legislative or administrative action as the Secretary considers appropriate in light of such pilot programs.

10 USC Chapter 55 - Medical And Dental Care
§ 1071. Purpose of this chapter

“SEC. 1648. STANDARDS FOR MILITARY MEDICAL TREATMENT FACILITIES, SPECIALTY MEDICAL CARE FACILITIES, AND MILITARY QUARTERS HOUSING PATIENTS AND ANNUAL REPORT ON SUCH FACILITIES.

“(a) Establishment of Standards.—The Secretary of Defense shall establish for the military facilities of the Department of Defense and the military departments referred to in subsection “(b) standards with respect to the matters set forth in subsection (c). To the maximum extent practicable, the standards shall—

“(1) be uniform and consistent for all such facilities; and

“(2) be uniform and consistent throughout the Department of Defense and the military departments.

“(b) Covered Military Facilities.—The military facilities covered by this section are the following:

“(1) Military medical treatment facilities.

“(2) Specialty medical care facilities.

“(3) Military quarters or leased housing for patients.

“(c) Scope of Standards.—The standards required by subsection (a) shall include the following:

“(1) Generally accepted standards for the accreditation of medical facilities, or for facilities used to quarter individuals that may require medical supervision, as applicable, in the United States.

“(2) To the extent not inconsistent with the standards described in paragraph (1), minimally acceptable conditions for the following:

“(A) Appearance and maintenance of facilities generally, including the structure and roofs of facilities.

“(B) Size, appearance, and maintenance of rooms housing or utilized by patients, including furniture and amenities in such rooms.

“(C) Operation and maintenance of primary and back-up facility utility systems and other systems required for patient care, including electrical systems, plumbing systems, heating, ventilation, and air conditioning systems, communications systems, fire protection systems, energy management systems, and other systems required for patient care.

“(D) Compliance of facilities, rooms, and grounds, to the maximum extent practicable, with the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.).

“(E) Such other matters relating to the appearance, size, operation, and maintenance of facilities and rooms as the Secretary considers appropriate.

“(d) Compliance With Standards.—

“(1) Deadline.—In establishing standards under subsection (a), the Secretary shall specify a deadline for compliance with such standards by each facility referred to in subsection (b). The deadline shall be at the earliest date practicable after the date of the enactment of this Act [Jan. 28, 2008], and shall, to the maximum extent practicable, be uniform across the facilities referred to in subsection (b).

“(2) Investment.—In carrying out this section, the Secretary shall also establish guidelines for investment to be utilized by the Department of Defense and the military departments in determining the allocation of financial resources to facilities referred to in subsection (b) in order to meet the deadline specified under paragraph (1).

“(e) Report on Development and Implementation of Standards.—

“(1) In general.—Not later than March 1, 2008, the Secretary shall submit to the congressional defense committees [Committees on Armed Services and Appropriations of the Senate and the House of Representatives] a report on the actions taken to carry out subsection (a).

“(2) Elements.—The report under paragraph (1) shall include the following:

“(A) The standards established under subsection (a).

DHA Version - March 2009

10 USC Chapter 55 - Medical And Dental Care
§ 1071. Purpose of this chapter

DHA Version - March 2009

“(B) An assessment of the appearance, condition, and maintenance of each facility referred to in subsection (b), including—

“(i) an assessment of the compliance of the facility with the standards established under subsection (a); and

“(ii) a description of any deficiency or noncompliance in each facility with the standards.

“(C) A description of the investment to be allocated to address each deficiency or noncompliance identified under subparagraph (B)(ii).

“(f) Annual Report.—Not later than the date on which the President submits the budget for a fiscal year to Congress pursuant to section 1105 of title 31, United States Code, the Secretary shall submit to the Committees on Armed Services of the Senate and the House of Representatives a report on the adequacy, suitability, and quality of each facility referred to in subsection (b). The Secretary shall include in each report information regarding—

“(1) any deficiencies in the adequacy, quality, or state of repair of medical-related support facilities raised as a result of information received during the period covered by the report through the toll-free hot line required by section 1616; and

“(2) the investigations conducted and plans of action prepared under such section to respond to such deficiencies.

“SEC. 1651. HANDBOOK FOR MEMBERS OF THE ARMED FORCES ON COMPENSATION AND BENEFITS AVAILABLE FOR SERIOUS INJURIES AND ILLNESSES.

“(a) Information on Available Compensation and Benefits.—Not later than October 1, 2008, the Secretary of Defense shall develop and maintain, in handbook and electronic form, a comprehensive description of the compensation and other benefits to which a member of the Armed Forces, and the family of such member, would be entitled upon the separation or retirement of the member from the Armed Forces as a result of a serious injury or illness. The handbook shall set forth the range of such compensation and benefits based on grade, length of service, degree of disability at separation or retirement, and such other factors affecting such compensation and benefits as the Secretary considers appropriate.

“(b) Consultation.—The Secretary of Defense shall develop and maintain the comprehensive description required by subsection (a), including the handbook and electronic form of the description, in consultation with the Secretary of Veterans Affairs, the Secretary of Health and Human Services, and the Commissioner of Social Security.

“(c) Update.—The Secretary of Defense shall update the comprehensive description required by subsection (a), including the handbook and electronic form of the description, on a periodic basis, but not less often than annually.

“(d) Provision to Members.—The Secretary of the military department concerned shall provide the descriptive handbook under subsection (a) to each member of the Armed Forces described in that subsection as soon as practicable following the injury or illness qualifying the member for coverage under such subsection.

“(e) Provision to Representatives.—If a member is incapacitated or otherwise unable to receive the descriptive handbook to be provided under subsection (a), the handbook shall be provided to the next of kin or a legal representative of the member, as determined in accordance with regulations prescribed by the Secretary of the military department concerned for purposes of this section.

10 USC Chapter 55 - Medical And Dental Care
§ 1071. Purpose of this chapter

“SEC. 1662. ACCESS OF RECOVERING SERVICE MEMBERS TO ADEQUATE OUTPATIENT RESIDENTIAL FACILITIES.

“(a) Required Inspections of Facilities.—All quarters of the United States and housing facilities under the jurisdiction of the Armed Forces that are occupied by recovering service members shall be inspected **at least once every** two years by the inspectors general of the regional medical commands.

“(b) Inspector General Reports.—The inspector general for each regional medical command shall—

“(1) submit a report on each inspection of a facility conducted under subsection (a) to the post commander at such facility, the commanding officer of the hospital affiliated with such facility, the surgeon general of the military department that operates such hospital, the Secretary of the military department concerned, the Assistant Secretary of Defense for Health Affairs, and the congressional defense committees [Committees on Armed Services and Appropriations of the Senate and the House of Representatives]; and

“(2) post each such report on the Internet website of such regional medical command.

“SEC. 1671. PROHIBITION ON TRANSFER OF RESOURCES FROM MEDICAL CARE.

“Neither the Secretary of Defense nor the Secretaries of the military departments may transfer funds or personnel from medical care functions to administrative functions within the Department of Defense in order to comply with the new administrative requirements imposed by this title [see Short Title of 2008 Amendment note above] or the amendments made by this title.

“SEC. 1672. MEDICAL CARE FOR FAMILIES OF MEMBERS OF THE ARMED FORCES RECOVERING FROM SERIOUS INJURIES OR ILLNESSES.

“(a) Medical Care at Military Medical Facilities.—

“(1) Medical care.—A family member of a recovering service member who is not otherwise eligible for medical care at a military medical treatment facility may be eligible for such care at such facilities, on a space-available basis, if the family member is—

“(A) on invitational orders while caring for the service member;

“(B) a non-medical attendee caring for the service member; or

“(C) receiving per diem payments from the Department of Defense while caring for the service member.

“(2) Specification of family members.—The Secretary of Defense may prescribe in regulations the family members of recovering service members who shall be considered to be a family member of a service member for purposes of this subsection.

“(3) Specification of care.—The Secretary of Defense shall prescribe in regulations the medical care that may be available to family members under this subsection at military medical treatment facilities.

“(4) Recovery of costs.—The United States may recover the costs of the provision of medical care under this subsection as follows (as applicable):

“(A) From third-party payers, in the same manner as the United States may collect costs of the charges of health care provided to covered beneficiaries from third-party payers under section 1095 of title 10, United States Code.

“(B) As if such care was provided under the authority of section 1784 of title 38, United States Code.

“(b) Medical Care at Department of Veterans Affairs Medical Facilities.—

“(1) Medical care.—When a recovering service member is receiving hospital care and medical services at a medical facility of the Department of Veterans Affairs, the Secretary of Veterans Affairs may provide medical care for eligible family members under this section

DHA Version - March 2009

10 USC Chapter 55 - Medical And Dental Care
§ 1071. Purpose of this chapter

when that care is readily available at that Department facility and on a space-available basis.

“(2) Regulations.—The Secretary of Veterans Affairs shall prescribe in regulations the medical care that may be available to family members under this subsection at medical facilities of the Department of Veterans Affairs.

“SEC. 1676. MORATORIUM ON CONVERSION TO CONTRACTOR PERFORMANCE OF DEPARTMENT OF DEFENSE FUNCTIONS AT MILITARY MEDICAL FACILITIES.

“(a) Moratorium.—No study or competition may be begun or announced pursuant to section 2461 of title 10, United States Code, or otherwise pursuant to Office of Management and Budget circular A-76, relating to the possible conversion to performance by a contractor of any Department of Defense function carried out at a military medical facility until the Secretary of Defense—

“(1) submits the certification required by subsection (b) to the Committee on Armed Services of the Senate and the Committee on Armed Services of the House of Representatives together with a description of the steps taken by the Secretary in accordance with the certification; and

“(2) submits the report required by subsection (c).

“(b) Certification.—The certification referred to in paragraph (a)(1) is a certification that the Secretary has taken appropriate steps to ensure that neither the quality of military medical care nor the availability of qualified personnel to carry out Department of Defense functions related to military medical care will be adversely affected by either—

“(1) the process of considering a Department of Defense function carried out at a military medical facility for possible conversion to performance by a contractor; or

“(2) the conversion of such a function to performance by a contractor.

“(c) Report Required.—Not later than 180 days after the date of the enactment of this Act [Jan. 28, 2008], the Secretary of Defense shall submit to the Committee on Armed Services of the Senate and the Committee on Armed Services of the House of Representatives a report on the public-private competitions being conducted for Department of Defense functions carried out at military medical facilities as of the date of the enactment of this Act by each military department and defense agency. Such report shall include—

“(1) for each such competition—

“(A) the cost of conducting the public-private competition;

“(B) the number of military personnel and civilian employees of the Department of Defense affected;

“(C) the estimated savings identified and the savings actually achieved;

“(D) an evaluation whether the anticipated and budgeted savings can be achieved through a public-private competition; and

“(E) the effect of converting the performance of the function to performance by a contractor on the quality of the performance of the function; and

“(2) an assessment of whether any method of business reform or reengineering other than a public-private competition could, if implemented in the future, achieve any anticipated or budgeted savings.”

Disease And Chronic Care Management

Pub. L. 109-364, div. A, title VII, Sec. 734, Oct. 17, 2006, 120 Stat. 2299, provided that:

“(a) Program Design and Development Required.—Not later than October 1, 2007, the Secretary of Defense shall design and develop a fully integrated program on disease and chronic care management for the military health care system that provides, to the extent practicable, uniform policies and practices on disease management and chronic care

10 USC Chapter 55 - Medical And Dental Care
§ 1071. Purpose of this chapter

management throughout that system, including both military hospitals and clinics and civilian healthcare providers within the TRICARE network.

“(b) Purposes of Program.—The purposes of the program required by subsection (a) are as follows:

“(1) To facilitate the improvement of the health status of individuals under care in the military health care system.

“(2) To ensure the availability of effective health care services in that system for individuals with diseases and other chronic conditions.

“(3) To ensure the proper allocation of health care resources for individuals who need care for disease or other chronic conditions.

“(c) Elements of Program Design.—The program design required by subsection (a) shall meet the following requirements:

“(1) Based on uniform policies prescribed by the Secretary, the program shall, at a minimum, address the following chronic diseases and conditions:

“(A) Diabetes.

“(B) Cancer.

“(C) Heart disease.

“(D) Asthma.

“(E) Chronic obstructive pulmonary disorder.

“(F) Depression and anxiety disorders.

“(2) The program shall meet nationally recognized accreditation standards for disease and chronic care management.

“(3) The program shall include specific outcome measures and objectives on disease and chronic care management.

“(4) The program shall include strategies for disease and chronic care management for all beneficiaries, including beneficiaries eligible for benefits under the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.), for whom the TRICARE program is not the primary payer for health care benefits.

“(5) Activities under the program shall conform to applicable laws and regulations relating to the confidentiality of health care information.

“(d) Implementation Plan Required.—Not later than February 1, 2008, the Secretary of Defense, in coordination with the Secretaries of the military departments, shall develop an implementation plan for the disease and chronic care management program. In order to facilitate the carrying out of the program, the plan developed by the Secretary shall—

“(1) require a comprehensive analysis of the disease and chronic care management opportunities within each region of the TRICARE program, including within military treatment facilities and through contractors under the TRICARE program;

“(2) ensure continuous, adequate funding of disease and chronic care management activities throughout the military health care system in order to achieve maximum health outcomes and cost avoidance;

“(3) eliminate, to the extent practicable, any financial disincentives to sustained investment by military hospitals and health care services contractors of the Department of Defense in the disease and chronic care management activities of the Department;

“(4) ensure that appropriate clinical and claims data, including pharmacy utilization data, is available for use in implementing the program;

“(5) ensure outreach to eligible beneficiaries who, on the basis of their clinical conditions, are candidates for the program utilizing print and electronic media, telephone, and personal interaction; and

“(6) provide a system for monitoring improvements in health status and clinical outcomes under the program and savings associated with the program.

DHA Version - March 2009

“(e) Report.—

“(1) In general.—Not later than March 1, 2008, the Secretary of Defense shall submit to the Committees on Armed Services of the Senate and the House of Representatives a report on the design, development, and implementation of the program on disease and chronic care management required by this section.

“(2) Report elements.—The report required by paragraph (1) shall include the following:

“(A) A description of the design and development of the program required by subsection (a).

“(B) A description of the implementation plan required by subsection (d).

“(C) A description and assessment of improvements in health status and clinical outcomes that are anticipated as a result of implementation of the program.

“(D) A description of the savings and return on investment associated with the program.

“(E) A description of an investment strategy to assure the sustainment of the disease and chronic care management programs of the Department of Defense.”

Prevention, Mitigation, And Treatment Of Blast Injuries

Pub. L. 109-163, div. A, title II, Sec. 256, Jan. 6, 2006, 119 Stat. 3181, as amended by Pub. L. 112-239, div. A, title X, Sec. 1076(c)(2)(C), Jan. 2, 2013, 126 Stat. 1950, provided that:

“(a) Designation of Executive Agent.—The Secretary of Defense shall designate an executive agent to be responsible for coordinating and managing the medical research efforts and programs of the Department of Defense relating to the prevention, mitigation, and treatment of blast injuries.

“(b) General Responsibilities.—The executive agent designated under subsection (a) shall be responsible for—

“(1) planning for the medical research and development projects, diagnostic and field treatment programs, and patient tracking and monitoring activities within the Department that relate to combat blast injuries;

“(2) efficient execution of such projects, programs, and activities;

“(3) enabling the sharing of blast injury health hazards and survivability data collected through such projects, programs, and activities with the programs of the Department of Defense;

“(4) working with the Assistant Secretary of Defense for Research and Engineering and the Secretaries of the military departments to ensure resources are adequate to also meet non-medical requirements related to blast injury prevention, mitigation, and treatment; and

“(5) ensuring that a joint combat trauma registry is established and maintained for the purposes of collection and analysis of contemporary combat casualties, including casualties with traumatic brain injury.

“(c) Medical Research Efforts.—

“(1) In general.—The executive agent designated under subsection (a) shall review and assess the adequacy of medical research efforts of the Department of Defense as of the date of the enactment of this Act [Jan. 6, 2006] relating to the following:

“(A) The characterization of blast effects leading to injury, including the injury potential of blasts in various environments.

“(B) Medical technologies and protocols to more accurately detect and diagnose blast injuries, including improved discrimination between traumatic brain injuries and mental health disorders.

“(C) Enhanced treatment of blast injuries in the field.

“(D) Integrated treatment approaches for members of the Armed Forces who have a combination of traumatic brain injuries and mental health disorders or other injuries.

10 USC Chapter 55 - Medical And Dental Care
§ 1071. Purpose of this chapter

- “(E) Such other blast injury matters as the executive agent considers appropriate.
- “(2) Requirements for research efforts.—Based on the assessment under paragraph (1), the executive agent shall establish requirements for medical research efforts described in that paragraph in order to enhance and accelerate those research efforts.
- “(3) Oversight of research efforts.—The executive agent shall establish, coordinate, and oversee Department-wide medical research efforts relating to the prevention, mitigation, and treatment of blast injuries, as necessary, to fulfill requirements established under paragraph (2).
- “(d) Other Related Research Efforts.—The Assistant Secretary of Defense for Research and Engineering, in coordination with the executive agent designated under subsection (a) and the Director of the Joint IED Defeat Task Force, shall—
- “(1) review and assess the adequacy of current research efforts of the Department on the prevention and mitigation of blast injuries;
- “(2) based on subsection (c)(1), establish requirements for further research; and
- “(3) address any deficiencies identified in paragraphs (1) and (2) by establishing, coordinating, and overseeing Department-wide research and development initiatives on the prevention and mitigation of blast injuries, including explosive detection and defeat and personnel and vehicle blast protection.
- “(e) Studies.—The executive agent designated under subsection (a) shall conduct studies on the prevention, mitigation, and treatment of blast injuries, including—
- “(1) studies to improve the clinical evaluation and treatment approach for blast injuries, with an emphasis on traumatic brain injuries and other consequences of blast injury, including acoustic and eye injuries and injuries resulting from over-pressure wave;
- “(2) studies on the incidence of traumatic brain injuries attributable to blast injury in soldiers returning from combat;
- “(3) studies to develop protocols for medical tracking of members of the Armed Forces for up to five years following blast injuries; and
- “(4) studies to refine and improve educational interventions for blast injury survivors and their families.
- “(f) Training.—The executive agent designated under subsection (a), in coordination with the Director of the Joint IED Defeat Task Force, shall develop training protocols for medical and non-medical personnel on the prevention, mitigation, and treatment of blast injuries. Those protocols shall be intended to improve field and clinical training on early identification of blast injury consequences, both seen and unseen, including traumatic brain injuries, acoustic injuries, and internal injuries.
- “(g) Information Sharing.—The executive agent designated under subsection (a) shall make available the results of relevant medical research and development projects and studies to—
- “(1) Department of Defense programs focused on—
- “(A) promoting the exchange of blast health hazards data with blast characterization data and blast modeling and simulation tools; and
- “(B) encouraging the incorporation of blast hazards data into design and operational features of blast detection, mitigation, and defeat capabilities, such as comprehensive armor systems which provide blast, ballistic, and fire protection for the head, neck, ears, eyes, torso, and extremities; and
- “(2) traumatic brain injury treatment programs to enhance the evaluation and care of members of the Armed Forces with traumatic brain injuries in medical facilities in the United States and in deployed medical facilities, including those outside the Department of Defense.

DHA Version - March 2009

10 USC Chapter 55 - Medical And Dental Care
§ 1071. Purpose of this chapter

DHA Version - March 2009

“(h) Reports on Blast Injury Matters.—

“(1) Reports required.—Not later than 270 days after the date of the enactment of this Act [Jan. 6, 2006], and annually thereafter through 2008, the Secretary of Defense shall submit to the Committee on Armed Services of the Senate and the Committee on Armed Services of the House of Representatives a report on the efforts and programs of the Department of Defense relating to the prevention, mitigation, and treatment of blast injuries.

“(2) Elements.—Each report under paragraph (1) shall include the following:

“(A) A description of the activities undertaken under this section during the two years preceding the report to improve the prevention, mitigation, and treatment of blast injuries.

“(B) A consolidated budget presentation for Department of Defense biomedical research efforts and studies related to blast injury for the two fiscal years following the year of the report.

“(C) A description of any gaps in the capabilities of the Department and any plans to address such gaps within biomedical research related to blast injury, blast injury diagnostic and treatment programs, and blast injury tracking and monitoring activities.

“(D) A description of collaboration, if any, with other departments and agencies of the Federal Government, and with other countries, during the two years preceding the report in efforts for the prevention, mitigation, and treatment of blast injuries.

“(E) A description of any efforts during the two years preceding the report to disseminate findings on the diagnosis and treatment of blast injuries through civilian and military research and medical communities.

“(F) A description of the status of efforts during the two years preceding the report to incorporate blast injury effects data into appropriate programs of the Department of Defense and into the development of comprehensive force protection systems that are effective in confronting blast, ballistic, and fire threats.

“(i) Deadline for Designation of Executive Agent.—The Secretary shall make the designation required by subsection (a) not later than 90 days after the date of the enactment of this Act [Jan. 6, 2006].

“(j) Blast Injuries Defined.—In this section, the term ‘blast injuries’ means injuries that occur as the result of the detonation of high explosives, including vehicle-borne and person-borne explosive devices, rocket-propelled grenades, and improvised explosive devices.

“(k) Executive Agent Defined.—In this section, the term ‘executive agent’ has the meaning provided such term in Department of Defense Directive 5101.1.”

Access To Health Care Services For Beneficiaries Eligible For TRICARE And Department Of Veterans Affairs Health Care

Pub. L. 107-314, div. A, title VII, Sec. 708, Dec. 2, 2002, 116 Stat. 2585, provided that:

“(a) Requirement To Establish Process.—(1) The Secretary of Defense shall prescribe in regulations a process for resolving issues relating to patient safety and continuity of care for covered beneficiaries who are concurrently entitled to health care under the TRICARE program and eligible for health care services provided by the Department of Veterans Affairs. The Secretary shall—

“(A) ensure that the process provides for coordination of, and access to, health care from the two sources in a manner that prevents diminution of access to health care from either source; and

“(B) in consultation with the Secretary of Veterans Affairs, prescribe a clear definition of an ‘episode of care’ for use in the resolution of patient safety and continuity of care issues under such process.

10 USC Chapter 55 - Medical And Dental Care
§ 1071. Purpose of this chapter

“(2) Not later than May 1, 2003, the Secretary shall submit to the Committees on Armed Services of the Senate and of the House of Representatives a report describing the process prescribed under paragraph (1).

“(3) While prescribing the process under paragraph (1) and upon completion of the report under paragraph (2), the Secretary shall provide to the Comptroller General information that would be relevant in carrying out the study required by subsection (b).

“(b) Comptroller General Study and Report.—(1) The Comptroller General shall conduct a study of the health care issues of covered beneficiaries described in subsection (a). The study shall include the following:

“(A) An analysis of whether covered beneficiaries who seek services through the Department of Veterans Affairs are receiving needed health care services in a timely manner from the Department of Veterans Affairs, as compared to the timeliness of the care available to covered beneficiaries under TRICARE Prime (as set forth in access to care standards under TRICARE program policy that are applicable to the care being sought).

“(B) An evaluation of the quality of care for covered beneficiaries who do not receive needed services from the Department of Veterans Affairs within a time period that is comparable to the time period provided for under such access to care standards and who then must seek alternative care under the TRICARE program.

“(C) Recommendations to improve access to, and timeliness and quality of, care for covered beneficiaries described in subsection (a).

“(D) An evaluation of the feasibility and advisability of making access to care standards applicable jointly under the TRICARE program and the Department of Veterans Affairs health care system.

“(E) A review of the process prescribed by the Secretary of Defense under subsection (a) to determine whether the process ensures the adequacy and quality of the health care services provided to covered beneficiaries under the TRICARE program and through the Department of Veterans Affairs, together with timeliness of access to such services and patient safety.

“(2) Not later than 60 days after the congressional committees specified in subsection (a)(2) receive the report required under that subsection, the Comptroller General shall submit to those committees a report on the study conducted under this subsection.

“(c) Definitions.—In this section:

“(1) The term ‘covered beneficiary’ has the meaning provided by section 1072(5) of title 10, United States Code.

“(2) The term ‘TRICARE program’ has the meaning provided by section 1072(7) of such title.

“(3) The term ‘TRICARE Prime’ has the meaning provided by section 1097a(f) of such title.”

Pilot Program Providing For Department Of Veterans Affairs Support In The Performance Of Separation Physical Examinations

Pub. L. 107-107, div. A, title VII, Sec. 734, Dec. 28, 2001, 115 Stat. 1170, authorized the Secretary of Defense and the Secretary of Veterans Affairs to jointly carry out a pilot program, to begin not later than July 1, 2002, and terminate on Dec. 31, 2005, under which the Secretary of Veterans Affairs, in one or more geographic areas, could perform the physical examinations required for separation of members from the uniformed services, and directed the Secretaries to jointly submit to Congress interim and final reports not later than Mar. 1, 2005.

DHA Version - March 2009

Health Care Management Demonstration Program

Pub. L. 106-398, Sec. 1 [[div. A], title VII, Sec. 733], Oct. 30, 2000, 114 Stat. 1654, 1654A-191, as amended by Pub. L. 107-107, div. A, title VII, Sec. 737, Dec. 28, 2001, 115 Stat. 1173, directed the Secretary of Defense to carry out a demonstration program on health care management, to begin not later than 180 days after Oct. 30, 2000, and terminate on Dec. 31, 2003, to explore opportunities for improving the planning, programming, budgeting systems, and management of the Department of Defense health care system, and directed the Secretary to submit a report on such program to committees of Congress not later than Mar. 15, 2004.

Processes For Patient Safety In Military And Veterans Health Care Systems

Pub. L. 106-398, Sec. 1 [[div. A], title VII, Sec. 742], Oct. 30, 2000, 114 Stat. 1654, 1654A-192, provided that:

“(a) Error Tracking Process.—The Secretary of Defense shall implement a centralized process for reporting, compilation, and analysis of errors in the provision of health care under the defense health program that endanger patients beyond the normal risks associated with the care and treatment of such patients. To the extent practicable, that process shall emulate the system established by the Secretary of Veterans Affairs for reporting, compilation, and analysis of errors in the provision of health care under the Department of Veterans Affairs health care system that endanger patients beyond such risks.

“(b) Sharing of Information.—The Secretary of Defense and the Secretary of Veterans Affairs—
“(1) shall share information regarding the designs of systems or protocols established to reduce errors in the provision of health care described in subsection (a); and
“(2) shall develop such protocols as the Secretaries consider necessary for the establishment and administration of effective processes for the reporting, compilation, and analysis of such errors.”

Cooperation In Developing Pharmaceutical Identification Technology

Pub. L. 106-398, Sec. 1 [[div. A], title VII, Sec. 743], Oct. 30, 2000, 114 Stat. 1654, 1654A-192, provided that: “The Secretary of Defense and the Secretary of Veterans Affairs shall cooperate in developing systems for the use of bar codes for the identification of pharmaceuticals in the health care programs of the Department of Defense and the Department of Veterans Affairs. In any case in which a common pharmaceutical is used in such programs, the bar codes for those pharmaceuticals shall, to the maximum extent practicable, be identical.”

Patient Care Reporting And Management System

Pub. L. 106-398, Sec. 1 [[div. A], title VII, Sec. 754], Oct. 30, 2000, 114 Stat. 1654, 1654A-196, as amended by Pub. L. 109-163, div. A, title VII, Sec. 741, Jan. 6, 2006, 119 Stat. 3360, provided that:

“(a) Establishment.—The Secretary of Defense shall establish a patient care error reporting and management system.

“(b) Purposes of System.—The purposes of the system are as follows:

“(1) To study the occurrences of errors in the patient care provided under chapter 55 of title 10, United States Code.

“(2) To identify the systemic factors that are associated with such occurrences.

“(3) To provide for action to be taken to correct the identified systemic factors.

“(c) Requirements for System.—The patient care error reporting and management system shall include the following:

“(1) A hospital-level patient safety center, within the quality assurance department of each health care organization of the Department of Defense, to collect, assess, and report on the nature and frequency of errors related to patient care.

10 USC Chapter 55 - Medical And Dental Care
§ 1071. Purpose of this chapter

“(2) For each health care organization of the Department of Defense and for the entire Defense health program, patient safety standards that are necessary for the development of a full understanding of patient safety issues in each such organization and the entire program, including the nature and types of errors and the systemic causes of the errors.

“(3) Establishment of a Department of Defense Patient Safety Center, which shall have the following missions:

“(A) To analyze information on patient care errors that is submitted to the Center by each military health care organization.

“(B) To develop action plans for addressing patterns of patient care errors.

“(C) To execute those action plans to mitigate and control errors in patient care with a goal of ensuring that the health care organizations of the Department of Defense provide highly reliable patient care with virtually no error.

“(D) To provide, through the Assistant Secretary of Defense for Health Affairs, to the Agency for Healthcare Research and Quality of the Department of Health and Human Services any reports that the Assistant Secretary determines appropriate.

“(E) To review and integrate processes for reducing errors associated with patient care and for enhancing patient safety.

“(F) To contract with a qualified and objective external organization to manage the national patient safety database of the Department of Defense.

“(d) Medical Team Training Program.—The Secretary shall expand the health care team coordination program to integrate that program into all Department of Defense health care operations. In carrying out this subsection, the Secretary shall take the following actions:

“(1) Establish not less than two Centers of Excellence for the development, validation, proliferation, and sustainment of the health care team coordination program, one of which shall support all fixed military health care organizations, the other of which shall support all combat casualty care organizations.

“(2) Deploy the program to all fixed and combat casualty care organizations of each of the Armed Forces, at the rate of not less than 10 organizations in each fiscal year.

“(3) Expand the scope of the health care team coordination program from a focus on emergency department care to a coverage that includes care in all major medical specialties, at the rate of not less than one specialty in each fiscal year.

“(4) Continue research and development investments to improve communication, coordination, and team work in the provision of health care.

“(e) Consultation.—The Secretary shall consult with the other administering Secretaries (as defined in section 1072(3) of title 10, United States Code) in carrying out this section.”

Confidentiality Of Communications With Professionals Providing Therapeutic Or Related Services Regarding Sexual Or Domestic Abuse

Pub. L. 106-65, div. A, title V, Sec. 585, Oct. 5, 1999, 113 Stat. 636, provided that:

“(a) Study and Report.—(1) The Comptroller General of the United States shall study the policies, procedures, and practices of the military departments for protecting the confidentiality of communications between—

“(A) a dependent (as defined in section 1072(2) of title 10, United States Code, with respect to a member of the Armed Forces) of a member of the Armed Forces who—

“(i) is a victim of sexual harassment, sexual assault, or intrafamily abuse; or

“(ii) has engaged in such misconduct; and

“(B) a therapist, counselor, advocate, or other professional from whom the dependent seeks professional services in connection with effects of such misconduct.

DHA Version - March 2009

10 USC Chapter 55 - Medical And Dental Care
§ 1071. Purpose of this chapter

“(2) Not later than 180 days after the date of the enactment of this Act [Oct. 5, 1999], the Comptroller General shall conclude the study and submit a report on the results of the study to Congress and the Secretary of Defense.

“(b) Regulations.—The Secretary of Defense shall prescribe in regulations the policies and procedures that the Secretary considers appropriate to provide the maximum protections for the confidentiality of communications described in subsection (a) relating to misconduct described in that subsection, taking into consideration—

“(1) the findings of the Comptroller General;

“(2) the standards of confidentiality and ethical standards issued by relevant professional organizations;

“(3) applicable requirements of Federal and State law;

“(4) the best interest of victims of sexual harassment, sexual assault, or intrafamily abuse;

“(5) military necessity; and

“(6) such other factors as the Secretary, in consultation with the Attorney General, may consider appropriate.

“(c) Report by Secretary of Defense.—Not later than January 21, 2000, the Secretary of Defense shall submit to Congress a report on the actions taken under subsection (b) and any other actions taken by the Secretary to provide the maximum possible protections for confidentiality described in that subsection.”

Health Care Quality Information And Technology Enhancement

Pub. L. 106-65, div. A, title VII, Sec. 723, Oct. 5, 1999, 113 Stat. 695, as amended by Pub. L. 106-398, Sec. 1 [[div. A], title VII, Sec. 753(a)], Oct. 30, 2000, 114 Stat. 1654, 1654A-195; Pub. L. 109-163, div. A, title VII, Sec. 742, Jan. 6, 2006, 119 Stat. 3360; Pub. L. 109-364, div. A, title X, Sec. 1046(e), Oct. 17, 2006, 120 Stat. 2394; Pub. L. 112-81, div. A, title X, Sec. 1062(j)(1), Dec. 31, 2011, 125 Stat. 1585, provided that:

“(a) Purpose.—The purpose of this section is to ensure that the Department of Defense addresses issues of medical quality surveillance and implements solutions for those issues in a timely manner that is consistent with national policy and industry standards.

“(b) Department of Defense Program for Medical Informatics and Data.—The Secretary of Defense shall establish a Department of Defense program, the purposes of which shall be the following:

“(1) To develop parameters for assessing the quality of health care information.

“(2) To develop the defense digital patient record.

“(3) To develop a repository for data on quality of health care.

“(4) To develop capability for conducting research on quality of health care.

“(5) To conduct research on matters of quality of health care.

“(6) To develop decision support tools for health care providers.

“(7) To refine medical performance report cards.

“(8) To conduct educational programs on medical informatics to meet identified needs.

“(c) Automation and Capture of Clinical Data.—(1) Through the program established under subsection (b), the Secretary of Defense shall accelerate the efforts of the Department of Defense to automate, capture, and exchange controlled clinical data and present providers with clinical guidance using a personal information carrier, clinical lexicon, or digital patient record.

“(2) The program shall serve as a primary resource for the Department of Defense for matters concerning the capture, processing, and dissemination of data on health care quality.

10 USC Chapter 55 - Medical And Dental Care
§ 1071. Purpose of this chapter

“(d) Medical Informatics Advisory Committee.—(1) The Secretary of Defense shall establish a Medical Informatics Advisory Committee (hereinafter referred to as the ‘Committee’), the members of which shall be the following:

“(A) The Assistant Secretary of Defense for Health Affairs.

“(B) The Director of the TRICARE Management Activity of the Department of Defense.

“(C) The Surgeon General of the Army.

“(D) The Surgeon General of the Navy.

“(E) The Surgeon General of the Air Force.

“(F) Representatives of the Department of Veterans Affairs, designated by the Secretary of Veterans Affairs.

“(G) Representatives of the Department of Health and Human Services, designated by the Secretary of Health and Human Services.

“(H) Any additional members appointed by the Secretary of Defense to represent health care insurers and managed care organizations, academic health institutions, health care providers (including representatives of physicians and representatives of hospitals), and accreditors of health care plans and organizations.

“(2) The primary mission of the Committee shall be to advise the Secretary on the development, deployment, and maintenance of health care informatics systems that allow for the collection, exchange, and processing of health care quality information for the Department of Defense in coordination with other Federal departments and agencies and with the private sector.

“(3) Specific areas of responsibility of the Committee shall include advising the Secretary on the following:

“(A) The ability of the medical informatics systems at the Department of Defense and Department of Veterans Affairs to monitor, evaluate, and improve the quality of care provided to beneficiaries.

“(B) The coordination of key components of medical informatics systems, including digital patient records, both within the Federal Government and between the Federal Government and the private sector.

“(C) The development of operational capabilities for executive information systems and clinical decision support systems within the Department of Defense and Department of Veterans Affairs.

“(D) Standardization of processes used to collect, evaluate, and disseminate health care quality information.

“(E) Refinement of methodologies by which the quality of health care provided within the Department of Defense and Department of Veterans Affairs is evaluated.

“(F) Protecting the confidentiality of personal health information.

“(4) The Assistant Secretary of Defense for Health Affairs shall consult with the Committee on the issues described in paragraph (3).

“(5) Members of the Committee shall not be paid by reason of their service on the Committee.

“(6) The Federal Advisory Committee Act (5 U.S.C. App.) shall not apply to the Committee. [Section 1062(j)(1)(A) of Pub. L. 112-81, which directed the redesignation of pars. (6) and (7) as (5) and (6) of section 723(d) of Pub. L. 106-65, set out above, could not be executed due to the prior identical amendment by section 1046(e) of Pub. L. 109-364.]

DHA Version - March 2009

Joint Department Of Defense And Department Of Veterans Affairs Reports Relating To Interdepartmental Cooperation In Delivery Of Medical Care

Pub. L. 105-261, div. A, title VII, Sec. 745, Oct. 17, 1998, 112 Stat. 2075, as amended by Pub. L. 106-65, div. A, title X, Sec. 1067(3), Oct. 5, 1999, 113 Stat. 774; Pub. L. 108-136, div. A, title X, Sec. 1031(g)(1), Nov. 24, 2003, 117 Stat. 1604, (1) directed the Secretary of Defense and the Secretary of Veterans Affairs to jointly conduct a survey of their respective medical care beneficiary populations to identify the expectations of, requirements for, and behavior patterns of the beneficiaries with respect to medical care, and to submit a report on the results of the survey to committees of Congress not later than Jan. 1, 2000; (2) directed the same Secretaries to jointly conduct a review to identify impediments to cooperation between the Department of Defense and the Department of Veterans Affairs regarding the delivery of medical care and to submit a report on the results of the review to committees of Congress not later than Mar. 1, 1999; (3) directed the Secretary of Defense to review the TRICARE program to identify opportunities for increased participation by the Department of Veterans Affairs in that program; (4) directed the Department of Defense-Department of Veterans Affairs Federal Pharmacy Executive Steering Committee to examine existing pharmaceutical benefits and programs for beneficiaries and review existing methods for contracting for and distributing medical supplies and services and to submit a report on the results of the examination to committees of Congress not later than 60 days after its completion; and (5) directed the Secretary of Defense and the Secretary of Veterans Affairs to jointly submit to committees of Congress a report, not later than Mar. 1, 1999, on the status of the efforts of the Department of Defense and the Department of Veterans Affairs to standardize physical examinations administered by the two departments for the purpose of determining or rating disabilities.

External Peer Review For Defense Health Program Extramural Medical Research Involving Human Subjects

Pub. L. 104-201, div. A, title VII, Sec. 742, Sept. 23, 1996, 110 Stat. 2600, provided that:

“(a) Establishment of External Peer Review Process.—The Secretary of Defense shall establish a peer review process that will use persons who are not officers or employees of the Government to review the research protocols of medical research projects.

“(b) Peer Review Requirements.—Funds of the Department of Defense may not be obligated or expended for any medical research project unless the research protocol for the project has been approved by the external peer review process established under subsection (a).

“(c) Medical Research Project Defined.—For purposes of this section, the term ‘medical research project’ means a research project that—

“(1) involves the participation of human subjects;

“(2) is conducted solely by a non-Federal entity; and

“(3) is funded through the Defense Health Program account.

