

(C) in the case of a person described in subsection (b)(3), except as provided in paragraph (4), the date which is 36 months after the later of—

- (i) the date on which the final decree of divorce, dissolution, or annulment occurs; and
- (ii) if applicable, the date the one-year extension of dependency under section 1072(2)(H) of this title expires; and

(D) in the case of a person described in subsection (b)(4), the date that is 36 months after the date on which the person loses entitlement to health care services as described in that subsection.

(2) Notwithstanding paragraph (1)(B), if a dependent of a member becomes eligible for continued coverage under subsection (b)(2) during a period of continued coverage of the member for self and dependents under this section, extended coverage of the dependent under this section may not extend beyond the date which is 36 months after the date the member became ineligible for medical and dental care under section 1074(a) of this title and any transitional health care under section 1145(a) of this title.

(3) Notwithstanding paragraph (1)(C), if a person becomes eligible for continued coverage under subsection (b)(3) as the former spouse of a member during a period of continued coverage of the member for self and dependents under this section, extended coverage of the former spouse under this section may not extend beyond the date which is 36 months after the date the member became ineligible for medical and dental care under section 1074(a) of this title and any transitional health care under section 1145(a) of this title.

(4)(A) Notwithstanding paragraph (1), in the case of a former spouse described in subparagraph (B), continued coverage under this section shall continue for such period as the former spouse may request.

(B) A former spouse referred to in subparagraph (A) is a former spouse of a member or former member (other than a former spouse whose marriage was dissolved after the separation of the member from the service unless such separation was by retirement)—

- (i) who has not remarried before age 55 after the marriage to the employee, former employee, or annuitant was dissolved;
- (ii) who was enrolled in an approved health benefits plan under this chapter as a family member at any time during the 18-month period before the date of the divorce, dissolution, or annulment; and
- (iii)(I) who is receiving any portion of the retired or retainer pay of the member or former member or an annuity based on the retired or retainer pay of the member; or

(II) for whom a court order (as defined in section 1408(a)(2) of this title) has been issued for payment of any portion of the retired or retainer pay or for whom a court order (as defined in section 1447(13) of this title) or a written agreement (whether voluntary or pursuant to a court order) provides for an election by the member or former member to provide an annuity to the former spouse.

(Added Pub. L. 102-484, div. D, title XLIV, § 4408(a)(1), Oct. 23, 1992, 106 Stat. 2708; amended

Pub. L. 103-35, title II, § 201(g)(1), May 31, 1993, 107 Stat. 99; Pub. L. 103-337, div. A, title VII, § 702(c), Oct. 5, 1994, 108 Stat. 2798; Pub. L. 104-201, div. A, title X, § 1074(a)(4), Sept. 23, 1996, 110 Stat. 2658; Pub. L. 105-85, div. A, title X, § 1073(a)(17), Nov. 18, 1997, 111 Stat. 1901; Pub. L. 108-136, div. A, title VII, § 713(a), Nov. 24, 2003, 117 Stat. 1530; Pub. L. 110-181, div. A, title VII, § 705, Jan. 28, 2008, 122 Stat. 189.)

AMENDMENTS

2008—Subsec. (b)(4). Pub. L. 110-181, § 705(a), added par. (4).

Subsec. (d)(4). Pub. L. 110-181, § 705(b), added par. (4).

Subsec. (g)(1)(D). Pub. L. 110-181, § 705(c), added subparagraph (D).

2003—Subsec. (b)(1), (2)(A), (3)(A). Pub. L. 108-136 substituted “uniformed services” for “armed forces”.

1997—Subsec. (g)(4)(B)(iii)(II). Pub. L. 105-85 substituted “section 1447(13)” for “section 1447(8)”.

1996—Subsec. (a). Pub. L. 104-201 substituted “The Secretary” for “Beginning on October 1, 1994, the Secretary”.

1994—Subsec. (b)(2)(A). Pub. L. 103-337, § 702(c)(1), inserted before semicolon “or ceases to meet the requirements for being considered an unmarried dependent under section 1072(2)(I) of this title”.

Subsec. (c)(3). Pub. L. 103-337, § 702(c)(2), substituted “dependent” for “child” in two places and “dependent’s” for “child’s” wherever appearing.

Subsec. (d)(2)(A). Pub. L. 103-337, § 702(c)(3), substituted “a dependent” for “a child” in introductory provisions, “the dependent” for “the child” in cls. (i) and (ii), and “a dependent under subparagraph (D) or (I) of section 1072(2) of this title;” for “an unmarried dependent child under section 1072(2)(D) of this title,” in cl. (i).

Subsec. (d)(2)(B). Pub. L. 103-337, § 702(c)(4), substituted “dependent’s” for “child’s” and “dependent” for “child”.

Subsec. (g)(1)(B). Pub. L. 103-337, § 702(c)(5), substituted “a dependent under subparagraph (D) or (I) of section 1072(2) of this title” for “an unmarried dependent child under section 1072(2)(D) of this title”.

Subsec. (g)(2). Pub. L. 103-337, § 702(c)(6), substituted “dependent” for “child” in two places.

1993—Subsec. (b)(3)(C). Pub. L. 103-35, § 201(g)(1)(A), substituted “subparagraph” for “subparagraphs” after “member under”.

Subsec. (d)(2)(A). Pub. L. 103-35, § 201(g)(1)(B), inserted “under” after “coverage”.

EFFECTIVE DATE OF 2003 AMENDMENT

Pub. L. 108-136, div. A, title VII, § 713(b), Nov. 24, 2003, 117 Stat. 1531, provided that: “The amendments made by subsection (a) [amending this section] shall apply to members of the uniformed services who are not otherwise covered by section 1078a of title 10, United States Code, before the date of the enactment of this Act [Nov. 24, 2003] and who, on or after such date, first meet the eligibility criteria specified in subsection (b) of that section.”

§ 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 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 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 of the uniformed services or dependent whom the Secretary determines is under similar circumstances as a 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.

(Added Pub. L. 112–81, div. A, title VII, §704(a), Dec. 31, 2011, 125 Stat. 1472.)

EFFECTIVE DATE

Pub. L. 112–81, div. A, title VII, §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].”

§ 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) 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.

(7) Services in connection with non-emergency 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.

(8) 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.

(9) Special education may not be provided, except when provided as secondary to the active psychiatric treatment on an institutional inpatient basis.

(10) Therapy or counseling for sexual dysfunctions or sexual inadequacies may not be provided.

(11) Treatment of obesity may not be provided if obesity is the sole or major condition treated.

(12) 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;