

(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; amended Pub. L. 115–91, div. A, title VII, §706(b), Dec. 12, 2017, 131 Stat. 1436.)

AMENDMENTS

2017—Subsec. (a). Pub. L. 115–91 inserted “(and before separation from active duty pursuant to section 1145(a)(5)(A) of this title)” after “each calendar year” in introductory provisions.

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.”

§ 1074o. Provision of hyperbaric oxygen therapy for certain members

(a) IN GENERAL.—The Secretary may furnish hyperbaric oxygen therapy available at a military medical treatment facility to a covered member if such therapy is prescribed by a physician to treat post-traumatic stress disorder or traumatic brain injury.

(b) COVERED MEMBER DEFINED.—In this section, the term “covered member” means a member of the armed forces who is—

(1) serving on active duty; and

(2) diagnosed with post-traumatic stress disorder or traumatic brain injury.

(Added Pub. L. 115–91, div. A, title VII, §703(a)(1), Dec. 12, 2017, 131 Stat. 1435.)

EFFECTIVE DATE

Pub. L. 115–91, div. A, title VII, §703(b), Dec. 12, 2017, 131 Stat. 1435, provided that: “The amendments made by subsection (a) [enacting this section] shall take effect 90 days after the date of the enactment of this Act [Dec. 12, 2017].”

§ 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 en-