

graph is a member of the armed forces, civilian employee of the Department of Defense, personal services contractor under section 1091 of this title, or other health-care professional credentialed and privileged at a Federal health care institution or location specially designated by the Secretary for this purpose who—

(A) has a current license to practice medicine, osteopathic medicine, dentistry, or another health profession; and

(B) is performing authorized duties for the Department of Defense.

(3) A health-care professional referred to in paragraph (1) as being described in this paragraph is a member of the National Guard who—

(A) has a current license to practice medicine, osteopathic medicine, dentistry, or another health profession; and

(B) is performing training or duty under section 502(f) of title 32 in response to an actual or potential disaster.

(e) In this section:

(1) The term “license”—

(A) means a grant of permission by an official agency of a State, the District of Columbia, or a Commonwealth, territory, or possession of the United States to provide health care independently as a health-care professional; and

(B) includes, in the case of such care furnished in a foreign country by any person who is not a national of the United States, a grant of permission by an official agency of that foreign country for that person to provide health care independently as a health-care professional.

(2) The term “health-care professional” means a physician, dentist, clinical psychologist, marriage and family therapist certified as such by a certification recognized by the Secretary of Defense, or nurse and any other person providing direct patient care as may be designated by the Secretary of Defense in regulations.

(Added Pub. L. 99-145, title VI, § 653(a)(1), Nov. 8, 1985, 99 Stat. 657; amended Pub. L. 99-661, div. A, title XIII, § 1343(a)(5), Nov. 14, 1986, 100 Stat. 3992; Pub. L. 101-189, div. A, title VI, § 653(e)(1), title XVI, § 1622(e)(3), Nov. 29, 1989, 103 Stat. 1463, 1605; Pub. L. 105-85, div. A, title VII, § 737, Nov. 18, 1997, 111 Stat. 1814; Pub. L. 105-261, div. A, title VII, § 734(a), Oct. 17, 1998, 112 Stat. 2072; Pub. L. 108-375, div. A, title VII, § 717(b), Oct. 28, 2004, 118 Stat. 1986; Pub. L. 111-383, div. A, title VII, § 713, Jan. 7, 2011, 124 Stat. 4247; Pub. L. 112-81, div. A, title VII, § 713(a), Dec. 31, 2011, 125 Stat. 1476.)

AMENDMENTS

2011—Subsec. (d)(1). Pub. L. 112-81, § 713(a)(1), inserted “at any location” before “in any State” and substituted “regardless of where such health-care professional or the patient are located, so long as the practice is within the scope of the authorized Federal duties.” for “regardless of whether the practice occurs in a health care facility of the Department of Defense, a civilian facility affiliated with the Department of Defense, or any other location authorized by the Secretary of Defense.”

Pub. L. 111-383, § 713(1), inserted “or (3)” after “paragraph (2)”.

Subsec. (d)(2). Pub. L. 112-81, § 713(a)(2), substituted “member of the armed forces, civilian employee of the

Department of Defense, personal services contractor under section 1091 of this title, or other health-care professional credentialed and privileged at a Federal health care institution or location specially designated by the Secretary for this purpose” for “member of the armed forces”.

Pub. L. 111-383, § 713(2), inserted “as being described in this paragraph” after “paragraph (1)” in introductory provisions.

Subsec. (d)(3). Pub. L. 111-383, § 713(3), added par. (3).
2004—Subsec. (e)(2). Pub. L. 108-375 inserted “marriage and family therapist certified as such by a certification recognized by the Secretary of Defense,” after “psychologist.”

1998—Subsec. (a)(1). Pub. L. 105-261 inserted at end “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.”

1997—Subsecs. (d), (e). Pub. L. 105-85 added subsec. (d) and redesignated former subsec. (d) as (e).

1989—Subsec. (c)(2). Pub. L. 101-189, § 653(e)(1), substituted “subsections (c) and (e) through (h)” for “subsections (b) and (d) through (g)”.

Subsec. (d)(1). Pub. L. 101-189, § 1622(e)(3)(A), substituted “The term ‘license’ for ‘License’ in introductory provisions.

Subsec. (d)(2). Pub. L. 101-189, § 1622(e)(3)(B), substituted “The term ‘health-care’ for ‘Health-care’.”

1986—Subsec. (d)(2). Pub. L. 99-661 realigned margin of par. (2) to conform to margin of par. (1).

EFFECTIVE DATE OF 1998 AMENDMENT

Pub. L. 105-261, div. A, title VII, § 734(c)(1), Oct. 17, 1998, 112 Stat. 2073, provided that: “The amendment made by subsection (a) [amending this section] shall take effect on October 1, 1999.”

EFFECTIVE DATE

Pub. L. 99-145, title VI, § 653(b), Nov. 8, 1985, 99 Stat. 658, provided that: “Section 1094 of title 10, United States Code, as added by subsection (a), does not apply during the three-year period beginning on the date of the enactment of this Act [Nov. 8, 1985] with respect to the provision of health care by any person who on the date of the enactment of this Act is a member of the Armed Forces.”

REGULATIONS

Pub. L. 112-81, div. A, title VII, § 713(b), Dec. 31, 2011, 125 Stat. 1476, provided that: “The Secretary of Defense shall prescribe regulations to carry out the amendments made by this section [amending this section].”

§ 1094a. Continuing medical education requirements: system for monitoring physician compliance

The Secretary of Defense shall establish a mechanism for ensuring that each person under the jurisdiction of the Secretary of a military department who provides health care under this chapter as a physician satisfies the continuing medical education requirements applicable to the physician.

