

(b) PUBLICATION OF DATA ON PATIENT SAFETY, QUALITY OF CARE, SATISFACTION, AND HEALTH OUTCOME MEASURES.—(1) The Secretary of Defense shall publish on a publically available Internet website of the Department of Defense data on all measures that the Secretary considers appropriate that are used by the Department to assess patient safety, quality of care, patient satisfaction, and health outcomes for health care provided under the TRICARE program at each military medical treatment facility. Such data shall include the core quality performance metrics adopted by the Secretary under section 728 of the National Defense Authorization Act for Fiscal Year 2017.

(2) The Secretary shall publish an update to the data published under paragraph (1) not less frequently than once each quarter during each fiscal year.

(3) The Secretary may not include data relating to risk management activities of the Department in any publication under paragraph (1) or update under paragraph (2).

(4) The Secretary shall ensure that the data published under paragraph (1) and updated under paragraph (2) is accessible to the public through the primary Internet website of the Department and the primary Internet website of the military medical treatment facility with respect to which such data applies.

(Added Pub. L. 108-375, div. A, title VII, §739(a)(1), Oct. 28, 2004, 118 Stat. 2001; amended Pub. L. 114-92, div. A, title VII, §712, Nov. 25, 2015, 129 Stat. 864; Pub. L. 114-328, div. A, title VII, §728(b)(1), Dec. 23, 2016, 130 Stat. 2234; Pub. L. 115-91, div. A, title X, §§1051(a)(5), 1081(d)(3), Dec. 12, 2017, 131 Stat. 1560, 1600.)

REFERENCES IN TEXT

Section 728 of the National Defense Authorization Act for Fiscal Year 2017, referred to in subsec. (b)(1), is section 728 of Pub. L. 114-328, which amended this section and enacted provisions set out as notes under section 1071 of this title.

AMENDMENTS

2017—Pub. L. 115-91, §1081(d)(3), amended directory language of Pub. L. 114-328, §728(b)(1). See 2016 Amendment notes below.

Subsecs. (a) to (c). Pub. L. 115-91, §1051(a)(5), redesignated subsecs. (b) and (c) as (a) and (b), respectively, and struck out former subsec. (a) which related to annual report on the Force Health Protection Quality Assurance Program.

2016—Pub. L. 114-328, §728(b)(1)(B), as amended by Pub. L. 115-91, §1081(d)(3), inserted “and publication of certain data” after “reports” in section catchline. Amendment was executed as the probable intent of Congress, notwithstanding directory language amending the section heading of section “1073b(c)”.

Subsec. (c)(1). Pub. L. 114-328, §728(b)(1)(A), as amended by Pub. L. 115-91, §1081(d)(3), substituted “The Secretary” for “Not later than 180 days after the date of the enactment of the National Defense Authorization Act for Fiscal Year 2016, the Secretary” and inserted at end “Such data shall include the core quality performance metrics adopted by the Secretary under section 728 of the National Defense Authorization Act for Fiscal Year 2017.”

2015—Subsec. (c). Pub. L. 114-92 added subsec. (c).

EFFECTIVE DATE OF 2017 AMENDMENT

Pub. L. 115-91, div. A, title X, §1081(d), Dec. 12, 2017, 131 Stat. 1599, provided that the amendment made by

section 1081(d)(3) is effective as of Dec. 23, 2016, and as if included in Pub. L. 114-328 as enacted.

INCLUSION OF DENTAL CARE

For purposes of amendment by Pub. L. 108-375 adding this section, references to medical readiness, health status, and health care to be considered to include dental readiness, dental status, and dental care, see section 740 of Pub. L. 108-375, set out as a note under section 1074 of this title.

INITIAL REPORTS

Pub. L. 108-375, div. A, title VII, §739(a)(3), Oct. 28, 2004, 118 Stat. 2002, directed that the first reports under this section be completed not later than 180 days after Oct. 28, 2004.

§ 1073c. Administration of Defense Health Agency and military medical treatment facilities

(a) ADMINISTRATION OF MILITARY MEDICAL TREATMENT FACILITIES.—(1) Beginning October 1, 2018, the Director of the Defense Health Agency shall be responsible for the administration of each military medical treatment facility, including with respect to—

- (A) budgetary matters;
- (B) information technology;
- (C) health care administration and management;
- (D) administrative policy and procedure;
- (E) military medical construction; and
- (F) any other matters the Secretary of Defense determines appropriate.

(2) The military commander or director of each military medical treatment facility shall be responsible for—

- (A) ensuring the readiness of the members of the armed forces and civilian employees at such facility; and
- (B) furnishing the health care and medical treatment provided at such facility.

(3) The Secretary of Defense shall establish within the Defense Health Agency a professional staff to provide policy, oversight, and direction to carry out subsection (a). The Secretary shall carry out this paragraph by appointing the positions specified in subsections (b) and (c).

(4) If the Secretary of Defense determines it appropriate, a military director (or any other senior military officer or officers) of a military medical treatment facility may be a commanding officer for purposes of chapter 47 of this title (the Uniform Code of Military Justice) with respect to military personnel assigned to the military medical treatment facility.

(b) DHA ASSISTANT DIRECTOR.—(1) There is in the Defense Health Agency an Assistant Director for Health Care Administration. The Assistant Director shall—

- (A) be a career appointee within the Department; and
- (B) report directly to the Director of the Defense Health Agency.