“(d) Effective Date.—The peer review requirements of subsection (b) shall take effect on October 1, 1996, and, except as provided in subsection (e), shall apply to all medical research projects proposed funded on or after that date, including medical research projects funded pursuant to any requirement of law enacted before, on, or after that date.

“(e) Exceptions.—Only the following medical research projects shall be exempt from the peer review requirements of subsection (b):

“(1) A medical research project that the Secretary determines has been substantially completed by October 1, 1996.

“(2) A medical research project funded pursuant to any provision of law enacted on or after that date if the provision of law specifically refers to this section and specifically states that the peer review requirements do not apply.”

10 USC Chapter 55 - Medical And Dental Care
§ 1071. Purpose of this chapter

Annual Beneficiary Survey

Pub. L. 102-484, div. A, title VII, Sec. 724, Oct. 23, 1992, 106 Stat. 2440, as amended by Pub. L. 103-337, div. A, title VII, Sec. 717, Oct. 5, 1994, 108 Stat. 2804, provided that:

“(a) Survey Required.—The administering Secretaries shall conduct annually a formal survey of persons receiving health care under chapter 55 of title 10, United States Code, in order to determine the following:

“(1) The availability of health care services to such persons through the health care system provided for under that chapter, the types of services received, and the facilities in which the services were provided.

“(2) The familiarity of such persons with the services available under that system and with the facilities in which such services are provided.

“(3) The health of such persons.

“(4) The level of satisfaction of such persons with that system and the quality of the health care provided through that system.

“(5) Such other matters as the administering Secretaries determine appropriate.

“(b) Exemption.—An annual survey under subsection (a) shall be treated as not a collection of information for the purposes for which such term is defined in section 3502(4) of title 44, United States Code.

“(c) Definition.—For purposes of this section, the term ‘administering Secretaries’ has the meaning given such term in section 1072(3) of title 10, United States Code.”

Comprehensive Study Of Military Medical Care System

Pub. L. 102-190, div. A, title VII, Sec. 733, Dec. 5, 1991, 105 Stat. 1408, as amended by Pub. L. 102-484, div. A, title VII, Sec. 723, Oct. 23, 1992, 106 Stat. 2440, directed Secretary of Defense to conduct a comprehensive study of the military medical care system, not later than Dec. 15, 1992, to submit to congressional defense committees a detailed accounting on progress of the study, including preliminary results of the study, and not later than Dec. 15, 1993, submit to congressional defense committees a final report on the study.

Identification And Treatment Of Drug And Alcohol Dependent Persons In The Armed Forces

Pub. L. 92-129, title V, Sec. 501, Sept. 28, 1971, 85 Stat. 361, which directed Secretary of Defense to devise ways to identify, treat, and rehabilitate drug and alcohol dependent members of the armed forces, to identify, refuse admission to, and refer to civilian treatment facilities such persons seeking entrance to the armed forces, and to report to Congress on and suggest additional legislation concerning these matters, was repealed and restated as sections 978 and 1090 of this title by Pub. L. 97-295, Secs. 1(14)(A), (15)(A), 6(b), Oct. 12, 1982, 96 Stat. 1289, 1290, 1314.

Ex. Ord. No. 13625. Improving Access To Mental Health Services For Veterans, Service Members, And Military Families

Ex. Ord. No. 13625, Aug. 31, 2012, 77 F.R. 54783, provided: By the authority vested in me as President by the Constitution and the laws of the United States of America, I hereby order as follows:

Section 1. Policy.

Since September 11, 2001, more than two million service members have deployed to Iraq or Afghanistan. Long deployments and intense combat conditions require optimal support for the emotional and mental health needs of our service members and their families. The need for mental health services will only increase in the coming years as the Nation deals with the effects of more than a decade of conflict. Reiterating and expanding upon the commitment outlined in my Administration’s 2011 report, entitled “Strengthening Our Military Families,” we have an obligation to evaluate our progress and continue to build an integrated network of support capable of providing effective mental health services for

DHA Version - March 2009

10 USC Chapter 55 - Medical And Dental Care
§ 1071. Purpose of this chapter

DHA Version - March 2009

veterans, service members, and their families. Our public health approach must encompass the practices of disease prevention and the promotion of good health for all military populations throughout their lifespans, both within the health care systems of the Departments of Defense and Veterans Affairs and in local communities. Our efforts also must focus on both outreach to veterans and their families and the provision of high quality mental health treatment to those in need. Coordination between the Departments of Veterans Affairs and Defense during service members' transition to civilian life is essential to achieving these goals. Ensuring that all veterans, service members (Active, Guard, and Reserve alike), and their families receive the support they deserve is a top priority for my Administration. As part of our ongoing efforts to improve all facets of military mental health, this order directs the Secretaries of Defense, Health and Human Services, Education, Veterans Affairs, and Homeland Security to expand suicide prevention strategies and take steps to meet the current and future demand for mental health and substance abuse treatment services for veterans, service members, and their families.

Sec. 2. Suicide Prevention.

- (a) By December 31, 2012, the Department of Veterans Affairs, in continued collaboration with the Department of Health and Human Services, shall expand the capacity of the Veterans Crisis Line by 50 percent to ensure that veterans have timely access, including by telephone, text, or online chat, to qualified, caring responders who can help address immediate crises and direct veterans to appropriate care. Further, the Department of Veterans Affairs shall ensure that any veteran identifying him or herself as being in crisis connects with a mental health professional or trained mental health worker within 24 hours. The Department of Veterans Affairs also shall expand the number of mental health professionals who are available to see veterans beyond traditional business hours.
- (b) The Departments of Veterans Affairs and Defense shall jointly develop and implement a national suicide prevention campaign focused on connecting veterans and service members to mental health services. This 12-month campaign, which shall begin on September 1, 2012, will focus on the positive benefits of seeking care and encourage veterans and service members to proactively reach out to support services.
- (c) To provide the best mental health and substance abuse prevention, education, and outreach support to our military and their family members, the Department of Defense shall review all of its existing mental health and substance abuse prevention, education, and outreach programs across the military services and the Defense Health Program to identify the key program areas that produce the greatest impact on quality and outcomes, and rank programs within each of these program areas using metrics that assess their effectiveness. By the end of Fiscal Year 2014, existing program resources shall be realigned to ensure that highly ranked programs are implemented across all of the military services and less effective programs are replaced.

Sec. 3. Enhanced Partnerships Between the Department of Veterans Affairs and Community Providers.

- (a) Within 180 days of the date of this order, in those service areas where the Department of Veterans Affairs has faced challenges in hiring and placing mental health service providers and continues to have unfilled vacancies or long wait times, the Departments of Veterans Affairs and Health and Human Services shall establish pilot projects whereby the Department of Veterans Affairs contracts or develops formal arrangements with community-based providers, such as community mental health clinics, community health centers, substance abuse treatment facilities, and rural health clinics, to test the effectiveness of community partnerships in helping to meet the mental health needs of

10 USC Chapter 55 - Medical And Dental Care
§ 1071. Purpose of this chapter

veterans in a timely way. Pilot sites shall ensure that consumers of community-based services continue to be integrated into the health care systems of the Department of Veterans Affairs. No fewer than 15 pilot projects shall be established.

(b) The Department of Veterans Affairs shall develop guidance for its medical centers and service networks that supports the use of community mental health services, including telehealth services and substance abuse services, where appropriate, to meet demand and facilitate access to care. This guidance shall include recommendations that medical centers and service networks use community-based providers to help meet veterans' mental health needs where objective criteria, which the Department of Veterans Affairs shall define in the form of specific metrics, demonstrate such needs. Such objective criteria should include estimates of wait-times for needed care that exceed established targets.

(c) The Departments of Health and Human Services and Veterans Affairs shall develop a plan for a rural mental health recruitment initiative to promote opportunities for the Department of Veterans Affairs and rural communities to share mental health providers when demand is insufficient for either the Department of Veterans Affairs or the communities to independently support a full-time provider.

Sec. 4. Expanded Department of Veterans Affairs Mental Health Services Staffing. The Secretary of Veterans Affairs shall, by December 31, 2013, hire and train 800 peer-to-peer counselors to empower veterans to support other veterans and help meet mental health care needs. In addition, the Secretary shall continue to use all appropriate tools, including collaborative arrangements with community-based providers, pay-setting authorities, loan repayment and scholarships, and partnerships with health care workforce training programs to accomplish the Department of Veterans Affairs' goal of recruiting, hiring, and placing 1,600 mental health professionals by June 30, 2013. The Department of Veterans Affairs also shall evaluate the reporting requirements associated with providing mental health services and reduce paperwork requirements where appropriate. In addition, the Department of Veterans Affairs shall update its management performance evaluation system to link performance to meeting mental health service demand.

Sec. 5. Improved Research and Development.

(a) The lack of full understanding of the underlying mechanisms of Post-Traumatic Stress Disorder (PTSD), other mental health conditions, and Traumatic Brain Injury (TBI) has hampered progress in prevention, diagnosis, and treatment. In order to improve the coordination of agency research into these conditions and reduce the number of affected men and women through better prevention, diagnosis, and treatment, the Departments of Defense, Veterans Affairs, Health and Human Services, and Education, in coordination with the Office of Science and Technology Policy, shall establish a National Research Action Plan within 8 months of the date of this order.

(b) The National Research Action Plan shall include strategies to establish surrogate and clinically actionable biomarkers for early diagnosis and treatment effectiveness; develop improved diagnostic criteria for TBI; enhance our understanding of the mechanisms responsible for PTSD, related injuries, and neurological disorders following TBI; foster development of new treatments for these conditions based on a better understanding of the underlying mechanisms; improve data sharing between agencies and academic and industry researchers to accelerate progress and reduce redundant efforts without compromising privacy; and make better use of electronic health records to gain insight into the risk and mitigation of PTSD, TBI, and related injuries. In addition, the National Research Action Plan shall include strategies to support collaborative research to address suicide prevention.

DHA Version - March 2009

10 USC Chapter 55 - Medical And Dental Care
§ 1071. Purpose of this chapter

DHA Version - March 2009

(c) The Departments of Defense and Health and Human Services shall engage in a comprehensive longitudinal mental health study with an emphasis on PTSD, TBI, and related injuries to develop better prevention, diagnosis, and treatment options. Agencies shall continue ongoing collaborative research efforts, with an aim to enroll at least 100,000 service members by December 31, 2012, and include a plan for long-term follow-up with enrollees through a coordinated effort with the Department of Veterans Affairs.

Sec. 6. Military and Veterans Mental Health Interagency Task Force. There is established an Interagency Task Force on Military and Veterans Mental Health (Task Force), to be co-chaired by the Secretaries of Defense, Veterans Affairs, and Health and Human Services, or their designated representatives.

(a) Membership. In addition to the Co-Chairs, the Task Force shall consist of representatives from:

- (i) the Department of Education;
- (ii) the Office of Management and Budget;
- (iii) the Domestic Policy Council;
- (iv) the National Security Staff;
- (v) the Office of Science and Technology Policy;
- (vi) the Office of National Drug Control Policy; and
- (vii) such other executive departments, agencies, or offices as the Co-Chairs may designate. A member agency of the Task Force shall designate a full-time officer or employee of the Federal Government to perform the Task Force functions.

(b) Mission. Member agencies shall review relevant statutes, policies, and agency training and guidance to identify reforms and take actions that facilitate implementation of the strategies outlined in this order. Member agencies shall work collaboratively on these strategies and also create an inventory of mental health and substance abuse programs and activities to inform this work.

(c) Functions.

(i) Not later than 180 days after the date of this order, the Task Force shall submit recommendations to the President on strategies to improve mental health and substance abuse treatment services for veterans, service members, and their families. Every year thereafter, the Task Force shall provide to the President a review of agency actions to enhance mental health and substance abuse treatment services for veterans, service members, and their families consistent with this order, as well as provide additional recommendations for action as appropriate. The Task Force shall define specific goals and metrics that will aid in measuring progress in improving mental health strategies. The Task Force will include cost analysis in the development of all recommendations, and will ensure any new requirements are supported within existing resources.

(ii) In addition to coordinating and reviewing agency efforts to enhance veteran and military mental health services pursuant to this order, the Task Force shall evaluate:

- (1) agency efforts to improve care quality and ensure that the Departments of Defense and Veterans Affairs and community-based mental health providers are trained in the most current evidence-based methodologies for treating PTSD, TBI, depression, related mental health conditions, and substance abuse;
- (2) agency efforts to improve awareness and reduce stigma for those needing to seek care; and
- (3) agency research efforts to improve the prevention, diagnosis, and treatment of TBI, PTSD, and related injuries, and explore the need for an external research portfolio review.

10 USC Chapter 55 - Medical And Dental Care
§ 1071. Purpose of this chapter

(iii) In performing its functions, the Task Force shall consult with relevant nongovernmental experts and organizations as necessary.

Sec. 7. General Provisions.

(a) This order shall be implemented consistent with applicable law and subject to the availability of appropriations.

(b) Nothing in this order shall be construed to impair or otherwise affect:

(i) the authority granted by law to an executive department or agency, or the head thereof; or

(ii) the functions of the Director of the Office of Management and Budget relating to budgetary, administrative, or legislative proposals.

(c) This order is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity by any party against the United States, its departments, agencies, or entities, its officers, employees, or agents, or any other person.

Barack Obama.

[Reference to the National Security Staff deemed to be a reference to the National Security Council Staff, see Ex. Ord. No. 13657, set out as a note under section 3021 of Title 50, War and National Defense.]

DHA Version - March 2009

10 USC Chapter 55 - Medical And Dental Care
§ 1073. Administration of this chapter

Effective Date Of 1980 Amendment

Amendment by Pub. L. 96-513 effective Dec. 12, 1980, see section 701(b)(3) of Pub. L. 96-513, set out as a note under section 101 of this title.

Effective Date Of 1966 Amendment

For effective date of amendment by Pub. L. 89-614, see section 3 of Pub. L. 89-614, set out as a note under section 1071 of this title.

Repeals

The directory language of, but not the amendment made by, Pub. L. 89-718, Sec. 8(a), Nov. 2, 1966, 80 Stat. 1117, cited as a credit to this section, was repealed by Pub. L. 97-295, Sec. 6(b), Oct. 12, 1982, 96 Stat. 1314.

Cooperative Health Care Agreements Between Military Installations And Non-Military Health Care Systems

Pub. L. 111-84, div. A, title VII, Sec. 713, Oct. 28, 2009, 123 Stat. 2380, provided that:

“(a) Authority.—The Secretary of Defense may establish cooperative health care agreements between military installations and local or regional health care systems.

“(b) Requirements.—In establishing an agreement under subsection (a), the Secretary shall—

(1) consult with—

(A) the Secretary of the military department concerned;

(B) representatives from the military installation selected for the agreement, including the TRICARE managed care support contractor with responsibility for such installation; and

(C) Federal, State, and local government officials;

(2) identify and analyze health care services available in the area in which the military installation is located, including such services available at a military medical treatment facility or in the private sector (or a combination thereof);

(3) determine the cost avoidance or savings resulting from innovative partnerships between the Department of Defense and the private sector; and

(4) determine the opportunities for and barriers to coordinating and leveraging the use of existing health care resources, including such resources of Federal, State, local, and private entities.

“(c) Annual Reports.—Not later than December 31 of each year an agreement entered into under this section is in effect, the Secretary shall submit to the congressional defense committees [Committees on Armed Services and Appropriations of the Senate and the House of Representatives] a report on each such agreement. Each report shall include, at a minimum, the following:

(1) A description of the agreement.

(2) Any cost avoidance, savings, or increases as a result of the agreement.

(3) A recommendation for continuing or ending the agreement.

“(d) Rule of Construction.—Nothing in this section shall be construed as authorizing the provision of health care services at military medical treatment facilities or other facilities of the Department of Defense to individuals who are not otherwise entitled or eligible for such services under chapter 55 of title 10, United States Code.”

DHA Version - March 2009

Inpatient Mental Health Service

Pub. L. 110-329, div. C, title VIII, Sec. 8095, Sept. 30, 2008, 122 Stat. 3642, provided that: "None of the funds appropriated by this Act [div. C of Pub. L. 110-329, see Tables for classification], and hereafter, available for the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) or TRICARE shall be available for the reimbursement of any health care provider for inpatient mental health service for care received when a patient is referred to a provider of inpatient mental health care or residential treatment care by a medical or health care professional having an economic interest in the facility to which the patient is referred: Provided, That this limitation does not apply in the case of inpatient mental health services provided under the program for persons with disabilities under subsection (d) of section 1079 of title 10, United States Code, provided as partial hospital care, or provided pursuant to a waiver authorized by the Secretary of Defense because of medical or psychological circumstances of the patient that are confirmed by a health professional who is not a Federal employee after a review, pursuant to rules prescribed by the Secretary, which takes into account the appropriate level of care for the patient, the intensity of services required by the patient, and the availability of that care."

Surveys On Continued Viability Of TRICARE Standard And TRICARE Extra

Pub. L. 110-181, div. A, title VII, Sec. 711, Jan. 28, 2008, 122 Stat. 190, as amended by Pub. L. 112-81, div. A, title VII, Sec. 721, Dec. 31, 2011, 125 Stat. 1478; **Pub. L. 113-291, div. A, title VII, §712, Dec. 19, 2014, 128 Stat. 3414**, provided that:

"(a) Requirement for Surveys.—

(1) In general.—The Secretary of Defense shall conduct surveys of health care providers and beneficiaries who use TRICARE in the United States to determine, utilizing a reconciliation of the responses of providers and beneficiaries to such surveys, each of the following:

(A) How many health care providers in TRICARE Prime service areas selected under paragraph (3)(A) are accepting new patients under each of TRICARE Standard and TRICARE Extra.

(B) How many health care providers in geographic areas in which TRICARE Prime is not offered are accepting patients under each of TRICARE Standard and TRICARE Extra.

(C) The availability of mental health care providers in TRICARE Prime service areas selected under paragraph (3)(C) and in geographic areas in which TRICARE Prime is not offered.

(2) Benchmarks.—The Secretary shall establish for purposes of the surveys required by paragraph (1) benchmarks for primary care and specialty care providers, including mental health care providers, to be utilized to determine the adequacy of the availability of health care providers to beneficiaries eligible for TRICARE.

(3) Scope of surveys.—The Secretary shall carry out the surveys required by paragraph (1) as follows:

(A) In the case of the surveys required by subparagraph (A) of that paragraph, in at least 20 TRICARE Prime service areas in the United States in each of fiscal years 2008 through 2015:

(B) In the case of the surveys required by subparagraph (B) of that paragraph, in 20 geographic areas in which TRICARE Prime is not offered and in which significant numbers of beneficiaries who are members of the Selected Reserve reside:

(C) In the case of the surveys required by subparagraph (C) of that paragraph, in at least 40 geographic areas:

(4) Priority for surveys.—In prioritizing the areas which are to be surveyed under paragraph (1), the Secretary shall—

(A) consult with representatives of TRICARE beneficiaries and health care and mental health care providers to identify locations where TRICARE Standard beneficiaries are

10 USC Chapter 55 - Medical And Dental Care
§ 1073. Administration of this chapter

- experiencing significant levels of access-to-care problems under TRICARE Standard or TRICARE Extra;
- (B) give a high priority to surveying health care and mental health care providers in such areas; and
- (C) give a high priority to surveying beneficiaries and providers located in geographic areas with high concentrations of members of the Selected Reserve:
- (5) Information from providers.—The surveys required by paragraph (1) shall include questions seeking to determine from health care and mental health care providers the following:
- (A) Whether the provider is aware of the TRICARE program:
- (B) What percentage of the provider’s current patient population uses any form of TRICARE:
- (C) Whether the provider accepts patients for whom payment is made under the medicare program for health care and mental health care services:
- (D) If the provider accepts patients referred to in subparagraph (C), whether the provider would accept additional such patients who are not in the provider’s current patient population:
- (6) Information from beneficiaries.—The surveys required by paragraph (1) shall include questions seeking information to determine from TRICARE beneficiaries whether they have difficulties in finding health care and mental health care providers willing to provide services under TRICARE Standard or TRICARE Extra.
- “(b) GAO Review.—
- (1) Ongoing review.—The Comptroller General shall, on an ongoing basis, review—
- (A) the processes, procedures, and analysis used by the Department of Defense to determine the adequacy of the number of health care and mental health care providers—
- (i) that currently accept TRICARE Standard or TRICARE Extra beneficiaries as patients under TRICARE Standard in each TRICARE area as of the date of completion of the review; and
- (ii) that would accept TRICARE Standard or TRICARE Extra beneficiaries as new patients under TRICARE Standard or TRICARE Extra, as applicable, within a reasonable time after the date of completion of the review; and
- (B) the actions taken by the Department of Defense to ensure ready access of TRICARE Standard beneficiaries to health care and mental health care under TRICARE Standard in each TRICARE area, including any pending or resolved requests for waiver of payment limits in order to improve access to health care or mental health care in a specific geographic area:
- (2) Reports.—The Comptroller General shall submit to the Committees on Armed Services of the Senate and the House of Representatives a report on the results of the review under paragraph (1) **during 2017 and 2020**. Each report shall include the following:
- (A) An analysis of the adequacy of the surveys under subsection (a):
- (B) An identification of any impediments to achieving adequacy of availability of health care and mental health care under TRICARE Standard or TRICARE Extra:
- (C) An assessment of the adequacy of Department of Defense education programs to inform health care and mental health care providers about TRICARE Standard and TRICARE Extra:
- (D) An assessment of the adequacy of Department of Defense initiatives to encourage health care and mental health care providers to accept patients under TRICARE Standard and TRICARE Extra:

DHA Version - March 2009

10 USC Chapter 55 - Medical And Dental Care
§ 1073. Administration of this chapter

DHA Version - March 2009

(E) An assessment of the adequacy of information available to TRICARE Standard beneficiaries to facilitate access by such beneficiaries to health care and mental health care under TRICARE Standard and TRICARE Extra:

(F) An assessment of any need for adjustment of health care and mental health care provider payment rates to attract participation in TRICARE Standard by appropriate numbers of health care and mental health care providers:

(G) An assessment of the adequacy of Department of Defense programs to inform members of the Selected Reserve about the TRICARE Reserve Select program:

(H) An assessment of the ability of TRICARE Reserve Select beneficiaries to receive care in their geographic area:

“(c) Effective Date.—This section shall take effect on October 1, 2007.

“(d) Repeal of Superseded Requirements and Authority.—Section 723 of the National Defense Authorization Act for Fiscal Year 2004 (10 U.S.C. 1073 note) is repealed, effective as of October 1, 2007.

“(e) Definitions.—In this section:

(1) The term ‘TRICARE Extra’ means the option of the TRICARE program under which TRICARE Standard beneficiaries may obtain discounts on cost-sharing as a result of using TRICARE network providers.

(2) The term ‘TRICARE Prime’ means the managed care option of the TRICARE program.

(3) The term ‘TRICARE Prime service area’ means a geographic area designated by the Department of Defense in which managed care support contractors develop a managed care network under TRICARE Prime.

(4) The term ‘TRICARE Standard’ means the option of the TRICARE program that is also known as the Civilian Health and Medical Program of the Uniformed Services, as defined in section 1072(4) of title 10, United States Code.

(5) The term ‘TRICARE Reserve Select’ means the option of the TRICARE program that allows members of the Selected Reserve to enroll in TRICARE Standard, pursuant to section 1076d of title 10, United States Code.

(6) The term ‘member of the Selected Reserve’ means a member of the Selected Reserve of the Ready Reserve of a reserve component of the Armed Forces.

(7) The term ‘United States’ means the United States (as defined in section 101(a) of title 10, United States Code), its possessions (as defined in such section), and the Commonwealth of Puerto Rico.”

Regulations To Establish Criteria For Licensed Or Certified Mental Health Counselors Under TRICARE

Pub. L. 111-383, div. A, title VII, Sec. 724, Jan. 7, 2011, 124 Stat. 4252, provided that: “Not later than June 20, 2011, the Secretary of Defense shall prescribe the regulations required by section 717 of the National Defense Authorization Act for Fiscal Year 2008 (Public Law 110-181; 10 U.S.C. 1073 note).”

Pub. L. 110-181, div. A, title VII, Sec. 717(a), Jan. 28, 2008, 122 Stat. 196, provided that: “The Secretary of Defense shall prescribe regulations to establish criteria that licensed or certified mental health counselors shall meet in order to be able to independently provide care to TRICARE beneficiaries and receive payment under the TRICARE program for such services. The criteria shall include requirements for education level, licensure, certification, and clinical experience as considered appropriate by the Secretary.”

10 USC Chapter 55 - Medical And Dental Care
§ 1073. Administration of this chapter

Inspection Of Military Medical Treatment Facilities, Military Quarters Housing Medical Hold Personnel, And Military Quarters Housing Medical Holdover Personnel

Pub. L. 110-28, title III, Sec. 3307, May 25, 2007, 121 Stat. 137, provided that:

“(a) Inspection of Military Medical Treatment Facilities, Military Quarters Housing Medical Hold Personnel, and Military Quarters Housing Medical Holdover Personnel.—

(1) In general.—Not later than 180 days after the date of the enactment of this Act [May 25, 2007], and annually thereafter, the Secretary of Defense shall inspect each facility of the Department of Defense as follows:

- (A) Each military medical treatment facility:
- (B) Each military quarters housing medical hold personnel:
- (C) Each military quarters housing medical holdover personnel:

(2) Purpose.—The purpose of an inspection under this subsection is to ensure that the facility or quarters concerned meets acceptable standards for the maintenance and operation of medical facilities, quarters housing medical hold personnel, or quarters housing medical holdover personnel, as applicable.

“(b) Acceptable Standards.—For purposes of this section, acceptable standards for the operation and maintenance of military medical treatment facilities, military quarters housing medical hold personnel, or military quarters housing medical holdover personnel are each of the following:

- (1) Generally accepted standards for the accreditation of medical facilities, or for facilities used to quarter individuals with medical conditions that may require medical supervision, as applicable, in the United States.
- (2) Where appropriate, standards under the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.).

“(c) Additional Inspections on Identified Deficiencies.—

(1) In general.—In the event a deficiency is identified pursuant to subsection (a) at a facility or quarters described in paragraph (1) of that subsection—

- (A) the commander of such facility or quarters, as applicable, shall submit to the Secretary a detailed plan to correct the deficiency; and
- (B) the Secretary shall reinspect such facility or quarters, as applicable, not less often than once every 180 days until the deficiency is corrected:

(2) Construction with other inspections.—An inspection of a facility or quarters under this subsection is in addition to any inspection of such facility or quarters under subsection (a).

“(d) Reports on Inspections.—A complete copy of the report on each inspection conducted under subsections (a) and (c) shall be submitted in unclassified form to the applicable military medical command and to the congressional defense committees.

“(e) Report on Standards.—In the event no standards for the maintenance and operation of military medical treatment facilities, military quarters housing medical hold personnel, or military quarters housing medical holdover personnel exist as of the date of the enactment of this Act, or such standards as do exist do not meet acceptable standards for the maintenance and operation of such facilities or quarters, as the case may be, the Secretary shall, not later than 30 days after that date, submit to the congressional defense committees a report setting forth the plan of the Secretary to ensure—

- (1) the adoption by the Department of standards for the maintenance and operation of military medical facilities, military quarters housing medical hold personnel, or military quarters housing medical holdover personnel, as applicable, that meet—
 - (A) acceptable standards for the maintenance and operation of such facilities or quarters, as the case may be; and
 - (B) where appropriate, standards under the Americans with Disabilities Act of 1990; and

DHA Version - March 2009

(2) the comprehensive implementation of the standards adopted under paragraph (1) at the earliest date practicable.”

Requirements For Support Of Military Treatment Facilities By Civilian Contractors Under TRICARE

Pub. L. 109-364, div. A, title VII, Sec. 732, Oct. 17, 2006, 120 Stat. 2296, **as amended by Pub. L. 112-81, div. A, title X, Sec. 1062(d)(3)**, provided that:

- “(a) Annual Integrated Regional Requirements on Support.—The Regional Director of each region under the TRICARE program shall develop each year integrated, comprehensive requirements for the support of military treatment facilities in such region that is provided by contract civilian health care and administrative personnel under the TRICARE program.
- “(b) Purposes.—The purposes of the requirements established under subsection (a) shall be as follows:
- “(1) To ensure consistent standards of quality in the support of military treatment facilities by contract civilian health care personnel under the TRICARE program.
 - “(2) To identify targeted, actionable opportunities throughout each region of the TRICARE program for the most efficient and cost effective delivery of health care and support of military treatment facilities.
 - “(3) To ensure the most effective use of various available contracting methods in securing support of military treatment facilities by civilian health care personnel under the TRICARE program, including resource-sharing and clinical support agreements, direct contracting, and venture capital investments.
- “(c) Facilitation and Enhancement of Contractor Support.—
- “(1) In general.—The Secretary of Defense shall take appropriate actions to facilitate and enhance the support of military treatment facilities under the TRICARE program in order to assure maximum quality and productivity.
 - “(2) Actions.—In taking actions under paragraph (1), the Secretary shall—
 - “(A) require consistent standards of quality for contract civilian health care personnel providing support of military treatment facilities under the TRICARE program, including—
 - “(i) consistent credentialing requirements among military treatment facilities;
 - “(ii) consistent performance standards for private sector companies providing health care staffing services to military treatment facilities and clinics, including, at a minimum, those standards established for accreditation of health care staffing firms by the Joint Commission on the Accreditation of Health Care Organizations Health Care Staffing Standards; and
 - “(iii) additional standards covering—
 - “(I) financial stability;
 - “(II) medical management;
 - “(III) continuity of operations;
 - “(IV) training;
 - “(V) employee retention;
 - “(VI) access to contractor data; and
 - “(VII) fraud prevention;
 - “(B) ensure the availability of adequate and sustainable funding support for projects which produce a return on investment to the military treatment facilities;
 - “(C) ensure that a portion of any return on investment is returned to the military treatment facility to which such savings are attributable;

Modernization Of TRICARE Business Practices And Increase Of Use Of Military Treatment Facilities

Pub. L. 106-398, Sec. 1 [[div. A], title VII, Sec. 723], Oct. 30, 2000, 114 Stat. 1654, 1654A-186, provided that:

“(a) Requirement To Implement Internet-Based System.—Not later than October 1, 2001, the Secretary of Defense shall implement a system to simplify and make accessible through the use of the Internet, through commercially available systems and products, critical administrative processes within the military health care system and the TRICARE program. The purposes of the system shall be to enhance efficiency, improve service, and achieve commercially recognized standards of performance.

“(b) Elements of System.—The system required by subsection (a)—

“(1) shall comply with patient confidentiality and security requirements, and incorporate data requirements, that are currently widely used by insurers under medicare and commercial insurers;

“(2) shall be designed to achieve improvements with respect to—

“(A) the availability and scheduling of appointments;

“(B) the filing, processing, and payment of claims;

“(C) marketing and information initiatives;

“(D) the continuation of enrollments without expiration;

“(E) the portability of enrollments nationwide;

“(F) education of beneficiaries regarding the military health care system and the TRICARE program; and

“(G) education of health care providers regarding such system and program; and

“(3) may be implemented through a contractor under TRICARE Prime.

“(c) Areas of Implementation.—The Secretary shall implement the system required by subsection (a) in at least one region under the TRICARE program.

“(d) Plan for Improved Portability of Benefits.—Not later than March 15, 2001, the Secretary of Defense shall submit to the Committees on Armed Services of the Senate and the House of Representatives a plan to provide portability and reciprocity of benefits for all enrollees under the TRICARE program throughout all TRICARE regions.

“(e) Increase of Use of Military Medical Treatment Facilities.—The Secretary shall initiate a program to maximize the use of military medical treatment facilities by improving the efficiency of health care operations in such facilities.

“(f) Definition.—In this section the term ‘TRICARE program’ has the meaning given such term in section 1072 of title 10, United States Code.”

Improvement Of Access To Health Care Under The TRICARE Program

Pub. L. 107-107, div. A, title VII, Sec. 735(e), Dec. 28, 2001, 115 Stat. 1172, directed the Secretary of Defense to submit to committees of Congress, not later than Mar. 1, 2002, a report on the Secretary’s plans for implementing Pub. L. 106-398, Sec. 1 [[div. A], title VII, Sec. 721], as amended, set out below.

Pub. L. 106-398, Sec. 1 [[div. A], title VII, Sec. 721], Oct. 30, 2000, 114 Stat. 1654, 1654A-184, as amended by Pub. L. 107-107, div. A, title VII, Sec. 735(a)-(d), Dec. 28, 2001, 115 Stat. 1171, 1172; **Pub. L. 113-291, div. A, title VII, §703(b), Dec. 19, 2014, 128 Stat. 3411**, provided that:

“(a) Waiver of Nonavailability Statement or Preauthorization.—In the case of a covered beneficiary under TRICARE Standard pursuant to chapter 55 of title 10, United States Code, the

10 USC Chapter 55 - Medical And Dental Care
§ 1073. Administration of this chapter

DHA Version - March 2009

Secretary of Defense may not require with regard to authorized health care services under such chapter that the beneficiary—

“(1) obtain a nonavailability statement or preauthorization from a military medical treatment facility in order to receive the services from a civilian provider; or

“(2) obtain a nonavailability statement for care in specialized treatment facilities outside the 200-mile radius of a military medical treatment facility.

“(b) Waiver Authority.—The Secretary may waive the prohibition in subsection (a) if—

“(1) the Secretary—

“(A) demonstrates that significant costs would be avoided by performing specific procedures at the affected military medical treatment facility or facilities;

“(B) determines that a specific procedure must be provided at the affected military medical treatment facility or facilities to ensure the proficiency levels of the practitioners at the facility or facilities; or

“(C) determines that the lack of nonavailability statement data would significantly interfere with TRICARE contract administration;

“(2) the Secretary provides notification of the Secretary’s intent to grant a waiver under this subsection to covered beneficiaries who receive care at the military medical treatment facility or facilities that will be affected by the decision to grant a waiver under this subsection;

“(3) the Secretary notifies the Committees on Armed Services of the House of Representatives and the Senate of the Secretary’s intent to grant a waiver under this subsection, the reason for the waiver, and the date that a nonavailability statement will be required; and

“(4) 60 days have elapsed since the date of the notification described in paragraph (3).

“(c) Waiver Exception for Maternity Care.—Subsection (b) shall not apply with respect to maternity care.

“(d) Effective Date.—This section shall take effect on the earlier of the following:

“(1) The date that a new contract entered into by the Secretary to provide health care services under TRICARE Standard takes effect.

“(2) The date that is two years after the date of the enactment of the National Defense Authorization Act for Fiscal Year 2002 [Dec. 28, 2001].”

Pub. L. 106-65, div. A, title VII, Sec. 712(a), (b), Oct. 5, 1999, 113 Stat. 687, provided that:

“(a) Access.—The Secretary of Defense shall, to the maximum extent practicable, minimize the authorization and certification requirements imposed on covered beneficiaries under the TRICARE program as a condition of access to benefits under that program.

“(b) Report on Initiatives To Improve Access.—Not later than March 31, 2000, the Secretary of Defense shall submit to the Committees on Armed Services of the Senate and the House of Representatives a report on specific actions taken to—

“(1) reduce the requirements for preauthorization for care under the TRICARE program;

“(2) reduce the requirements for beneficiaries to obtain preventive services, such as obstetric or gynecologic examinations, mammograms for females over 35 years of age, and urological examinations for males over the age of 60 without preauthorization; and

“(3) reduce the requirements for statements of nonavailability of services.”

10 USC Chapter 55 - Medical And Dental Care
§ 1073. Administration of this chapter

TRICARE Managed Care Support Contracts

Pub. L. 106-398, Sec. 1 [[div. A], title VII, Sec. 724], Oct. 30, 2000, 114 Stat. 1654, 1654A-187, provided that:

“(a) Authority.—Notwithstanding any other provision of law and subject to subsection (b), any TRICARE managed care support contract in effect, or in the final stages of acquisition, on September 30, 1999, may be extended for four years.

“(b) Conditions.—Any extension of a contract under subsection (a)—

“(1) may be made only if the Secretary of Defense determines that it is in the best interest of the United States to do so; and

“(2) shall be based on the price in the final best and final offer for the last year of the existing contract as adjusted for inflation and other factors mutually agreed to by the contractor and the Federal Government.”

Pub. L. 106-259, title VIII, Sec. 8090, Aug. 9, 2000, 114 Stat. 694, provided that: “Notwithstanding any other provision of law, the TRICARE managed care support contracts in effect, or in final stages of acquisition as of September 30, 2000, may be extended for 2 years: Provided, That any such extension may only take place if the Secretary of Defense determines that it is in the best interest of the Government: Provided further, That any contract extension shall be based on the price in the final best and final offer for the last year of the existing contract as adjusted for inflation and other factors mutually agreed to by the contractor and the Government: Provided further, That notwithstanding any other provision of law, all future TRICARE managed care support contracts replacing contracts in effect, or in the final stages of acquisition as of September 30, 2000, may include a base contract period for transition and up to seven 1-year option periods.” Similar provisions were contained in the following prior appropriation act:

Pub. L. 106-79, title VIII, Sec. 8095, Oct. 25, 1999, 113 Stat. 1254.

Pub. L. 105-262, title VIII, Sec. 8107, Oct. 17, 1998, 112 Stat. 2321.

Redesign Of Military Pharmacy System

Pub. L. 105-261, div. A, title VII, Sec. 703, Oct. 17, 1998, 112 Stat. 2057, provided that:

“(a) Plan Required.—The Secretary of Defense shall submit to Congress a plan that would provide for a system-wide redesign of the military and contractor retail and mail-order pharmacy system of the Department of Defense by incorporating ‘best business practices’ of the private sector. The Secretary shall work with contractors of TRICARE retail pharmacy and national mail-order pharmacy programs to develop a plan for the redesign of the pharmacy system that—

“(1) may include a plan for an incentive-based formulary for military medical treatment facilities and contractors of TRICARE retail pharmacies and the national mail-order pharmacy; and

“(2) shall include a plan for each of the following:

“(A) A uniform formulary for such facilities and contractors:

“(B) A centralized database that integrates the patient databases of pharmacies of military medical treatment facilities and contractor retail and mail-order programs to implement automated prospective drug utilization review systems:

“(C) A system-wide drug benefit for covered beneficiaries under chapter 55 of title 10, United States Code, who are entitled to hospital insurance benefits under part A of title XVIII of the Social Security Act (42 U.S.C. 1395c et seq.):

“(b) Submission of Plan.—The Secretary shall submit the plan required under subsection (a) not later than March 1, 1999.

DHA Version - March 2009

10 USC Chapter 55 - Medical And Dental Care
§ 1073. Administration of this chapter

DHA Version - March 2009

“(c) Suspension of Implementation of Program.—The Secretary shall suspend any plan to establish a national retail pharmacy program for the Department of Defense until—

“(1) the plan required under subsection (a) is submitted; and

“(2) the Secretary implements cost-saving reforms with respect to the military and contractor retail and mail order pharmacy system.”

Pub. L. 105-261, div. A, title VII, Sec. 723, Oct. 17, 1998, 112 Stat. 2068, as amended by Pub. L. 106-65, div. A, title X, Sec. 1067(3), Oct. 5, 1999, 113 Stat. 774; Pub. L. 106-398, Sec. 1 [[div. A], title VII, Sec. 711(a)], Oct. 30, 2000, 114 Stat. 1654, 1654A-175, provided that:

“(a) In General.—Not later than April 1, 2001, the Secretary of Defense shall implement, with respect to eligible individuals described in subsection (e), the redesign of the pharmacy system under TRICARE (including the mail-order and retail pharmacy benefit under TRICARE) to incorporate ‘best business practices’ of the private sector in providing pharmaceuticals, as developed under the plan described in section 703 [set out as a note above].

“(b) Program Requirements.—The same coverage for pharmacy services and the same requirements for cost sharing and reimbursement as are applicable under section 1086 of title 10, United States Code, shall apply with respect to the program required by subsection (a).

“(c) Evaluation.—The Secretary shall provide for an evaluation of the implementation of the redesign of the pharmacy system under TRICARE under this section by an appropriate person or entity that is independent of the Department of Defense. The evaluation shall include the following:

“(1) An analysis of the costs of the implementation of the redesign of the pharmacy system under TRICARE and to the eligible individuals who participate in the system.

“(2) An assessment of the extent to which the implementation of such system satisfies the requirements of the eligible individuals for the health care services available under TRICARE.

“(3) An assessment of the effect, if any, of the implementation of the system on military medical readiness.

“(4) A description of the rate of the participation in the system of the individuals who were eligible to participate.

“(5) An evaluation of any other matters that the Secretary considers appropriate.

“(d) Reports.—The Secretary shall submit two reports on the results of the evaluation under subsection (c), together with the evaluation, to the Committee on Armed Services of the Senate and the Committee on Armed Services of the House of Representatives. The first report shall be submitted not later than December 31, 2001, and the second report shall be submitted not later than December 31, 2003.

“(e) Eligible Individuals.—(1) An individual is eligible to participate under this section if the individual is a member or former member of the uniformed services described in section 1074(b) of title 10, United States Code, a dependent of the member described in section 1076(a)(2)(B) or 1076(b) of that title, or a dependent of a member of the uniformed services who died while on active duty for a period of more than 30 days, who—

“(A) is 65 years of age or older;

“(B) is entitled to hospital insurance benefits under part A of title XVIII of the Social Security Act (42 U.S.C. 1395c et seq.); and

“(C) except as provided in paragraph (2), is enrolled in the supplemental medical insurance program under part B of such title XVIII (42 U.S.C. 1395j et seq.).

“(2) Paragraph (1)(C) shall not apply in the case of an individual who, before April 1, 2001, has attained the age of 65 and did not enroll in the program described in such paragraph.”

System For Tracking Data And Measuring Performance In Meeting TRICARE Access Standards

Pub. L. 105-261, div. A, title VII, Sec. 713, Oct. 17, 1998, 112 Stat. 2060, provided that:

- “(a) Requirement To Establish System.—(1) The Secretary of Defense shall establish a system—
- “(A) to track data regarding access of covered beneficiaries under chapter 55 of title 10, United States Code, to primary health care under the TRICARE program; and
 - “(B) to measure performance in increasing such access against the primary care access standards established by the Secretary under the TRICARE program.
- “(2) In implementing the system described in paragraph (1), the Secretary shall collect data on the timeliness of appointments and precise waiting times for appointments in order to measure performance in meeting the primary care access standards established under the TRICARE program.
- “(b) Deadline for Establishment.—The Secretary shall establish the system described in subsection (a) not later than April 1, 1999.”

TRICARE As Supplement To Medicare Demonstration

Pub. L. 105-261, div. A, title VII, Sec. 722, Oct. 17, 1998, 112 Stat. 2065, as amended by Pub. L. 106-65, div. A, title X, Secs. 1066(b)(6), 1067(3), Oct. 5, 1999, 113 Stat. 773, 774, required the Secretary of Defense to carry out a demonstration project (known as the TRICARE Senior Supplement) in order to assess the feasibility and advisability of providing medical care coverage under the TRICARE program to certain members and former members of the uniformed services and their dependents and further required the Secretary to evaluate and terminate the project and submit a report on the evaluation to Congress not later than Dec. 31, 2002.

Study Concerning Provision Of Comparative Information

Pub. L. 105-85, div. A, title VII, Sec. 703, Nov. 18, 1997, 111 Stat. 1807, provided that:

- “(a) Study.—The Secretary of Defense shall conduct a study concerning the provision of the information described in subsection (b) to beneficiaries under the TRICARE program established under the authority of chapter 55 of title 10, United States Code, and prepare and submit to Congress a report concerning such study.
- “(b) Provision of Comparative Information.—Information described in this subsection, with respect to a managed care entity that contracts with the Secretary of Defense to provide medical assistance under the program described in subsection (a), shall include the following:
- “(1) The benefits covered by the entity involved, including—
 - “(A) covered items and services beyond those provided under a traditional fee-for-service program;
 - “(B) any beneficiary cost sharing; and
 - “(C) any maximum limitations on out-of-pocket expenses:
 - “(2) The net monthly premium, if any, under the entity.
 - “(3) The service area of the entity.
 - “(4) To the extent available, quality and performance indicators for the benefits under the entity (and how they compare to such indicators under the traditional fee-for-service programs in the area involved), including—
 - “(A) disenrollment rates for enrollees electing to receive benefits through the entity for the previous two years (excluding disenrollment due to death or moving outside the service area of the entity);
 - “(B) information on enrollee satisfaction;
 - “(C) information on health process and outcomes;
 - “(D) grievance procedures;
 - “(E) the extent to which an enrollee may select the health care provider of their [sic] choice, including health care providers within the network of the entity and out-of-

10 USC Chapter 55 - Medical And Dental Care
§ 1073. Administration of this chapter

network health care providers (if the entity covers out-of-network items and services);
and

“(F) an indication of enrollee exposure to balance billing and the restrictions on coverage of items and services provided to such enrollee by an out-of-network health care provider:

“(5) Whether the entity offers optional supplemental benefits and the terms and conditions (including premiums) for such coverage.

“(6) An overall summary description as to the method of compensation of participating physicians.”

Disclosure Of Cautionary Information On Prescription Medications

Pub. L. 105-85, div. A, title VII, Sec. 744, Nov. 18, 1997, 111 Stat. 1820, provided that:

“(a) Regulations Required.—Not later than 180 days after the date of the enactment of this Act [Nov. 18, 1997], the Secretary of Defense, in consultation with the administering Secretaries referred to in section 1073 of title 10, United States Code, shall prescribe regulations to require each source described in subsection (d) that dispenses a prescription medication to a beneficiary under chapter 55 of such title to include with the medication the written cautionary information required by subsection (b).

“(b) Information To Be Disclosed.—Information required to be disclosed about a medication under the regulations shall include appropriate cautions about usage of the medication, including possible side effects and potentially hazardous interactions with foods.

“(c) Form of Information.—The regulations shall require that information be furnished in a form that, to the maximum extent practicable, is easily read and understood.

“(d) Covered Sources.—The regulations shall apply to the following:

“(1) Pharmacies and any other dispensers of prescription medications in medical facilities of the uniformed services.

“(2) Sources of prescription medications under any mail order pharmaceuticals program provided by any of the administering Secretaries under chapter 55 of title 10, United States Code.

“(3) Pharmacies paid under the Civilian Health and Medical Program of the Uniformed Services (including the TRICARE program).

“(4) Pharmacies, and any other pharmaceutical dispensers, of designated providers referred to in section 721(5) of the National Defense Authorization Act for Fiscal Year 1997 (Public Law 104-201; 110 Stat. 2593; 10 U.S.C. 1073 note).”

Competitive Procurement Of Ophthalmic Services

Pub. L. 105-85, div. A, title VII, Sec. 745, Nov. 18, 1997, 111 Stat. 1820, provided that:

“(a) Competitive Procurement Required.—Beginning not later than October 1, 1998, the Secretary of Defense shall competitively procure from private-sector sources, or other sources outside of the Department of Defense, all ophthalmic services related to the provision of single vision and multivision eyewear [sic] for members of the Armed Forces, retired members, and certain covered beneficiaries under chapter 55 of title 10, United States Code, who would otherwise receive such ophthalmic services through the Department of Defense.

“(b) Exception.—Subsection (a) shall not apply to the extent that the Secretary of Defense determines that the use of sources within the Department of Defense to provide such ophthalmic services—

“(1) is necessary to meet the readiness requirements of the Armed Forces; or

“(2) is more cost effective.

“(c) Completion of Existing Orders.—Subsection (a) shall not apply to orders for ophthalmic services received on or before September 30, 1998.”

Inclusion Of Certain Designated Providers In Uniformed Services Health Care Delivery System

Pub. L. 104-201, div. A, title VII, subtitle C, Sept. 23, 1996, 110 Stat. 2592, as amended by Pub. L. 104-208, div. A, title I, Sec. 101(b) [title VIII, Sec. 8131(a)], Sept. 30, 1996, 110 Stat. 3009-71, 3009-117; Pub. L. 105-85, div. A, title VII, Secs. 721-723, Nov. 18, 1997, 111 Stat. 1809, 1810; Pub. L. 106-65, div. A, title VII, Sec. 707, Oct. 5, 1999, 113 Stat. 684; Pub. L. 107-296, title XVII, Sec. 1704(e)(2), Nov. 25, 2002, 116 Stat. 2315; Pub. L. 108-136, div. A, title VII, Sec. 714, Nov. 24, 2003, 117 Stat. 1531; Pub. L. 108-199, div. H, Sec. 109, Jan. 23, 2004, 118 Stat. 438; Pub. L. 112-81, div. A, title VII, Sec. 708, Dec. 31, 2011, 125 Stat. 1474; **Pub. L. 113-291, div. A, title X, §1071(b)(11), Dec. 19, 2014, 128 Stat. 3507**, provided that:

“SEC. 721. DEFINITIONS.

“In this subtitle:

“(1) The term ‘administering Secretaries’ means the Secretary of Defense, the Secretary of Homeland Security, and the Secretary of Health and Human Services.

“(2) The term ‘agreement’ means the agreement required under section 722(b) between the Secretary of Defense and a designated provider.

“(3) The term ‘capitation payment’ means an actuarially sound payment for a defined set of health care services that is established on a per enrollee per month basis.

“(4) The term ‘covered beneficiary’ means a beneficiary under chapter 55 of title 10, United States Code, other than a beneficiary under section 1074(a) of such title.

“(5) The term ‘designated provider’ means a public or nonprofit private entity that was a transferee of a Public Health Service hospital or other station under section 987 of the Omnibus Budget Reconciliation Act of 1981 (Public Law 97-35; 42 U.S.C. 248b) and that, before the date of the enactment of this Act [Sept. 23, 1996], was deemed to be a facility of the uniformed services for the purposes of chapter 55 of title 10, United States Code. The term includes any legal successor in interest of the transferee.

“(6) The term ‘enrollee’ means a covered beneficiary who enrolls with a designated provider.

“(7) The term ‘health care services’ means the health care services provided under the health plan known as the ‘TRICARE PRIME’ option under the TRICARE program.

“(8) The term ‘Secretary’ means the Secretary of Defense.

“(9) The term ‘TRICARE program’ means the managed health care program that is established by the Secretary of Defense under the authority of chapter 55 of title 10, United States Code, principally section 1097 of such title, and includes the competitive selection of contractors to financially underwrite the delivery of health care services under the Civilian Health and Medical Program of the Uniformed Services.

“SEC. 722. INCLUSION OF DESIGNATED PROVIDERS IN UNIFORMED SERVICES HEALTH CARE DELIVERY SYSTEM:

“(a) Inclusion in System.—The health care delivery system of the uniformed services shall include the designated providers.

“(b) Agreements to Provide Managed Health Care Services.—(1) After consultation with the other administering Secretaries, the Secretary of Defense shall negotiate and enter into an agreement with each designated provider under which the designated provider will provide health care services in or through managed care plans to covered beneficiaries who enroll with the designated provider.

“(2) The agreement shall be entered into on a sole source basis. The Federal Acquisition Regulation, except for those requirements regarding competition, issued pursuant to

10 USC Chapter 55 - Medical And Dental Care
§ 1073. Administration of this chapter

section 1303(a) of title 41, United States Code [.] shall apply to the agreements as acquisitions of commercial items.

“(3) The implementation of an agreement is subject to availability of funds for such purpose.

“(c) Effective Date of Agreements.—(1) Unless an earlier effective date is agreed upon by the Secretary and the designated provider, the agreement shall take effect upon the later of the following:

“(A) The date on which a managed care support contract under the TRICARE program is implemented in the service area of the designated provider.

“(B) October 1, 1997.

“(2) The Secretary may modify the effective date established under paragraph (1) for an agreement to permit a transition period of not more than six months between the date on which the agreement is executed by the parties and the date on which the designated provider commences the delivery of health care services under the agreement.

“(d) Temporary Continuation of Existing Participation Agreements.—The Secretary shall extend the participation agreement of a designated provider in effect immediately before the date of the enactment of this Act [Sept. 23, 1996] under section 718(c) of the National Defense Authorization Act for Fiscal Year 1991 (Public Law 101-510; [former] 42 U.S.C. 248c [note]) until the agreement required by this section takes effect under subsection (c), including any transitional period provided by the Secretary under paragraph (2) of such subsection.

“(e) Service Area.—The Secretary may not reduce the size of the service area of a designated provider below the size of the service area in effect as of September 30, 1996.

“(f) Compliance With Administrative Requirements.—(1) Unless otherwise agreed upon by the Secretary and a designated provider, the designated provider shall comply with necessary and appropriate administrative requirements established by the Secretary for other providers of health care services and requirements established by the Secretary of Health and Human Services for risk-sharing contractors under section 1876 of the Social Security Act (42 U.S.C. 1395mm). The Secretary and the designated provider shall determine and apply only such administrative requirements as are minimally necessary and appropriate. A designated provider shall not be required to comply with a law or regulation of a State government requiring licensure as a health insurer or health maintenance organization.

“(2) A designated provider may not contract out more than five percent of its primary care enrollment without the approval of the Secretary, except in the case of primary care contracts between a designated provider and a primary care contractor in force on the date of the enactment of this Act [Sept. 23, 1996].

“(g) Continued Acquisition of Reduced-Cost Drugs.—A designated provider shall be treated as part of the Department of Defense for purposes of section 8126 of title 38, United States Code, in connection with the provision by the designated provider of health care services to covered beneficiaries pursuant to the participation agreement of the designated provider under section 718(c) of the National Defense Authorization Act for Fiscal Year 1991 (Public Law 101-510; [former] 42 U.S.C. 248c note) or pursuant to the agreement entered into under subsection (b).

“SEC. 723. PROVISION OF UNIFORM BENEFIT BY DESIGNATED PROVIDERS:

“(a) Uniform Benefit Required.—A designated provider shall offer to enrollees the health benefit option prescribed and implemented by the Secretary under section 731 of the National Defense Authorization Act for Fiscal Year 1994 (Public Law 103-160; 10 U.S.C. 1073 note), including accompanying cost-sharing requirements.

“(b) Time for Implementation of Benefit.—A designated provider shall offer the health benefit option described in subsection (a) to enrollees upon the later of the following:

10 USC Chapter 55 - Medical And Dental Care
§ 1073. Administration of this chapter

“(1) The date on which health care services within the health care delivery system of the uniformed services are rendered through the TRICARE program in the region in which the designated provider operates.

“(2) October 1, 1997.

“(c) Adjustments.—The Secretary may establish a later date under subsection (b)(2) or prescribe reduced cost-sharing requirements for enrollees.

SEC. 724. ENROLLMENT OF COVERED BENEFICIARIES:

“(a) Fiscal Year 1997 Limitation.—(1) During fiscal year 1997, the number of covered beneficiaries who are enrolled in managed care plans offered by designated providers may not exceed the number of such enrollees as of October 1, 1995.

“(2) The Secretary may waive the limitation under paragraph (1) if the Secretary determines that additional enrollment authority for a designated provider is required to accommodate covered beneficiaries who are dependents of members of the uniformed services entitled to health care under section 1074(a) of title 10, United States Code.

“(b) Permanent Limitation.—For each fiscal year beginning after September 30, 1997, the number of enrollees in managed care plans offered by designated providers may not exceed 110 percent of the number of such enrollees as of the first day of the immediately preceding fiscal year. The Secretary may waive this limitation as provided in subsection (a)(2).

“(c) Retention of Current Enrollees.—An enrollee in the managed care plan of a designated provider as of September 30, 1997, or such earlier date as the designated provider and the Secretary may agree upon, shall continue receiving services from the designated provider pursuant to the agreement entered into under section 722 unless the enrollee disenrolls from the designated provider. Except as provided in subsection (e), the administering Secretaries may not disenroll such an enrollee unless the disenrollment is agreed to by the Secretary and the designated provider.

“(d) Additional Enrollment Authority.—(1) Subject to paragraph (2), other covered beneficiaries may also receive health care services from a designated provider.

“(2)(A) The designated provider may market such services to, and enroll, covered beneficiaries who—

“(i) do not have other primary health insurance coverage (other than Medicare coverage) covering basic primary care and inpatient and outpatient services;

“(ii) subject to the limitation in subparagraph (B), have other primary health insurance coverage (other than Medicare coverage) covering basic primary care and inpatient and outpatient services; or

“(iii) are enrolled in the direct care system under the TRICARE program, regardless of whether the covered beneficiaries were users of the health care delivery system of the uniformed services in prior years.

“(B) For each fiscal year beginning after September 30, 2003, the number of covered beneficiaries newly enrolled by designated providers pursuant to clause (ii) of subparagraph (A) during such fiscal year may not exceed 10 percent of the total number of the covered beneficiaries who are newly enrolled under such subparagraph during such fiscal year.

“(3) For purposes of this subsection, a covered beneficiary who has other primary health insurance coverage includes any covered beneficiary who has primary health insurance coverage—

“(A) on the date of enrollment with a designated provider pursuant to paragraph (2)(A)(i); or

“(B) on such date of enrollment and during the period after such date while the beneficiary is enrolled with the designated provider.

DHA Version - March 2009

10 USC Chapter 55 - Medical And Dental Care
§ 1073. Administration of this chapter

DHA Version - March 2009

“(e) Special Rule for Medicare-Eligible Beneficiaries.—(1) Except as provided in paragraph (2), if a covered beneficiary who desires to enroll in the managed care program of a designated provider is also entitled to hospital insurance benefits under part A of title XVIII of the Social Security Act (42 U.S.C. 1395c et seq.), the covered beneficiary shall elect whether to receive health care services as an enrollee or under part A of title XVIII of the Social Security Act. The Secretary may disenroll an enrollee who subsequently violates the election made under this subsection and receives benefits under part A of title XVIII of the Social Security Act.

“(2) After September 30, 2012, a covered beneficiary (other than a beneficiary under section 1079 of title 10, United States Code) who is also entitled to hospital insurance benefits under part A of title XVIII of the Social Security Act [42 U.S.C. 1395c et seq.] due to age may not enroll in the managed care program of a designated provider unless the beneficiary was enrolled in that program on September 30, 2012.

“(f) Information Regarding Eligible Covered Beneficiaries.—The Secretary shall provide, in a timely manner, a designated provider with an accurate list of covered beneficiaries within the marketing area of the designated provider to whom the designated provider may offer enrollment.

“(g) Open Enrollment Demonstration Program.—(1) The Secretary of Defense shall conduct a demonstration program under which covered beneficiaries shall be permitted to enroll at any time in a managed care plan offered by a designated provider consistent with the enrollment requirements for the TRICARE Prime option under the TRICARE program, but without regard to the limitation in subsection (b). The demonstration program under this subsection shall cover designated providers, selected by the Secretary of Defense, and the service areas of the designated providers.

“(2) The demonstration program carried out under this section shall commence on October 1, 1999, and end on September 30, 2001.

“(3) Not later than March 15, 2001, the Secretary of Defense shall submit to the Committees on Armed Services of the Senate and the House of Representatives a report on the demonstration program carried out under this subsection. The report shall include, at a minimum, an evaluation of the benefits of the open enrollment opportunity to covered beneficiaries and a recommendation on whether to authorize open enrollments in the managed care plans of designated providers permanently.

“SEC. 725. APPLICATION OF CHAMPUS PAYMENT RULES:

“(a) Application of Payment Rules.—Subject to subsection (b), the Secretary shall require a private facility or health care provider that is a health care provider under the Civilian Health and Medical Program of the Uniformed Services to apply the payment rules described in section 1074(c) of title 10, United States Code, in imposing charges for health care that the private facility or provider provides to enrollees of a designated provider.

“(b) Authorized Adjustments.—The payment rules imposed under subsection (a) shall be subject to such modifications as the Secretary considers appropriate. The Secretary may authorize a lower rate than the maximum rate that would otherwise apply under subsection (a) if the lower rate is agreed to by the designated provider and the private facility or health care provider.

“(c) Regulations.—The Secretary shall prescribe regulations to implement this section after consultation with the other administering Secretaries.

“(d) Conforming Amendment.—[Amended section 1074 of this title.]

“SEC. 726. PAYMENTS FOR SERVICES:

“(a) Form of Payment.—Unless otherwise agreed to by the Secretary and a designated provider, the form of payment for health care services provided by a designated provider shall be on a

10 USC Chapter 55 - Medical And Dental Care
§ 1073. Administration of this chapter

full risk capitation payment basis. The capitation payments shall be negotiated and agreed upon by the Secretary and the designated provider. In addition to such other factors as the parties may agree to apply, the capitation payments shall be based on the utilization experience of enrollees and competitive market rates for equivalent health care services for a comparable population to such enrollees in the area in which the designated provider is located.

“(b) Limitation on Total Payments.—Total capitation payments for health care services to a designated provider shall not exceed an amount equal to the cost that would have been incurred by the Government if the enrollees had received such health care services through a military treatment facility, the TRICARE program, or the Medicare program, as the case may be. In establishing the ceiling rate for enrollees with the designated providers who are also eligible for the Civilian Health and Medical Program of the Uniformed Services, the Secretary of Defense shall take into account the health status of the enrollees.

“(c) Establishment of Payment Rates on Annual Basis.—The Secretary and a designated provider shall establish capitation payments on an annual basis, subject to periodic review for actuarial soundness and to adjustment for any adverse or favorable selection reasonably anticipated to result from the design of the program under this subtitle.

“(d) Alternative Basis for Calculating Payments.—After September 30, 1999, the Secretary and a designated provider may mutually agree upon a new basis for calculating capitation payments.

“SEC. 727. REPEAL OF SUPERSEDED AUTHORITIES:

“(a) Repeals.—[Repealed sections 248c and 248d of Title 42, The Public Health and Welfare, and section 718(c) of Pub. L. 101-510 and section 726 of Pub. L. 104-106, set out as notes under section 248c of Title 42.]

“(b) Effective Date.—The amendments made by paragraphs (1), (2), and (3) of subsection (a) shall take effect on October 1, 1997.”

[Pub. L. 108-199, div. H, Sec. 109, Jan. 23, 2004, 118 Stat. 438, provided that the amendment made by section 109, amending section 724 of Pub. L. 104-201, set out above, is effective immediately after the enactment of Pub. L. 108-136.

[Pub. L. 104-208, div. A, title I, Sec. 101(b) [title VIII, Sec. 8131(b)], Sept. 30, 1996, 110 Stat. 3009-71, 3009-117, provided that: “The amendments made by subsection (a) [amending section 722 of Pub. L. 104-201, set out above] shall take effect as of the date of the enactment of the National Defense Authorization Act for Fiscal Year 1997 [Sept. 23, 1996] as if section 722 of such Act had been enacted as so amended.”]

Definition Of TRICARE Program

Pub. L. 104-106, div. A, title VII, Sec. 711, Feb. 10, 1996, 110 Stat. 374, provided that: “For purposes of this subtitle [subtitle B (Secs. 711-718) of title VII of div. A of Pub. L. 104-106, amending section 1097 of this title, enacting provisions set out as notes below, and amending provisions set out as a note below], the term ‘TRICARE program’ means the managed health care program that is established by the Secretary of Defense under the authority of chapter 55 of title 10, United States Code, principally section 1097 of such title, and includes the competitive selection of contractors to financially underwrite the delivery of health care services under the Civilian Health and Medical Program of the Uniformed Services.”

DHA Version - March 2009

Training In Health Care Management And Administration For TRICARE Lead Agents

Pub. L. 104-106, div. A, title VII, Sec. 715, Feb. 10, 1996, 110 Stat. 375, as amended by Pub. L. 106-398, Sec. 1 [[div. A], title VII, Sec. 760(a)], Oct. 30, 2000, 114 Stat. 1654, 1654A-200, provided that:

“(a) Provision of Training.—The Secretary of Defense shall implement a professional educational program to provide appropriate training in health care management and administration—

“(1) to each commander, deputy commander, and managed care coordinator of a military medical treatment facility of the Department of Defense, and any other person, who is selected to serve as a lead agent to coordinate the delivery of health care by military and civilian providers under the TRICARE program; and

“(2) to appropriate members of the support staff of the treatment facility who will be responsible for daily operation of the TRICARE program.

“(b) Limitation on Assignment Until Completion of Training.—No person may be assigned as the commander, deputy commander, or managed care coordinator of a military medical treatment facility or as a TRICARE lead agent or senior member of the staff of a TRICARE lead agent office until the Secretary of the military department concerned submits a certification to the Secretary of Defense that such person has completed the training described in subsection (a).”

[Pub. L. 106-398, Sec. 1 [[div. A], title VII, Sec. 760(c)], Oct. 30, 2000, 114 Stat. 1654, 1654A-200, provided that: “The amendments made by subsection (a) to section 715 of such Act [section 715 of Pub. L. 104-106, set out above]—

[“(1) shall apply to a deputy commander, a managed care coordinator of a military medical treatment facility, or a lead agent for coordinating the delivery of health care by military and civilian providers under the TRICARE program, who is assigned to such position on or after the date that is one year after the date of the enactment of this Act [Oct. 30, 2000]; and

[“(2) may apply, in the discretion of the Secretary of Defense, to a deputy commander, a managed care coordinator of such a facility, or a lead agent for coordinating the delivery of such health care, who is assigned to such position before the date that is one year after the date of the enactment of this Act.”]

Pilot Program Of Individualized Residential Mental Health Services

Pub. L. 104-106, div. A, title VII, Sec. 716, Feb. 10, 1996, 110 Stat. 375, provided that:

“(a) Program Required.—(1) During fiscal year 1996, the Secretary of Defense, in consultation with the other administering Secretaries under chapter 55 of title 10, United States Code, shall implement a pilot program to provide residential and wraparound services to children described in paragraph (2) who are in need of mental health services. The Secretary shall implement the pilot program for an initial period of at least two years in a military health care region in which the TRICARE program has been implemented.

“(2) A child shall be eligible for selection to participate in the pilot program if the child is a dependent (as described in subparagraph (D) or (I) of section 1072(2) of title 10, United States Code) who—

“(A) is eligible for health care under section 1079 or 1086 of such title; and

“(B) has a serious emotional disturbance that is generally regarded as amenable to treatment.

“(b) Wraparound Services Defined.—For purposes of this section, the term ‘wraparound services’ means individualized mental health services that are provided principally to allow a child to remain in the family home or other least-restrictive and least-costly setting, but also are provided as an aftercare planning service for children who have received acute or residential

10 USC Chapter 55 - Medical And Dental Care
§ 1073. Administration of this chapter

“(3) The insurance plan requirements referred to in paragraphs (1) and (2) are the following:

“(A) At the election of the individual, the plan shall be available to an individual losing eligibility (by reason of discharge, release from active duty, a change in family status (including divorce or annulment, or, in the case of a child, reaching age 22), or other similar reason) to be a covered beneficiary under chapter 55 of title 10, United States Code.

“(B) The plan shall provide for coverage of benefits similar to the coverage of benefits available to the individual under CHAMPUS, regardless of any pre-existing condition.

“(C) The plan shall provide that enrollees in the plan shall pay the full periodic charges for the benefit coverage.

“(f) Funding Limitations.—(1) None of the funds appropriated or otherwise made available to the Department of Defense may be obligated or expended for the purpose of entering into a contract for the demonstration phase of the CHAMPUS reform initiative required by section 702(a)(1) of the National Defense Authorization Act for Fiscal Year 1987 [section 702(a)(1) of Pub. L. 99-661, set out as a note below] until the requirements of section 702(a)(4) of such Act (as added by subsection (a)) are met.

“(2) None of the funds appropriated or otherwise made available to the Department of Defense may be obligated or expended for the purpose of requesting a proposal for the second (or any subsequent) phase of the CHAMPUS reform initiative as described in section 702(c) of the National Defense Authorization Act for Fiscal Year 1987 until the requirements of paragraph (2) of section 702(c) of such Act (as added by subsection (c)) are met.

“(g) CHAMPUS Defined.—In this section, the term ‘CHAMPUS’ has the meaning given such term by section 1072(4) of title 10, United States Code.”

CHAMPUS Reform Initiative

Pub. L. 99-661, div. A, title VII, Sec. 702, Nov. 14, 1986, 100 Stat. 3899, as amended by Pub. L. 100-180, div. A, title VII, Sec. 732(a), (c), Dec. 4, 1987, 101 Stat. 1119, provided that:

“(a) Demonstration Project.—(1) The Secretary of Defense shall conduct a project designed to demonstrate the feasibility of improving the effectiveness of the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) through the competitive selection of contractors to financially underwrite the delivery of health care services under the program.

“(2) The demonstration project required by paragraph (1)—

“(A) shall begin not later than September 30, 1988, and continue for not less than one year;

“(B) shall include not more than one-third of covered beneficiaries; and

“(C) shall include a health care enrollment system that meets the requirements specified in section 1099 of title 10, United States Code (as added by section 701(a)(1)).

“(3)(A) The Secretary shall submit to the Committees on Armed Services of the Senate and House of Representatives a report on the development of the demonstration project required by paragraph (1). Such report shall include—

“(i) a description of the scope and structure of the project;

“(ii) an estimate of the costs of the care to be provided under the project; and

“(iii) a description of the health care enrollment system included in the project.

“(B) The report required by subparagraph (A) shall be submitted—

“(i) not later than 60 days before the initiation of the project, if the project is to be restricted to a contiguous area of the United States; or

“(ii) not later than 60 days before a solicitation for bids or proposals with respect to such project is issued, if the project will not be restricted to a contiguous area of the United States.

DHA Version - March 2009

10 USC Chapter 55 - Medical And Dental Care
§ 1073. Administration of this chapter

DHA Version - March 2009

- “(4) The Secretary of Defense shall develop a methodology to be used in evaluating the results of the demonstration project required by paragraph (1) and shall submit to the Committees on Armed Services of the Senate and the House of Representatives a report on such methodology.
- “(b) Study of Health Care Alternatives.—(1) The demonstration project required by subsection (a)(1) shall include a study of—
- “(A) methods to guarantee the maintenance of competition among providers of health care to persons under the jurisdiction of the Secretary;
 - “(B) the merits of the use of a voucher system or a fee schedule for provision of health care to such persons; and
 - “(C) methods to guarantee that community hospitals are given equal consideration with other health care providers for provision of health care services under contracts with the Department of Defense.
- “(2) The Secretary shall submit to Congress a report discussing the matters evaluated in the study required by paragraph (1) before the end of the 90-day period beginning on the date of the enactment of this Act [Nov. 14, 1986].
- “(c) Phased Implementation of CHAMPUS Reform Initiative.—(1) The Secretary of Defense may proceed with implementation of the CHAMPUS reform initiative, to be carried out in two phases during a period of not less than two years, if—
- “(A) the Secretary determines, based on the results of the demonstration project required by subsection (a)(1), that such initiative should be implemented;
 - “(B) not less than one year elapses after the date on which the demonstration project required by subsection (a)(1) is initiated; and
 - “(C) 90 days elapse after the date on which the Secretary submits to the Committees on Armed Services of the Senate and House of Representatives a report that includes—
 - “(i) a description of the results of the demonstration project, evaluated in accordance with the methodology developed under subsection (a)(4);
 - “(ii) a description of any changes the Secretary intends to make in the initiative during the proposed implementation; and
 - “(iii) a comparison of the costs of providing health care under CHAMPUS with the costs of providing health care under the demonstration project and the estimated costs of providing health care under the CHAMPUS reform initiative if fully implemented:
- “(2) The Secretary may not issue a request for proposals with respect to the second (or any subsequent) phase of the CHAMPUS reform initiative until—
- “(A) all principal features of the demonstration project, including networks of providers of health care, have been in operation for not less than one year; and
 - “(B) the expiration of 60 days after the date on which the report described in paragraph (1)(C) has been received by the committees referred to in such paragraph.
- “(d) Definitions.—In this section:
- “(1) The term ‘CHAMPUS reform initiative’ means the competitive selection of contractors to financially underwrite the delivery of health care services under the Civilian Health and Medical Program of the Uniformed Services.
 - “(2) The term ‘Civilian Health and Medical Program of the Uniformed Services’ has the meaning given such term in section 1072(4) of title 10, United States Code (as added by section 701(b)).
 - “(3) The term ‘covered beneficiary’ has the meaning given such term in section 1072(5) of title 10, United States Code (as added by section 701(b)).”

10 USC Chapter 55 - Medical And Dental Care
§ 1074. Medical and dental care for members and certain former members

Medical Readiness Plan And Joint Medical Readiness Oversight Committee

Pub. L. 108-375, div. A, title VII, Sec. 731, Oct. 28, 2004, 118 Stat. 1993, as amended by Pub. L. 109-163, div. A, title V, Sec. 515(h), Jan. 6, 2006, 119 Stat. 3237; Pub. L. 109-364, div. A, title X, Sec. 1071(g)(8), Oct. 17, 2006, 120 Stat. 2402; Pub. L. 112-81, div. A, title X, Sec. 1062(f)(1), Dec. 31, 2011, 125 Stat. 1585, provided that:

“(a) Requirement for Plan.—The Secretary of Defense shall develop a comprehensive plan to improve medical readiness, and Department of Defense tracking of the health status, of members of the Armed Forces throughout their service in the Armed Forces, and to strengthen medical readiness and tracking before, during, and after deployment of members of the Armed Forces overseas. The matters covered by the comprehensive plan shall include all elements that are described in this subtitle [subtitle D [Secs. 731 to 740] of title VII of Pub. L. 108-375, enacting sections 1073b and 1092a of this title and enacting provisions set out as notes under this section and sections 1073b, 1074f, and 1092a of this title] and the amendments made by this subtitle and shall comply with requirements in law.

“(b) Joint Medical Readiness Oversight Committee.—

“(1) Establishment.—The Secretary of Defense shall establish a Joint Medical Readiness Oversight Committee.

“(2) Composition.—The members of the Committee are as follows:

“(A) The Under Secretary of Defense for Personnel and Readiness, who shall chair the Committee.

“(B) The Vice Chief of Staff of the Army, the Vice Chief of Naval Operations, the Vice Chief of Staff of the Air Force, and the Assistant Commandant of the Marine Corp.

“(C) The Assistant Secretary of Defense for Health Affairs.

“(D) The Assistant Secretary of Defense for Reserve Affairs [now Assistant Secretary of Defense for Manpower and Reserve Affairs].

“(E) The Surgeon General of each of the Army, the Navy, and the Air Force.

“(F) The Assistant Secretary of the Army for Manpower and Reserve Affairs.

“(G) The Assistant Secretary of the Navy for Manpower and Reserve Affairs.

“(H) The Assistant Secretary of the Air Force for Manpower, Reserve Affairs, Installations, and Environment.

“(I) The Chief of the National Guard Bureau.

“(J) The Chief of Army Reserve.

“(K) The Chief of Navy Reserve.

“(L) The Chief of Air Force Reserve.

“(M) The Commander, Marine Corps Reserve.

“(N) The Director of the Defense Manpower Data Center.

“(O) A representative of the Department of Veterans Affairs designated by the Secretary of Veterans Affairs.

“(3) Duties.—The duties of the Committee are as follows:

“(A) To advise the Secretary of Defense on the medical readiness and health status of the members of the active and reserve components of the Armed Forces.

“(B) To advise the Secretary of Defense on the compliance of the Armed Forces with the medical readiness tracking and health surveillance policies of the Department of Defense.

“(C) To oversee the development and implementation of the comprehensive plan required by subsection (a) and the actions required by this subtitle and the amendments made by this subtitle, including with respect to matters relating to—

“(i) the health status of the members of the reserve components of the Armed Forces;

“(ii) accountability for medical readiness;

DHA Version - March 2009

10 USC Chapter 55 - Medical And Dental Care**§ 1074. Medical and dental care for members and certain former members**

“(iii) medical tracking and health surveillance;

“(iv) declassification of information on environmental hazards;

“(v) postdeployment health care for members of the Armed Forces; and

“(vi) compliance with Department of Defense and other applicable policies on blood serum repositories.

“(D) To ensure unity and integration of efforts across functional and organizational lines within the Department of Defense with regard to medical readiness tracking and health surveillance of members of the Armed Forces.

“(E) To establish and monitor compliance with the medical readiness standards that are applicable to members and those that are applicable to units.

“(F) To improve continuity of care in coordination with the Secretary of Veterans Affairs, for members of the Armed Forces separating from active service with service-connected medical conditions.

“(4) First meeting.—The first meeting of the Committee shall be held not later than 120 days after the date of the enactment of this Act [Oct. 28, 2004].”

Accountability For Medical Readiness Of Individuals And Units Of The Reserve Components

Pub. L. 108-375, div. A, title VII, Sec. 732(b), Oct. 28, 2004, 118 Stat. 1997, provided that:

“(1) Policy.—The Secretary of Defense shall take measures, in addition to those required by section 1074f of title 10, United States Code, to ensure that individual members and commanders of reserve component units fulfill their responsibilities and meet the requirements for medical and dental readiness of members of the units. Such measures may include—

“(A) requiring more frequent health assessments of members than is required by section 1074f(b) of title 10, United States Code, with an objective of having every member of the Selected Reserve receive a health assessment as specified in section 1074f of such title not less frequently than once every two years; and

“(B) providing additional support and information to commanders to assist them in improving the health status of members of their units.

“(2) Review and followup care.—The measures under this subsection shall provide for review of the health assessments under paragraph (1) by a medical professional and for any followup care and treatment that is otherwise authorized for medical or dental readiness.

“(3) Modification of predeployment health assessment survey.—In carrying out paragraph (1), the Secretary shall—

“(A) to the extent practicable, modify the predeployment health assessment survey to bring such survey into conformity with the detailed postdeployment health assessment survey in use as of October 1, 2004; and

“(B) ensure the use of the predeployment health assessment survey, as so modified, for predeployment health assessments after that date.”

Uniform Policy On Deferral Of Medical Treatment Pending Deployment To Theaters Of Operations

Pub. L. 108-375, div. A, title VII, Sec. 732(c), Oct. 28, 2004, 118 Stat. 1997, provided that:

“(1) Requirement for policy.—The Secretary of Defense shall prescribe, for uniform applicability throughout the Armed Forces, a policy on deferral of medical treatment of members pending deployment.

“(2) Content.—The policy prescribed under paragraph (1) may specify the following matters:

10 USC Chapter 55 - Medical And Dental Care
§ 1074. Medical and dental care for members and certain former members

“(A) The circumstances under which treatment for medical conditions may be deferred to be provided within a theater of operations in order to prevent delay or other disruption of a deployment to that theater.

“(B) The circumstances under which medical conditions are to be treated before deployment to that theater.”

Medical Care And Tracking And Health Surveillance In The Theater Of Operations

Pub. L. 108-375, div. A, title VII, Sec. 734, Oct. 28, 2004, 118 Stat. 1998, provided that:

“(a) Recordkeeping Policy.—The Secretary of Defense shall prescribe a policy that requires the records of all medical care provided to a member of the Armed Forces in a theater of operations to be maintained as part of a complete health record for the member.

“(b) In-Theater Medical Tracking and Health Surveillance.—

“(1) Requirement for evaluation.—The Secretary of Defense shall evaluate the system for the medical tracking and health surveillance of members of the Armed Forces in theaters of operations and take such actions as may be necessary to improve the medical tracking and health surveillance.

“(2) Report.—Not later than one year after the date of the enactment of this Act [Oct. 28, 2004], the Secretary of Defense shall submit a report on the actions taken under paragraph (1) to the Committees on Armed Services of the Senate and the House of Representatives. The report shall include the following matters:

“(A) An analysis of the strengths and weaknesses of the medical tracking system administered under section 1074f of title 10, United States Code.

“(B) An analysis of the efficacy of health surveillance systems as a means of detecting—

“(i) any health problems (including mental health conditions) of members of the Armed Forces contemporaneous with the performance of the assessment under the system; and

“(ii) exposures of the assessed members to environmental hazards that potentially lead to future health problems.

“(C) An analysis of the strengths and weaknesses of such medical tracking and surveillance systems as a means for supporting future research on health issues.

“(D) Recommended changes to such medical tracking and health surveillance systems.

“(E) A summary of scientific literature on blood sampling procedures used for detecting and identifying exposures to environmental hazards.

“(F) An assessment of whether there is a need for changes to regulations and standards for drawing blood samples for effective tracking and health surveillance of the medical conditions of personnel before deployment, upon the end of a deployment, and for a followup period of appropriate length.

“(c) Plan To Obtain Health Care Records From Allies.—The Secretary of Defense shall develop a plan for obtaining all records of medical treatment provided to members of the Armed Forces by allies of the United States in Operation Enduring Freedom and Operation Iraqi Freedom. The plan shall specify the actions that are to be taken to obtain all such records.

“(d) Policy on In-Theater Personnel Locator Data.—Not later than one year after the date of the enactment of this Act [Oct. 28, 2004], the Secretary of Defense shall prescribe a Department of Defense policy on the collection and dissemination of in-theater individual personnel location data.”

Declassification Of Information On Exposures To Environmental Hazards

Pub. L. 108-375, div. A, title VII, Sec. 735, Oct. 28, 2004, 118 Stat. 1999, provided that:

“(a) Requirement for Review.—The Secretary of Defense shall review and, as determined appropriate, revise the classification policies of the Department of Defense with a view to

DHA Version - March 2009

10 USC Chapter 55 - Medical And Dental Care**§ 1074. Medical and dental care for members and certain former members**

facilitating the declassification of data that is potentially useful for the monitoring and assessment of the health of members of the Armed Forces who have been exposed to environmental hazards during deployments overseas, including the following data:

- “(1) In-theater injury rates.
- “(2) Data derived from environmental surveillance.
- “(3) Health tracking and surveillance data.

“(b) Consultation With Commanders of Theater Combatant Commands.—The Secretary shall, to the extent that the Secretary considers appropriate, consult with the senior commanders of the in-theater forces of the combatant commands in carrying out the review and revising policies under subsection (a).”

Uniform Policy For Meeting Mobilization-Related Medical Care Needs At Military Installations

Pub. L. 108-375, div. A, title VII, Sec. 737, Oct. 28, 2004, 118 Stat. 2000, provided that:

“(a) Health Care at Mobilization Installations.—The Secretary of Defense shall take such steps as necessary, including through the uniform policy established under subsection (c), to ensure that anticipated health care needs of members of the Armed Forces at mobilization installations can be met at those installations. Such steps may, within authority otherwise available to the Secretary, include the following with respect to any such installation:

- “(1) Arrangements for health care to be provided by the Secretary of Veterans Affairs.
- “(2) Procurement of services from local health care providers.
- “(3) Temporary employment of health care personnel to provide services at such installation.

“(b) Mobilization Installations.—For purposes of this section, the term ‘mobilization installation’ means a military installation at which members of the Armed Forces, in connection with a contingency operation or during a national emergency—

- “(1) are mobilized;
- “(2) are deployed; or
- “(3) are redeployed from a deployment location.

“(c) Requirement for Regulations.—

- “(1) Policy on implementation.—The Secretary of Defense shall by regulation establish a policy for the implementation of subsection (a) throughout the Department of Defense.
- “(2) Identification and analysis of needs.—As part of the policy prescribed under paragraph (1), the Secretary shall require the Secretary of each military department, with respect to each mobilization installation under the jurisdiction of that Secretary, to identify and analyze the anticipated health care needs at that installation with respect to members of the Armed Forces who may be expected to mobilize or deploy or redeploy at that installation as described in subsection (b)(1). Such identification and analysis shall be carried out so as to be completed before the arrival of such members at the installation.
- “(3) Response to needs.—The policy established by the Secretary of Defense under paragraph (1) shall require that, based on the results of the identification and analysis under paragraph (2), the Secretary of the military department concerned shall determine how to expeditiously and effectively respond to those anticipated health care needs that cannot be met within the resources otherwise available at that installation, in accordance with subsection (a).
- “(4) Implementation of authority.—In implementing the policy established under paragraph (1) at any installation, the Secretary of the military department concerned shall ensure that the commander of the installation, and the officers and other personnel superior to that commander in that commander’s chain of command, have appropriate authority and responsibility for such implementation.

§ 1074g. Pharmacy benefits program

(a) Pharmacy Benefits.—(1) The Secretary of Defense, after consulting with the other administering Secretaries, shall establish an effective, efficient, integrated pharmacy benefits program under this chapter (hereinafter in this section referred to as the “pharmacy benefits program”).

(2)(A) The pharmacy benefits program shall include a uniform formulary of pharmaceutical agents, which shall assure the availability of pharmaceutical agents in the complete range of therapeutic classes. The selection for inclusion on the uniform formulary of particular pharmaceutical agents in each therapeutic class shall be based on the relative clinical and cost effectiveness of the agents in such class.

(B) In considering the relative clinical effectiveness of agents under subparagraph (A), the Secretary shall presume inclusion in a therapeutic class of a pharmaceutical agent, unless the Pharmacy and Therapeutics Committee established under subsection (b) finds that a pharmaceutical agent does not have a significant, clinically meaningful therapeutic advantage in terms of safety, effectiveness, or clinical outcome over the other drugs included on the uniform formulary.

(C) In considering the relative cost effectiveness of agents under subparagraph (A), the Secretary shall rely on the evaluation by the Pharmacy and Therapeutics Committee of the costs of agents in a therapeutic class in relation to the safety, effectiveness, and clinical outcomes of such agents.

(D) The Secretary shall establish procedures for the selection of particular pharmaceutical agents for the uniform formulary. Such procedures shall be established so as best to accomplish, in the judgment of the Secretary, the objectives set forth in paragraph (1).
Except as provided in subparagraph (F), no pharmaceutical agent may be excluded from the uniform formulary except upon the recommendation of the Pharmacy and Therapeutics Committee.

(E) Pharmaceutical agents included on the uniform formulary shall be available to eligible covered beneficiaries through—

(i) facilities of the uniformed services, consistent with the scope of health care services offered in such facilities and additional determinations by the Pharmacy and Therapeutics Committee of the relative clinical and cost effectiveness of the agents;

(ii) retail pharmacies designated or eligible under the TRICARE program or the Civilian Health and Medical Program of the Uniformed Services to provide pharmaceutical agents to covered beneficiaries; or

(iii) the national mail-order pharmacy program.

10 USC Chapter 55 - Medical And Dental Care
§ 1074g. Pharmacy benefits program

DHA Version - March 2009

(F)(i) The Secretary may implement procedures to place selected over-the-counter drugs on the uniform formulary and to make such drugs available to eligible covered beneficiaries. An over-the-counter drug may be included on the uniform formulary only if the Pharmacy and Therapeutics Committee established under subsection (b) finds that the over-the-counter drug is cost effective and clinically effective. If the Pharmacy and Therapeutics Committee recommends an over-the-counter drug for inclusion on the uniform formulary, the drug shall be considered to be in the same therapeutic class of pharmaceutical agents, as determined by the Committee, as similar prescription drugs.

(ii) Regulations prescribed by the Secretary to carry out clause (i) shall include the following with respect to over-the-counter drugs included on the uniform formulary:

(I) A determination of the means and conditions under paragraphs (5) and (6) through which over-the-counter drugs will be available to eligible covered beneficiaries and the amount of cost sharing that such beneficiaries will be required to pay for over-the-counter drugs, if any, except that no such cost sharing may be required for a member of a uniformed service on active duty.

(II) Any terms and conditions for the dispensing of over-the-counter drugs to eligible covered beneficiaries.

(3) The pharmacy benefits program shall assure the availability of clinically appropriate pharmaceutical agents to members of the armed forces, including, where appropriate, agents not included on the uniform formulary described in paragraph (2).

(4) The pharmacy benefits program may provide that prior authorization be required for certain pharmaceutical agents to assure that the use of such agents is clinically appropriate.

(5) The pharmacy benefits program shall assure the availability to eligible covered beneficiaries of pharmaceutical agents not included on the uniform formulary. Such pharmaceutical agents shall be available through **the national mail-order pharmacy program** under terms and conditions that **shall** include cost-sharing by the eligible covered beneficiary **as specified in paragraph (6)**.

(6)(A) The Secretary, in the regulations prescribed under subsection (h), shall establish cost-sharing requirements under the pharmacy benefits program. In accordance with subparagraph (C), such cost-sharing requirements shall consist of the following:

(i) With respect to each supply of a prescription covering not more than 30 days that is obtained by a covered beneficiary under the TRICARE retail pharmacy program—

(I) in the case of generic agents, **\$8⁽¹⁾**

(II) in the case of formulary agents, **\$20**.

(ii) With respect to each supply of a prescription covering not more than 90 days that is obtained by a covered beneficiary under the national mail-order pharmacy program—

(I) in the case of generic agents, **\$0**;

10 USC Chapter 55 - Medical And Dental Care
§ 1074g. Pharmacy benefits program

(II) in the case of formulary agents, \$16; and

(III) in the case of nonformulary agents, \$46.

(B) For a medicare-eligible beneficiary, the cost-sharing requirements may not be in excess of the cost-sharing requirements applicable to all other beneficiaries covered by section 1086 of this title. For purposes of the preceding sentence, a medicare-eligible beneficiary is a beneficiary eligible for health benefits under section 1086 of this title pursuant to subsection (d)(2) of such section.

(C)(i) Beginning October 1, 2013, the amount of any increase in a cost-sharing amount specified in subparagraph (A) in a year may not exceed the amount equal to the percentage of such cost-sharing amount at the time of such increase equal to the percentage by which retired pay is increased under section 1401a of this title in that year.

(ii) If the amount of the increase otherwise provided for a year by clause (i) is less than \$1, the increase shall not be made for such year, but shall be carried over to, and accumulated with, the amount of the increase for the subsequent year or years and made when the aggregate amount of increases carried over under this clause for a year is \$1 or more.

(iii) The provisions of this subparagraph shall not apply to any increase in cost-sharing amounts described in clause (i) that is made by the Secretary of Defense on or after October 1, 2022. The Secretary may increase copayments, as considered appropriate by the Secretary, beginning on October 1, 2022.

(7) The Secretary shall establish procedures for eligible covered beneficiaries to receive pharmaceutical agents that are not included on the uniform formulary but that are considered to be clinically necessary. Such procedures shall include peer review procedures under which the Secretary may determine that there is a clinical justification for the use of a pharmaceutical agent that is not on the uniform formulary, in which case the pharmaceutical agent shall be provided under the same terms and conditions as an agent on the uniform formulary. Such procedures shall also include an expeditious appeals process for an eligible covered beneficiary, or a network or uniformed provider on behalf of the beneficiary, to establish clinical justification for the use of a pharmaceutical agent that is not on the uniform formulary.

(8) In carrying out this subsection, the Secretary shall ensure that an eligible covered beneficiary may continue to receive coverage for any maintenance pharmaceutical that is not on the uniform formulary and that was prescribed for the beneficiary before October 5, 1999, and stabilized the medical condition of the beneficiary.

(9)(A) Beginning on October 1, 2015, the pharmacy benefits program shall require eligible covered beneficiaries generally to refill non-generic prescription maintenance medications through military treatment facility pharmacies or the national mail-order pharmacy program.

(B) The Secretary shall determine the maintenance medications subject to the requirement under subparagraph (A). The Secretary shall ensure that—

(i) such medications are generally available to eligible covered beneficiaries through retail pharmacies only for an initial filling of a 30-day or less supply; and

DHA Version - March 2009

10 USC Chapter 55 - Medical And Dental Care
§ 1074g. Pharmacy benefits program

(ii) any refills of such medications are obtained through a military treatment facility pharmacy or the national mail-order pharmacy program.

(C) The Secretary may exempt the following prescription maintenance medications from the requirement of subparagraph (A):

(i) Medications that are for acute care needs.

(ii) Such other medications as the Secretary determines appropriate.

(b) Establishment of Committee.—(1) The Secretary of Defense shall, in consultation with the Secretaries of the military departments, establish a Pharmacy and Therapeutics Committee for the purpose of developing the uniform formulary of pharmaceutical agents required by subsection (a), reviewing such formulary on a periodic basis, and making additional recommendations regarding the formulary as the committee determines necessary and appropriate. The committee shall include representatives of pharmacies of the uniformed services facilities and representatives of providers in facilities of the uniformed services. Committee members shall have expertise in treating the medical needs of the populations served through such entities and in the range of pharmaceutical and biological medicines available for treating such populations. The committee shall function under procedures established by the Secretary under the regulations prescribed under subsection (h).

(2) The committee shall meet at least quarterly and shall, during meetings, consider for inclusion on the uniform formulary under the standards established in subsection (a) any drugs newly approved by the Food and Drug Administration.

(c) Advisory Panel.—(1) Concurrent with the establishment of the Pharmacy and Therapeutics Committee under subsection (b), the Secretary shall establish a Uniform Formulary Beneficiary Advisory Panel to review and comment on the development of the uniform formulary. The Secretary shall consider the comments of the panel before implementing the uniform formulary or implementing changes to the uniform formulary.

(2) The Secretary shall determine the size and membership of the panel established under paragraph (1), which shall include members that represent—

(A) nongovernmental organizations and associations that represent the views and interests of a large number of eligible covered beneficiaries;

(B) contractors responsible for the TRICARE retail pharmacy program;

(C) contractors responsible for the national mail-order pharmacy program; and

(D) TRICARE network providers.

(d) Procedures.—(1) In the operation of the pharmacy benefits program under subsection (a), the Secretary of Defense shall assure through management and new contractual arrangements that financial resources are aligned such that the cost of prescriptions is borne by the organization that is financially responsible for the health care of the eligible covered beneficiary.

10 USC Chapter 55 - Medical And Dental Care
§ 1074g. Pharmacy benefits program

(2) The Secretary shall use a modification to the bid price adjustment methodology in the managed care support contracts current as of October 5, 1999, to ensure equitable and timely reimbursement to the TRICARE managed care support contractors for pharmaceutical products delivered in the nonmilitary environments. The methodology shall take into account the “at-risk” nature of the contracts as well as managed care support contractor pharmacy costs attributable to changes to pharmacy service or formulary management at military medical treatment facilities, and other military activities and policies that affect costs of pharmacy benefits provided through the Civilian Health and Medical Program of the Uniformed Services. The methodology shall also account for military treatment facility costs attributable to the delivery of pharmaceutical products in the military facility environment which were prescribed by a network provider.

(e) Pharmacy Data Transaction Service.—The Secretary of Defense shall implement the use of the Pharmacy Data Transaction Service in all fixed facilities of the uniformed services under the jurisdiction of the Secretary, in the TRICARE retail pharmacy program, and in the national mail-order pharmacy program.

(f) Procurement of Pharmaceuticals by TRICARE Retail Pharmacy Program.—With respect to any prescription filled after January 28, 2008, the TRICARE retail pharmacy program shall be treated as an element of the Department of Defense for purposes of the procurement of drugs by Federal agencies under section 8126 of title 38 to the extent necessary to ensure that pharmaceuticals paid for by the Department of Defense that are provided by pharmacies under the program to eligible covered beneficiaries under this section are subject to the pricing standards in such section 8126.

(g) Definitions.—In this section:

(1) The term “eligible covered beneficiary” means a covered beneficiary for whom eligibility to receive pharmacy benefits through the means described in subsection (a)(2)(E) is established under this chapter or another provision of law.

(2) The term “pharmaceutical agent” means drugs, biological products, and medical devices under the regulatory authority of the Food and Drug Administration.

(3) The term “over-the-counter drug” means a drug that is not subject to section 503(b) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 353(b)).

(4) The term “prescription drug” means a drug that is subject to section 503(b) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 353(b)).

(h) Regulations.—The Secretary of Defense shall, after consultation with the other administering Secretaries, prescribe regulations to carry out this section.

NOTES

Source

(Added Pub. L. 106-65, div. A, title VII, Sec. 701(a)(1), Oct. 5, 1999, 113 Stat. 677; amended Pub. L. 106-398, Sec. 1 [[div. A], title X, Sec. 1087(a)(5)], Oct. 30, 2000, 114 Stat. 1654, 1654A-290; Pub. L. 107-

DHA Version - March 2009

10 USC Chapter 55 - Medical And Dental Care
§ 1074g. Pharmacy benefits program

107, div. A, title X, Sec. 1048(c)(4), Dec. 28, 2001, 115 Stat. 1226; Pub. L. 108-136, div. A, title VII, Sec. 725, Nov. 24, 2003, 117 Stat. 1535; Pub. L. 108-375, div. A, title VII, Sec. 714, Oct. 28, 2004, 118 Stat. 1985; Pub. L. 110-181, div. A, title VII, Sec. 703(a), Jan. 28, 2008, 122 Stat. 188; Pub. L. 111-84, div. A, title X, Sec. 1073(a)(10), Oct. 28, 2009, 123 Stat. 2473; Pub. L. 112-239, div. A, title VII, Secs. 702, 712(a), Jan. 2, 2013, 126 Stat. 1798, 1802; **Pub. L. 113-291, div. A, title VII, §702(a)-(c)(1), Dec. 19, 2014, 128 Stat. 3410.**

Amendments

2014—Subsec. (a)(5). Pub. L. 113-291, §702(a), substituted “the national mail-order pharmacy program” for “at least one of the means described in paragraph (2)(E)” and “shall include cost-sharing by the eligible covered beneficiary as specified in paragraph (6).” for “may include cost sharing by the eligible covered beneficiary in addition to any such cost sharing applicable to agents on the uniform formulary.”

Subsec. (a)(6)(A)(i)(I). Pub. L. 113-291, §702(b)(1)(A), substituted “\$8” for “\$5”.

Subsec. (a)(6)(A)(i)(II). Pub. L. 113-291, §702(b)(1)(B), substituted “\$20.” for “\$17; and”.

Subsec. (a)(6)(A)(i)(III). Pub. L. 113-291, §702(b)(1)(C), struck out subcl. (III) which read as follows: “in the case of nonformulary agents, \$44.”

Subsec. (a)(6)(A)(ii)(II). Pub. L. 113-291, §702(b)(2)(A), substituted “\$16” for “\$13”.

Subsec. (a)(6)(A)(ii)(III). Pub. L. 113-291, §702(b)(2)(B), substituted “\$46” for “\$43”.

Subsec. (a)(9). Pub. L. 113-291, §702(c)(1), which directed amendment of such section by adding par. (9) at the end, was executed by adding par. (9) at the end of subsec. (a), to reflect the probable intent of Congress.

2013—Subsec. (a)(2)(D). Pub. L. 112-239, Sec. 702(a)(1), (c)(2)(A), substituted “Except as provided in subparagraph (F), no pharmaceutical agent may be excluded” for “No pharmaceutical agent may be excluded” and struck out at end “The Secretary shall begin to implement the uniform formulary not later than October 1, 2000.”

Subsec. (a)(2)(F). Pub. L. 112-239, Sec. 702(a)(2), added subpar. (F).

Subsec. (a)(6)(A). Pub. L. 112-239, Sec. 712(a)(1), added subpar. (A) and struck out former subpar. (A) which read as follows: “The Secretary, in the regulations prescribed under subsection (g), may establish cost sharing requirements (which may be established as a percentage or fixed dollar amount) under the pharmacy benefits program for generic, formulary, and nonformulary agents. For nonformulary agents, cost sharing shall be consistent with common industry practice and not in excess of amounts generally comparable to 20 percent for beneficiaries covered by section 1079 of this title or 25 percent for beneficiaries covered by section 1086 of this title.”

Subsec. (a)(6)(C). Pub. L. 112-239, Sec. 712(a)(2), added subpar. (C).

Subsec. (b)(1). Pub. L. 112-239, Sec. 702(c)(1), substituted “subsection (h)” for “subsection (g)”.

Subsec. (b)(2). Pub. L. 112-239, Sec. 702(c)(2)(B), substituted “The committee” for “Not later than 90 days after the establishment of the Pharmacy and Therapeutics Committee by the Secretary, the committee shall convene to design a proposed uniform formulary for submission to the Secretary. After such 90-day period, the committee”.

Subsec. (d)(2). Pub. L. 112-239, Sec. 702(c)(2)(C), substituted “The Secretary” for “Effective not later than April 5, 2000, the Secretary” and “the managed care support contracts current as of October 5, 1999,” for “the current managed care support contracts”.

Subsec. (g)(3), (4). Pub. L. 112-239, Sec. 702(b), added pars. (3) and (4).

2009—Subsec. (f). Pub. L. 111-84 substituted “after January 28, 2008” for “on or after the date of the enactment of the National Defense Authorization Act for Fiscal Year 2008”.

10 USC Chapter 55 - Medical And Dental Care
§ 1074g. Pharmacy benefits program

2008—Subsecs. (f) to (h). Pub. L. 110-181 added subsec. (f) and redesignated former subsecs. (f) and (g) as (g) and (h), respectively.

2004—Subsec. (a)(2)(E)(i). Pub. L. 108-375, Sec. 714(b), inserted before semicolon at end “and additional determinations by the Pharmacy and Therapeutics Committee of the relative clinical and cost effectiveness of the agents”.

Subsec. (a)(6). Pub. L. 108-375, Sec. 714(a), designated existing provisions as subpar. (A) and added subpar. (B).

2003—Subsec. (b)(1). Pub. L. 108-136, Sec. 725(1), substituted “facilities and representatives of providers in facilities of the uniformed services” for “facilities, contractors responsible for the TRICARE retail pharmacy program, contractors responsible for the national mail-order pharmacy program, providers in facilities of the uniformed services, and TRICARE network providers” in second sentence.

Subsec. (c)(2). Pub. L. 108-136, Sec. 725(2), substituted “represent—” for “represent nongovernmental”, inserted “(A) nongovernmental” before “organizations”, substituted “beneficiaries;” for “beneficiaries.”, and added subpars. (B) to (D).

2001—Subsec. (a)(8). Pub. L. 107-107 substituted “October 5, 1999,” for “the date of the enactment of this section”.

2000—Subsec. (a)(6). Pub. L. 106-398, Sec. 1 [[div. A], title X, Sec. 1087(a)(5)(A)], substituted “in the regulations prescribed” for “as part of the regulations established”.

Subsec. (a)(7). Pub. L. 106-398, Sec. 1 [[div. A], title X, Sec. 1087(a)(5)(B)], substituted “that are not included on the uniform formulary but that are” for “not included on the uniform formulary, but,”.

Subsec. (b)(1). Pub. L. 106-398, Sec. 1 [[div. A], title X, Sec. 1087(a)(5)(C)], substituted “prescribed under” for “required by” in last sentence.

Subsec. (d)(2). Pub. L. 106-398, Sec. 1 [[div. A], title X, Sec. 1087(a)(5)(D)], substituted “Effective not later than April 5, 2000, the Secretary shall use” for “Not later than 6 months after the date of the enactment of this section, the Secretary shall utilize”.

Subsec. (e). Pub. L. 106-398, Sec. 1 [[div. A], title X, Sec. 1087(a)(5)(E)], substituted “The” for “Not later than April 1, 2000, the” and inserted “in” before “the TRICARE” and before “the national”.

Subsec. (f). Pub. L. 106-398, Sec. 1 [[div. A], title X, Sec. 1087(a)(5)(F)], substituted “In this section:” for “As used in this section—” in introductory provisions, “The term” for “the term” in pars. (1) and (2), and a period for “; and” at end of par. (1).

Subsec. (g). Pub. L. 106-398, Sec. 1 [[div. A], title X, Sec. 1087(a)(5)(G)], substituted “prescribe” for “promulgate”.

Effective Date Of 2013 Amendment

Pub. L. 112-239, div. A, title VII, Sec. 712(b), Jan. 2, 2013, 126 Stat. 1802, provided that:

“(1) In general.—The cost-sharing requirements under subparagraph (A) of section 1074g(a)(6) of title 10, United States Code, as amended by subsection (a)(1), shall apply with respect to prescriptions obtained under the TRICARE pharmacy benefits program on or after such date as the Secretary of Defense shall specify, but not later than the date that is 45 days after the date of the enactment of this Act [Jan. 2, 2013].

“(2) Federal register.—The Secretary shall publish notice of the effective date of the cost-sharing requirements specified under paragraph (1) in the Federal Register.”

DHA Version - March 2009

Regulations

Pub. L. 110-181, div. A, title VII, Sec. 703(b), Jan. 28, 2008, 122 Stat. 188, as amended by Pub. L. 110-417, [div. A], title X, Sec. 1061(b)(3), Oct. 14, 2008, 122 Stat. 4613; Pub. L. 111-84, div. A, title X, Sec. 1073(c)(12), Oct. 28, 2009, 123 Stat. 2475, provided that: "The Secretary of Defense shall, after consultation with the other administering Secretaries under chapter 55 of title 10, United States Code, modify the regulations under subsection (h) of section 1074g of title 10, United States Code (as redesignated by subsection (a)(1) of this section), to implement the requirements of subsection (f) of section 1074g of title 10, United States Code (as inserted by subsection (a)(2) of this section). The Secretary shall so modify such regulations not later than December 31, 2007."

[Pub. L. 111-84, div. A, title X, Sec. 1073(c), Oct. 28, 2009, 123 Stat. 2474, provided that the amendment made by section 1073(c)(12) to section 1061(b)(3) of Pub. L. 110-417, included in the credit set out above, is effective as of Oct. 14, 2008, and as if included in Pub. L. 110-417 as enacted.]

Termination Of Advisory Panels

Advisory panels established after Jan. 5, 1973, to terminate not later than the expiration of the 2-year period beginning on the date of their establishment, unless, in the case of a panel established by the President or an officer of the Federal Government, such panel is renewed by appropriate action prior to the expiration of such 2-year period, or in the case of a panel established by Congress, its duration is otherwise provided for by law. See sections 3(2) and 14 of Pub. L. 92-463, Oct. 6, 1972, 86 Stat. 770, 776, set out in the Appendix to Title 5, Government Organization and Employees.

Pilot Program On Medication Therapy Management Under TRICARE Program

Pub. L. 113-291, div. A, title VII, §726, Dec. 19, 2014, 128 Stat. 3419, provided that:

"(a) Establishment.—In accordance with section 1092 of title 10, United States Code, the Secretary of Defense shall carry out a pilot program to evaluate the feasibility and desirability of including medication therapy management as part of the TRICARE program.

"(b) Elements of Pilot Program.—In carrying out the pilot program under subsection (a), the Secretary shall ensure the following:

"(1) Patients who participate in the pilot program are patients who—

"(A) have more than one chronic condition; and

"(B) are prescribed more than one medication.

"(2) Medication therapy management services provided under the pilot program are focused on improving patient use and outcomes of prescription medications.

"(3) The design of the pilot program considers best commercial practices in providing medication therapy management services, including practices under the prescription drug program under part D of title XVIII of the Social Security Act (42 U.S.C. 1395w-101 et seq.).

"(4) The pilot program includes methods to measure the effect of medication therapy management services on—

"(A) patient use and outcomes of prescription medications; and

"(B) the costs of health care.

"(c) Locations.—

"(1) Selection.—The Secretary shall carry out the pilot program under subsection (a) in not less than three locations.

"(2) First location criteria.—Not less than one location selected under paragraph (1) shall meet the following criteria:

"(A) The location is a pharmacy at a military medical treatment facility.

"(B) The patients participating in the pilot program at such location generally receive primary care services from health care providers at such facility.

10 USC Chapter 55 - Medical And Dental Care
§ 1074g. Pharmacy benefits program

“(3) Second location criteria.—Not less than one location selected under paragraph (1) shall meet the following criteria:

“(A) The location is a pharmacy at a military medical treatment facility.

“(B) The patients participating in the pilot program at such location generally do not receive primary care services from health care providers at such facility.

“(4) Third location criterion.—Not less than one location selected under paragraph (1) shall be a pharmacy located at a location other than a military medical treatment facility.

“(d) Duration.—The Secretary shall carry out the pilot program under subsection (a) for a period determined appropriate by the Secretary that is not less than two years.

“(e) Report.—Not later than 30 months after the date on which the Secretary commences the pilot program under subsection (a), the Secretary shall submit to the congressional defense committees [Committees on Armed Services and Appropriations of the Senate and the House of Representatives] a report on the pilot program that includes—

“(1) information on the effect of medication therapy management services on—

“(A) patient use and outcomes of prescription medications; and

“(B) the costs of health care;

“(2) the recommendations of the Secretary with respect to incorporating medication therapy management into the TRICARE program; and

“(3) such other information as the Secretary determines appropriate.

“(f) Definitions.—In this section:

“(1) The term ‘medication therapy management’ means professional services provided by qualified pharmacists to patients to improve the effective use and outcomes of prescription medications provided to the patients.

“(2) The term ‘TRICARE program’ has the meaning given that term in section 1072 of title 10, United States Code.”

Pilot Program For Refills Of Maintenance Medications For TRICARE For Life Beneficiaries Through The TRICARE Mail-Order Pharmacy Program

Pub. L. 112-239, div. A, title VII, Sec. 716, Jan. 2, 2013, 126 Stat. 1804, **as amended by Pub. L. 113-291, div. A, title VII, §702(c)(2), Dec. 19, 2014, 128 Stat. 3411**, provided that:

“(a) In General.—The Secretary of Defense shall conduct a pilot program to refill prescription maintenance medications for each TRICARE for Life beneficiary through the national mail-order pharmacy program under section 1074g(a)(2)(E)(iii) of title 10, United States Code.

“(b) Medications Covered.—

“(1) Determination.—The Secretary shall determine the prescription maintenance medications included in the pilot program under subsection (a).

“(2) Supply.—In carrying out the pilot program under subsection (a), the Secretary shall ensure that the medications included in the program are generally available to a TRICARE for Life beneficiary—

“(A) for an initial filling of a 30-day or less supply through—

“(i) retail pharmacies under clause (ii) of section 1074g(a)(2)(E) of title 10, United States Code; and

“(ii) facilities of the uniformed services under clause (i) of such section; and

“(B) for a refill of such medications through—

“(i) the national mail-order pharmacy program; and

“(ii) such facilities of the uniformed services.

“(3) Exemption.—The Secretary may exempt the following prescription maintenance medications from the requirements in paragraph (2):

“(A) Such medications that are for acute care needs.

“(B) Such other medications as the Secretary determines appropriate.

DHA Version - March 2009

10 USC Chapter 55 - Medical And Dental Care
§ 1074g. Pharmacy benefits program

DHA Version - March 2009

“(c) Nonparticipation.—

“(1) Opt out.—The Secretary shall give TRICARE for Life beneficiaries who have been covered by the pilot program under subsection (a) for a period of one year an opportunity to opt out of continuing to participate in the program.

“(2) Waiver.—The Secretary may waive the requirement of a TRICARE for Life beneficiary to participate in the pilot program under subsection (a) if the Secretary determines, on an individual basis, that such waiver is appropriate.

“(d) Regulations.—The Secretary shall prescribe regulations to carry out the pilot program under subsection (a), including regulations with respect to—

“(1) the prescription maintenance medications included in the pilot program pursuant to subsection (b)(1); and

“(2) addressing instances where a TRICARE for Life beneficiary covered by the pilot program attempts to refill such medications at a retail pharmacy rather than through the national mail-order pharmacy program or a facility of the uniformed services.

“(e) Reports.—Not later than March 31 of each year beginning in 2014 and ending in 2018, the Secretary shall submit to the congressional defense committees [Committees on Armed Services and Appropriations of the Senate and the House of Representatives] a report on the pilot program under subsection (a), including the effects of offering incentives for the use of mail order pharmacies by TRICARE beneficiaries and the effect on retail pharmacies.

“(f) Sunset.—The Secretary may not carry out the pilot program under subsection (a) after **September 30, 2015**.

“(g) TRICARE for Life Beneficiary Defined.—In this section, the term 'TRICARE for Life beneficiary' means a TRICARE beneficiary enrolled in the Medicare wraparound coverage option of the TRICARE program made available to the beneficiary by reason of section 1086(d) of title 10, United States Code.”

Education And Training On Use Of Pharmaceuticals In Rehabilitation Programs For Wounded Warriors

Pub. L. 111-383, div. A, title VII, Sec. 716, Jan. 7, 2011, 124 Stat. 4250, provided that:

“(a) Education and Training Required.—The Secretary of Defense shall develop and implement training, available through the Internet or other means, on the use of pharmaceuticals in rehabilitation programs for seriously ill or injured members of the Armed Forces.

“(b) Recipients of Training.—The training developed and implemented under subsection (a) shall be training for each category of individuals as follows:

“(1) Patients in or transitioning to a wounded warrior unit, with special accommodation in such training for such patients with cognitive disabilities.

“(2) Nonmedical case managers.

“(3) Military leaders.

“(4) Family members.

“(c) Elements of Training.—The training developed and implemented under subsection (a) shall include the following:

“(1) An overview of the fundamentals of safe prescription drug use.

“(2) Familiarization with the benefits and risks of using pharmaceuticals in rehabilitation therapies.

“(3) Examples of the use of pharmaceuticals for individuals with multiple, complex injuries, including traumatic brain injury and post-traumatic stress disorder.

“(4) Familiarization with means of finding additional resources for information on pharmaceuticals.

“(5) Familiarization with basic elements of pain and pharmaceutical management.

“(6) Familiarization with complementary and alternative therapies.

10 USC Chapter 55 - Medical And Dental Care
§ 1074g. Pharmacy benefits program

“(d) Tailoring of Training.—The training developed and implemented under subsection (a) shall appropriately tailor the elements specified in subsection (c) for and among each category of individuals set forth in subsection (b).

“(e) Review of Pharmacy.—

“(1) Review.—The Secretary shall review all policies and procedures of the Department of Defense regarding the use of pharmaceuticals in rehabilitation programs for seriously ill or injured members of the Armed Forces.

“(2) Recommendations.—Not later than September 20, 2011, the Secretary shall submit to the congressional defense committees [Committees on Armed Services and Appropriations of the Senate and the House of Representatives] any recommendations for administrative or legislative action with respect to the review under paragraph (1) as the Secretary considers appropriate.”

Demonstration Project On Coverage Of Selected Over-The-Counter Drugs Under The Pharmacy Benefits Program

Pub. L. 109-364, div. A, title VII, Sec. 705, Oct. 17, 2006, 120 Stat. 2280, as amended by Pub. L. 111-383, div. A, title X, Sec. 1075(g)(5), Jan. 7, 2011, 124 Stat. 4377, provided that:

“(a) Requirement to Conduct Demonstration.—The Secretary of Defense shall conduct a demonstration project under section 1092 of title 10, United States Code, to allow particular over-the-counter drugs to be included on the uniform formulary under section 1074g of such title.

“(b) Elements of Demonstration Project.—

“(1) Inclusion of certain over-the-counter drugs.—(A) As part of the demonstration project, the Secretary shall modify uniform formulary specifications under section 1074g(a) of such title to include an over-the-counter drug (referred to in this section as an ‘OTC drug’) on the uniform formulary if the Pharmacy and Therapeutics Committee finds that the OTC drug is cost-effective and therapeutically equivalent to a prescription drug. If the Pharmacy and Therapeutics Committee makes such a finding, the OTC drug shall be considered to be in the same therapeutic class of pharmaceutical agents as the prescription drug.

“(B) An OTC drug shall be made available to a beneficiary through the demonstration project, but only if—

“(i) the beneficiary has a prescription for a drug requiring a prescription; and

“(ii) pursuant to subparagraph (A), the OTC drug—

“(I) is on the uniform formulary; and

“(II) has been determined to be therapeutically equivalent to the prescription drug.

“(2) Conduct through military facilities, retail pharmacies, or mail order program.—The Secretary shall conduct the demonstration project through at least two of the means described in subparagraph (E) of section 1074g(a)(2) of such title through which OTC drugs are provided and may conduct the demonstration project throughout the entire pharmacy benefits program or at a limited number of sites. If the project is conducted at a limited number of sites, the number of sites shall be not less than five in each TRICARE region for each of the two means described in such subparagraph.

“(3) Period of demonstration.—The Secretary shall provide for conducting the demonstration project for a period of time necessary to evaluate the feasibility and cost effectiveness of the demonstration. Such period shall be at least as long as the period covered by pharmacy contracts in existence on the date of the enactment of this Act [Oct. 17, 2006] (including any extensions of the contracts), or five years, whichever is shorter.

“(4) Implementation deadline.—Implementation of the demonstration project shall begin not later than May 1, 2007.

