

(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.

(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.

(Added Pub. L. 112-81, div. A, title VII, §702(a)(1), Dec. 31, 2011, 125 Stat. 1469; amended Pub. L. 112-239, div. A, title VII, §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”.

## REGULATIONS

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

### § 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.

(Added Pub. L. 113–291, div. A, title VII, § 701(a)(1), Dec. 19, 2014, 128 Stat. 3408.)

#### 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.”

### § 1075. TRICARE Select

(a) **ESTABLISHMENT.**—(1) Not later than January 1, 2018, the Secretary of Defense shall establish a self-managed, preferred-provider network option under the TRICARE program. Such option shall be known as “TRICARE Select”.

(2) The Secretary shall establish TRICARE Select in all areas. Under TRICARE Select, eligible beneficiaries will not have restrictions on the freedom of choice of the beneficiary with respect to health care providers.

(b) **ENROLLMENT ELIGIBILITY.**—(1) The beneficiary categories for purposes of eligibility to enroll in TRICARE Select and cost-sharing requirements applicable to such category are as follows:

(A) An “active-duty family member” category that consists of beneficiaries who are covered by section 1079 of this title (as dependents of active duty members).

(B) A “retired” category that consists of beneficiaries covered by subsection (c) of section 1086 of this title, other than Medicare-eligible beneficiaries described in subsection (d)(2) of such section.

(C) A “reserve and young adult” category that consists of beneficiaries who are covered by—

- (i) section 1076d of this title;
- (ii) section 1076e; or
- (iii) section 1110b.

(2) A covered beneficiary who elects to participate in TRICARE Select shall enroll in such option under section 1099 of this title.

(c) **COST-SHARING REQUIREMENTS.**—The cost-sharing requirements under TRICARE Select are as follows:

(1) With respect to beneficiaries in the active-duty family member category or the retired category by reason of being a member or former member of the uniformed services who originally enlists or is appointed in the uniformed services on or after January 1, 2018, or by reason of being a dependent of such a member, the cost-sharing requirements shall be calculated pursuant to subsection (d)(1).

(2)(A) Except as provided by subsection (e), with respect to beneficiaries described in subparagraph (B) in the active-duty family member category or the retired category, the cost-sharing requirements shall be calculated as if the beneficiary were enrolled in TRICARE Extra or TRICARE Standard as if TRICARE Extra or TRICARE Standard, as the case may be, were still being carried out by the Secretary.

(B) Beneficiaries described in this subparagraph are beneficiaries who are eligible to enroll in the TRICARE program by reason of being a member or former member of the uniformed services who originally enlists or is appointed in the uniformed services before January 1, 2018, or by reason of being a dependent of such a member.

(3) With respect to beneficiaries in the reserve and young adult category, the cost-sharing requirements shall be calculated pursuant to subsection (d)(1) as if the beneficiary were in the active-duty family member category or the retired category, as applicable, except that the premiums calculated pursuant to section 1076d, 1076e, or 1110b of this title, as the case may be, shall apply instead of any enrollment fee required under this section.

(d) **COST-SHARING AMOUNTS FOR CERTAIN BENEFICIARIES.**—(1) Beneficiaries described in subsection (c)(1) enrolled in TRICARE Select shall be subject to cost-sharing requirements in accordance with the amounts and percentages under the following table during calendar year 2018 and as such amounts are adjusted under paragraph (2) for subsequent years:

<b>TRICARE Select</b>	<b>Active-Duty Family Member (Individual/Family)</b>	<b>Retired (Individual/Family)</b>
<b>Annual Enrollment</b>	\$0	\$450 / \$900
<b>Annual deductible</b>	E4 & below: \$50 / \$100 E5 & above: \$150 / \$300	\$150 / \$300 Network \$300 / \$600 out of network
<b>Annual catastrophic cap</b>	\$1,000	\$3,500
<b>Outpatient visit civilian network</b>	\$15 primary care \$25 specialty care  Out of network: 20%	\$25 primary care \$40 specialty care  25% of <sup>1</sup> out of network
<b>ER visit civilian network</b>	\$40 network 20% out of network	\$80 network 25% out of network