

(1) a member of a reserve component on active duty pursuant to a call or order to active duty for a period of more than 30 days; or

(2) a member of the National Guard on full-time National Guard duty pursuant to a call or order to full-time National Guard duty for a period of more than 30 days.

(b) **ELIGIBLE DEPENDENT.**—As used in this section, the term “eligible dependent” means a dependent described in subparagraph (A), (D), or (I) of section 1072(2) of this title.

(Added Pub. L. 106–65, div. A, title VII, §714(a), Oct. 5, 1999, 113 Stat. 689; amended Pub. L. 106–398, §1 [[div. A], title X, §1087(a)(7)], Oct. 30, 2000, 114 Stat. 1654, 1654A–290; Pub. L. 108–375, div. A, title VII, §704, Oct. 28, 2004, 118 Stat. 1983.)

#### AMENDMENTS

2004—Subsec. (a). Pub. L. 108–375 substituted “more than 30 days” for “less than one year” in pars. (1) and (2).

2000—Subsec. (b). Pub. L. 106–398 substituted “subparagraph” for “subparagraphs”.

#### § 1095e. TRICARE program: beneficiary counseling and assistance coordinators

(a) **ESTABLISHMENT OF POSITIONS.**—The Secretary of Defense shall require in regulations that—

(1) each lead agent under the TRICARE program—

(A) designate a person to serve full-time as a beneficiary counseling and assistance coordinator for beneficiaries under the TRICARE program;

(B) designate for each of the TRICARE program regions at least one person (other than a person designated under subparagraph (A)) to serve full-time as a beneficiary counseling and assistance coordinator solely for members of the reserve components and their dependents who are beneficiaries under the TRICARE program; and

(C) provide for toll-free telephone communication between such beneficiaries and the beneficiary counseling and assistance coordinator; and

(2) the commander of each military medical treatment facility under this chapter designate a person to serve, as a primary or collateral duty, as beneficiary counseling and assistance coordinator for beneficiaries under the TRICARE program served at that facility.

(b) **DUTIES.**—The Secretary shall prescribe the duties of the position of beneficiary counseling and assistance coordinator in the regulations required by subsection (a).

(Added Pub. L. 106–65, div. A, title VII, §715(a)(1), Oct. 5, 1999, 113 Stat. 690; amended Pub. L. 108–136, div. A, title VII, §707, Nov. 24, 2003, 117 Stat. 1529.)

#### AMENDMENTS

2003—Subsec. (a)(1). Pub. L. 108–136 added subpar. (B) and redesignated former subpar. (B) as (C).

#### DEADLINE FOR INITIAL DESIGNATIONS

Pub. L. 106–65, div. A, title VII, §715(b), Oct. 5, 1999, 113 Stat. 690, directed that each beneficiary counseling

and assistance coordinator required under the regulations described in subsec. (a) of this section be designated not later than Jan. 15, 2000.

#### § 1095f. TRICARE program: referrals and preauthorizations under TRICARE Prime

(a) **REFERRALS.**—(1) Except as provided by paragraph (2), a beneficiary enrolled in TRICARE Prime shall be required to obtain a referral for care through a designated primary care manager (or other care coordinator) prior to obtaining care under the TRICARE program.

(2) The Secretary may waive the referral requirement in paragraph (1) in such circumstances as the Secretary may establish for purposes of this subsection.

(3) The cost-sharing amounts for a beneficiary enrolled in TRICARE Prime who does not obtain a referral for care under paragraph (1) (or a waiver pursuant to paragraph (2) for such care) shall be determined under section 1075a(c) of this title.

(b) **PREAUTHORIZATION.**—A beneficiary enrolled in TRICARE Prime shall be required to obtain preauthorization only with respect to a referral for the following:

(1) Inpatient hospitalization.

(2) Inpatient care at a skilled nursing facility.

(3) Inpatient care at a rehabilitation facility.

(4) Inpatient care at a residential treatment center.

(c) **PROHIBITION REGARDING PRIOR AUTHORIZATION FOR CERTAIN REFERRALS.**—The Secretary of Defense shall ensure that no contract for managed care support under the TRICARE program includes any requirement that a managed care support contractor require a primary care or specialty care provider to obtain prior authorization before referring a patient to a specialty care provider that is part of the network of health care providers or institutions of the contractor.

(Added Pub. L. 106–398, §1 [[div. A], title VII, §728(a)(1)], Oct. 30, 2000, 114 Stat. 1654, 1654A–189; amended Pub. L. 114–328, div. A, title VII, §701(c), Dec. 23, 2016, 130 Stat. 2186; Pub. L. 115–91, div. A, title VII, §739(e)(1), Dec. 12, 2017, 131 Stat. 1447.)

#### AMENDMENTS

2017—Subsec. (b)(4). Pub. L. 115–91 added par. (4).

2016—Pub. L. 114–328 amended section generally. Prior to amendment, text read as follows: “The Secretary of Defense shall ensure that no contract for managed care support under the TRICARE program includes any requirement that a managed care support contractor require a primary care or specialty care provider to obtain prior authorization before referring a patient to a specialty care provider that is part of the network of health care providers or institutions of the contractor.”

#### EFFECTIVE DATE OF 2016 AMENDMENT

Amendment by Pub. L. 114–328 applicable with respect to the provision of health care under the TRICARE program beginning on Jan. 1, 2018, see section 701(k) of Pub. L. 114–328, set out as a note under section 1072 of this title.

#### EFFECTIVE DATE

Pub. L. 106–398, §1 [[div. A], title VII, §728(c)], Oct. 30, 2000, 114 Stat. 1654, 1654A–189, provided that: “Section