

respect to medical and dental care provided on or after the date of the enactment of this Act [Oct. 30, 2000].”

§ 1074i. Reimbursement for certain travel expenses

(a) IN GENERAL.—In any case in which a covered beneficiary is referred by a primary care physician to a specialty care provider who provides services more than 100 miles from the location in which the primary care provider provides services to the covered beneficiary, the Secretary of Defense shall provide travel and transportation allowances as specified in regulations prescribed under section 464 of title 37 for the covered beneficiary and, when accompaniment by an adult is necessary, for a parent or guardian of the covered beneficiary or another member of the covered beneficiary’s family who is at least 21 years of age.

(b) ALLOWABLE TRAVEL AND TRANSPORTATION UNDER EXCEPTIONAL CIRCUMSTANCES.—The Secretary of Defense may provide travel and transportation allowances as specified in the regulations referred to in subsection (a) for travel of members of the armed forces on active duty and their dependents, and accompaniment, to a specialty care provider not otherwise authorized by subsection (a) under such exceptional circumstances as the Secretary considers appropriate for purposes of this section.

(c) OUTREACH PROGRAM AND TRAVEL REIMBURSEMENT FOR FOLLOW-ON SPECIALTY CARE AND RELATED SERVICES.—The Secretary concerned shall ensure that an outreach program is implemented for each member of the uniformed services who incurred a combat-related disability and is entitled to retired or retainer pay, or equivalent pay, so that—

(1) the progress of the member is closely monitored; and

(2) the member receives the travel reimbursement authorized by subsection (a) whenever the member requires follow-on specialty care, services, or supplies.

(d) DEFINITIONS.—In this section:

(1) The term “specialty care provider” includes a dental specialist.

(2) The term “dental specialist” means an oral surgeon, orthodontist, prosthodontist, periodontist, endodontist, or pediatric dentist, and includes such other providers of dental care and services as determined appropriate by the Secretary of Defense.

(3) The term “combat-related disability” has the meaning given that term in section 1413a of this title.

(Added Pub. L. 106-398, §1 [[div. A], title VII, §758(a)], Oct. 30, 2000, 114 Stat. 1654, 1654A-199; amended Pub. L. 107-107, div. A, title VII, §706, Dec. 28, 2001, 115 Stat. 1163; Pub. L. 108-136, div. A, title VII, §712, Nov. 24, 2003, 117 Stat. 1530; Pub. L. 110-181, div. A, title XVI, §1632(a), (b), Jan. 28, 2008, 122 Stat. 458, 459; Pub. L. 111-84, div. A, title VI, §634, Oct. 28, 2009, 123 Stat. 2363; Pub. L. 113-66, div. A, title VI, §621(d), Dec. 26, 2013, 127 Stat. 784.)

AMENDMENTS

2013—Subsec. (a). Pub. L. 113-66, §621(d)(1), substituted “travel and transportation allowances as spec-

ified in regulations prescribed under section 464 of title 37” for “reimbursement for reasonable travel expenses”.

Subsec. (b). Pub. L. 113-66, §621(d)(2), substituted “ALLOWABLE TRAVEL AND TRANSPORTATION UNDER EXCEPTIONAL CIRCUMSTANCES.—The Secretary of Defense may provide travel and transportation allowances as specified in the regulations referred to in subsection (a) for” for “REIMBURSEMENT FOR TRAVEL UNDER EXCEPTIONAL CIRCUMSTANCES.—The Secretary of Defense may provide reimbursement for reasonable travel expenses of”.

2009—Subsec. (a). Pub. L. 111-84, §634(b), inserted “of Defense” after “the Secretary”.

Subsecs. (b) to (d). Pub. L. 111-84, §634(a), added subsec. (b) and redesignated former subsecs. (b) and (c) as (c) and (d), respectively.

2008—Subsecs. (b), (c). Pub. L. 110-181, §1632(a), added subsec. (b) and redesignated former subsec. (b) as (c).

Subsec. (c)(3). Pub. L. 110-181, §1632(b), added par. (3).

2003—Pub. L. 108-136 inserted “(a) IN GENERAL.—” before “In any case” and added subsec. (b).

2001—Pub. L. 107-107 inserted before period at end “and, when accompaniment by an adult is necessary, for a parent or guardian of the covered beneficiary or another member of the covered beneficiary’s family who is at least 21 years of age”.

EFFECTIVE DATE OF 2008 AMENDMENT

Pub. L. 110-181, div. A, title XVI, §1632(c), Jan. 28, 2008, 122 Stat. 459, provided that: “Subsection (b) of section 1074i of title 10, United States Code, as added by subsection (a)(2), shall apply with respect to travel described in subsection (a) of such section that occurs on or after January 1, 2008, for follow-on specialty care, services, or supplies.”

§ 1074j. Sub-acute care program

(a) ESTABLISHMENT.—The Secretary of Defense shall establish an effective, efficient, and integrated sub-acute care benefits program under this chapter (hereinafter referred to in this section as the “program”). Except as otherwise provided in this section, the types of health care authorized under the program shall be the same as those provided under section 1079 of this title. The Secretary, after consultation with the other administering Secretaries, shall promulgate regulations to carry out this section.

(b) BENEFITS.—(1) The program shall include a uniform skilled nursing facility benefit that shall be provided in the manner and under the conditions described in section 1861 (h) and (i) of the Social Security Act (42 U.S.C. 1395x (h) and (i)), except that the limitation on the number of days of coverage under section 1812 (a) and (b) of such Act (42 U.S.C. 1395d (a) and (b)) shall not be applicable under the program. Skilled nursing facility care for each spell of illness shall continue to be provided for as long as medically necessary and appropriate.

(2) In this subsection:

(A) The term “skilled nursing facility” has the meaning given such term in section 1819(a) of the Social Security Act (42 U.S.C. 1395i-3(a)).

(B) The term “spell of illness” has the meaning given such term in section 1861(a) of such Act (42 U.S.C. 1395x(a)).

(3) The program shall include a comprehensive, part-time or intermittent home health care benefit that shall be provided in the manner and under the conditions described in section 1861(m) of the Social Security Act (42 U.S.C. 1395x(m)).

(4) The Secretary of Defense may take such actions as are necessary to ensure that there is

an effective transition in the furnishing of part-time or intermittent home health care benefits for covered beneficiaries who were receiving such benefits before the establishment of the program under this section. The actions taken under this paragraph may include the continuation of such benefits on an extended basis for such time as the Secretary determines appropriate.

(Added Pub. L. 107-107, div. A, title VII, § 701(a)(1), Dec. 28, 2001, 115 Stat. 1158; amended Pub. L. 108-375, div. A, title VII, § 713, Oct. 28, 2004, 118 Stat. 1985.)

AMENDMENTS

2004—Subsec. (b)(4). Pub. L. 108-375 added par. (4).

§ 1074k. Long-term care insurance

Provisions regarding long-term care insurance for members and certain former members of the uniformed services and their families are set forth in chapter 90 of title 5.

(Added Pub. L. 107-107, div. A, title VII, § 701(f)(1), Dec. 28, 2001, 115 Stat. 1161.)

§ 1074l. Notification to Congress of hospitalization of combat wounded members

(a) NOTIFICATION REQUIRED.—The Secretary concerned shall provide notification of the hospitalization of any member of the armed forces evacuated from a theater of combat and admitted to a military treatment facility within the United States to the appropriate Members of Congress.

(b) APPROPRIATE MEMBERS.—In this section, the term “appropriate Members of Congress”, with respect to the member of the armed forces about whom notification is being made, means the Senators representing the State, and the Member, Delegate, or Resident Commissioner of the House of Representatives representing the district, that includes the member’s home of record or a different location as provided by the member.

(c) CONSENT OF MEMBER REQUIRED.—The notification under subsection (a) may be provided only with the consent of the member of the armed forces about whom notification is to be made. In the case of a member who is unable to provide consent, information and consent may be provided by next of kin.

(Added Pub. L. 110-181, div. A, title XVI, § 1617(a)(1), Jan. 28, 2008, 122 Stat. 449.)

EFFECTIVE DATE OF 2008 AMENDMENT

Pub. L. 110-181, div. A, title XVI, § 1617(a)(2), Jan. 28, 2008, 122 Stat. 449, provided that: “The notification requirement under section 1074l(a) of title 10, United States Code, as added by paragraph (1), shall apply beginning 60 days after the date of the enactment of this Act [Jan. 28, 2008].”

§ 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—

(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