(2) The Assistant Director shall be appointed from among individuals who have equivalent education and experience as a chief executive officer leading a large, civilian health care system.

(3) The Assistant Director shall be responsible for the following:

- (A) Establishing priorities for health care administration and management.

(B) Establishing policies, procedures, and direction for the provision of direct care at military medical treatment facilities.

(C) Establishing priorities for budgeting matters with respect to the provision of direct care at military medical treatment facilities.

(D) Establishing policies, procedures, and direction for clinic management and operations at military medical treatment facilities.

(E) Establishing priorities for information technology at and between the military medical treatment facilities.

(c) DHA DEPUTY ASSISTANT DIRECTORS.—(1)(A) There is in the Defense Health Agency a Deputy Assistant Director for Information Operations.

(B) The Deputy Assistant Director for Information Operations shall be responsible for policies, management, and execution of information technology operations at and between the military medical treatment facilities.

(2)(A) There is in the Defense Health Agency a Deputy Assistant Director for Financial Operations.

(B) The Deputy Assistant Director for Financial Operations shall be responsible for the policy, procedures, and direction of budgeting matters and financial management with respect to the provision of direct care across the military health system.

(3)(A) There is in the Defense Health Agency a Deputy Assistant Director for Health Care Operations.

(B) The Deputy Assistant Director for Health Care Operations shall be responsible for the policy, procedures, and direction of health care administration in the military medical treatment facilities.

(4)(A) There is in the Defense Health Agency a Deputy Assistant Director for Medical Affairs.

(B) The Deputy Assistant Director for Medical Affairs shall be responsible for policy, procedures, and direction of clinical quality and process improvement, patient safety, infection control, graduate medical education, clinical integration, utilization review, risk management, patient experience, and civilian physician recruiting.

(5) Each Deputy Assistant Director appointed under paragraphs (1) through (4) shall report directly to the Assistant Director for Health Care Administration.

(d) CERTAIN RESPONSIBILITIES OF DHA DIRECTOR.—(1) In addition to the other duties of the Director of the Defense Health Agency, the Director shall coordinate with the Joint Staff Surgeon to ensure that the Director most effectively carries out the responsibilities of the Defense Health Agency as a combat support agency under section 193 of this title.

(2) The responsibilities of the Director shall include the following:

(A) Ensuring that the Defense Health Agency meets the operational needs of the commanders of the combatant commands.

(B) Coordinating with the military departments to ensure that the staffing at the military medical treatment facilities supports readiness requirements for members of the armed forces and health care personnel.

(e) DEFINITIONS.—In this section:

(1) The term “career appointee” has the meaning given that term in section 3132(a)(4) of title 5.

(2) The term “Defense Health Agency” means the Defense Agency established pursuant to Department of Defense Directive 5136.13, or such successor Defense Agency.

(Added Pub. L. 114-328, div. A, title VII, §702(a)(1), Dec. 23, 2016, 130 Stat. 2193; amended Pub. L. 115-91, div. A, title VII, §713, title X, §1081(a)(23), Dec. 12, 2017, 131 Stat. 1437, 1595.)

AMENDMENTS

2017—Subsec. (a)(1)(E). Pub. L. 115-91, §713(1), 1081(a)(23), amended subpar. (E) identically, substituting “military” for “miliary”.

Subsec. (a)(2). Pub. L. 115-91, §713(2), substituted “military commander or director” for “commander” in introductory provisions.

Subsec. (a)(4). Pub. L. 115-91, §713(3), added par. (4).

SELECTION OF MILITARY COMMANDERS AND DIRECTORS OF MILITARY MEDICAL TREATMENT FACILITIES

Pub. L. 115-91, div. A, title VII, §722, Dec. 12, 2017, 131 Stat. 1441, provided that:

“(a) IN GENERAL.—Not later than January 1, 2019, the Secretary of Defense, in consultation with the Secretaries of the military departments, shall establish the common qualifications and core competencies required for an individual to serve as a military commander or director of a military medical treatment facility.

“(b) OBJECTIVE.—The objective of the Secretary under this section shall be to ensure that each individual selected to serve as a military commander or director of a military medical treatment facility is highly qualified to serve as health system executive.

“(c) STANDARDS.—In establishing common qualifications and core competencies under subsection (a), the Secretary shall include standards with respect to the following:

“(1) Professional competence.

“(2) Moral and ethical integrity and character.

“(3) Formal education in health care executive leadership and in health care management.

“(4) Such other matters the Secretary determines to be appropriate.”

APPOINTMENTS

Pub. L. 114-328, div. A, title VII, §702(c), Dec. 23, 2016, 130 Stat. 2196, provided that: “The Secretary of Defense shall make appointments of the positions under section 1073c of title 10, United States Code, as added by subsection (a)—

“(1) by not later than October 1, 2018; and

“(2) by not increasing the number of full-time equivalent employees of the Defense Health Agency.”

§ 1073d. Military medical treatment facilities

(a) IN GENERAL.—To support the medical readiness of the armed forces and the readiness of medical personnel, the Secretary of Defense, in consultation with the Secretaries of the military departments, shall maintain the military medical treatment facilities described in subsections (b), (c), and (d).

(b) MEDICAL CENTERS.—(1) The Secretary of Defense shall maintain medical centers in areas with a large population of members of the armed forces and covered beneficiaries.

(2) Medical centers shall serve as referral facilities for members and covered beneficiaries who require comprehensive health care services that support medical readiness.

(3) Medical centers shall consist of the following: