

the Armed Forces, to continue to furnish the same chiropractic care in fiscal year 2000, to submit reports to Congress in 1995 and 1998 with a final report due Jan. 31, 2000, to establish an oversight advisory committee to assist and advise the Secretary with regard to the development and conduct of the demonstration program, and, not later than Mar. 31, 2000, to submit to Congress an implementation plan for the full integration of chiropractic health care services into the military health care system of the Department of Defense, including the TRICARE program, if the provision of such care was the Secretary's recommendation.

Pub. L. 98-525, title VI, § 632(b), Oct. 19, 1984, 98 Stat. 2543, provided that: "The Secretary of Defense, in consultation with the Secretary of Health and Human Services, shall conduct demonstration projects under section 1092 of title 10, United States Code, for the purpose of evaluating the cost-effectiveness of chiropractic care. In the conduct of such demonstration projects, chiropractic care (including manual manipulation of the spine and other routine chiropractic procedures authorized under joint regulations prescribed by the Secretary of Defense and the Secretary of Health and Human Services and not otherwise prohibited by law) may be provided as appropriate under chapter 55 of title 10, United States Code."

§ 1092a. Persons entering the armed forces: baseline health data

(a) PROGRAM REQUIRED.—The Secretary of Defense shall carry out a program—

(1) to collect baseline health data from each person entering the armed forces, at the time of entry into the armed forces; and

(2) to provide for computerized compilation and maintenance of the baseline health data.

(b) PURPOSES.—The program under this section shall be designed to achieve the following purposes:

(1) To facilitate understanding of how subsequent exposures related to service in the armed forces affect health.

(2) To facilitate development of early intervention and prevention programs to protect health and readiness.

(Added Pub. L. 108-375, div. A, title VII, § 733(a)(1), Oct. 28, 2004, 118 Stat. 1997.)

TIME FOR IMPLEMENTATION

Pub. L. 108-375, div. A, title VII, § 733(a)(3), Oct. 28, 2004, 118 Stat. 1998, provided that: "The Secretary of Defense shall implement the program required under section 1092a of title 10, United States Code (as added by paragraph (1)), not later than two years after the date of the enactment of this Act [Oct. 28, 2004]."

§ 1093. Performance of abortions: restrictions

(a) RESTRICTION ON USE OF FUNDS.—Funds available to the Department of Defense may not be used to perform abortions except where the life of the mother would be endangered if the fetus were carried to term or in a case in which the pregnancy is the result of an act of rape or incest.

(b) RESTRICTION ON USE OF FACILITIES.—No medical treatment facility or other facility of the Department of Defense may be used to perform an abortion except where the life of the mother would be endangered if the fetus were carried to term or in a case in which the pregnancy is the result of an act of rape or incest.

(Added Pub. L. 98-525, title XIV, § 1401(e)(5)(A), Oct. 19, 1984, 98 Stat. 2617; amended Pub. L.

104-106, div. A, title VII, § 738(a), (b)(1), Feb. 10, 1996, 110 Stat. 383; Pub. L. 112-239, div. A, title VII, § 704, Jan. 2, 2013, 126 Stat. 1800.)

PRIOR PROVISIONS

Provisions similar to those in subsec. (a) of this section were contained in the following appropriation acts:

Pub. L. 98-473, title I, § 101(h) [title VIII, § 8044], Oct. 12, 1984, 98 Stat. 1904, 1931.

Pub. L. 98-212, title VII, § 751, Dec. 8, 1983, 97 Stat. 1447.

Pub. L. 97-377, title I, § 101(c) [title VII, § 755], Dec. 21, 1982, 96 Stat. 1833, 1860.

Pub. L. 97-114, title VII, § 757, Dec. 29, 1981, 95 Stat. 1588.

Pub. L. 96-527, title VII, § 760, Dec. 15, 1980, 94 Stat. 3091.

Pub. L. 96-154, title VII, § 762, Dec. 21, 1979, 93 Stat. 1162.

Pub. L. 95-457, title VIII, § 863, Oct. 13, 1978, 92 Stat. 1254.

AMENDMENTS

2013—Subsec. (a). Pub. L. 112-239 inserted "or in a case in which the pregnancy is the result of an act of rape or incest" before period at end.

1996—Pub. L. 104-106, § 738(b)(1), amended section catchline generally, substituting "Performance of abortions: restrictions" for "Restrictions on use of funds for abortions".

Pub. L. 104-106, § 738(a), designated existing provisions as subsec. (a), inserted subsec. heading, and added subsec. (b).

EFFECTIVE DATE

Section effective Oct. 1, 1985, see section 1404 of Pub. L. 98-525, set out as a note under section 520b of this title.

PRIVATELY FUNDED ABORTIONS AT MILITARY HOSPITALS

Memorandum of the President of the United States, Jan. 22, 1993, 58 F.R. 6439, provided:

Memorandum for the Secretary of Defense

Section 1093 of title 10 of the United States Code prohibits the use of Department of Defense ("DOD") funds to perform abortions except where the life of a woman would be endangered if the fetus were carried to term. By memoranda of December 21, 1987, and June 21, 1988, DOD has gone beyond what I am informed are the requirements of the statute and has banned all abortions at U.S. military facilities, even where the procedure is privately funded. This ban is unwarranted. Accordingly, I hereby direct that you reverse the ban immediately and permit abortion services to be provided, if paid for entirely with non-DOD funds and in accordance with other relevant DOD policies and procedures.

You are hereby authorized and directed to publish this memorandum in the Federal Register.

WILLIAM J. CLINTON.

§ 1094. Licensure requirement for health-care professionals

(a)(1) A person under the jurisdiction of the Secretary of a military department may not provide health care independently as a health-care professional under this chapter unless the person has a current license to provide such care. In the case of a physician, the physician may not provide health care as a physician under this chapter unless the current license is an unrestricted license that is not subject to limitation on the scope of practice ordinarily granted to other physicians for a similar specialty by the jurisdiction that granted the license.