DHA Version - March 2009

10 USC Chapter 55 - Medical And Dental Care
§ 1074g. Pharmacy benefits program

DHA Version - March 2009

“(c) Evaluation of Demonstration Project.—The Secretary shall evaluate the demonstration project for the following:

“(1) The costs and benefits of providing OTC drugs under the pharmacy benefits program in each of the means chosen by the Secretary to conduct the demonstration project.

“(2) The clinical effectiveness of providing OTC drugs under the pharmacy benefits program.

“(3) Customer satisfaction with the demonstration project.

“(d) Report.—Not later than two years after implementation of the demonstration project begins, the Secretary shall submit to the Committees on Armed Services of the Senate and House of Representatives a report on the demonstration project. The report shall contain—

“(1) the evaluation required by subsection (c);

“(2) recommendations for improving the provision of OTC drugs under the pharmacy benefits program; and

“(3) recommendations on whether permanent authority should be provided to cover OTC drugs under the pharmacy benefits program.

“(e) Continuation of Demonstration Project.—If the Secretary recommends in the report under subsection (d) that permanent authority should be provided, the Secretary may continue the demonstration project for up to one year after submitting the report.

“(f) Definitions.—In this section:

“(1) The term ‘drug’ means a drug, including a biological product, within the meaning of section 1074g(f)(2) [now 1074g(g)(2)] of title 10, United States Code.

“(2) The term ‘OTC drug’ has the meaning indicated for such term in subsection (b)(1)(A).

“(3) The term ‘over-the-counter drug’ means a drug that is not subject to section 503(b) of the Federal Food, Drug, and Cosmetic Act [21 U.S.C. 353(b)].

“(4) The term ‘prescription drug’ means a drug that is subject to section 503(b) of the Federal Food, Drug, and Cosmetic Act.”

Interoperability Of Department Of Veterans Affairs And Department Of Defense Pharmacy Data Systems

Pub. L. 107-314, div. A, title VII, Sec. 724, Dec. 2, 2002, 116 Stat. 2598, provided that:

“(a) Interoperability.—The Secretary of Veterans Affairs and the Secretary of Defense shall seek to ensure that on or before October 1, 2004, the Department of Veterans Affairs pharmacy data system and the Department of Defense pharmacy data system (known as the ‘Pharmacy Data Transaction System’) are interoperable for both Department of Defense beneficiaries and Department of Veterans Affairs beneficiaries by achieving real-time interface, data exchange, and checking of prescription drug data of outpatients, and using national standards for the exchange of outpatient medication information.

“(b) Alternative Requirement.—If the interoperability specified in subsection (a) is not achieved by October 1, 2004, as determined jointly by the Secretary of Defense and the Secretary of Veterans Affairs, the Secretary of Veterans Affairs shall adopt the Department of Defense Pharmacy Data Transaction System for use by the Department of Veterans Affairs health care system. Such system shall be fully operational not later than October 1, 2005.

“(c) Implementation Funding for Alternative Requirement.—The Secretary of Defense shall transfer to the Secretary of Veterans Affairs, or shall otherwise bear the cost of, an amount sufficient to cover three-fourths of the cost to the Department of Veterans Affairs for computer programming activities and relevant staff training expenses related to implementation of subsection (b). Such amount shall be determined in such manner as agreed to by the two Secretaries.”

10 USC Chapter 55 - Medical And Dental Care
§ 1074g. Pharmacy benefits program

Deadline For Establishment Of Committee

Pub. L. 106-65, div. A, title VII, Sec. 701(b), Oct. 5, 1999, 113 Stat. 680, directed the Secretary of Defense to establish the Pharmacy and Therapeutics Committee required by subsec. (b) of this section not later than 30 days after Oct. 5, 1999.

Reports Required

Pub. L. 106-65, div. A, title VII, Sec. 701(c), Oct. 5, 1999, 113 Stat. 680, directed the Secretary of Defense to submit reports to Congress, not later than Apr. 1 and Oct. 1 of fiscal years 2000 and 2001, on the implementation of the uniform formulary required under subsec. (a) of this section, the results of a survey conducted by the Secretary of prescribers for military medical treatment facilities and TRICARE contractors, the operation of the Pharmacy Data Transaction Service required by subsec. (e) of this section, and any other actions taken by the Secretary to improve management of the pharmacy benefits program under this section.

Study For Design Of Pharmacy Benefit For Certain Covered Beneficiaries

Pub. L. 106-65, div. A, title VII, Sec. 701(d), Oct. 5, 1999, 113 Stat. 680, required the Secretary of Defense to prepare and submit to Congress, by Apr. 15, 2001, a study on a design for a comprehensive pharmacy benefit for covered beneficiaries under chapter 55 of title 10, who are entitled to benefits under part A, and enrolled under part B, of title XVIII of the Social Security Act, and to provide an estimate of the costs of implementing and operating such design, prior to repeal by Pub. L. 107-107, div. A, title VII, Sec. 723, Dec. 28, 2001, 115 Stat. 1168.

Footnote

⁽¹⁾ So in original. Probably should be followed by "and".

§ 1074m. Mental health assessments for members of the armed forces deployed in support of a contingency operation

(a) Mental Health Assessments.—(1) The Secretary of Defense shall provide a person-to-person mental health assessment for each member of the armed forces who is deployed in support of a contingency operation as follows:

(A) Once during the period beginning 120 days before the date of the deployment.

(B) **Until January 1, 2019, once during each 180-day period during which a member is deployed.**

(C) Once during the period beginning 90 days after the date of redeployment from the contingency operation and ending 180 days after such redeployment date.

(D) Subject to subsection (d), not later than once during each of—

(i) the period beginning 180 days after the date of redeployment from the contingency operation and ending 18 months after such redeployment date; and

(ii) the period beginning 18 months after such redeployment date and ending 30 months after such redeployment date.

(2) A mental health assessment is not required for a member of the armed forces under subparagraphs (C) and (D) of paragraph (1) if the Secretary determines that—

(A) the member was not subjected or exposed to operational risk factors during deployment in the contingency operation concerned; or

(B) providing such assessment to the member during the time periods under such subparagraphs would remove the member from forward deployment or put members or operational objectives at risk.

(b) Purpose.—The purpose of the mental health assessments provided pursuant to this section shall be to identify post-traumatic stress disorder, suicidal tendencies, and other behavioral health conditions identified among members described in subsection (a) in order to determine which such members are in need of additional care and treatment for such health conditions.

(c) Elements.—(1) The mental health assessments provided pursuant to this section shall—

(A) be performed by personnel trained and certified to perform such assessments and may be performed—

10 USC Chapter 55 - Medical And Dental Care
§ 1074m. Mental health assessments for members of the armed forces deployed in support of a contingency operation

(i) by licensed mental health professionals if such professionals are available and the use of such professionals for the assessments would not impair the capacity of such professionals to perform higher priority tasks;

(ii) by personnel in deployed units whose responsibilities include providing unit health care services if such personnel are available and the use of such personnel for the assessments would not impair the capacity of such personnel to perform higher priority tasks; and

(iii) by personnel at private facilities in accordance with section 1074(c) of this title;

(B) include a person-to-person dialogue between members described in subsection (a) and the professionals or personnel described by subparagraph (A), as applicable, on such matters as the Secretary shall specify in order that the assessments achieve the purpose specified in subsection (b) for such assessments;

(C) be conducted in a private setting to foster trust and openness in discussing sensitive health concerns;

(D) be provided in a consistent manner across the military departments; and

(E) include a review of the health records of the member that are related to each previous deployment of the member or other relevant activities of the member while serving in the armed forces, as determined by the Secretary.

(2) The Secretary may treat periodic health assessments and other person-to-person assessments that are provided to members of the armed forces, including examinations under section 1074f of this title, as meeting the requirements for mental health assessments required under this section if the Secretary determines that such assessments and person-to-person assessments meet the requirements for mental health assessments established by this section.

(d) Cessation of Assessments.—No mental health assessment is required to be provided to an individual under subsection (a)(1)(C) after the individual's discharge or release from the armed forces.

(e) Sharing of Information.—(1) The Secretary of Defense shall share with the Secretary of Veterans Affairs such information on members of the armed forces that is derived from confidential mental health assessments, including mental health assessments provided pursuant to this section and **section 1074n of this title and** health assessments and other person-to-person assessments provided before the date of the enactment of this section, as the Secretary of Defense and the Secretary of Veterans Affairs jointly consider appropriate to ensure continuity of mental health care and treatment of members of the armed forces during the transition from health care and treatment provided by the Department of Defense to health care and treatment provided by the Department of Veterans Affairs.

DHA Version - March 2009

10 USC Chapter 55 - Medical And Dental Care
§ 1074m. Mental health assessments for members of the armed forces deployed in support of a contingency operation

(2) Any sharing of information under paragraph (1) shall occur pursuant to a protocol jointly established by the Secretary of Defense and the Secretary of Veterans Affairs for purposes of this subsection. Any such protocol shall be consistent with the following:

(A) Applicable provisions of the Wounded Warrior Act (title XVI of Public Law 110-181; 10 U.S.C. 1071 note), including section 1614 of such Act (122 Stat. 443; 10 U.S.C. 1071 note).

(B) Section 1720F of title 38.

(3) Before each mental health assessment is conducted under subsection (a), the Secretary of Defense shall ensure that the member is notified of the sharing of information with the Secretary of Veterans Affairs under this subsection.

(f) Regulations.—(1) The Secretary of Defense, in consultation with the other administering Secretaries, shall prescribe regulations for the administration of this section.

(2) Not later than 270 days after the date of the issuance of the regulations prescribed under paragraph (1), the Secretary shall notify the congressional defense committees of the implementation of the regulations by the military departments.

NOTES

Source

(Added Pub. L. 112-81, div. A, title VII, Sec. 702(a)(1), Dec. 31, 2011, 125 Stat. 1469; amended Pub. L. 112-239, div. A, title VII, Sec. 703, Jan. 2, 2013, 126 Stat. 1800; **Pub. L. 113-291, div. A, title VII, §701(a)(5), (b), title X, §1071(f)(13), Dec. 19, 2014, 128 Stat. 3409, 3510.**)

References In Text

The date of the enactment of this section, referred to in subsec. (e)(1), is the date of enactment of Pub. L. 112-81, which was approved Dec. 31, 2011.

Amendments

2014—Subsec. (a)(1)(B) to (D). Pub. L. 113-291, §701(b)(1)(A), added subpar. (B) and redesignated former subpars. (B) and (C) as (C) and (D), respectively.
Subsec. (a)(2). Pub. L. 113-291, §1071(f)(13), which directed substitution of “subparagraphs” for “subparagraph” in introductory provisions, could not be executed because of the prior amendment by Pub. L. 113-291, §701(b)(2). See below.
Pub. L. 113-291, §701(b)(2), substituted “subparagraphs (C) and (D)” for “subparagraph (B) and (C)” in introductory provisions.
Subsec. (c)(1)(A)(ii), (iii). Pub. L. 113-291, §701(b)(1)(B), added cl. (ii) and redesignated former cl. (ii) as (iii).
Subsec. (e)(1). Pub. L. 113-291, §701(a)(5), inserted “and section 1074n of this title” after “pursuant to this section”.

2013—Subsec. (a)(1)(C)(i). Pub. L. 112-239 substituted “18 months” for “one year”.

DHA Version - March 2009

10 USC Chapter 55 - Medical And Dental Care
§ 1074m. Mental health assessments for members of the armed forces deployed in support of a contingency operation

Regulations

Pub. L. 112-81, div. A, title VII, Sec. 702(a)(3), Dec. 31, 2011, 125 Stat. 1471, provided that: "The Secretary of Defense shall prescribe an interim final rule with respect to the amendment made by paragraph (1) [enacting this section], effective not later than 90 days after the date of the enactment of this Act [Dec. 31, 2011]."

DHA Version - March 2009

§ 1074n. Annual mental health assessments for members of the armed forces

(a) Mental Health Assessments.—Subject to subsection (c), not less frequently than once each calendar year, the Secretary of Defense shall provide a person-to-person mental health assessment for—

- (1) each member of a regular component of the armed forces; and
- (2) each member of the Selected Reserve of an armed force.

(b) Elements.—The mental health assessments provided pursuant to this section shall—

- (1) be conducted in accordance with the requirements of subsection (c)(1) of section 1074m of this title with respect to a mental health assessment provided pursuant to such section; and
- (2) include a review of the health records of the member that are related to each previous health assessment or other relevant activities of the member while serving in the armed forces, as determined by the Secretary.

(c) Sufficiency of Other Mental Health Assessments.—(1) The Secretary is not required to provide a mental health assessment pursuant to this section to an individual in a calendar year in which the individual has received a mental health assessment pursuant to section 1074m of this title.

- (2) The Secretary may treat periodic health assessments and other person-to-person assessments that are provided to members of the armed forces, including examinations under section 1074f of this title, as meeting the requirements for mental health assessments required under this section if the Secretary determines that such assessments and person-to-person assessments meet the requirements for mental health assessments established by this section.

(d) Privacy Matters.—Any medical or other personal information obtained under this section shall be protected from disclosure or misuse in accordance with the laws on privacy applicable to such information.

(e) Regulations.—The Secretary of Defense shall, in consultation with the other administering Secretaries, prescribe regulations for the administration of this section.

NOTES

Source

(Added Pub. L. 113–291, div. A, title VII, §701(a)(1), Dec. 19, 2014, 128 Stat. 3408.)

10 USC Chapter 55 - Medical And Dental Care
§ 1074n. Annual mental health assessments for members of the armed forces

Implementation of Regulations

Pub. L. 113–291, div. A, title VII, §701(a)(3), Dec. 19, 2014, 128 Stat. 3409, provided that: “Not later than 180 days after the date of the issuance of the regulations prescribed under section 1074n(e) of title 10, United States Code, as added by paragraph (1), the Secretary of Defense shall implement such regulations.”

DHA Version - March 2009

§ 1078b. Provision of food to certain members and dependents not receiving inpatient care in military medical treatment facilities

(a) In General.—(1) Under regulations prescribed by the Secretary of Defense, the Secretary may provide food and beverages to an individual described in paragraph (2) at no cost to the individual.

(2) An individual described in this paragraph is the following:

(A) A member **or former member** of the uniformed services or dependent—

(i) who is receiving outpatient medical care at a military medical treatment facility; and

(ii) whom the Secretary determines is unable to purchase food and beverages while at such facility by virtue of receiving such care.

(B) A member **or former member** of the uniformed services or dependent—

(i) who is a family member of an infant receiving inpatient medical care at a military medical treatment facility;

(ii) who provides care to the infant while the infant receives such inpatient medical care; and

(iii) whom the Secretary determines is unable to purchase food and beverages while at such facility by virtue of providing such care to the infant.

(C) A member **or former member** of the uniformed services or dependent whom the Secretary determines is under similar circumstances as a member, **former member**, or dependent described in subparagraph (A) or (B).

(b) Regulations.—The Secretary shall ensure that regulations prescribed under this section are consistent with generally accepted practices in private medical treatment facilities.

NOTES

Source

(Added Pub. L. 112-81, div. A, title VII, Sec. 704(a), Dec. 31, 2011, 125 Stat. 1472; **amended Pub. L. 113-291, div. A, title VII, §705, Dec. 19, 2014, 128 Stat. 3413.**)

10 USC Chapter 55 - Medical And Dental Care
§ 1078b. Provision of food to certain members and dependents not receiving inpatient care in military medical treatment facilities

Amendments

2014—Subsec. (a)(2). Pub. L. 113–291, §705(1), substituted “A member or former member” for “A member” wherever appearing.

Subsec. (a)(2)(C). Pub. L. 113–291, §705(2), substituted “member, former member, or dependent” for “member or dependent”.

Effective Date

Pub. L. 112-81, div. A, title VII, Sec. 704(c), Dec. 31, 2011, 125 Stat. 1473, provided that: “The amendments made by this section [enacting this section] shall take effect on the date that is 90 days after the date of the enactment of this Act [Dec. 31, 2011].”

DHA Version - March 2009

§ 1079. Contracts for medical care for spouses and children: plans

(a) To assure that medical care is available for dependents, as described in subparagraphs (A), (D), and (I) of section 1072(2) of this title, of members of the uniformed services who are on active duty for a period of more than 30 days, the Secretary of Defense, after consulting with the other administering Secretaries, shall contract, under the authority of this section, for medical care for those persons under such insurance, medical service, or health plans as he considers appropriate. The types of health care authorized under this section shall be the same as those provided under section 1076 of this title, except as follows:

(1) With respect to dental care—

(A) except as provided in subparagraph (B), only that care required as a necessary adjunct to medical or surgical treatment may be provided; and

(B) in connection with dental treatment for patients with developmental, mental, or physical disabilities or for pediatric patients age 5 or under, only institutional and anesthesia services may be provided.

(2) Consistent with such regulations as the Secretary of Defense may prescribe regarding the content of health promotion and disease prevention visits, the schedule and method of cervical cancer screenings and breast cancer screenings, the schedule and method of colon and prostate cancer screenings, and the types and schedule of immunizations—

(A) for dependents under six years of age, both health promotion and disease prevention visits and immunizations may be provided; and

(B) for dependents six years of age or older, health promotion and disease prevention visits may be provided in connection with immunizations or with diagnostic or preventive cervical and breast cancer screenings or colon and prostate cancer screenings.

(3) Not more than one eye examination may be provided to a patient in any calendar year.

(4) Under joint regulations to be prescribed by the administering Secretaries, the services of Christian Science practitioners and nurses and services obtained in Christian Science sanatoriums may be provided.

(5) Durable equipment provided under this section may be provided on a rental basis.

(6) Services in connection with nonemergency inpatient hospital care may not be provided if such services are available at a facility of the uniformed services located within a 40-mile radius of the residence of the patient, except that those services may be provided in any case in which another insurance plan or program provides primary coverage for those services.

10 USC Chapter 55 - Medical And Dental Care
§ 1079. Contracts for medical care for spouses and children: plans

(7) Services of pastoral counselors, family and child counselors, or marital counselors (other than certified marriage and family therapists) may not be provided unless the patient has been referred to the counselor by a medical doctor for treatment of a specific problem with the results of that treatment to be communicated back to the medical doctor who made the referral and services of certified marriage and family therapists may be provided consistent with such rules as may be prescribed by the Secretary of Defense, including credentialing criteria and a requirement that the therapists accept payment under this section as full payment for all services provided.

(8) Special education may not be provided, except when provided as secondary to the active psychiatric treatment on an institutional inpatient basis.

(9) Therapy or counseling for sexual dysfunctions or sexual inadequacies may not be provided.

(10) Treatment of obesity may not be provided if obesity is the sole or major condition treated.

(11) Surgery which improves physical appearance but is not expected to significantly restore functions (including mammary augmentation, face lifts, and sex gender changes) may not be provided, except that—

(A) breast reconstructive surgery following a mastectomy may be provided;

(B) reconstructive surgery to correct serious deformities caused by congenital anomalies or accidental injuries may be provided; and

(C) neoplastic surgery may be provided.

(12) Any service or supply which is not medically or psychologically necessary to prevent, diagnose, or treat a mental or physical illness, injury, or bodily malfunction as assessed or diagnosed by a physician, dentist, clinical psychologist, certified marriage and family therapist, optometrist, podiatrist, certified nurse-midwife, certified nurse practitioner, or certified clinical social worker, as appropriate, may not be provided, except as authorized in paragraph (4). Pursuant to an agreement with the Secretary of Health and Human Services and under such regulations as the Secretary of Defense may prescribe, the Secretary of Defense may waive the operation of this paragraph in connection with clinical trials sponsored or approved by the National Institutes of Health if the Secretary of Defense determines that such a waiver will promote access by covered beneficiaries to promising new treatments and contribute to the development of such treatments.

(13) The prohibition contained in section 1077(b)(3) of this title shall not apply in the case of a member or former member of the uniformed services.

(14) Electronic cardio-respiratory home monitoring equipment (apnea monitors) for home use may be provided if a physician prescribes and supervises the use of the monitor for an infant—

(A) who has had an apparent life-threatening event,

(B) who is a subsequent sibling of a victim of sudden infant death syndrome,

(C) whose birth weight was 1,500 grams or less, or

10 USC Chapter 55 - Medical And Dental Care
§ 1079. Contracts for medical care for spouses and children: plans

(D) who is a pre-term infant with pathologic apnea, in which case the coverage may include the cost of the equipment, hard copy analysis of physiological alarms, professional visits, diagnostic testing, family training on how to respond to apparent life threatening events, and assistance necessary for proper use of the equipment.

(15) Hospice care may be provided only in the manner and under the conditions provided in section 1861(dd) of the Social Security Act (42 U.S.C. 1395x(dd)).

(16) Forensic examinations following a sexual assault or domestic violence may be provided.

(17) **Breastfeeding support, supplies (including breast pumps and associated equipment), and counseling shall be provided as appropriate during pregnancy and the postpartum period.**

(b) Plans covered by subsection (a) shall include provisions for payment by the patient of the following amounts:

(1) \$25 for each admission to a hospital, or the amount the patient would have been charged under section 1078(a) of this title had the care being paid for been obtained in a hospital of the uniformed services, whichever amount is the greater. The Secretary of Defense may exempt a patient from paying such amount if the hospital to which the patient is admitted does not impose a legal obligation on any of its patients to pay for inpatient care.

(2) Except as provided in clause (3), the first \$150 each fiscal year of the charges for all types of care authorized by subsection (a) and received while in an outpatient status and 20 percent of all subsequent charges for such care during a fiscal year. Notwithstanding the preceding sentence, in the case of a dependent of an enlisted member in a pay grade below E-5, the initial deductible each fiscal year under this paragraph shall be limited to \$50.

(3) A family group of two or more persons covered by this section shall not be required to pay collectively more than the first \$300 (or in the case of the family group of an enlisted member in a pay grade below E-5, the first \$100) each fiscal year of the charges for all types of care authorized by subsection (a) and received while in an outpatient status and 20 percent of the additional charges for such care during a fiscal year.

(4) \$25 for surgical care that is authorized by subsection (a) and received while in an outpatient status and that has been designated (under joint regulations to be prescribed by the administering Secretaries) as care to be treated as inpatient care for purposes of this subsection. Any care for which payment is made under this clause shall not be considered to be care received while in an outpatient status for purposes of clauses (2) and (3).

(5) An individual or family group of two or more persons covered by this section may not be required by reason of this subsection to pay a total of more than \$1,000 for health care received during any fiscal year under a plan under subsection (a).

(c) The methods for making payment under subsection (b) shall be prescribed under joint regulations issued by the administering Secretaries.

(d)(1) The Secretary of Defense shall establish a program to provide extended benefits for eligible dependents, which may include the provision of comprehensive health care services, including

DHA Version - March 2009

10 USC Chapter 55 - Medical And Dental Care
§ 1079. Contracts for medical care for spouses and children: plans

case management services, to assist in the reduction of the disabling effects of a qualifying condition of an eligible dependent. Registration shall be required to receive the extended benefits.

(2) The Secretary of Defense, after consultation with the other administering Secretaries, shall promulgate regulations to carry out this subsection.

(3) In this subsection:

(A) The term "eligible dependent" means a dependent of a member of the uniformed services on active duty for a period of more than 30 days, as described in subparagraph (A), (D), or (I) of section 1072(2) of this title, who has a qualifying condition.

(B) The term "qualifying condition" means the condition of a dependent who is moderately or severely mentally retarded, has a serious physical disability, or has an extraordinary physical or psychological condition.

(e) Extended benefits for eligible dependents under subsection (d) may include comprehensive health care services (including services necessary to maintain, or minimize or prevent deterioration of, function of the patient) and case management services with respect to the qualifying condition of such a dependent, and include, to the extent such benefits are not provided under provisions of this chapter other than under this section, the following:

(1) Diagnosis.

(2) Inpatient, outpatient, and comprehensive home health care supplies and services which may include cost effective and medically appropriate services other than part-time or intermittent services (within the meaning of such terms as used in the second sentence of section 1861(m) of the Social Security Act).

(3) Training, rehabilitation, special education, and assistive technology devices.

(4) Institutional care in private nonprofit, public, and State institutions and facilities and, if appropriate, transportation to and from such institutions and facilities.

(5) Custodial care, notwithstanding the prohibition in section 1077(b)(1) of this title.

(6) Respite care for the primary caregiver of the eligible dependent.

(7) Such other services and supplies as determined appropriate by the Secretary, notwithstanding the limitations in subsection (a)(12).

(f)(1) Members shall be required to share in the cost of any benefits provided to their dependents under subsection (d) as follows:

(A) Members in the lowest enlisted pay grade shall be required to pay the first \$25 incurred each month, and members in the highest commissioned pay grade shall be required to pay the first \$250 incurred each month. The amounts to be paid by members in all other pay grades shall be determined under regulations to be prescribed by the Secretary of Defense in consultation with the administering Secretaries.

10 USC Chapter 55 - Medical And Dental Care
§ 1079. Contracts for medical care for spouses and children: plans

(B) A member who has more than one dependent incurring expenses in a given month under a plan covered by subsection (d) shall not be required to pay an amount greater than would be required if the member had only one such dependent.

(2) In the case of extended benefits provided under paragraph (3) or (4) of subsection (e) to a dependent of a member of the uniformed services—

(A) the Government's share of the total cost of providing such benefits in any year shall not exceed \$36,000, prorated as determined by the Secretary of Defense, except for costs that a member is exempt from paying under paragraph (3); and

(B) the member shall pay (in addition to any amount payable under paragraph (1)) the amount, if any, by which the amount of such total cost for the year exceeds the Government's maximum share under subparagraph (A).

(3) A member of the uniformed services who incurs expenses under paragraph (2) for a month for more than one dependent shall not be required to pay for the month under subparagraph (B) of that paragraph an amount greater than the amount the member would otherwise be required to pay under that subparagraph for the month if the member were incurring expenses under that subparagraph for only one dependent.

(4) To qualify for extended benefits under paragraph (3) or (4) of subsection (e), a dependent of a member of the uniformed services shall be required to use public facilities to the extent such facilities are available and adequate, as determined under joint regulations of the administering Secretaries.

(5) The Secretary of Defense, in consultation with the other administering Secretaries, shall prescribe regulations to carry out this subsection.

(g)(1) When a member dies while he is eligible for receipt of hostile fire pay under section 310 of title 37 or from a disease or injury incurred while eligible for such pay, his dependents who are receiving benefits under a plan covered by subsection (d) shall continue to be eligible for such benefits until they pass their twenty-first birthday.

(2) In addition to any continuation of eligibility for benefits under paragraph (1), when a member dies while on active duty for a period of more than 30 days, the member's dependents who are receiving benefits under a plan covered by subsection (a) shall continue to be eligible for benefits under TRICARE Prime during the three-year period beginning on the date of the member's death, except that, in the case of such a dependent of the deceased who is described by subparagraph (D) or (I) of section 1072(2) of this title, the period of continued eligibility shall be the longer of the following periods beginning on such date:

(A) Three years.

(B) The period ending on the date on which such dependent attains 21 years of age.

(C) In the case of such a dependent who, at 21 years of age, is enrolled in a full-time course of study in a secondary school or in a full-time course of study in an institution of higher education approved by the administering Secretary and was, at the time of the member's

DHA Version - March 2009

10 USC Chapter 55 - Medical And Dental Care
§ 1079. Contracts for medical care for spouses and children: plans

death, in fact dependent on the member for over one-half of such dependent's support, the period ending on the earlier of the following dates:

(i) The date on which such dependent ceases to pursue such a course of study, as determined by the administering Secretary.

(ii) The date on which such dependent attains 23 years of age.

(3) For the purposes of paragraph (2)(C), a dependent shall be treated as being enrolled in a full-time course of study in an institution of higher education during any reasonable period of transition between the dependent's completion of a full-time course of study in a secondary school and the commencement of an enrollment in a full-time course of study in an institution of higher education, as determined by the administering Secretary.

(4) The terms and conditions under which health benefits are provided under this chapter to a dependent of a deceased member under paragraph (2) shall be the same as those that would apply to the dependent under this chapter if the member were living and serving on active duty for a period of more than 30 days.

(5) In this subsection, the term "TRICARE Prime" means the managed care option of the TRICARE program.

(h)(1) Except as provided in paragraphs (2) and (3), payment for a charge for services by an individual health care professional (or other noninstitutional health care provider) for which a claim is submitted under a plan contracted for under subsection (a) shall be equal to an amount determined to be appropriate, to the extent practicable, in accordance with the same reimbursement rules as apply to payments for similar services under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.). The Secretary of Defense shall determine the appropriate payment amount under this paragraph in consultation with the other administering Secretaries.

(2) The Secretary of Defense, in consultation with the other administering Secretaries, shall prescribe regulations to provide for such exceptions to the payment limitations under paragraph (1) as the Secretary determines to be necessary to assure that covered beneficiaries retain adequate access to health care services. Such exceptions may include the payment of amounts higher than the amount allowed under paragraph (1) when enrollees in managed care programs obtain covered services from nonparticipating providers. To provide a suitable transition from the payment methodologies in effect before February 10, 1996, to the methodology required by paragraph (1), the amount allowable for any service may not be reduced by more than 15 percent below the amount allowed for the same service during the immediately preceding 12-month period (or other period as established by the Secretary of Defense).

(3) In addition to the authority provided under paragraph (2), the Secretary of Defense may authorize the commander of a facility of the uniformed services, the lead agent (if other than the commander), and the health care contractor to modify the payment limitations under paragraph (1) for certain health care providers when necessary to ensure both the availability of certain services for covered beneficiaries and lower costs than would otherwise be incurred to provide the services. With the consent of the health care provider, the Secretary is also authorized to reduce the authorized payment for certain health care services below the amount otherwise required by the payment limitations under paragraph (1).

10 USC Chapter 55 - Medical And Dental Care
§ 1079. Contracts for medical care for spouses and children: plans

(4)(A) The Secretary of Defense, in consultation with the other administering Secretaries, shall prescribe regulations to establish limitations (similar to the limitations established under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.)) on beneficiary liability for charges of an individual health care professional (or other noninstitutional health care provider).

(B) The regulations shall include a restriction that prohibits an individual health care professional (or other noninstitutional health care provider) from billing a beneficiary for services for more than the amount that is equal to—

(i) the excess of the limiting charge (as defined in section 1848(g)(2) of the Social Security Act (42 U.S.C. 1395w-4(g)(2))) that would be applicable if the services had been provided by the professional (or other provider) as an individual health care professional (or other noninstitutional health care provider) on a nonassignment-related basis under part B of title XVIII of such Act over the amount that is payable by the United States for those services under this subsection, plus

(ii) any unpaid amounts of deductibles or copayments that are payable directly to the professional (or other provider) by the beneficiary.

(C)(i) In the case of a dependent described in clause (ii), the regulations shall provide that, in addition to amounts otherwise payable by the United States, the Secretary may pay the amount referred to in subparagraph (B)(i).

(ii) This subparagraph applies to a dependent referred to in subsection (a) of a member of a reserve component serving on active duty pursuant to a call or order to active duty for a period of more than 30 days in support of a contingency operation under a provision of law referred to in section 101(a)(13)(B) of this title.

(5) To assure access to care for all covered beneficiaries, the Secretary of Defense, in consultation with the other administering Secretaries, shall designate specific rates for reimbursement for services in certain localities if the Secretary determines that without payment of such rates access to health care services would be severely impaired. Such a determination shall be based on consideration of the number of providers in a locality who provide the services, the number of such providers who are CHAMPUS participating providers, the number of covered beneficiaries under CHAMPUS in the locality, the availability of military providers in the location or a nearby location, and any other factors determined to be relevant by the Secretary.

(i)(1) A benefit may not be paid under a plan covered by this section in the case of a person enrolled in, or covered by, any other insurance, medical service, or health plan, including any plan offered by a third-party payer (as defined in section 1095(h)(1) of this title), to the extent that the benefit is also a benefit under the other plan, except in the case of a plan administered under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.).

(2) The amount to be paid to a provider of services for services provided under a plan covered by this section shall be determined under joint regulations to be prescribed by the administering Secretaries which provide that the amount of such payments shall be determined to the extent practicable in accordance with the same reimbursement rules as apply to payments to providers of services of the same type under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.).

DHA Version - March 2009

10 USC Chapter 55 - Medical And Dental Care
§ 1079. Contracts for medical care for spouses and children: plans

DHA Version - March 2009

(3) A contract for a plan covered by this section shall include a clause that prohibits each provider of services under the plan from billing any person covered by the plan for any balance of charges for services in excess of the amount paid for those services under the joint regulations referred to in paragraph (2), except for any unpaid amounts of deductibles or copayments that are payable directly to the provider by the person.

(4) In this subsection, the term "provider of services" means a hospital, skilled nursing facility, comprehensive outpatient rehabilitation facility, home health agency, hospice program (as defined in section 1861(dd)(2) of the Social Security Act (42 U.S.C. 1395x(dd)(2))), or other institutional facility providing services for which payment may be made under a plan covered by this section.

(j) A plan covered by this section may include provision of liver transplants (including the cost of acquisition and transportation of the donated liver) in accordance with this subsection. Such a liver transplant may be provided if—

(1) the transplant is for a dependent considered appropriate for that procedure by the Secretary of Defense in consultation with the other administering Secretaries and such other entities as the Secretary considers appropriate; and

(2) the transplant is to be carried out at a health-care facility that has been approved for that purpose by the Secretary of Defense after consultation with the other administering Secretaries and such other entities as the Secretary considers appropriate.

(k)(1) Contracts entered into under subsection (a) shall also provide for medical care for dependents of former members of the uniformed services who are authorized to receive medical and dental care under section 1076(e) of this title in facilities of the uniformed services.

(2) Except as provided in paragraph (3), medical care in the case of a dependent described in section 1076(e) shall be furnished under the same conditions and subject to the same limitations as medical care furnished under this section to spouses and children of members of the uniformed services described in the first sentence of subsection (a).

(3) Medical care may be furnished to a dependent pursuant to paragraph (1) only for an injury, illness, or other condition described in section 1076(e) of this title.

(l)(1) Subject to paragraph (2), the Secretary of Defense may, upon request, make payments under this section for a charge for services for which a claim is submitted under a plan contracted for under subsection (a) to a hospital that does not impose a legal obligation on any of its patients to pay for such services.

(2) A payment under paragraph (1) may not exceed the average amount paid for comparable services in the geographic area in which the hospital is located or, if no comparable services are available in that area, in an area similar to the area in which the hospital is located.

(3) The Secretary of Defense shall periodically review the billing practices of each hospital the Secretary approves for payment under this subsection to ensure that the hospital's practices of not billing patients for payment are not resulting in increased costs to the Government.

10 USC Chapter 55 - Medical And Dental Care
§ 1079. Contracts for medical care for spouses and children: plans

(4) The Secretary of Defense may require each hospital the Secretary approves for payment under this subsection to provide evidence that it has sources of revenue to cover unbilled costs.

(m) The Secretary of Defense may enter into contracts (or amend existing contracts) with fiscal intermediaries under which the intermediaries agree to organize and operate, directly or through subcontractors, managed health care networks for the provision of health care under this chapter. The managed health care networks shall include cost containment methods, such as utilization review and contracting for care on a discounted basis.

(n)(1) Health care services provided pursuant to this section or section 1086 of this title (or pursuant to any other contract or project under the Civilian Health and Medical Program of the Uniformed Services) may not include services determined under the CHAMPUS Peer Review Organization program to be not medically or psychologically necessary.

(2) The Secretary of Defense, after consulting with the other administering Secretaries, may adopt or adapt for use under the CHAMPUS Peer Review Organization program, as the Secretary considers appropriate, any of the quality and utilization review requirements and procedures that are used by the Peer Review Organization program under part B of title XI of the Social Security Act (42 U.S.C. 1320c et seq.).

(o)(1) Subject to such exceptions as the Secretary of Defense considers necessary, coverage for medical care under this section for the dependents described in paragraph (3), and standards with respect to timely access to such care, shall be comparable to coverage for medical care and standards for timely access to such care under the managed care option of the TRICARE program known as TRICARE Prime.

(2) The Secretary of Defense shall enter into arrangements with contractors under the TRICARE program or with other appropriate contractors for the timely and efficient processing of claims under this subsection.

(3) This subsection applies with respect to a dependent referred to in subsection (a) who—

(A) is a dependent of a member of the uniformed services referred to in section 1074(c)(3) of this title and is residing with the member;

(B) is a dependent of a member who, after having served in a duty assignment described in section 1074(c)(3) of this title, has relocated without the dependent pursuant to orders for a permanent change of duty station from a remote location described in subparagraph (B)(ii) of such section where the member and the dependent resided together while the member served in such assignment, if the orders do not authorize dependents to accompany the member to the new duty station at the expense of the United States and the dependent continues to reside at the same remote location, or

(C) is a dependent of a reserve component member ordered to active duty for a period of more than 30 days and is residing with the member, and the residence is located more than 50 miles, or approximately one hour of driving time, from the nearest military medical treatment facility adequate to provide the needed care.

DHA Version - March 2009

10 USC Chapter 55 - Medical And Dental Care
§ 1079. Contracts for medical care for spouses and children: plans

(4) The Secretary of Defense may provide for coverage of a dependent referred to in subsection (a) who is not described in paragraph (3) if the Secretary determines that exceptional circumstances warrant such coverage.

(5) The Secretary of Defense shall consult with the other administering Secretaries in the administration of this subsection.

(p) Subject to subsection (a), a physician or other health care practitioner who is eligible to receive reimbursement for services provided under medicare (as defined in section 1086(d)(3)(C) of this title) shall be considered approved to provide medical care authorized under this section and section 1086 of this title unless the administering Secretaries have information indicating medicare, TRICARE, or other Federal health care program integrity violations by the physician or other health care practitioner.

NOTES

Source

(Added Pub. L. 85-861, Sec. 1(25)(B), Sept. 2, 1958, 72 Stat. 1448; amended Pub. L. 89-614, Sec. 2(6), Sept. 30, 1966, 80 Stat. 863; Pub. L. 92-58, Sec. 1, July 29, 1971, 85 Stat. 157; Pub. L. 95-485, title VIII, Sec. 806(a)(1), Oct. 20, 1978, 92 Stat. 1622; Pub. L. 96-342, title VIII, Sec. 810(a), (b), Sept. 8, 1980, 94 Stat. 1097; Pub. L. 96-513, title V, Secs. 501(13), 511(36), (38), Dec. 12, 1980, 94 Stat. 2908, 2923; Pub. L. 96-552, Dec. 19, 1980, 94 Stat. 3254; Pub. L. 97-22, Sec. 11(a)(2), July 10, 1981, 95 Stat. 137; Pub. L. 97-86, title IX, Sec. 906(a)(1), Dec. 1, 1981, 95 Stat. 1117; Pub. L. 98-94, title IX, Sec. 931(a), title XII, Sec. 1268(4), Sept. 24, 1983, 97 Stat. 648, 705; Pub. L. 98-525, title VI, Sec. 632(a)(1), title XIV, Secs. 1401(e)(4), 1405(23), Oct. 19, 1984, 98 Stat. 2543, 2617, 2623; Pub. L. 98-557, Sec. 19(7), Oct. 30, 1984, 98 Stat. 2869; Pub. L. 99-661, div. A, title VI, Sec. 652(d), title VII, Sec. 703, Nov. 14, 1986, 100 Stat. 3889, 3900; Pub. L. 100-180, div. A, title VII, Secs. 721(a), 726(a), Dec. 4, 1987, 101 Stat. 1115, 1117; Pub. L. 100-456, div. A, title VI, Sec. 646(a), Sept. 29, 1988, 102 Stat. 1989; Pub. L. 101-189, div. A, title VII, Sec. 730(a), Nov. 29, 1989, 103 Stat. 1481; Pub. L. 101-510, div. A, title VII, Secs. 701(a), 702(a), 703(a), (b), 712(a), title XIV, Sec. 1484(g)(1), Nov. 5, 1990, 104 Stat. 1580, 1581, 1583, 1717; Pub. L. 102-25, title III, Sec. 316(b), Apr. 6, 1991, 105 Stat. 87; Pub. L. 102-190, div. A, title VII, Secs. 702(b), 711, 712(a), 713, Dec. 5, 1991, 105 Stat. 1400, 1402, 1403; Pub. L. 102-484, div. A, title VII, Sec. 704, title X, Secs. 1052(13), 1053(3), Oct. 23, 1992, 106 Stat. 2432, 2499, 2501; Pub. L. 103-35, title II, Sec. 202(a)(5), May 31, 1993, 107 Stat. 101; Pub. L. 103-160, div. A, title VII, Secs. 711, 716(c), Nov. 30, 1993, 107 Stat. 1688, 1693; Pub. L. 103-337, div. A, title VII, Secs. 702(a), 707(a), Oct. 5, 1994, 108 Stat. 2797, 2800; Pub. L. 104-106, div. A, title VII, Secs. 701, 731(a)-(d), Feb. 10, 1996, 110 Stat. 370, 380, 381; Pub. L. 104-201, div. A, title VII, Secs. 701(b)(2), 711, 731, 732, 735(c), Sept. 23, 1996, 110 Stat. 2587, 2590, 2597, 2599; Pub. L. 105-85, div. A, title VII, Sec. 735, Nov. 18, 1997, 111 Stat. 1813; Pub. L. 106-398, Sec. 1 [[div. A], title VII, Secs. 701(c)(1), 704(b), 722(b)(1), 757(a)], Oct. 30, 2000, 114 Stat. 1654, 1654A-172, 1654A-175, 1654A-185, 1654A-198; Pub. L. 107-107, div. A, title VII, Secs. 701(b), (g)(2), 703(b), 707(a), (b), title X, Sec. 1048(c)(5), Dec. 28, 2001, 115 Stat. 1158, 1161-1163, 1226; Pub. L. 107-314, div. A, title VII, Secs. 701(a), Sec. 702, Sec. 705(a), Dec. 2, 2002, 116 Stat. 2583, 2584; Pub. L. 108-375, div. A, title VII, Sec. 705, Oct. 28, 2004, 118 Stat. 1983; Pub. L. 109-163, div. A, title VII, Secs. 714, 715(a), Jan. 6, 2006, 119 Stat. 3344; Pub. L. 109-364, div. A, title VII, Secs. 701, 702, 703(b), Oct. 17, 2006, 120 Stat. 2279; Pub. L. 110-417, [div. A], title VII, Sec. 732, Oct. 14, 2008, 122 Stat. 4511; Pub. L. 111-84, div. A, title X, Sec. 1073(a)(12), Oct. 28, 2009, 123 Stat. 2473; **Pub. L. 113-291, div. A, title VII, §§703(a), (c)(1), 706, Dec. 19, 2014, 128 Stat. 3411-3413.**)

10 USC Chapter 55 - Medical And Dental Care
§ 1079. Contracts for medical care for spouses and children: plans

HISTORICAL AND REVISION NOTES

| REVISED SECTION | SOURCE (U.S. CODE) | SOURCE (STATUTES AT LARGE) |
|-----------------|--|--|
| 1079(a) | 37:402(a)(2) (as applicable to 37:411(a)). | June 7, 1956, ch. 374, Secs. 102(a)(2) (as applicable to Sec. 201(a)), 201(a), (b), 204, 70 Stat. 250, 252, 253. |
| 1079(b) | 37:411(a). 37:411(b). 37:414. | |

In subsection (a), the words “appointed, enlisted, inducted or called, ordered or conscripted in a uniformed service”, in 37:402(a)(2) are omitted as surplusage, since it does not matter how a member became a member. The words “active duty for a period of more than 30 days” are substituted for the words “active duty or active duty for training pursuant to a call or order that does not specify a period of thirty days or less”, in 37:402(a)(2), to reflect section 101(22) and (23) of this title. The words “, under the authority of this section,” are substituted for the words “pursuant to the provisions of this title” to make clear that the section provides independent procurement authority. The words “all”, “by the hospital”, and “a period of”, in 37:411(a), are omitted as surplusage. In subsection (a)(1), the word “rooms”, in 37:411(a), is substituted for the word “accommodations”. In subsection (a)(5), the word “services” is substituted for the word “procedures” and the word “performed” is substituted for the word “accomplished”, in 37: 411(a). The words “or surgeon” are inserted for clarity.

In subsection (b), the word “variances” is substituted for the words “limitations, additions, exclusions”. The words “or care other than that provided for in sections 1076-1078 of this title” are substituted for 37:414. The words “definitions, and related provisions”, in 37:411(b), are omitted as surplusage, since the Secretary of an executive department has inherent authority to interpret laws and issue regulations.

References In Text

The Social Security Act, referred to in subsecs. (h)(1), (4)(A), (B)(i), (i)(1), (2), and (n)(2), is act Aug. 13, 1935, ch. 531, 49 Stat. 620. Part B of title XI of the Act is classified generally to part B (Sec. 1320c et seq.) of subchapter XI of chapter 7 of Title 42, The Public Health and Welfare. Titles XVIII and XIX of the Act are classified generally to subchapters XVIII (Sec. 1395 et seq.) and XIX (Sec. 1396 et seq.), respectively, of chapter 7 of Title 42. Part B of title XVIII of the Act is classified generally to part B (Sec. 1395j et seq.) of subchapter XVIII of chapter 7 of Title 42. Section 1861(m) of the Act is classified to section 1395x(m) of Title 42. For complete classification of this Act to the Code, see section 1305 of Title 42 and Tables.

Prior Provisions

Provisions similar to those in subsec. (a)(7) to (14) of this section were contained in the following appropriation acts, with the exception of the provisions similar to par. (14) which first appeared in Pub. L. 96-154:

Pub. L. 98-473, title I, Sec. 101(h) [title VIII, Secs. 8031, 8032, 8045], Oct. 12, 1984, 98 Stat. 1904, 1929, 1931.

Pub. L. 98-212, title VII, Secs. 737, 738, 752, Dec. 8, 1983, 97 Stat. 1445, 1447.

Pub. L. 97-377, title I, Sec. 101(c) [title VII, Secs. 740, 741, 756], Dec. 21, 1982, 96 Stat. 1833, 1857, 1860.

Pub. L. 97-114, title VII, Secs. 741, 742, 759, Dec. 29, 1981, 95 Stat. 1585, 1588.

Pub. L. 96-527, title VII, Secs. 742, 743, 763, Dec. 15, 1980, 94 Stat. 3088, 3092.

DHA Version - March 2009

10 USC Chapter 55 - Medical And Dental Care
§ 1079. Contracts for medical care for spouses and children: plans

Pub. L. 96-154, title VII, Secs. 744, 745, 769, Dec. 21, 1979, 93 Stat. 1159, 1163.

Pub. L. 95-457, title VIII, Secs. 844, 845, Oct. 13, 1978, 92 Stat. 1251.

Pub. L. 95-111, title VIII, Secs. 843, 844, Sept. 21, 1977, 91 Stat. 907.

Pub. L. 94-419, title VII, Secs. 742, 743, Sept. 22, 1976, 90 Stat. 1298.

Pub. L. 94-212, title VII, Secs. 750, 751, Feb. 9, 1976, 90 Stat. 176.

Provisions similar to those added to subsec. (h)(2) of this section by section 1401(e)(4)(B) of Pub. L. 98-525 were contained in the following prior appropriation acts:

Pub. L. 98-473, title I, Sec. 101(h) [title VIII, Sec. 8077], Oct. 12, 1984, 98 Stat. 1904, 1938.

Pub. L. 98-212, title VII, Sec. 785, Dec. 8, 1983, 97 Stat. 1453. A prior section 1079, act Aug. 10, 1956, ch. 1041, 70A Stat. 84, related to establishment of right to vote, prior to repeal by Pub. L. 85-861, Sec. 36B(5), Sept. 2, 1958, 72 Stat. 1570, as superseded by the Federal Voting Assistance Act of 1955 which is classified to subchapter I-D (Sec. 1973cc et seq.) of chapter 20 of Title 42, The Public Health and Welfare.

Amendments

2014—Subsec. (a)(6) to (16). Pub. L. 113-291, §703(a)(1), redesignated pars. (7) to (17) as (6) to (16), respectively, and struck out former par. (6) which read as follows: “Inpatient mental health services may not (except as provided in subsection (i)) be provided to a patient in excess of—

“(A) 30 days in any year, in the case of a patient 19 years of age or older;

“(B) 45 days in any year, in the case of a patient under 19 years of age; or

“(C) 150 days in any year, in the case of inpatient mental health services provided as residential treatment care.”

Subsec. (a)(17). Pub. L. 113-291, §706, added par. (17). Former par. (17) redesignated (16).

Subsec. (e)(7). Pub. L. 113-291, §703(c)(1), substituted “subsection (a)(12)” for “subsection (a)(13)”.

Subsecs. (i) to (q). Pub. L. 113-291, §703(a)(2), (3), redesignated subsecs. (j) to (q) as (i) to (p), respectively, and struck out former subsec. (i) which related to limitation in former subsec. (a)(6) of this section as being inapplicable to inpatient mental health services in certain instances.

2009—Subsec. (f)(2)(B). Pub. L. 111-84 struck out period after “year”.

2008—Subsec. (f)(2). Pub. L. 110-417 substituted “year shall not exceed \$36,000, prorated as determined by the Secretary of Defense,” for “month shall not exceed \$2,500,” in subpar. (A) and “year.” for “month” in subpar. (B).

2006—Subsec. (a)(1). Pub. L. 109-364, Sec. 702, amended par. (1) generally. Prior to amendment, par. (1) read as follows: “With respect to dental care, only that care required as a necessary adjunct to medical or surgical treatment may be provided.”

Subsec. (a)(2). Pub. L. 109-364, Sec. 703(b)(1), substituted “the schedule and method of cervical cancer screenings and breast cancer screenings” for “the schedule of pap smears and mammograms” in introductory provisions.

Subsec. (a)(2)(B). Pub. L. 109-364, Sec. 703(b)(2), substituted “cervical and breast cancer screenings” for “pap smears and mammograms”.

Subsec. (a)(17). Pub. L. 109-364, Sec. 701, added par. (17).

Subsec. (g). Pub. L. 109-163, Sec. 715(a), designated existing provisions as par. (1), struck out last sentence which read “In addition, when a member dies while on active duty for a period of more than 30 days, the member’s dependents who are receiving benefits under a plan covered by subsection (a) shall continue to be eligible for such benefits during the three-year period beginning on the date of the death of the member.”, and added pars. (2) to (5).

Subsec. (p)(4), (5). Pub. L. 109-163, Sec. 714, added par. (4) and redesignated former par. (4) as (5).

10 USC Chapter 55 - Medical And Dental Care
§ 1079. Contracts for medical care for spouses and children: plans

2004—Subsec. (h)(4)(C). Pub. L. 108-375 added subpar. (C).

2002—Subsec. (i)(3). Pub. L. 107-314, Sec. 701(a), designated existing provisions as subpar. (A), substituted “Except as provided in subparagraph (B),” for “Except in the case of an emergency;,” and added subpars. (B) and (C).

Subsec. (p)(1). Pub. L. 107-314, Sec. 702(1), substituted “dependents described in paragraph (3)” for “dependents referred to in subsection (a) of a member of the uniformed services referred to in section 1074(c)(3) of this title who are residing with the member”.

Subsec. (p)(3), (4). Pub. L. 107-314, Sec. 702(2), (3), added par. (3) and redesignated former par. (3) as (4).

Subsec. (q). Pub. L. 107-314, Sec. 705(a), added subsec. (q).

2001—Subsec. (a)(5). Pub. L. 107-107, Sec. 703(b), amended par. (5) generally. Prior to amendment, par. (5) read as follows:

“Durable equipment, such as wheelchairs, iron lungs and hospital beds may be provided on a rental basis.”

Subsec. (a)(17). Pub. L. 107-107, Sec. 701(g)(2), struck out par. (17) which read as follows:

“(17)(A) The Secretary of Defense may establish a program for the individual case management of a person covered by this section or section 1086 of this title who has extraordinary medical or psychological disorders and, under such a program, may waive benefit limitations contained in paragraphs (5) and (13) of this subsection or section 1077(b)(1) of this title and authorize the payment for comprehensive home health care services, supplies, and equipment if the Secretary determines that such a waiver is cost-effective and appropriate.

“(B) The total amount expended under subparagraph (A) for a fiscal year may not exceed \$100,000,000.”

Subsec. (d) to (f). Pub. L. 107-107, Sec. 701(b), added subsecs. (d) to (f) and struck out former subsecs. (d) to (f) which related to medical care provided for retarded or handicapped dependents, the requirement of members sharing in cost of benefits provided, and the requirement that members use public facilities to the extent available and adequate, respectively.

Subsec. (h)(2). Pub. L. 107-107, Sec. 1048(c)(5), substituted “February 10, 1996,” for “the date of the enactment of this paragraph”.

Subsec. (h)(4). Pub. L. 107-107, Sec. 707(b), designated existing provisions as subpar. (A) and added subpar. (B).

Subsec. (j)(2) to (4). Pub. L. 107-107, Sec. 707(a), designated existing provisions of subpar. (A) of par. (2) as par. (2) and substituted “shall be determined under joint regulations” for “may be determined under joint regulations”, redesignated subpar. (B) of par. (2) as par. (4) and substituted therein “this subsection,” for “subparagraph (A),” and added par. (3).

2000—Subsec. (a)(17). Pub. L. 106-398, Sec. 1 [[div. A], title VII, Sec. 701(c)(1)], designated existing provisions as subpar. (A) and added subpar. (B).

Subsec. (g). Pub. L. 106-398, Sec. 1 [[div. A], title VII, Sec. 704(b)], substituted “three-year period” for “one-year period”. Subsec. (h)(5). Pub. L. 106-398, Sec. 1 [[div. A], title VII, Sec. 757(a)], added par. (5).

Subsec. (p). Pub. L. 106-398, Sec. 1 [[div. A], title VII, Sec. 722(b)(1)], added subsec. (p).

1997—Subsec. (h)(1). Pub. L. 105-85, Sec. 735(a), added par. (1) and struck out former par. (1) which read as follows: “Payment for a charge for services by an individual health care professional (or other noninstitutional health care provider) for which a claim is submitted under a plan contracted for under subsection (a) may not exceed the lesser of—

“(A) the amount equivalent to the 80th percentile of billed charges made for similar services in the same locality during the base period; or

DHA Version - March 2009

10 USC Chapter 55 - Medical And Dental Care
§ 1079. Contracts for medical care for spouses and children: plans

“(B) an amount determined to be appropriate, to the extent practicable, in accordance with the same reimbursement rules as apply to payments for similar services under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.)”

Subsec. (h)(2). Pub. L. 105-85, Sec. 735(c)(2), redesignated par. (4) as (2).

Pub. L. 105-85, Sec. 735(a), struck out par. (2) which read as follows: “For the purposes of paragraph (1)(A), the 80th percentile of charges shall be determined by the Secretary of Defense, in consultation with the other administering Secretaries, and the base period shall be a period of twelve calendar months. The Secretary of Defense shall adjust the base period as frequently as he considers appropriate.”

Subsec. (h)(3). Pub. L. 105-85, Sec. 735(c)(2), redesignated par. (5) as (3).

Pub. L. 105-85, Sec. 735(a), struck out par. (3) which read as follows: “For the purposes of paragraph (1)(B), the appropriate payment amount shall be determined by the Secretary of Defense, in consultation with the other administering Secretaries.”

Subsec. (h)(4). Pub. L. 105-85, Sec. 735(c)(2), redesignated par. (4) as (2).

Subsec. (h)(5). Pub. L. 105-85, Sec. 735(c)(2), redesignated par. (5) as (3).

Pub. L. 105-85, Sec. 735(b), (c)(1), substituted “paragraph (2), the Secretary of Defense” for “paragraph (4), the Secretary” and inserted at end “With the consent of the health care provider, the Secretary is also authorized to reduce the authorized payment for certain health care services below the amount otherwise required by the payment limitations under paragraph (1).”

Subsec. (h)(6). Pub. L. 105-85, Sec. 735(c)(2), redesignated par. (6) as (4).

1996—Subsec. (a). Pub. L. 104-201, Sec. 731(b)(1), substituted “except as follows:” for “except that—” in introductory provisions.

Subsec. (a)(1). Pub. L. 104-201, Sec. 731(b)(2), (3), capitalized first letter of first word and substituted a period for the semicolon at end.

Subsec. (a)(2). Pub. L. 104-201, Sec. 731(b)(2), (3), capitalized first letter of first word and substituted a period for the semicolon at end.

Pub. L. 104-201, Sec. 701(b)(2), inserted “the schedule and method of colon and prostate cancer screenings,” after “pap smears and mammograms,” in introductory provisions and “or colon and prostate cancer screenings” after “pap smears and mammograms” in subpar. (B).

Pub. L. 104-106, Sec. 701, added par. (2) and struck out former par. (2) which read as follows: “routine physical examinations and immunizations of dependents over two years of age may only be provided when required in the case of dependents who are traveling outside the United States as a result of a member’s duty assignment and such travel is being performed under orders issued by a uniformed service, except that pap smears and mammograms may be provided on a diagnostic or preventive basis;”

Subsec. (a)(3) to (12). Pub. L. 104-201, Sec. 731(b)(2), (3), capitalized first letter of first word and substituted a period for the semicolon at end.

Subsec. (a)(13). Pub. L. 104-201, Sec. 731(a), (b)(2), substituted “Any service” for “any service” and “paragraph (4).” for “paragraph (4);” and inserted at end “Pursuant to an agreement with the Secretary of Health and Human Services and under such regulations as the Secretary of Defense may prescribe, the Secretary of Defense may waive the operation of this paragraph in connection with clinical trials sponsored or approved by the National Institutes of Health if the Secretary of Defense determines that such a waiver will promote access by covered beneficiaries to promising new treatments and contribute to the development of such treatments.”

Subsec. (a)(14), (15). Pub. L. 104-201, Sec. 731(b)(2), (3), capitalized first letter of first word and substituted a period for the semicolon at end.

Subsec. (a)(16). Pub. L. 104-201, Sec. 731(b)(2), (4), capitalized first letter of first word and substituted a period for “; and” at end.

Subsec. (a)(17). Pub. L. 104-201, Sec. 731(b)(2), capitalized first letter of first word.

10 USC Chapter 55 - Medical And Dental Care
§ 1079. Contracts for medical care for spouses and children: plans

Subsec. (h)(1). Pub. L. 104-106, Sec. 731(a), added par. (1) and struck out former par. (1) which read as follows: "Payment for a charge for services by an individual health-care professional (or other noninstitutional health-care provider) for which a claim is submitted under a plan contracted for under subsection (a) may be denied only to the extent that the charge exceeds the amount equivalent to the 80th percentile of billed charges made for similar services in the same locality during the base period."

Subsec. (h)(2). Pub. L. 104-106, Sec. 731(d), substituted "paragraph (1)(A)" for "paragraph (1)".

Subsec. (h)(3). Pub. L. 104-106, Sec. 731(b), added par. (3).

Subsec. (h)(4). Pub. L. 104-201, Sec. 711, struck out "emergency" before "services from nonparticipating providers."

Pub. L. 104-106, Sec. 731(c), added par. (4).

Subsec. (h)(5). Pub. L. 104-201, Sec. 732(2), added par. (5). Former par. (5) redesignated (6).

Pub. L. 104-106, Sec. 731(c), added par. (5).

Subsec. (h)(6). Pub. L. 104-201, Sec. 732(1), redesignated par. (5) as (6).

Subsec. (j)(1). Pub. L. 104-201, Sec. 735(c), inserted "; including any plan offered by a third-party payer (as defined in section 1095(h)(1) of this title);" after "or health plan".

1994—Subsec. (a). Pub. L. 103-337, Sec. 702(a)(1), substituted "dependents, as described in subparagraphs (A), (D), and (I) of section 1072(2) of this title," for "spouses and children".

Subsec. (d). Pub. L. 103-337, Sec. 702(a)(2), substituted "as described in subparagraph (A), (D), or (I) of section 1072(2)" for "as defined in section 1072(2)(A) or (D)".

Subsec. (g). Pub. L. 103-337, Sec. 707(a), inserted at end "In addition, when a member dies while on active duty for a period of more than 30 days, the member's dependents who are receiving benefits under a plan covered by subsection (a) shall continue to be eligible for such benefits during the one-year period beginning on the date of the death of the member."

1993—Subsec. (a)(7). Pub. L. 103-160, Sec. 716(c), substituted "except that those services may be provided in any case in which another insurance plan or program provides primary coverage for those services;" for "except that—

"(A) those services may be provided in any case in which another insurance plan or program provides primary coverage for those services; and

"(B) the Secretary of Defense may waive the 40-mile radius restriction with regard to the provision of a particular service before October 1, 1993, if the Secretary determines that the use of a different geographical area restriction will result in a more cost-effective provision of the service;"

Subsec. (a)(15). Pub. L. 103-35 made technical amendment to directory language of Pub. L. 102-484, Sec. 704(1). See 1992 Amendment note below.

Subsec. (o). Pub. L. 103-160, Sec. 711, added subsec. (o).

1992—Subsec. (a)(15). Pub. L. 102-484, Sec. 1053(3), made technical amendment to directory language of Pub. L. 102-190, Sec. 702(b)(1)(C). See 1991 Amendment note below.

Pub. L. 102-484, Sec. 704(1), as amended by Pub. L. 103-35, struck out "and" at end of par. (15).

Subsec. (a)(16). Pub. L. 102-484, Sec. 704(2), substituted "; and" for period at end.

Subsec. (a)(17). Pub. L. 102-484, Sec. 704(3), added par. (17).

Subsec. (j)(2)(B). Pub. L. 102-484, Sec. 1052(13), inserted a close parenthesis after "1395x(dd)(2)".

1991—Subsec. (a)(6). Pub. L. 102-25, Sec. 316(b), revived par. (6) as in effect on Feb. 14, 1991, thus negating amendment to par. (6) by Pub. L. 101-510, Sec. 703(a), from its original effective date (Feb. 15, 1991) to the effective date as amended (Oct. 1, 1991). See 1990 Amendment note and Effective Date of 1990 Amendment note below.

DHA Version - March 2009

10 USC Chapter 55 - Medical And Dental Care
§ 1079. Contracts for medical care for spouses and children: plans

DHA Version - March 2009

Subsec. (a)(7). Pub. L. 102-190, Sec. 711, substituted “except that—” and subpars. (A) and (B), for “except that such services may be provided in any case in which another insurance plan or program provides primary coverage for the services;”

Subsec. (a)(13). Pub. L. 102-190, Sec. 702(b)(1)(A), substituted “paragraph (4)” for “clause (4)”.

Subsec. (a)(14). Pub. L. 102-190, Sec. 702(b)(1)(B), struck out “and” at end.

Subsec. (a)(15). Pub. L. 102-190, Sec. 702(b)(1)(C), as amended by Pub. L. 102-484, Sec. 1053(3), substituted “; and” for period at end.

Subsec. (a)(16). Pub. L. 102-190, Sec. 702(b)(1)(D), added par. (16).

Subsec. (i). Pub. L. 102-25, Sec. 316(b), revived subsec. (i) as in effect on Feb. 14, 1991, thus negating amendment to subsec. (i) by Pub. L. 101-510, Sec. 703(b), from its original effective date (Feb. 15, 1991) to the effective date as amended (Oct. 1, 1991).

See 1990 Amendment note and Effective Date of 1990 Amendment note below.

Subsec. (j)(1). Pub. L. 102-190, Sec. 713, inserted “, or covered by,” after “person enrolled in”.

Subsec. (j)(2)(B). Pub. L. 102-190, Sec. 702(b)(2), inserted “hospice program (as defined in section 1861(dd)(2) of the Social Security Act (42 U.S.C. 1395x(dd)(2))),”.

Subsec. (n). Pub. L. 102-190, Sec. 712(a), added subsec. (n).

1990—Subsec. (a)(2). Pub. L. 101-510, Sec. 701(a), inserted before the semicolon “, except that pap smears and mammograms may be provided on a diagnostic or preventive basis”.

Subsec. (a)(6). Pub. L. 101-510, Sec. 703(a), substituted “in excess of—” for “in excess of 60 days in any year;” and added subpars. (A) to (C).

Subsec. (a)(8). Pub. L. 101-510, Sec. 702(a)(1), inserted “(other than certified marriage and family therapists)” after “marital counselors” and inserted before semicolon “and services of certified marriage and family therapists may be provided consistent with such rules as may be prescribed by the Secretary of Defense, including credentialing criteria and a requirement that the therapists accept payment under this section as full payment for all services provided”.

Subsec. (a)(13). Pub. L. 101-510, Sec. 702(a)(2), inserted “certified marriage and family therapist,” after “psychologist;”

Subsec. (b)(2). Pub. L. 101-510, Sec. 712(a)(1), substituted “\$150” for “\$50” and inserted at end “Notwithstanding the preceding sentence, in the case of a dependent of an enlisted member in a pay grade below E-5, the initial deductible each fiscal year under this paragraph shall be limited to \$50.”

Subsec. (b)(3). Pub. L. 101-510, Sec. 712(a)(2), substituted “\$300 (or in the case of the family group of an enlisted member in a pay grade below E-5, the first \$100)” for “\$100”.

Subsec. (i). Pub. L. 101-510, Sec. 703(b), amended subsec. (i) generally. Prior to amendment, subsec. (i) read as follows: “The limitation in subsection (a)(6) does not apply in the case of inpatient mental health services—

“(1) provided under the program for the handicapped under subsection (d);

“(2) provided as residential treatment care;

“(3) provided as partial hospital care; or

“(4) provided pursuant to a waiver authorized by the Secretary of Defense because of extraordinary medical or psychological circumstances that are confirmed by review by a non-Federal health professional pursuant to regulations prescribed by the Secretary of Defense.”

Subsec. (j)(2)(B). Pub. L. 101-510, Sec. 1484(g)(1), inserted “the term” after “In subparagraph (A);”.

1989—Subsec. (h)(1), (2). Pub. L. 101-189 substituted “80th percentile” for “90th percentile”.

1988—Subsec. (b)(1). Pub. L. 100-456, Sec. 646(a)(1), inserted provisions authorizing Secretary of Defense to exempt a patient from paying such amount if the hospital to which the patient is admitted does not impose a legal obligation on any of its patients to pay for inpatient care.

10 USC Chapter 55 - Medical And Dental Care
§ 1079. Contracts for medical care for spouses and children: plans

Subsec. (m). Pub. L. 100-456, Sec. 646(a)(2), added subsec. (m).

1987—Subsec. (a)(15). Pub. L. 100-180, Sec. 726(a), added par. (15).

Subsec. (b)(5). Pub. L. 100-180, Sec. 721(a), added par. (5).

1986—Subsec. (a)(7). Pub. L. 99-661, Sec. 703, substituted “provides primary coverage for the services” for “pays for at least 75 percent of the services”.

Subsec. (l). Pub. L. 99-661, Sec. 652(d), added subsec. (l).

1984—Subsec. (a). Pub. L. 98-557, Sec. 19(7)(B), substituted reference to other administering Secretaries for reference to Secretary of Health and Human Services in provisions preceding cl. (1).

Subsec. (a)(3). Pub. L. 98-525, Sec. 632(a)(1), substituted “not more than one eye examination may be provided to a patient in any calendar year” for “eye examinations may not be provided”.

Subsec. (a)(4). Pub. L. 98-557, Sec. 19(7)(A), substituted reference to the administering Secretaries for reference to the Secretary of Defense and the Secretary of Health and Human Services.

Subsec. (a)(7) to (14). Pub. L. 98-525, Sec. 1401(e)(4)(A), added cls. (7) to (14).

Subsecs. (b)(4), (c), (d). Pub. L. 98-557, Sec. 19(7)(A), substituted reference to the administering Secretaries for reference to the Secretary of Defense and the Secretary of Health and Human Services.

Subsec. (e). Pub. L. 98-525, Sec. 1405(23), substituted “under subsection (d) as follows:” for “under subsection (d).” in provisions preceding cl. (1).

Subsecs. (e)(1), (f). Pub. L. 98-557, Sec. 19(7)(A), substituted reference to the administering Secretaries for reference to the Secretary of Defense and the Secretary of Health and Human Services.

Subsec. (h)(2). Pub. L. 98-557, Sec. 19(7)(B), substituted reference to other administering Secretaries for reference to Secretary of Health and Human Services.

Pub. L. 98-525, Sec. 1401(e)(4)(B), substituted “The Secretary of Defense shall adjust the base period as frequently as he considers appropriate” for “The base period shall be adjusted at least once a year”.

Subsec. (j)(2)(A). Pub. L. 98-557, Sec. 19(7)(A), substituted reference to the administering Secretaries for reference to the Secretary of Defense and the Secretary of Health and Human Services.

Subsec. (k)(1), (2). Pub. L. 98-557, Sec. 19(7)(B), substituted reference to other administering Secretaries for reference to Secretary of Health and Human Services.

1983—Subsec. (a). Pub. L. 98-94, Sec. 1268(4)(A), substituted “30” for “thirty” in provisions preceding par. (1).

Subsec. (a)(6). Pub. L. 98-94, Sec. 931(a)(1), added par. (6).

Subsec. (d). Pub. L. 98-94, Sec. 1268(4)(A), substituted “30” for “thirty”.

Subsec. (g). Pub. L. 98-94, Sec. 1268(4)(B), struck out “of this section” after “subsection (d)”.

Subsecs. (i) to (k). Pub. L. 98-94, Sec. 931(a)(2), added subsecs. (i) to (k).

1981—Subsec. (b)(4). Pub. L. 97-22 substituted “Secretary of Health and Human Services” for “Secretary of Health, Education, and Welfare”.

Subsec. (h). Pub. L. 97-86 substituted reference to services of individual health-care professionals for former reference to physician services, struck out provisions that had used the concept of a predetermined charge level based upon customary charges, and inserted provisions requiring a readjustment of the base period at least once a year.

DHA Version - March 2009

10 USC Chapter 55 - Medical And Dental Care
§ 1079. Contracts for medical care for spouses and children: plans

1980—Subsec. (a). Pub. L. 96-513, Sec. 511(36), (38)(A), substituted “Secretary of Health and Human Services” for “Secretary of Health, Education, and Welfare” wherever appearing, and “that—” for “that:”.

Subsec. (a)(2). Pub. L. 96-342, Sec. 810(a)(1), inserted “of dependents over two years of age” after “immunizations”.

Subsec. (a)(3). Pub. L. 96-342, Sec. 810(a)(2), struck out “routine care of the newborn, well-baby care, and” after “(3)”.

Subsec. (b)(4). Pub. L. 96-552 added par. (4).

Pub. L. 96-513, Sec. 511(38)(B), substituted “percent” for “per centum” wherever appearing.

Subsec. (c). Pub. L. 96-513, Sec. 511(36), substituted “Secretary of Health and Human Services” for “Secretary of Health, Education, and Welfare”.

Subsec. (d). Pub. L. 96-513, Secs. 501(13), 511(36), substituted “section 1072(2)(A) or (D) of this title” for “section 1072(2)(A), (C), or (E) of this title”, and “Secretary of Health and Human Services” for “Secretary of Health, Education, and Welfare”.

Subsec. (e). Pub. L. 96-513, Sec. 511(36), (38)(C), substituted “Secretary of Health and Human Services” for “Secretary of Health, Education, and Welfare”, and “(d) as follows:” for “(d):”.

Subsec. (e)(2). Pub. L. 96-342, Sec. 810(b), substituted “\$1,000” for “\$350”.

Subsec. (f). Pub. L. 96-513, Sec. 511(36), substituted “Secretary of Health and Human Services” for “Secretary of Health, Education, and Welfare”.

Subsec. (g). Pub. L. 96-513, Sec. 511(38)(D), struck out “, United States Code,” after “37”.

Subsec. (h). Pub. L. 96-513, Sec. 511(36), substituted “Secretary of Health and Human Services” for “Secretary of Health, Education, and Welfare”.

1978—Subsec. (h). Pub. L. 95-485 added subsec. (h).

1971—Subsec. (g). Pub. L. 92-58 added subsec. (g).

1966—Subsec. (a). Pub. L. 89-614 struck out “dependent” before “spouses and children” and substituted sentence providing that “The types of health care authorized under this section, shall be the same as those provided under section 1076 of this title”, enumerating exceptions in pars. (1) to (5) for former provisions which required the insurance, medical service, or health plans to include (1) hospitalization in semiprivate rooms for not more than 365 days for each admission, (2) medical and surgical care incident to hospitalization, (3) obstetrical and maternity service, including prenatal and postnatal care, (4) services of physician or surgeon before or after hospitalization for bodily injury or surgical operation, (5) diagnostic tests and services incident to hospitalization, and (6) payments by patient of hospital expenses, now incorporated in subsec. (b)(1).

Subsec. (b). Pub. L. 89-614 incorporated existing provisions of subsec. (a)(6) in par. (1) and added pars. (2) and (3). Former subsec. (b) authorized the Secretary of Defense to make variances from subsec. (a) requirements as appropriate other than outpatient care or care other than provided for in sections 1076 to 1078 of this title.

Subsecs. (c) to (f). Pub. L. 89-614 added subsecs. (c) to (f).

Effective Date Of 2006 Amendment

Pub. L. 109-163, div. A, title VII, Sec. 715(b), Jan. 6, 2006, 119 Stat. 3345, provided that: “The amendments made by subsection (a) [amending this section] shall take effect on October 7, 2001, and shall apply with respect to deaths occurring on or after that date.”

Effective Date Of 2002 Amendment

Pub. L. 107-314, div. A, title VII, Sec. 701(b), Dec. 2, 2002, 116 Stat. 2583, provided that: “The amendments made by subsection (a) [amending this section] shall take effect October 1, 2003.”

10 USC Chapter 55 - Medical And Dental Care
§ 1079. Contracts for medical care for spouses and children: plans

Pub. L. 107-314, div. A, title VII, Sec. 705(b), Dec. 2, 2002, 116 Stat. 2585, provided that: "The amendment made by subsection (a) [amending this section] shall apply with respect to any contract under the TRICARE program entered into on or after the date of the enactment of this Act [Dec. 2, 2002]."

Effective Date Of 2001 Amendment

Pub. L. 107-107, div. A, title VII, Sec. 707(c), Dec. 28, 2001, 115 Stat. 1164, provided that: "The amendments made by this section [amending this section] shall take effect on the date that is 90 days after the date of the enactment of this Act [Dec. 28, 2001]."

Effective Date Of 2000 Amendment

Pub. L. 106-398, Sec. 1 [[div. A], title VII, Sec. 701(c)(3)], Oct. 30, 2000, 114 Stat. 1654, 1654A-172, provided that: "The amendments made by paragraphs (1) and (2) [amending this section and provisions set out as a note under section 1077 of this title] shall apply to fiscal years after fiscal year 1999."

Amendment by section 1 [[div. A], title VII, Sec. 722(b)(1)] of Pub. L. 106-398 effective Oct. 1, 2001, see section 1 [[div. A], title VII, Sec. 722(c)(1)] of Pub. L. 106-398, set out as a note under section 1074 of this title.

Effective Date Of 1994 Amendment

Pub. L. 103-337, div. A, title VII, Sec. 707(c), Oct. 5, 1994, 108 Stat. 2801, provided that: "The amendments made by subsections (a) and (b) [amending this section and section 1076a of this title] shall apply with respect to the dependents described in such amendments of a member of a uniformed service who dies on or after October 1, 1993, while on active duty for a period of more than 30 days."

Effective Date Of 1993 Amendment

Amendment by Pub. L. 103-35 applicable as if included in the enactment of Pub. L. 102-484, see section 202(b) of Pub. L. 103-35, set out as a note under section 155 of this title.

Effective Date Of 1992 Amendment

Pub. L. 102-484, div. A, title X, Sec. 1053, Oct. 23, 1992, 106 Stat. 2501, provided that the amendment made by that section is effective Dec. 5, 1991.

Effective Date Of 1991 Amendment

Pub. L. 102-25, title III, Sec. 316(b), Apr. 6, 1991, 105 Stat. 87, provided that the amendment made by that section is effective Feb. 15, 1991.

Effective Date Of 1990 Amendment

Pub. L. 101-510, div. A, title VII, Sec. 701(b), Nov. 5, 1990, 104 Stat. 1580, provided that: "The amendment made by subsection (a) [amending this section] shall apply to the provision of pap smears and mammograms under section 1079 or 1086 of title 10, United States Code, on or after the date of the enactment of this Act [Nov. 5, 1990]."

Pub. L. 101-510, div. A, title VII, Sec. 702(b), Nov. 5, 1990, 104 Stat. 1581, provided that: "The amendments made by subsection (a) [amending this section] shall apply with respect to the services of certified marriage and family therapists provided under section 1079 or 1086 of title 10, United States Code, on or after the date of the enactment of this Act [Nov. 5, 1990]."

Pub. L. 101-510, div. A, title VII, Sec. 703(d), Nov. 5, 1990, 104 Stat. 1582, as amended by Pub. L. 102-25, title III, Sec. 316(a)(1), Apr. 6, 1991, 105 Stat. 87, provided that: "This section and the amendments made by this section [amending this section] shall take effect on October 1, 1991, and

10 USC Chapter 55 - Medical And Dental Care
§ 1079. Contracts for medical care for spouses and children: plans

shall apply with respect to mental health services provided under section 1079 or 1086 of title 10, United States Code, on or after that date.”

Pub. L. 101-510, div. A, title VII, Sec. 712(c), Nov. 5, 1990, 104 Stat. 1583, provided that: “The amendments made by this section [amending this section and section 1086 of this title] shall apply with respect to health care provided under sections 1079 and 1086 of title 10, United States Code, on or after April 1, 1991.”

Effective Date Of 1989 Amendment

Pub. L. 101-189, div. A, title VII, Sec. 730(b), Nov. 29, 1989, 103 Stat. 1481, provided that: “The amendment made by subsection (a) [amending this section] shall apply to services provided on or after October 1, 1989.”

Effective Date Of 1988 Amendment

Pub. L. 100-456, div. A, title VI, Sec. 646(c), Sept. 29, 1988, 102 Stat. 1990, provided that: “The amendments made by subsections (a) and (b) [amending this section and section 1086 of this title] shall apply with respect to medical care received after September 30, 1988.”

Effective Date Of 1987 Amendment

Pub. L. 100-180, div. A, title VII, Sec. 721(c), Dec. 4, 1987, 101 Stat. 1115, provided that: “Paragraph (5) of section 1079(b) of title 10, United States Code, as added by subsection (a), and paragraph (4) of section 1086(b) of such title, as added by subsection (b), shall apply with respect to fiscal years beginning after September 30, 1987.”

Pub. L. 100-180, div. A, title VII, Sec. 726(b), Dec. 4, 1987, 101 Stat. 1117, provided that: “Paragraph (15) of section 1079(a) of such title, as added by subsection (a), shall apply with respect to costs incurred for home monitoring equipment after the date of the enactment of this Act [Dec. 4, 1987].”

Effective Date Of 1986 Amendment

Pub. L. 99-661, div. A, title VI, Sec. 652(e)(4), Nov. 14, 1986, 100 Stat. 3890, provided that: “The amendment made by subsection (d) [amending this section] shall apply only with respect to care furnished under section 1079 of title 10, United States Code, on or after the date of the enactment of this Act [Nov. 14, 1986].”

Effective Date Of 1984 Amendment

Pub. L. 98-525, title VI, Sec. 632(a)(3), Oct. 19, 1984, 98 Stat. 2543, provided that: “The amendments made by this subsection [amending this section and section 1086 of this title] shall apply only to health care furnished after September 30, 1984.”

Amendment by section 1401(e)(4) of Pub. L. 98-525 effective Oct. 1, 1985, see section 1404 of Pub. L. 98-525, set out as an Effective Date note under section 520b of this title.

Effective Date Of 1983 Amendment

Pub. L. 98-94, title IX, Sec. 931(c), Sept. 24, 1983, 97 Stat. 649, provided that: “The amendments made by this section [amending this section and section 1086 of this title] shall take effect on October 1, 1983, except that—

“(1) clause (6) of section 1079(a) of title 10, United States Code, as added by subsection (a)(1), shall not apply in the case of inpatient mental health services provided to a patient admitted before January 1, 1983, for so long as that patient remains continuously in inpatient status for medically or psychologically necessary reasons; and

“(2) subsection (k) of section 1079 of such title, as added by subsection (a)(1), shall apply with respect to liver transplant operations performed on or after July 1, 1983.”

DHA Version - March 2009

10 USC Chapter 55 - Medical And Dental Care
§ 1079. Contracts for medical care for spouses and children: plans

Effective Date Of 1981 Amendment

Pub. L. 97-86, title IX, Sec. 906(b), Dec. 1, 1981, 95 Stat. 1117, provided that: "The amendments made by subsection (a) [amending this section and section 1086 of this title] shall apply with respect to claims submitted for payment for services provided after the end of the 30-day period beginning on the date of the enactment of this Act [Dec. 1, 1981]."

Effective Date Of 1980 Amendments

Amendment by section 501(13) of Pub. L. 96-513 effective Sept. 15, 1981, see section 701 of Pub. L. 96-513, set out as a note under section 101 of this title.

Amendment by section 511 of Pub. L. 96-513 effective Dec. 12, 1980, see section 701(b)(3) of Pub. L. 96-513.

Pub. L. 96-342, title VIII, Sec. 810(c), Sept. 8, 1980, 94 Stat. 1097, provided that: "The amendments made by this section [amending this section] shall apply to medical care provided after September 30, 1980."

Effective Date Of 1978 Amendment

Pub. L. 95-485, title VIII, Sec. 806(b), Oct. 20, 1978, 92 Stat. 1622, provided that: "the amendments made by subsection (a) [amending this section and section 1086 of this title] shall apply with respect to claims submitted for payment for services provided on or after the first day of the first calendar year beginning after the date of enactment of this Act [Oct. 20, 1978]."

Effective Date Of 1971 Amendment

Pub. L. 92-58, Sec. 2, July 29, 1971, 85 Stat. 157, provided that: "This Act [amending this section] becomes effective as of January 1, 1967. However, no person is entitled to any benefits because of this Act for any period before the date of enactment [July 29, 1971]."

Effective Date Of 1966 Amendment

For effective date of amendment by Pub. L. 89-614, see section 3 of Pub. L. 89-614, set out as a note under section 1071 of this title.

Waiver Of Copayments For Preventive Services For Certain TRICARE Beneficiaries

Pub. L. 110-417, [div. A], title VII, Sec. 711, Oct. 14, 2008, 122 Stat. 4500, as amended by Pub. L. 111-383, div. A, title X, Sec. 1075(e)(11), Jan. 7, 2011, 124 Stat. 4375, provided that:

"(a) Waiver of Certain Copayments.—Subject to subsection (b) and under regulations prescribed by the Secretary of Defense, the Secretary shall—

- (1) waive all copayments under sections 1079(b) and 1086(b) of title 10, United States Code, for preventive services for all 0beneficiaries who would otherwise pay copayments; and
- (2) ensure that a beneficiary pays nothing for preventive services during a year even if the beneficiary has not paid the amount necessary to cover the beneficiary's deductible for the year.

"(b) Exclusion for Medicare-Eligible Beneficiaries.—Subsection (a) shall not apply to a medicare-eligible beneficiary.

"(c) Refund of Copayments.—

- (1) Authority.—Under regulations prescribed by the Secretary of Defense, the Secretary may pay a refund to a medicare-eligible beneficiary excluded by subsection (b), subject to the availability of appropriations specifically for such refunds, consisting of an amount up to the difference between—

- (A) the amount the beneficiary pays for copayments for preventive services during fiscal year 2009; and

DHA Version - March 2009

10 USC Chapter 55 - Medical And Dental Care
§ 1079. Contracts for medical care for spouses and children: plans

(B) the amount the beneficiary would have paid during such fiscal year if the copayments for preventive services had been waived pursuant to subsection (a) during that year.

(2) Copayments covered.—The refunds under paragraph (1) are available only for copayments paid by medicare-eligible beneficiaries during fiscal year 2009.

“(d) Definitions.—In this section:

(1) Preventive services.—The term ‘preventive services’ includes, taking into consideration the age and gender of the beneficiary:

- (A) Colorectal screening.
- (B) Breast screening.
- (C) Cervical screening.
- (D) Prostate screening.
- (E) Annual physical exam.
- (F) Vaccinations.
- (G) Other services as determined by the Secretary of Defense.

(2) Medicare-eligible.—The term ‘medicare-eligible’ has the meaning provided by section 1111(b)(3) of title 10, United States Code.”

Plan For Providing Health Coverage Information To Members, Former Members, And Dependents Eligible For Certain Health Benefits

Pub. L. 108-136, div. A, title VII, Sec. 724, Nov. 24, 2003, 117 Stat. 1534, provided that:

“(a) Health Information Plan Required.—The Secretary of Defense shall develop a plan to—

“(1) ensure that each household that includes one or more eligible persons is provided information concerning—

- “(A) the extent of health coverage provided by sections 1079 or 1086 of title 10, United States Code, for each such person;
- “(B) the costs, including the limits on such costs, that each such person is required to pay for such health coverage;
- “(C) sources of information for locating TRICARE-authorized providers in the household’s locality; and
- “(D) methods to obtain assistance in resolving difficulties encountered with billing, payments, eligibility, locating TRICARE-authorized providers, collection actions, and such other issues as the Secretary considers appropriate;

“(2) provide mechanisms to ensure that each eligible person has access to information identifying TRICARE-authorized providers in the person’s locality who have agreed to accept new patients under section 1079 or 1086 of title 10, United States Code, and to ensure that such information is periodically updated;

“(3) provide mechanisms to ensure that each eligible person who requests assistance in locating a TRICARE-authorized provider is provided such assistance;

“(4) provide information and recruitment materials and programs aimed at attracting participation of health care providers as necessary to meet health care access requirements for all eligible persons; and

“(5) provide mechanisms to allow for the periodic identification by the Department of Defense of the number and locality of eligible persons who may intend to rely on TRICARE-authorized providers for health care services.

“(b) Implementation of Plan.—The Secretary of Defense shall implement the plan required by subsection (a) with respect to any contract entered into by the Department of Defense after May 31, 2003, for managed health care.

10 USC Chapter 55 - Medical And Dental Care
§ 1079. Contracts for medical care for spouses and children: plans

“(c) Definitions.—In this section:

“(1) The term ‘eligible person’ means a person eligible for health benefits under section 1079 or 1086 of title 10, United States Code.

“(2) The term ‘TRICARE-authorized provider’ means a facility, doctor, or other provider of health care services—

“(A) that meets the licensing and credentialing certification requirements in the State where the services are rendered;

“(B) that meets requirements under regulations relating to TRICARE for the type of health care services rendered; and

“(C) that has accepted reimbursement by the Secretary of Defense as payment for services rendered during the 12-month period preceding the date of the most recently updated provider information provided to households under the plan required by subsection (a).

“(d) Submission of Plan.—Not later than March 31, 2004, the Secretary shall submit to the Committees on Armed Services of the Senate and House of Representatives the plan required by subsection (a), together with a schedule for implementation of the plan.”

Report On Actions To Establish Special Reimbursement Rates

Pub. L. 106-398, Sec. 1 [[div. A], title VII, Sec. 757(b)(1)], Oct. 30, 2000, 114 Stat. 1654, 1654A-199, directed the Secretary of Defense, not later than Mar. 31, 2001, to submit to the Committees on Armed Services of the Senate and the House of Representatives and the General Accounting Office a report on actions taken to carry out sections 1079(h)(5) and 1097b of this title.

Programs Relating To Sale Of Pharmaceuticals

Pub. L. 102-484, div. A, title VII, Sec. 702, Oct. 23, 1992, 106 Stat. 2431, as amended by Pub. L. 103-160, div. A, title VII, Sec. 721, Nov. 30, 1993, 107 Stat. 1695; Pub. L. 103-337, div. A, title VII, Sec. 706, Oct. 5, 1994, 108 Stat. 2800; Pub. L. 106-398, Sec. 1 [[div. A], title VII, Sec. 711(b)], Oct. 30, 2000, 114 Stat. 1654, 1654A-176, directed the Secretary of Defense to conduct a demonstration project that would permit eligible persons to obtain prescription pharmaceuticals by mail, directed the Secretary to include in each managed health care program awarded or renewed after Jan. 1, 1993, a program to supply prescription pharmaceuticals through a managed care network of retail pharmacies, directed the Secretary to submit to Congress a report regarding the demonstration project not later than two years after its establishment and an additional report regarding the programs not later than Jan. 1, 1994, and provided for termination of section 702 of Pub. L. 102-484 no later than one year after Oct. 30, 2000.

Correction Of Omission In Delay Of Increase Of CHAMPUS Deductibles Related To Operation Desert Storm

Pub. L. 102-484, div. A, title VII, Sec. 721, Oct. 23, 1992, 106 Stat. 2438, provided that during the period beginning on Apr. 1, 1991, and ending on Sept. 30, 1991, the annual deductibles specified in this section or section 1086 of this title applicable to CHAMPUS beneficiaries who had served on active duty in the Persian Gulf theater of operations in connection with Operation Desert Storm would not exceed the annual deductibles in effect on Nov. 4, 1990, and provided for the credit or reimbursement of excess amounts paid.

Temporary CHAMPUS Provisions For Dependents Of Operation Desert Shield/Desert Storm Active Duty Personnel

Pub. L. 102-172, title VIII, Sec. 8085, Nov. 26, 1991, 105 Stat. 1192, provided that any CHAMPUS health care provider could voluntarily waive the patient copayment for medical services provided from Aug. 2, 1990, until the termination of Operation Desert Shield/Desert Storm for dependents of

DHA Version - March 2009

10 USC Chapter 55 - Medical And Dental Care
§ 1079. Contracts for medical care for spouses and children: plans

active duty personnel, provided that the Government's share of medical services was not increased during such time period. Similar provisions were contained in Pub. L. 102-28, Sec. 105, Apr. 10, 1991, 105 Stat. 165. Pub. L. 102-25, title III, Sec. 312, Apr. 6, 1991, 105 Stat. 85, provided that the annual deductibles specified in subsec. (b) of this section, as in effect on Nov. 4, 1990, would apply until Oct. 1, 1991, in the case of health care provided under that section to the dependents of a member of the uniformed services who had served on active duty in the Persian Gulf theater of operations in connection with Operation Desert Storm, and that patient copayment requirements could be waived upon the provider's certification to the Secretary of Defense that the amount charged the Federal Government for such health care had not been increased above the amount that the provider would have charged the Federal Government for such health care had the payment not been waived.

Transitional Health Care For Members, Or Dependents Of Members, Upon Release Of Member From Active Duty In Connection With Operation Desert Storm

For provision authorizing transitional health care, including health benefits contracted for under subsec. (a) of this section, for members, or dependents of members, upon release of member from active duty in connection with Operation Desert Storm, see section 313 of Pub. L. 102-25, set out as a note under section 1076 of this title.

DHA Version - March 2009

§ 1079c. Provisional coverage for emerging services and supplies

(a) **Provisional Coverage.**—In carrying out the TRICARE program, including pursuant to section 1079(a)(12) of this title, the Secretary of Defense, acting through the Assistant Secretary of Defense for Health Affairs, may provide provisional coverage for the provision of a service or supply if the Secretary determines that such service or supply is widely recognized in the United States as being safe and effective.

(b) **Consideration of Evidence.**—In making a determination under subsection (a), the Secretary may consider—

- (1) clinical trials published in refereed medical literature;
- (2) formal technology assessments;
- (3) the positions of national medical policy organizations;
- (4) national professional associations;
- (5) national expert opinion organizations; and
- (6) such other validated evidence as the Secretary considers appropriate.

(c) **Independent Evaluation.**—In making a determination under subsection (a), the Secretary may arrange for an evaluation from the Institute of Medicine of the National Academies or such other independent entity as the Secretary selects.

(d) **Duration and Terms of Coverage.**—(1) Provisional coverage under subsection (a) for a service or supply may be in effect for not longer than a total of five years.

(2) Prior to the expiration of provisional coverage of a service or supply, the Secretary shall determine the coverage, if any, that will follow such provisional coverage and take appropriate action to implement such determination. If the Secretary determines that the implementation of such determination regarding coverage requires legislative action, the Secretary shall make a timely recommendation to Congress regarding such legislative action.

(3) The Secretary, at any time, may—

(A) terminate the provisional coverage under subsection (a) of a service or supply, regardless of whether such termination is before the end of the period described in paragraph (1);

(B) establish or disestablish terms and conditions for such coverage; or

10 USC Chapter 55 - Medical And Dental Care
§ 1079c. Provisional coverage for emerging services and supplies

(C) take any other action with respect to such coverage.

(e) Public Notice.—The Secretary shall promptly publish on a publicly accessible Internet website of the TRICARE program a notice for each service or supply that receives provisional coverage under subsection (a), including any terms and conditions for such coverage.

(f) Finality of Determinations.—Any determination to approve or disapprove a service or supply under subsection (a) and any action made under subsection (d)(3) shall be final.

NOTES

Source

(Added Pub. L. 113–291, div. A, title VII, §704(a), Dec. 19, 2014, 128 Stat. 3412.)

DHA Version - March 2009

10 USC Chapter 55 - Medical And Dental Care

§ 1086. Contracts for health benefits for certain members, former members, and their dependents

(i) not to have been covered by paragraph (1); and

(ii) not to have been subject to the requirements of section 1079(i)(1) of this title, whether through the operation of such section or subsection (g) of this section.

(B) The period described in this subparagraph with respect to a person covered by subparagraph (A) is the period that—

(i) begins on the date that eligibility of the person for hospital insurance benefits referred to in paragraph (1) is effective under the retroactive determination of eligibility with respect to the person as described in subparagraph (A); and

(ii) ends on the date of the issuance of such retroactive determination of eligibility by the Social Security Administration.

(5) The administering Secretaries shall develop a mechanism by which persons described in subparagraph (B) of paragraph (2) who do not satisfy the condition specified in subparagraph (A) of such paragraph are promptly notified of their ineligibility for health benefits under this section. In developing the notification mechanism, the administering Secretaries shall consult with the Administrator of the Centers for Medicare & Medicaid Services.

(e) A person covered by this section may elect to receive inpatient medical care either in (1) Government facilities, under the conditions prescribed in sections 1074 and 1076-1078 of this title, or (2) the facilities provided under a plan contracted for under this section. However, under joint regulations issued by the administering Secretaries, the right to make this election may be limited for those persons residing in an area where adequate facilities of the uniformed service are available. In addition, subsections (b) and (c) of section 1080 of this title shall apply in making the determination whether to issue a nonavailability of health care statement for a person covered by this section.

(f) The provisions of section 1079(h) of this title shall apply to payments for services by an individual health-care professional (or other noninstitutional health-care provider) under a plan contracted for under subsection (a).

(g) Section 1079(i) of this title shall apply to a plan contracted for under this section, except that no person eligible for health benefits under this section may be denied benefits under this section with respect to care or treatment for any service-connected disability which is compensable under chapter 11 of title 38 solely on the basis that such person is entitled to care or treatment for such disability in facilities of the Department of Veterans Affairs.

(h)(1) Subject to paragraph (2), the Secretary of Defense may, upon request, make payments under this section for a charge for services for which a claim is submitted under a plan contracted for under subsection (a) to a hospital that does not impose a legal obligation on any of its patients to pay for such services.

(2) A payment under paragraph (1) may not exceed the average amount paid for comparable services in the geographic area in which the hospital is located or, if no comparable services are available in that area, in an area similar to the area in which the hospital is located.

DHA Version - March 2009

10 USC Chapter 55 - Medical And Dental Care

§ 1086. Contracts for health benefits for certain members, former members, and their dependents

(3) The Secretary of Defense shall periodically review the billing practices of each hospital the Secretary approves for payment under this subsection to ensure that the hospital's practices of not billing patients for payment are not resulting in increased costs to the Government.

(4) The Secretary of Defense may require each hospital the Secretary approves for payment under this subsection to provide evidence that it has sources of revenue to cover unbilled costs.

NOTES

Source

(Added Pub. L. 89-614, Sec. 2(7), Sept. 30, 1966, 80 Stat. 865; amended Pub. L. 95-485, title VIII, Sec. 806(a)(2), Oct. 20, 1978, 92 Stat. 1622; Pub. L. 96-173, Sec. 1, Dec. 29, 1979, 93 Stat. 1287; Pub. L. 96-513, title V, Secs. 501(14), 511(36), (39), Dec. 12, 1980, 94 Stat. 2908, 2923; Pub. L. 97-86, title IX, Sec. 906(a)(2), Dec. 1, 1981, 95 Stat. 1117; Pub. L. 97-252, title X, Sec. 1004(c), Sept. 8, 1982, 96 Stat. 737; Pub. L. 98-94, title IX, Sec. 931(b), Sept. 24, 1983, 97 Stat. 649; Pub. L. 98-525, title VI, Sec. 632(a)(2), Oct. 19, 1984, 98 Stat. 2543; Pub. L. 98-557, Sec. 19(13), Oct. 30, 1984, 98 Stat. 2870; Pub. L. 99-145, title VI, Sec. 652(b), Nov. 8, 1985, 99 Stat. 657; Pub. L. 99-661, div. A, title VI, Sec. 604(f)(1)(C), Nov. 14, 1986, 100 Stat. 3877; Pub. L. 100-180, div. A, title VII, Sec. 721(b), Dec. 4, 1987, 101 Stat. 1115; Pub. L. 100-456, div. A, title VI, Sec. 646(b), Sept. 29, 1988, 102 Stat. 1989; Pub. L. 101-189, div. A, title VII, Sec. 731(c)(2), title XVI, Sec. 1621(a)(3), Nov. 29, 1989, 103 Stat. 1482, 1603; Pub. L. 101-510, div. A, title VII, Sec. 712(b), Nov. 5, 1990, 104 Stat. 1583; Pub. L. 102-190, div. A, title VII, Sec. 704(a), (b)(1), Dec. 5, 1991, 105 Stat. 1401; Pub. L. 102-484, div. A, title VII, Secs. 703(a), 705(a), Oct. 23, 1992, 106 Stat. 2432; Pub. L. 103-35, title II, Sec. 203(b)(2), May 31, 1993, 107 Stat. 102; Pub. L. 103-160, div. A, title VII, Sec. 716(b)(2), Nov. 30, 1993, 107 Stat. 1693; Pub. L. 103-337, div. A, title VII, Sec. 711, Oct. 5, 1994, 108 Stat. 2801; Pub. L. 104-106, div. A, title VII, Sec. 732, Feb. 10, 1996, 110 Stat. 381; Pub. L. 104-201, div. A, title VII, Sec. 734(a)(2), (b)(2), Sept. 23, 1996, 110 Stat. 2598; Pub. L. 106-398, Sec. 1 [[div. A], title VII, Secs. 712(a)(1), 759], Oct. 30, 2000, 114 Stat. 1654, 1654A-176, 1654A-200; Pub. L. 108-173, title IX, Sec. 900(e)(4)(A), Dec. 8, 2003, 117 Stat. 2373; Pub. L. 109-364, div. A, title VII, Sec. 704(b), Oct. 17, 2006, 120 Stat. 2280; Pub. L. 110-181, div. A, title VII, Sec. 701(b), Jan. 28, 2008, 122 Stat. 187; Pub. L. 110-417, [div. A], title VII, Sec. 701(b), Oct. 14, 2008, 122 Stat. 4498; Pub. L. 111-84, div. A, title VII, Secs. 706, 709, Oct. 28, 2009, 123 Stat. 2375, 2378; Pub. L. 111-383, div. A, title VII, Sec. 701(b), Jan. 7, 2011, 124 Stat. 4244; Pub. L. 112-239, div. A, title X, Sec. 1076(f)(11), Jan. 2, 2013, 126 Stat. 1952; **Pub. L. 113-291, div. A, title VII, §703(c)(2), Dec. 19, 2014, 128 Stat. 3412.**)

References In Text

The Social Security Act, referred to in subsec. (d), is act Aug. 14, 1935, ch. 531, 49 Stat. 620, as amended. Title XVIII of the Act is classified generally to subchapter XVIII (Sec. 1395 et seq.) of chapter 7 of Title 42, The Public Health and Welfare. Parts A and B of title XVIII of the Act are classified generally to parts A (Sec. 1395c et seq.) and B (Sec. 1395j et seq.), respectively, of subchapter XVIII of chapter 7 of Title 42. For complete classification of this Act to the Code, see section 1305 of Title 42 and Tables.

Prior Provisions

A prior section 1086, act Aug. 10, 1956, ch. 1041, 70A Stat. 88, authorized the mailing of official post cards, ballots, voting instructions, and envelopes, free of postage, prior to repeal by Pub. L. 85-861, Sec. 36(B)(5), Sept. 2, 1958, 72 Stat. 1570, as superseded by the Federal Voting Assistance Act of

10 USC Chapter 55 - Medical And Dental Care

§ 1086. Contracts for health benefits for certain members, former members, and their dependents

1955 which is classified to subchapter I-D (Sec. 1973cc et seq.) of chapter 20 of Title 42, The Public Health and Welfare.

Amendments

2014—Subsec. (d)(4)(A)(ii). Pub. L. 113–291, §703(c)(2)(A), substituted “section 1079(i)(1)” for “section 1079(j)(1)”.

Subsec. (g). Pub. L. 113–291, §703(c)(2)(B), substituted “Section 1079(i)” for “Section 1079(j)”.

2013—Subsec. (b)(1). Pub. L. 112-239 substituted “paragraph (2)” for “clause (2)”.

2011—Subsec. (b)(3). Pub. L. 111-383 substituted “September 30, 2011” for “September 30, 2010”.

2009—Subsec. (b)(3). Pub. L. 111-84, Sec. 709, substituted “September 30, 2010” for “September 30, 2009”.

Subsec. (d)(4), (5). Pub. L. 111-84, Sec. 706, added par. (4) and redesignated former par. (4) as (5).

2008—Subsec. (b)(3). Pub. L. 110-417 substituted “September 30, 2009” for “September 30, 2008”.
Pub. L. 110-181 substituted “September 30, 2008” for “September 30, 2007.”

2006—Subsec. (b)(3). Pub. L. 109-364 inserted “, except that in no case may the charges for inpatient care for a patient exceed \$535 per day during the period beginning on April 1, 2006, and ending on September 30, 2007.” after “charges for inpatient care”.

2003—Subsec. (d)(4). Pub. L. 108-173 substituted “Administrator of the Centers for Medicare & Medicaid Services” for “administrator of the Health Care Financing Administration” in last sentence.

2000—Subsec. (b)(4). Pub. L. 106-398, Sec. 1 [[div. A], title VII, Sec. 759], substituted “\$3,000” for “\$7,500”.

Subsec. (d)(2). Pub. L. 106-398, Sec. 1 [[div. A], title VII, Sec. 712(a)(1)(A)], added par. (2) and struck out former par. (2) which read as follows: “The prohibition contained in paragraph (1) shall not apply in the case of a person referred to in subsection (c) who—

“(A) is entitled to hospital insurance benefits under part A of title XVIII of the Social Security Act pursuant to subparagraph (A) or (C) of section 226(b)(2) of such Act (42 U.S.C. 426(b)(2)) or section 226A(a) of such Act (42 U.S.C. 426-1(a));

“(B) is under 65 years of age; and

“(C) is enrolled in the supplementary medical insurance program under part B of such title (42 U.S.C. 1395j et seq.)”

Subsec. (d)(4). Pub. L. 106-398, Sec. 1 [[div. A], title VII, Sec. 712(a)(1)(B)], substituted “subparagraph (B) of paragraph (2) who do not satisfy the condition specified in subparagraph (A) of such paragraph” for “paragraph (1) who satisfy only the criteria specified in subparagraphs (A) and (B) of paragraph (2), but not subparagraph (C) of such paragraph,”

1996—Subsec. (d)(4). Pub. L. 104-106 added par. (4).

Subsec. (e). Pub. L. 104-201 substituted “inpatient medical care” for “benefits” in first sentence and “subsections (b) and (c) of section 1080” for “section 1080(b)” in last sentence.

1994—Subsec. (d)(3). Pub. L. 103-337 added par. (3) and struck out former par. (3) which read as follows: “If a person described in paragraph (2) receives medical or dental care for which payment may be made under both title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) and a plan

DHA Version - March 2009

10 USC Chapter 55 - Medical And Dental Care

§ 1086. Contracts for health benefits for certain members, former members, and their dependents

contracted for under subsection (a), the amount payable for that care under the plan may not exceed the difference between—

- “(A) the sum of any deductibles, coinsurance, and balance billing charges that would be imposed on the person if payment for that care were made solely under that title; and
- “(B) the sum of any deductibles, coinsurance, and balance billing charges that would be imposed on the person if payment for that care were made solely under the plan.”

1993—Subsec. (d). Pub. L. 103-35 made technical amendment to directory language of Pub. L. 102-190, Sec. 704(a). See 1991 Amendment note below.

Subsec. (e). Pub. L. 103-160 inserted at end “In addition, section 1080(b) of this title shall apply in making the determination whether to issue a nonavailability of health care statement for a person covered by this section.”

1992—Subsec. (b)(4). Pub. L. 102-484, Sec. 703(a), substituted “\$7,500” for “\$10,000”.

Subsec. (d)(2)(A). Pub. L. 102-484, Sec. 705(a), inserted before semicolon “or section 226A(a) of such Act (42 U.S.C. 426-1(a))”.

1991—Subsec. (c). Pub. L. 102-190, Sec. 704(b)(1)(A), substituted “Except as provided in subsection (d), the following” for “The following” in introductory provisions and struck out at end “However, a person who is entitled to hospital insurance benefits under part A of title XVIII of the Social Security Act (42 U.S.C. 1395c et seq.) is not eligible for health benefits under this section.”

Subsec. (d). Pub. L. 102-190, Sec. 704(a), as amended by Pub. L. 103-35, added subsec. (d) and struck out former subsec. (d) which read as follows: “The provisions of section 1079(j) of this title shall apply to a plan covered by this section.”

Subsec. (g). Pub. L. 102-190, Sec. 704(b)(1)(B), substituted “Section 1079(j) of this title shall apply to a plan contracted for under this section, except that” for “Notwithstanding subsection (d) or any other provision of this chapter,”.

1990—Subsec. (b)(1), (2). Pub. L. 101-510 substituted “\$150” for “\$50” in par. (1) and “\$300” for “\$100” in par. (2).

1989—Subsec. (c)(3). Pub. L. 101-189, Sec. 731(c)(2), amended par. (3) generally. Prior to amendment, par. (3) read as follows: “A dependent covered by section 1072(2)(F) of this title.”

Subsec. (g). Pub. L. 101-189, Sec. 1621(a)(3), substituted “facilities of the Department of Veterans Affairs” for “Veterans’ Administration facilities”.

1988—Subsec. (b)(3). Pub. L. 100-456, Sec. 646(b)(1), inserted provision authorizing Secretary of Defense to exempt a patient from paying such charges if the hospital to which the patient is admitted does not impose a legal obligation on any of its patients to pay for inpatient care.

Subsec. (h). Pub. L. 100-456, Sec. 646(b)(2), added subsec. (h).

1987—Subsec. (b)(4). Pub. L. 100-180 added par. (4).

1986—Subsec. (c)(2)(B). Pub. L. 99-661 inserted reference to disease.

1985—Subsec. (c)(2). Pub. L. 99-145 amended par. (2) generally. Prior to amendment, par. (2) read as follows: “A dependent of a member of a uniformed service who died while on active duty for a period of more than thirty days, except a dependent covered by section 1072(2)(E) of this title.”

10 USC Chapter 55 - Medical And Dental Care

§ 1086. Contracts for health benefits for certain members, former members, and their dependents

1984—Subsec. (a). Pub. L. 98-557, Sec. 19(13)(A), substituted reference to other administering Secretaries for reference to Secretary of Health and Human Services.

Pub. L. 98-525 inserted “However, eye examinations may not be provided under such plans for persons covered by subsection (c).”

Subsec. (e). Pub. L. 98-557, Sec. 19(13)(B), substituted reference to the administering Secretaries for reference to the Secretary of Defense and the Secretary of Health and Human Services.

1983—Subsec. (d). Pub. L. 98-94 substituted “The provisions of section 1079(j) of this title shall apply to a plan covered by this section” for “No benefits shall be payable under any plan covered by this section in the case of a person enrolled in any other insurance, medical service, or health plan provided by law or through employment unless that person certifies that the particular benefit he is claiming is not payable under the other plan”.

1982—Subsec. (c)(3). Pub. L. 97-252 added par. (3).

1981—Subsec. (f). Pub. L. 97-86 substituted “services by an individual health-care professional (or other noninstitutional health-care provider)” for “physician services”.

1980—Subsec. (a). Pub. L. 96-513, Sec. 511(36), substituted “Secretary of Health and Human Services” for “Secretary of Health, Education, and Welfare”.

Subsec. (b). Pub. L. 96-513, Sec. 511(39)(A), substituted “percent” for “per centum” wherever appearing.

Subsec. (c). Pub. L. 96-513, Secs. 501(14), 511(39)(B), substituted “section 1072(2)(E)” for “section 1072(2)(F)” in pars. (1) and (2) and, in provisions following par. (2), substituted “part A of title XVIII of the Social Security Act (42 U.S.C. 1395c et seq.)” for “title I of the Social Security Amendments of 1965 (79 Stat. 286)”.

1979—Subsec. (g). Pub. L. 96-173 added subsec. (g).

1978—Subsec. (f). Pub. L. 95-485 added subsec. (f).

Effective Date Of 2000 Amendment

Pub. L. 106-398, Sec. 1 [[div. A], title VII, Sec. 712(a)(3)], Oct. 30, 2000, 114 Stat. 1654, 1654A-177, provided that: “The amendments made by paragraphs (1) and (2) [amending this section and section 1395ggg of Title 42, The Public Health and Welfare] shall take effect on October 1, 2001.”

Effective Date Of 1992 Amendment

Pub. L. 102-484, div. A, title VII, Sec. 703(b), Oct. 23, 1992, 106 Stat. 2432, provided that: “The amendment made by subsection (a) [amending this section] shall apply with respect to fiscal years beginning after September 30, 1992.”

Effective Date Of 1991 Amendment

Pub. L. 102-190, div. A, title VII, Sec. 704(c), Dec. 5, 1991, 105 Stat. 1402, which provided that subsection (d) of this section was to apply with respect to health care benefits or services received by a person described in such subsection on or after Dec. 5, 1991, was repealed by Pub. L. 102-484, div. A, title VII, Sec. 705(c)(1), Oct. 23, 1992, 106 Stat. 2433.

Effective Date Of 1990 Amendment

Amendment by Pub. L. 101-510 applicable with respect to health care provided under this section and section 1079 of this title on or after Apr. 1, 1991, see section 712(c) of Pub. L. 101-510, set out as a note under section 1079 of this title.

Effective Date Of 1989 Amendment

Amendment by section 731(c)(2) of Pub. L. 101-189 applicable to a person referred to in 10 U.S.C. 1072(2)(H) whose decree of divorce, dissolution, or annulment becomes final on or after Nov. 29, 1989, and to a person so referred to whose decree became final during the period from Sept. 29, 1988 to Nov. 28, 1989, as if the amendment had become effective on Sept. 29, 1988, see section 731(d) of Pub. L. 101-189, set out as a note under section 1072 of this title.

Effective Date Of 1988 Amendment

Amendment by Pub. L. 100-456 applicable with respect to medical care received after September 30, 1988, see section 646(c) of Pub. L. 100-456, set out as a note under section 1079 of this title.

Effective Date Of 1987 Amendment

Amendment by Pub. L. 100-180 applicable with respect to fiscal years beginning after September 30, 1987, see section 721(c) of Pub. L. 100-180, set out as a note under section 1079 of this title.

Effective Date Of 1986 Amendment

Amendment by Pub. L. 99-661 applicable with respect to persons who, after Nov. 14, 1986, incur or aggravate an injury, illness, or disease or die, see section 604(g) of Pub. L. 99-661, set out as a note under section 1074a of this title.

Effective Date Of 1985 Amendment

Amendment by Pub. L. 99-145 applicable only with respect to dependents of members of the uniformed services whose deaths occur after Sept. 30, 1985, see section 652(c) of Pub. L. 99-145, set out as a note under section 1076 of this title.

Effective Date Of 1984 Amendment

Amendment by Pub. L. 98-525 applicable only to health care furnished after Sept. 30, 1984, see section 632(a)(3) of Pub. L. 98-525, set out as a note under section 1079 of this title.

Effective Date Of 1983 Amendment

Amendment by Pub. L. 98-94 effective Oct. 1, 1983, see section 931(c) of Pub. L. 98-94, set out as a note under section 1079 of this title.

Effective Date Of 1982 Amendment; Transition Provisions

Amendment by Pub. L. 97-252 effective Feb. 1, 1983, and applicable in the case of any former spouse of a member or former member of the uniformed services whether final decree of divorce, dissolution, or annulment of marriage of former spouse and such member or former member is dated before, on, or after Feb. 1, 1983, see section 1006 of Pub. L. 97-252, set out as an Effective Date; Transition Provisions note under section 1408 of this title.

Effective Date Of 1981 Amendment

Amendment by Pub. L. 97-86 to apply with respect to claims submitted for payment for services provided after the end of the 30-day period beginning on Dec. 1, 1981, see section 906(b) of Pub. L. 97-86, set out as a note under section 1079 of this title.

10 USC Chapter 55 - Medical And Dental Care

§ 1086. Contracts for health benefits for certain members, former members, and their dependents

Effective Date Of 1980 Amendment

Amendment by section 501(14) of Pub. L. 96-513 effective Sept. 15, 1981, and amendment by section 511(36), (39) of Pub. L. 96-513 effective Dec. 12, 1980, see section 701 of Pub. L. 96-513, set out as a note under section 101 of this title.

Effective Date Of 1979 Amendment

Pub. L. 96-173, Sec. 2, Dec. 29, 1979, 93 Stat. 1287, provided that: "The amendment made by the first section of this Act [amending this section] shall take effect on October 1, 1979."

Effective Date Of 1978 Amendment

Amendment by Pub. L. 95-485 applicable with respect to claims submitted for payment for services provided on or after the first day of the first calendar year beginning after Oct. 20, 1978, see section 806(b) of Pub. L. 95-485, set out as a note under section 1079 of this title.

Effective Date

For effective date of section, see section 3 of Pub. L. 89-614, set out as a note under section 1071 of this title.

Temporary Authority For Waiver Of Collection Of Payments Due For CHAMPUS Benefits Received By Certain Persons Unaware Of Loss Of CHAMPUS Eligibility

Pub. L. 108-375, div. A, title VII, Sec. 716, Oct. 28, 2004, 118 Stat. 1986, authorized the Secretary of Defense to waive the collection of payments otherwise due for health benefits from certain persons described in subsec. (d) of this section who were unaware of the loss of eligibility to receive health benefits under such subsection and authorized a continuation of benefits for such persons during the period beginning on July 1, 1999, and ending on Dec. 31, 2004. Similar provisions were contained in the following prior authorization acts:

Pub. L. 105-261, div. A, title VII, Sec. 704, Oct. 17, 1998, 112 Stat. 2057.

Pub. L. 104-106, div. A, title VII, Sec. 743, Feb. 10, 1996, 110 Stat. 385.

Minimum Amount Payable For Services Provided Under This Section

Pub. L. 103-335, title VIII, Sec. 8052, Sept. 30, 1994, 108 Stat. 2629, provided that: "Notwithstanding any other provision of law, of the funds appropriated for the Defense Health Program during this fiscal year and hereafter, the amount payable for services provided under this section shall not be less than the amount calculated under the coordination of benefits reimbursement formula utilized when CHAMPUS is a secondary payor to medical insurance programs other than Medicare, and such appropriations as necessary shall be available (notwithstanding the last sentence of section 1086(c) of title 10, United States Code) to continue Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) benefits, until age 65, under such section for a former member of a uniformed service who is entitled to retired or retainer pay or equivalent pay, or a dependent of such a member, or any other beneficiary described by section 1086(c) of title 10, United States Code, who becomes eligible for hospital insurance benefits under part A of title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) [42 U.S.C. 1395c et seq.] solely on the grounds of physical disability, or end stage renal disease: Provided, That expenses under this section shall only be covered to the extent that such expenses are not covered under parts A and B of title XVIII of the Social Security Act [42 U.S.C. 1395c et seq., 1395j et seq.] and are otherwise covered under CHAMPUS: Provided further, That no reimbursement shall be made for services provided prior to October 1, 1991."

DHA Version - March 2009

10 USC Chapter 55 - Medical And Dental Care
§ 1086. Contracts for health benefits for certain members, former members, and their dependents

Authorization To Apply Section 1079 Payment Rules For Spouse And Children Of Member Who Dies While On Active Duty

Pub. L. 103-160, div. A, title VII, Sec. 704, Nov. 30, 1993, 107 Stat. 1687, provided that in the case of an eligible dependent of a member of a uniformed service who died while on active duty for a period of more than 30 days, the administering Secretary could apply the payment provisions set forth in section 1079(b) of this title (in lieu of the payment provisions set forth in section 1086(b) of this title), with respect to health benefits received by the dependent under such section 1086 in connection with an illness or medical condition for which the dependent was receiving treatment under chapter 55 of this title at time of death of the member, prior to repeal by Pub. L. 103-337, div. A, title VII, Sec. 707(d), Oct. 5, 1994, 108 Stat. 2801.

[Pub. L. 103-337, div. A, title VII, Sec. 707(d), Oct. 5, 1994, 108 Stat. 2801, provided in part that: "The repeal of such section [section 704 of Pub. L. 103-160, formerly set out above] shall not terminate the special payment rules provided in such section with respect to any person eligible for such payment rules on the date of the enactment of this Act [Oct. 5, 1994]."]

Coverage Of Care Provided Since September 30, 1991

Pub. L. 102-484, div. A, title VII, Sec. 705(b), Oct. 23, 1992, 106 Stat. 2433, provided that: "Subsection (d) of section 1086 of title 10, United States Code, as added by section 704(a) of the National Defense Authorization Act for Fiscal Years 1992 and 1993 (Public Law 102-190; 105 Stat. 1401) and amended by subsection (a) of this section, shall apply with respect to health care benefits or services received after September 30, 1991, by a person described in subsection (d)(2) of such section 1086 if such benefits or services would have been covered under a plan contracted for under such section 1086."

DHA Version - March 2009

10 USC Chapter 55 - Medical And Dental Care
§ 1091. Personal services contracts

“(b) A person with whom the Secretary contracts under this section for the provision of direct health care services under this chapter may be compensated at a rate prescribed by the Secretary concerned, but at a rate not greater than the rate of basic pay, special and incentive pays and bonuses, and allowances authorized by chapters 3, 5, and 7 of title 37 for a commissioned officer with comparable professional qualifications in pay grade O-6 with 26 or more years of service computed under section 205 of such title.”

1990—Subsec. (b). Pub. L. 101-510 substituted “basic pay, special and incentive pays and bonuses, and allowances authorized by chapters 3, 5, and 7 of title 37 for a commissioned officer with comparable professional qualifications” for “basic pay and allowances authorized by chapters 3 and 7 of title 37 for a commissioned officer”.

Effective Date Of 2002 Amendment

Amendment by Pub. L. 107-296 effective on the date of transfer of the Coast Guard to the Department of Homeland Security, see section 1704(g) of Pub. L. 107-296, set out as a note under section 101 of this title.

Effective Date Of 1996 Amendment

Pub. L. 104-106, div. A, title VII, Sec. 733(c), Feb. 10, 1996, 110 Stat. 381, provided that: “The amendments made by subsection (a) [amending this section] shall take effect as of October 1, 1995.”

Effective Date

Pub. L. 98-94, title IX, Sec. 932(f), Sept. 24, 1983, 97 Stat. 650, provided that: “The amendments made by this section [enacting this section, amending section 201 of Title 37, Pay and Allowances of the Uniformed Services, and repealing sections 4022 and 9022 of this title and section 421 of Title 37] shall take effect on October 1, 1983. Any contract of employment entered into under the authority of section 4022 or 9022 of title 10, United States Code, before the effective date of this section and which is in effect on such date shall remain in effect in accordance with the terms of such contract.”

Acquisition Strategy For Health Care Professional Staffing Services

Pub. L. 113-291, div. A, title VII, §725, Dec. 19, 2014, 128 Stat. 3418, provided that:

“(a) Acquisition Strategy.—

“(1) In general.—The Secretary of Defense shall develop and carry out an acquisition strategy with respect to entering into contracts for the services of health care professional staff at military medical treatment facilities.

“(2) Elements.—The acquisition strategy under paragraph (1) shall include the following:

“(A) Identification of the responsibilities of the military departments and elements of the Department of Defense in carrying out such strategy.

“(B) Methods to analyze, using reliable and detailed data covering the entire Department, the amount of funds expended on contracts for the services of health care professional staff.

“(C) Methods to identify opportunities to consolidate requirements for such services and reduce cost.

“(D) Methods to measure cost savings that are realized by using such contracts instead of purchased care.

“(E) Metrics to determine the effectiveness of such strategy.

DHA Version - March 2009

“(F) Metrics to evaluate the success of the strategy in achieving its objectives, including metrics to assess the effects of the strategy on the timeliness of beneficiary access to professional health care services in military medical treatment facilities.

“(G) Such other matters as the Secretary considers appropriate.

“(b) Report.—Not later than 180 days after the date of the enactment of this Act [Dec. 19, 2014], the Secretary shall submit to the congressional defense committees [Committees on Armed Services and Appropriations of the Senate and the House of Representatives] a report on the status of implementing the acquisition strategy under paragraph (1) of subsection (a), including how each element under subparagraphs (A) through (G) of paragraph (2) of such subsection is being carried out.”

Test Of Alternative Process For Conducting Medical Screenings For Enlistment Qualification

Pub. L. 105-261, div. A, title VII, Sec. 733(b), Oct. 17, 1998, 112 Stat. 2072, as amended by Pub. L. 106-65, div. A, title X, Sec. 1067(3), Oct. 5, 1999, 113 Stat. 774, directed the Secretary of Defense to conduct a test to determine whether an alternative to the system used by the Department of Defense of employing fee-basis physicians for determining the medical qualifications for enlistment of applicants for military service would reduce the number of disqualifying medical conditions detected during the initial entry training of such applicants, and whether an alternative system would meet or exceed the cost, responsiveness, and timeliness standards of the system in use or achieve any savings or cost avoidance, and to submit to committees of Congress a report on the results and findings of the test not later than Mar. 1, 2000.

Ratification Of Existing Contracts

Pub. L. 104-106, div. A, title VII, Sec. 733(b), Feb. 10, 1996, 110 Stat. 381, provided that: “Any exercise of authority under section 1091 of title 10, United States Code, to enter into a personal services contract on behalf of the Coast Guard before the effective date of the amendments made by subsection (a) [Oct. 1, 1995] is hereby ratified.”

Personal Service Contracts To Provide Care

Pub. L. 103-337, div. A, title VII, Sec. 704(c), Oct. 5, 1994, 108 Stat. 2799, as amended by Pub. L. 108-375, div. A, title VII, Sec. 717(a), Oct. 28, 2004, 118 Stat. 1986, provided that:

“(1) The Secretary of Defense may enter into personal service contracts under the authority of section 1091 of title 10, United States Code, with persons described in paragraph (2) to provide the services of clinical counselors, family advocacy program staff, and victim’s services representatives to members of the Armed Forces and covered beneficiaries who require such services. Notwithstanding subsection (a) of such section, such services may be provided in medical treatment facilities of the Department of Defense or elsewhere as determined appropriate by the Secretary.

“(2) The persons with whom the Secretary may enter into a personal services contract under this subsection shall include clinical social workers, psychologists, marriage and family therapists certified as such by a certification recognized by the Secretary of Defense, psychiatrists, and other comparable professionals who have advanced degrees in counseling or related academic disciplines and who meet all requirements for State licensure and board certification requirements, if any, within their fields of specialization.”

Report On Compensation By Medical Specialty

Pub. L. 103-160, div. A, title VII, Sec. 712(b), Nov. 30, 1993, 107 Stat. 1689, directed the Secretary of Defense to submit to Congress a report, not later than 30 days after the end of the 180-day period beginning on the date on which the Secretary had first used the authority provided under this section, as amended by Pub. L. 103-160, specifying the compensation provided to medical

10 USC Chapter 55 - Medical And Dental Care
§ 1091. Personal services contracts

specialists who had agreed to enter into personal services contracts under such section during that period, the extent to which amounts of compensation exceeded amounts previously provided, the total number and medical specialties of specialists serving during that period pursuant to such contracts, and the number of specialists who had received compensation in an amount in excess of the maximum which had been authorized under this section, as in effect on Nov. 29, 1993.

DHA Version - March 2009

10 USC Chapter 55 - Medical And Dental Care
§ 1095. Health care services incurred on behalf of covered beneficiaries: collection from third-party payers

(k)(1) To improve the administration of this section and sections 1079(j)(1)⁽¹⁾ and 1086(d) of this title, the Secretary of Defense, in consultation with the other administering Secretaries, may prescribe regulations providing for the collection of information regarding insurance, medical service, or health plans of third-party payers held by covered beneficiaries.

(2) The collection of information under regulations prescribed under paragraph (1) shall be conducted in the same manner as is provided in section 1862(b)(5) of the Social Security Act (42 U.S.C. 1395y(b)(5)). The Secretary may provide for obtaining from the Commissioner of Social Security employment information comparable to the information provided to the Administrator of the Centers for Medicare & Medicaid Services pursuant to such section. Such regulations may require the mandatory disclosure of Social Security account numbers for all covered beneficiaries.

(3) The Secretary may disclose relevant employment information collected under this subsection to fiscal intermediaries or other designated contractors.

(4) The Secretary may provide for contacting employers of covered beneficiaries to obtain group health plan information comparable to the information authorized to be obtained under section 1862(b)(5)(C) of the Social Security Act (42 U.S.C. 1395y(b)(5)(C)). Notwithstanding clause (iii) of such section, clause (ii) of such section regarding the imposition of civil money penalties shall apply to the collection of information under this paragraph.

(5) Information obtained under this subsection may not be disclosed for any purpose other than to carry out the purpose of this section and sections 1079(j)(1)⁽¹⁾ and 1086(d) of this title.

NOTES

Source

(Added Pub. L. 99-272, title II, Sec. 2001(a)(1), Apr. 7, 1986, 100 Stat. 100; amended Pub. L. 101-189, div. A, title VII, Sec. 727(a), title XVI, Sec. 1622(e)(5), Nov. 29, 1989, 103 Stat. 1480, 1605; Pub. L. 101-510, div. A, title VII, Sec. 713(a)-(d)(2), Nov. 5, 1990, 104 Stat. 1583, 1584; Pub. L. 102-25, title VII, Sec. 701(j)(8), Apr. 6, 1991, 105 Stat. 116; Pub. L. 102-190, div. A, title VII, Sec. 714, Dec. 5, 1991, 105 Stat. 1403; Pub. L. 103-160, div. A, title VII, Sec. 713, Nov. 30, 1993, 107 Stat. 1689; Pub. L. 103-337, div. A, title VII, Sec. 714(b), title X, Sec. 1070(b)(6), Oct. 5, 1994, 108 Stat. 2802, 2857; Pub. L. 104-106, div. A, title VII, Sec. 734, Feb. 10, 1996, 110 Stat. 381; Pub. L. 104-201, div. A, title VII, Sec. 735(a), (b), Sept. 23, 1996, 110 Stat. 2598; Pub. L. 106-65, div. A, title VII, Sec. 716(c)(1), Oct. 5, 1999, 113 Stat. 691; Pub. L. 107-314, div. A, title X, Sec. 1041(a)(5), Dec. 2, 2002, 116 Stat. 2645; Pub. L. 108-173, title IX, Sec. 900(e)(4)(B), Dec. 8, 2003, 117 Stat. 2373.)

References In Text

The Social Security Act, referred to in subsec. (d), is act Aug. 14, 1935, ch. 531, 49 Stat. 620, as amended. Titles XVIII and XIX of the Social Security Act are classified generally to subchapters XVIII (Sec. 1395 et seq.) and XIX (Sec. 1396 et seq.) of chapter 7 of Title 42, The Public Health and Welfare. For complete classification of this Act to the Code, see section 1305 of Title 42 and Tables. Public Law 87-693, referred to in subsec. (i)(2), is Pub. L. 87-693, Sept. 25, 1962, 76 Stat. 593, which is classified generally to chapter 32 (Sec. 2651 et seq.) of Title 42. For complete classification of this Act to the Code, see Tables.

DHA Version - March 2009

10 USC Chapter 55 - Medical And Dental Care
§ 1095. Health care services incurred on behalf of covered beneficiaries: collection from third-party payers

Section 1079(j) of this title, referred to in subsec. (k)(1), (5), was redesignated section 1079(i) of this title by Pub. L. 113-291, div. A, title VII, §703(a)(3), Dec. 19, 2014, 128 Stat. 3411.

Codification

Another section 1095 was renumbered section 1095a of this title.

Amendments

2003—Subsec. (k)(2). Pub. L. 108-173 substituted “Centers for Medicare & Medicaid Services” for “Health Care Financing Administration” in second sentence.

2002—Subsec. (g). Pub. L. 107-314 struck out par. (1) designation and par. (2) which read as follows: “Not later than February 15 of each year, the Secretary of Defense shall submit to Congress a report specifying for each facility of the uniformed services the amount credited to the facility under this subsection during the preceding fiscal year.”

1999—Subsec. (a)(1). Pub. L. 106-65, Sec. 716(c)(1)(A), substituted “reasonable charges for” for “the reasonable costs of”, “such charges” for “such costs”, and “a reasonable charge for” for “the reasonable cost of”.

Subsec. (g)(1). Pub. L. 106-65, Sec. 716(c)(1)(B), struck out “the costs of” after “any other payer for”.

Subsec. (h)(1). Pub. L. 106-65, Sec. 716(c)(1)(C), substituted “The term ‘third-party payer’ means an entity that provides an insurance, medical service, or health plan by contract or agreement, including an automobile liability insurance or no fault insurance carrier, and any other plan or program that is designed to provide compensation or coverage for expenses incurred by a beneficiary for health care services or products.” for “The term ‘third-party payer’ means an entity that provides an insurance, medical service, or health plan by contract or agreement, including an automobile liability insurance or no fault insurance carrier and a workers’ compensation program or plan.”

1996—Subsec. (g)(1). Pub. L. 104-201, Sec. 735(a), inserted “or through” after “provided at”.

Subsec. (h)(1). Pub. L. 104-201, Sec. 735(b)(1), inserted “and a workers’ compensation program or plan” after “insurance carrier”.

Subsec. (h)(2). Pub. L. 104-201, Sec. 735(b)(2), substituted “organization,” for “organization and” and inserted before period at end “, and a personal injury protection plan or medical payments benefit plan for personal injuries resulting from the operation of a motor vehicle”.

Subsec. (k). Pub. L. 104-106 added subsec. (k).

1994—Subsec. (b). Pub. L. 103-337, Sec. 714(b)(1), substituted “shall operate to prevent collection by the United States under subsection (a) if that care is provided—” and pars. (1) to (4) for “if that care is provided through a facility of the uniformed services shall operate to prevent collection by the United States under subsection (a).”

Subsec. (d). Pub. L. 103-337, Sec. 714(b)(2), inserted “and except as provided in subsection (j),” after “(b).”

Subsec. (g). Pub. L. 103-337, Sec. 1070(b)(6), made technical correction to directory language of Pub. L. 103-160, Sec. 713(a)(1). See 1993 Amendment note below.

Subsec. (h)(1). Pub. L. 103-337, Sec. 714(b)(3), inserted at end “Such term also includes entities described in subsection (j) under the terms and to the extent provided in such subsection.”

Subsec. (j). Pub. L. 103-337, Sec. 714(b)(4), added subsec. (j).

10 USC Chapter 55 - Medical And Dental Care
§ 1095. Health care services incurred on behalf of covered beneficiaries: collection from third-party payers

1993—Subsec. (g). Pub. L. 103-160, Sec. 713(c), designated existing provisions as par. (1) and added par. (2).

Pub. L. 103-160, Sec. 713(a)(2), inserted before period “and shall not be taken into consideration in establishing the operating budget of the facility”.

Pub. L. 103-160, Sec. 713(a)(1), as amended by Pub. L. 103-337, Sec. 1070(b)(6), inserted “or under any other provision of law from any other payer” after “third-party payer”.

Subsec. (h). Pub. L. 103-160, Sec. 713(b), inserted “a preferred provider organization and” after “includes” in par. (2) and added par. (3).

1991—Subsec. (a)(1). Pub. L. 102-25 inserted “a” before “covered beneficiary”.

Subsec. (i)(2). Pub. L. 102-190 struck out “or no fault insurance” before “carrier”.

1990—Pub. L. 101-510, Sec. 713(d)(2), substituted “Health care services incurred on behalf of covered beneficiaries: collection from third-party payers” for “Collection from third-party payers of reasonable inpatient hospital care costs incurred on behalf of retirees and dependents” in section catchline.

Subsec. (a)(1). Pub. L. 101-510, Sec. 713(d)(1)(A), substituted “covered beneficiary” for “covered by section 1074(b), 1076(a), or 1076(b) of this title”.

Pub. L. 101-510, Sec. 713(a)(1), substituted “health care services” for “inpatient hospital care”.

Subsec. (a)(2). Pub. L. 101-510, Sec. 713(d)(1)(B), substituted “covered beneficiary” for “person covered by section 1074(b), 1076(a), or 1076(b) of this title”.

Pub. L. 101-510, Sec. 713(a)(1), substituted “health care services” for “inpatient hospital care”.

Subsec. (c). Pub. L. 101-510, Sec. 713(a)(1), substituted “health care services” for “inpatient hospital care”.

Subsec. (f). Pub. L. 101-510, Sec. 713(a)(1), substituted “health care services” for “inpatient hospital care” in introductory provisions.

Subsec. (f)(2) to (4). Pub. L. 101-510, Sec. 713(b), added pars. (2) and (3) and redesignated former par. (2) as (4).

Subsec. (g). Pub. L. 101-510, Sec. 713(a)(1), substituted “health care services” for “inpatient hospital care”.

Subsecs. (h), (i). Pub. L. 101-510, Sec. 713(c), added subsecs. (h) and (i) and struck out former subsec. (h) which read as follows: “In this section, the term ‘third-party payer’ means an entity that provides an insurance, medical service, or health plan by contract or agreement.”

1989—Subsec. (g). Pub. L. 101-189, Sec. 727(a)(2), added subsec. (g). Former subsec. (g) redesignated (h).

Subsec. (h). Pub. L. 101-189, Sec. 1622(e)(5), which directed amendment of subsec. (g) by insertion of “the term” after “In this section,” was executed by making the insertion in subsec. (h) to reflect the probable intent of Congress and the intervening redesignation of subsec. (g) as (h) by Pub. L. 101-189, Sec. 727(a)(1), see below.

Pub. L. 101-189, Sec. 727(a)(1), redesignated subsec. (g) as (h).

Effective Date Of 1994 Amendment

Pub. L. 103-337, div. A, title X, Sec. 1070(b), Oct. 5, 1994, 108 Stat. 2856, provided that the amendment made by that section is effective as of Nov. 30, 1993, and as if included in the National Defense Authorization Act for Fiscal Year 1994, Pub. L. 103-160, as enacted.

DHA Version - March 2009

10 USC Chapter 55 - Medical And Dental Care
§ 1095. Health care services incurred on behalf of covered beneficiaries: collection from third-party payers

Effective Date Of 1990 Amendment

Pub. L. 101-510, div. A, title VII, Sec. 713(e), Nov. 5, 1990, 104 Stat. 1584, provided that: "The amendments made by subsection (a) [amending this section] shall apply with respect to health care services provided in a medical facility of the uniformed services after the date of the enactment of this Act [Nov. 5, 1990], but not with respect to collection under any insurance, medical service, or health plan agreement entered into before the date of the enactment of this Act that the Secretary of Defense determines clearly excludes payment for such services. Such an exception shall apply until the amendment or renewal of such agreement after that date."

Effective Date Of 1989 Amendment

Pub. L. 101-189, div. A, title VII, Sec. 727(b), Nov. 29, 1989, 103 Stat. 1480, provided that: "The amendment made by this section [amending this section] shall take effect on October 1, 1989, and shall apply to amounts collected under section 1095 of title 10, United States Code, on or after that date."

Effective Date

Pub. L. 99-272, title II, Sec. 2001(b), Apr. 7, 1986, 100 Stat. 101, provided that: "Section 1095 of title 10, United States Code, as added by subsection (a), shall apply with respect to inpatient hospital care provided after September 30, 1986, but only with respect to an insurance, medical service, or health plan agreement entered into, amended, or renewed on or after the date of the enactment of this Act [Apr. 7, 1986]."

Pilot Program On Increased Third-Party Collection Reimbursements In Military Medical Treatment Facilities

Pub. L. 113-66, div. A, title VII, Sec. 712, Dec. 26, 2013, 127 Stat. 793, provided that:

"(a) Pilot Program.—

"(1) In general.—The Secretary of Defense, in coordination with the Secretaries of the military departments, shall carry out a pilot program to demonstrate and assess the feasibility of implementing processes described in paragraph (2) to increase the amounts collected under section 1095 of title 10, United States Code, from a third-party payer for charges for health care services incurred by the United States at a military medical treatment facility.

"(2) Processes described.—The processes described in this paragraph are commercially available enhanced recovery practices for medical payment collection, including revenue-cycle management together with rates and percentages of collection in accordance with industry standards for such practices.

"(b) Requirements.—In carrying out the pilot program under subsection (a)(1), the Secretary shall—

"(1) identify and analyze the best practice option, including commercial best practices, with respect to the processes described in subsection (a)(2) that are used in nonmilitary health care facilities; and

"(2) conduct a cost-benefit analysis to assess measurable results of the pilot program, including an analysis of—

"(A) the different processes used in the pilot program;

"(B) the amount of third-party collections that resulted from such processes;

"(C) the cost to implement and sustain such processes; and

"(D) any other factors the Secretary determines appropriate to assess the pilot program.

"(c) Locations.—The Secretary shall carry out the pilot program under subsection (a)(1)—

10 USC Chapter 55 - Medical And Dental Care
§ 1095. Health care services incurred on behalf of covered beneficiaries: collection from third-party payers

“(1) at military installations that have a military medical treatment facility with inpatient and outpatient capabilities; and

“(2) at a number of such installations of different military departments that the Secretary determines sufficient to fully assess the results of the pilot program.

“(d) Duration.—The Secretary shall commence the pilot program under subsection (a)(1) by not later than 270 days after the date of the enactment of this Act [Dec. 26, 2013] and shall carry out such program for three years.

“(e) Report.—Not later than 180 days after completing the pilot program under subsection (a)(1), the Secretary shall submit to the congressional defense committees [Committees on Armed Services and Appropriations of the Senate and the House of Representatives] a report describing the results of the program, including—

“(1) a comparison of—

“(A) the processes described in subsection (a)(2) that were used in the military medical treatment facilities participating in the program; and

“(B) the third-party collection processes used by military medical treatment facilities not included in the program;

“(2) a cost analysis of implementing the processes described in subsection (a)(2) for third-party collections at military medical treatment facilities;

“(3) an assessment of the program, including any recommendations to improve third-party collections; and

“(4) an analysis of the methods employed by the military departments prior to the program with respect to collecting charges from third-party payers incurred at military medical treatment facilities, including specific data with respect to the dollar amount of third-party collections that resulted from each method used throughout the military departments.”

Footnote

⁽¹⁾ See References in Text note below.

DHA Version - March 2009

Future Availability Of TRICARE Prime Throughout The United States

Pub. L. 112-239, div. A, title VII, Sec. 732, Jan. 2, 2013, 126 Stat. 1816, as amended by Pub. L. 113-66, div. A, title VII, Sec. 701, Dec. 26, 2013, 127 Stat. 789; Pub. L. 113-291, div. A, title VII, §723, Dec. 19, 2014, 128 Stat. 3417, provided that:

“(a) Report Required.—

“(1) In general.—Not later than 90 days after the date of the enactment of this Act [Jan. 2, 2013], the Secretary of Defense shall submit to the Committees on Armed Services of the Senate and the House of Representatives a report setting forth the policy of the Department of Defense on the future availability of TRICARE Prime under the TRICARE program for eligible beneficiaries in all TRICARE regions throughout the United States.

“(2) Elements.—The report required by paragraph (1) shall include the following:

“(A) A description, by region, of the difference in availability of TRICARE Prime for eligible beneficiaries (other than eligible beneficiaries on active duty in the Armed Forces) under newly awarded TRICARE managed care contracts, including, in particular, an identification of the regions or areas in which TRICARE Prime will no longer be available for such beneficiaries under such contracts.

“(B) An estimate of the increased costs to be incurred by an affected eligible beneficiary for health care under the TRICARE program.

“(C) An estimate of the savings to be achieved by the Department as a result of the contracts described in subparagraph (A).

“(D) A description of the plans of the Department to continue to assess the impact on access to health care for affected eligible beneficiaries.

“(E) A description of the plan of the Department to provide assistance to affected eligible beneficiaries who are transitioning from TRICARE Prime to TRICARE Standard, including assistance with respect to identifying health care providers.

“(F) Any other matter the Secretary considers appropriate.

“(b) Additional Report.—

“(1) Report required.—Not later than 180 days after the date of the enactment of the Carl Levin and Howard P. ‘Buck’ McKeon National Defense Authorization Act for Fiscal Year 2015 [Dec. 19, 2014], the Secretary shall submit to the Committees on Armed Services of the Senate and the House of Representatives a report on the status of reducing the availability of TRICARE Prime in regions described in subsection (d)(1)(B).

“(2) Matters included.—The report under paragraph (1) shall include the following:

“(A) A description of the implementation of the transition for affected eligible beneficiaries under the TRICARE program who no longer have access to TRICARE Prime under TRICARE managed care contracts as of the date of the report, including—

“(i) the number of eligible beneficiaries who have transitioned from TRICARE Prime to the TRICARE Standard option of the TRICARE program since October 1, 2013;

“(ii) the number of eligible beneficiaries who transferred their TRICARE Prime enrollment to a more distant available Prime service area to remain in TRICARE Prime, by State;

“(iii) the number of eligible beneficiaries who were eligible to transfer to a more distant available Prime service area, but chose to use TRICARE Standard;

“(iv) the number of eligible beneficiaries who elected to return to TRICARE Prime pursuant to subsection (c)(1); and

“(v) the number of affected eligible beneficiaries who, as of the date of the report, changed residences to remain eligible for TRICARE Prime in a new region.

“(B) An estimate of the increased annual costs per affected eligible beneficiary incurred by such beneficiary for health care under the TRICARE program.

“(C) A description of the efforts of the Department to assess the impact on access to health care and beneficiary satisfaction for affected eligible beneficiaries.

“(D) A description of the estimated cost savings realized by reducing the availability of TRICARE Prime in regions described in subsection (d)(1)(B).

“(c) Access to TRICARE Prime.—

“(1) One-time election.—Subject to paragraph (3), the Secretary shall ensure that each affected eligible beneficiary who is enrolled in TRICARE Prime as of September 30, 2013, may make a one-time election to continue such enrollment in TRICARE Prime, notwithstanding that a contract described in subsection (a)(2)(A) does not allow for such enrollment based on the location in which such beneficiary resides. The beneficiary may continue such enrollment in TRICARE Prime so long as the beneficiary resides in the same ZIP code as the ZIP code in which the beneficiary resided at the time of such election.

“(2) Enrollment in caricature standard.—If an affected eligible beneficiary makes the one-time election under paragraph (1), the beneficiary may thereafter elect to enroll in TRICARE Standard at any time in accordance with a contract described in subsection (a)(2)(A).

“(3) Residence at time of election.—An affected eligible beneficiary may not make the one-time election under paragraph (1) if, at the time of such election, the beneficiary does not reside—

“(A) in a ZIP code that is in a region described in subsection (d)(1)(B); and

“(B) within 100 miles of a military medical treatment facility.

“(4) Network.—In continuing enrollment in TRICARE Prime pursuant to paragraph (1), the Secretary may determine whether to maintain a TRICARE network of providers in an area that is between 40 and 100 miles of a military medical treatment facility.

“(d) Definitions.—In this section:

“(1) The term ‘affectedness eligible beneficiary; means an eligible beneficiary under the TRICARE Program (other than eligible beneficiaries on active duty in the Armed Forces) who, as of the date of the enactment of this Act [Jan. 2, 2013]—

“(A) is enrolled in TRICARE Prime; and

“(B) resides in a region of the United States in which TRICARE Prime enrollment will no longer be available for such beneficiary under a contract described in subsection (a)(2)(A) that does not allow for such enrollment because of the location in which such beneficiary resides.

“(2) The term ‘TRICARE Prime’ means the managed care option of the TRICARE program.

“(3) The term ‘TRICARE program’ has the meaning given that term in section 1072(7) of title 10, United States Code.

“(4) The term ‘TRICARE Standard’ means the fee-for-service option of the TRICARE Program.”

[Pub. L. 113–291, div. A, title VII, §723(b), Dec. 19, 2014, 128 Stat. 3418, which directed amendment of subsec. (b)(3)(A) of section 723 of Pub. L. 112–239, set out above, by substituting “subsection (d)(1)(B)” for “subsection (c)(1)(B)”, was executed by making the substitution in subsec. (c)(3)(A) of Pub. L. 112–239, to reflect the probable intent of Congress and the prior amendment by section 723(a)(1) of Pub. L. 113–291, which redesignated subsec. (b) as (c).]

§ 1097c. TRICARE program: relationship with employer-sponsored group health plans

(a) Prohibition on Financial Incentives Not to Enroll in a Group Health Plan.—(1) Except as provided in this subsection, the provisions of section 1862(b)(3)(C) of the Social Security Act shall apply with respect to financial or other incentives for a TRICARE-eligible employee not to enroll (or to terminate enrollment) under a health plan which would (in the case of such enrollment) be a primary plan under sections 1079(j)(1)⁽¹⁾ and 1086(g) of this title in the same manner as such section 1862(b)(3)(C) applies to financial or other incentives for an individual entitled to benefits under title XVIII of the Social Security Act not to enroll (or to terminate enrollment) under a group health plan or a large group health plan which would (in the case of enrollment) be a primary plan (as defined in section 1862(b)(2)(A) of such Act).

(2)(A) The Secretary of Defense may by regulation adopt such additional exceptions to the prohibition referenced and applied under paragraph (1) as the Secretary deems appropriate and such paragraph (1) shall be implemented taking into account the adoption of such exceptions.

(B) The Secretary of Defense and the Secretary of Health and Human Services are authorized to enter into agreements for carrying out this subsection. Any such agreement shall provide that any expenses incurred by the Secretary of Health and Human Services pertaining to carrying out this subsection shall be reimbursed by the Secretary of Defense.

(C) Authorities of the Inspector General of the Department of Defense shall be available for oversight and investigations of responsibilities of employers and other entities under this subsection.

(D) Information obtained under section 1095(k) of this title may be used in carrying out this subsection in the same manner as information obtained under section 1862(b)(5) of the Social Security Act may be used in carrying out section 1862(b) of such Act.

(E) Any amounts collected in carrying out paragraph (1) shall be handled in accordance with section 1079a of this title.

(b) Election of TRICARE-Eligible Employees to Participate in Group Health Plan.—A TRICARE-eligible employee shall have the opportunity to elect to participate in the group health plan offered by the employer of the employee and receive primary coverage for health care services under the plan in the same manner and to the same extent as similarly situated employees of such employer who are not TRICARE-eligible employees.

(c) Inapplicability to Certain Employers.—The provisions of this section do not apply to any employer who has fewer than 20 employees.

(d) Retention of Eligibility for Coverage Under TRICARE.—Nothing in this section, including an election made by a TRICARE-eligible employee under subsection (b), shall be construed to affect,

10 USC Chapter 55 - Medical And Dental Care

§ 1097c. TRICARE program: relationship with employer-sponsored group health plans

modify, or terminate the eligibility of a TRICARE-eligible employee or spouse of such employee for health care or dental services under this chapter in accordance with the other provisions of this chapter.

(e) Outreach.—The Secretary of Defense shall, in coordination with the other administering Secretaries, conduct outreach to inform covered beneficiaries who are entitled to health care benefits under the TRICARE program of the rights and responsibilities of such beneficiaries and employers under this section.

(f) Definitions.—In this section:

(1) The term “employer” includes a State or unit of local government.

(2) The term “group health plan” means a group health plan (as that term is defined in section 5000(b)(1) of the Internal Revenue Code of 1986 without regard to section 5000(d) of the Internal Revenue Code of 1986).

(3) The term “TRICARE-eligible employee” means a covered beneficiary under section 1086 of this title entitled to health care benefits under the TRICARE program.

(g) Effective Date.—This section shall take effect on January 1, 2008.

NOTES

Source

(Added Pub. L. 109-364, div. A, title VII, Sec. 707(a), Oct. 17, 2006, 120 Stat. 2283.)

References In Text

Section 1079(j) of this title, referred to in subsec. (a)(1), was redesignated section 1079(i) of this title by Pub. L. 113-291, div. A, title VII, §703(a)(3), Dec. 19, 2014, 128 Stat. 3411.

The Social Security Act, referred to in subsec. (a)(1), is act Aug. 14, 1935, ch. 531, 49 Stat. 620, as amended. Title XVIII of the Act is classified generally to subchapter XVIII (Sec. 1395 et seq.) of chapter 7 of Title 42, The Public Health and Welfare. Section 1862 of the Act is classified to section 1395y of Title 42. For complete classification of this Act to the Code, see section 1305 of Title 42 and Tables.

Section 5000 of the Internal Revenue Code of 1986, referred to in subsec. (f)(2), is classified to section 5000 of Title 26, Internal Revenue Code.

Footnote

⁽¹⁾ See References in Text note below.

§ 1097d. TRICARE program: notice of change to benefits

(a) Provision of Notice.—(1) If the Secretary makes a significant change to any benefits provided by the TRICARE program to covered beneficiaries, the Secretary shall provide individuals described in paragraph (2) with notice explaining such changes.

(2) The individuals described by this paragraph are covered beneficiaries participating in the TRICARE program who may be affected by a significant change covered by a notification under paragraph (1).

(3) The Secretary shall provide notice under paragraph (1) through electronic means.

(b) Timing of Notice.—The Secretary shall provide notice under paragraph (1) of subsection (a) by the earlier of the following dates:

(1) The date that the Secretary determines would afford individuals described in paragraph (2) of such subsection adequate time to understand the change covered by the notification.

(2) The date that is 90 days before the date on which the change covered by the notification becomes effective.

(3) The effective date of a significant change that is required by law.

(c) Significant Change Defined.—In this section, the term “significant change” means a systemwide change—

(1) in the structure of the TRICARE program or the benefits provided under the TRICARE program (not including the addition of new services or benefits); or

(2) in beneficiary cost-share rates of more than 20 percent.

NOTES

Source

(Added Pub. L. 113–291, div. A, title VII, §711(a), Dec. 19, 2014, 128 Stat. 3413.)

§ 1105. Specialized treatment facility program

(a) Program Authorized.—The Secretary of Defense may conduct a specialized treatment facility program pursuant to regulations prescribed by the Secretary of Defense. The Secretary shall consult with the other administering Secretaries in prescribing regulations for the program and in conducting the program.

(b) Facilities Authorized To Be Used.—Under the specialized treatment facility program, the Secretary may designate health care facilities of the uniformed services and civilian health care facilities as specialized treatment facilities.

(c) Waiver of Nonemergency Health Care Restriction.—Under the specialized treatment facility program, the Secretary may waive, with regard to the provision of a particular service, the 40-mile radius restriction set forth in section 1079(a)(6) of this title if the Secretary determines that the use of a different geographical area restriction will result in a more cost-effective provision of the service.

(d) Civilian Facility Service Area.—For purposes of the specialized treatment facility program, the service area of a civilian health care facility designated pursuant to subsection (b) shall be comparable in size to the service areas of facilities of the uniformed services.

(e) Issuance of Nonavailability of Health Care Statements.—A covered beneficiary who resides within the service area of a specialized treatment facility designated under the specialized treatment facility program may be required to obtain a nonavailability of health care statement in the case of a specialized service offered by the facility in order for the covered beneficiary to receive the service outside of the program.

(f) Payment of Costs Related to Care in Specialized Treatment Facilities.—(1) Subject to paragraph (2), in connection with the treatment of a covered beneficiary under the specialized treatment facility program, the Secretary may provide the following benefits:

(A) Full or partial reimbursement of a member of the uniformed services for the reasonable expenses incurred by the member in transporting a covered beneficiary to or from a health care facility of the uniformed services or a civilian health care facility at which specialized health care services are provided pursuant to this chapter.

(B) Full or partial reimbursement of a person (including a member of the uniformed services) for the reasonable expenses of transportation, temporary lodging, and meals (not to exceed a per diem rate determined in accordance with implementing regulations) incurred by such person in accompanying a covered beneficiary as a nonmedical attendant to a health care facility referred to in subparagraph (A).

(C) In-kind transportation, lodging, or meals instead of reimbursements under subparagraph (A) or (B) for transportation, lodging, or meals, respectively.

10 USC Chapter 55 - Medical And Dental Care
§ 1105. Specialized treatment facility program

(2) The Secretary may make reimbursements for or provide transportation, lodging, and meals under paragraph (1) in the case of a covered beneficiary only if the total cost to the Department of Defense of doing so and of providing the health care in such case is less than the cost to the Department of providing the health care to the covered beneficiary by other means authorized under this chapter.

(g) Covered Beneficiary Defined.—In this section, the term “covered beneficiary” means a person covered under section 1079 or 1086 of this title.

NOTES

Source

(Added Pub. L. 102-190, div. A, title VII, Sec. 715(a), Dec. 5, 1991, 105 Stat. 1403; amended Pub. L. 103-160, div. A, title VII, Sec. 716(a)(1), Nov. 30, 1993, 107 Stat. 1691; Pub. L. 104-106, div. A, title VII, Sec. 706, Feb. 10, 1996, 110 Stat. 373; **Pub. L. 113–291, div. A, title VII, §703(c)(3), Dec. 19, 2014, 128 Stat. 3412.**)

Amendments

2014—Subsec. (c). Pub. L. 113–291 substituted “section 1079(a)(6)” for “section 1079(a)(7)”.

1996—Subsec. (h). Pub. L. 104-106 struck out subsec. (h) which read as follows: “Expiration of Program.—The Secretary may not carry out the specialized treatment facility program authorized by this section after September 30, 1995.”

1993—Pub. L. 103-160 substituted “Specialized treatment facility program” for “Issuance of nonavailability of health care statements” as section catchline and amended text generally. Prior to amendment, text read as follows: “In determining whether to issue a nonavailability of health care statement for any person entitled to health care in facilities of the uniformed services under this chapter, the commanding officer of such a facility may consider the availability of health care services for such person pursuant to any contract or agreement entered into under this chapter for the provision of health care services within the area served by that facility.”