(Added Pub. L. 105-261, div. A, title VII, § 734(b)(1), Oct. 17, 1998, 112 Stat. 2073.)

IMPLEMENTATION

Pub. L. 105-261, div. A, title VII, § 734(c)(2), Oct. 17, 1998, 112 Stat. 2073, provided that: “The system required by section 1094a of title 10, United States Code (as added by subsection (b)), shall take effect on the date that is three years after the date of the enactment of this Act [Oct. 17, 1998].”

JOINT PILOT PROGRAM FOR PROVIDING GRADUATE
MEDICAL EDUCATION AND TRAINING FOR PHYSICIANS

Pub. L. 107-314, div. A, title VII, §725(a)–(d), Dec. 2, 2002, 116 Stat. 2599, provided that:

“(a) IN GENERAL.—The Secretary of Defense and the Secretary of Veterans Affairs shall jointly carry out a pilot program under which graduate medical education and training is provided to military physicians and physician employees of the Department of Defense and the Department of Veterans Affairs through one or more programs carried out in military medical treatment facilities of the Department of Defense and medical centers of the Department of Veterans Affairs. The pilot program shall begin not later than January 1, 2003.

“(b) COST-SHARING AGREEMENT.—The Secretaries shall enter into an agreement for carrying out the pilot program. The agreement shall establish means for each Secretary to assist in paying the costs, with respect to individuals under the jurisdiction of that Secretary, incurred by the other Secretary in providing medical education and training under the pilot program.

“(c) USE OF EXISTING AUTHORITIES.—To carry out the pilot program, the Secretary of Defense and the Secretary of Veterans Affairs may use authorities provided to them under this subtitle [subtitle C (§§721–726) of title VII of div. A of Pub. L. 107-314, amending section 1104 of this title and sections 8110 and 8111 of Title 38, Veterans’ Benefits, enacting provisions set out as notes under section 1074g of this title and sections 8110 and 8111 of Title 38, and repealing provisions set out as a note under this section], section 8111 of title 38, United States Code (as amended by section 721(a)), and other laws relating to the furnishing or support of medical education and the cooperative use of facilities.

“(d) TERMINATION OF PROGRAM.—The pilot program under this section shall terminate on July 31, 2008.”

JOINT DOD-VA PILOT PROGRAM FOR PROVIDING GRADUATE
MEDICAL EDUCATION AND TRAINING FOR PHYSICIANS

Pub. L. 107-107, div. A, title VII, §738, Dec. 28, 2001, 115 Stat. 1173, authorized a pilot program providing graduate medical education and training for physicians to be carried out jointly by the Secretary of Defense and the Secretary of Veterans Affairs, prior to repeal by Pub. L. 107-314, div. A, title VII, §725(e), Dec. 2, 2002, 116 Stat. 2599.

§ 1095. Health care services incurred on behalf of covered beneficiaries: collection from third-party payers

(a)(1) In the case of a person who is a covered beneficiary, the United States shall have the right to collect from a third-party payer reasonable charges for health care services incurred by the United States on behalf of such person through a facility of the uniformed services to the extent that the person would be eligible to receive reimbursement or indemnification from the third-party payer if the person were to incur such charges on the person’s own behalf. If the insurance, medical service, or health plan of that payer includes a requirement for a deductible or copayment by the beneficiary of the plan, then the amount that the United States may collect from the third-party payer is a reasonable charge for the care provided less the appropriate deductible or copayment amount.

(2) A covered beneficiary may not be required to pay an additional amount to the United States for health care services by reason of this section.

(b) No provision of any insurance, medical service, or health plan contract or agreement

having the effect of excluding from coverage or limiting payment of charges for certain care shall operate to prevent collection by the United States under subsection (a) if that care is provided—

(1) through a facility of the uniformed services;

(2) directly or indirectly by a governmental entity;

(3) to an individual who has no obligation to pay for that care or for whom no other person has a legal obligation to pay; or

(4) by a provider with which the third party payer has no participation agreement.

(c) Under regulations prescribed under subsection (f), records of the facility of the uniformed services that provided health care services to a beneficiary of an insurance, medical service, or health plan of a third-party payer shall be made available for inspection and review by representatives of the payer from which collection by the United States is sought.

(d) Notwithstanding subsections (a) and (b), and except as provided in subsection (j), collection may not be made under this section in the case of a plan administered under title XVIII or XIX of the Social Security Act (42 U.S.C. 1395 et seq.).

(e)(1) The United States may institute and prosecute legal proceedings against a third-party payer to enforce a right of the United States under this section.

(2) The administering Secretary may compromise, settle, or waive a claim of the United States under this section.

(f) The Secretary of Defense, in consultation with the other administering Secretaries, shall prescribe regulations for the administration of this section. Such regulations shall provide for computation of the reasonable cost of health care services. Computation of such reasonable cost may be based on—

(1) per diem rates;

(2) all-inclusive per visit rates;

(3) diagnosis-related groups; or

(4) such other method as may be appropriate.

(g) Amounts collected under this section from a third-party payer or under any other provision of law from any other payer for health care services provided at or through a facility of the uniformed services shall be credited to the appropriation supporting the maintenance and operation of the facility and shall not be taken into consideration in establishing the operating budget of the facility.

(h) In this section:

(1) 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. Such term also includes entities described in subsection (j) under the terms and to the extent provided in such subsection.

(2) The term “insurance, medical service, or health plan” includes a preferred provider organization, an insurance plan described as