

(1) the medical and dental care under this chapter that is appropriate for the treatment of the injury, illness, or disease until the injury, illness, disease, or any resulting disability cannot be materially improved by further hospitalization or treatment; and

(2) meals during hospitalization.

(c) EXCEPTION FOR GROSS NEGLIGENCE OR MISCONDUCT.—A person is not entitled to benefits under subsection (b) for an injury, illness, or disease, or the aggravation of an injury, illness, or disease that is a result of the gross negligence or the misconduct of that person.

(Added Pub. L. 108-375, div. A, title V, §555(a)(1), Oct. 28, 2004, 118 Stat. 1913.)

PRIOR PROVISIONS

A prior section 1074b, added Pub. L. 102-190, div. A, title VI, §640(a)(2), Dec. 5, 1991, 105 Stat. 1385; amended Pub. L. 104-106, div. A, title XV, §1501(c)(10), Feb. 10, 1996, 110 Stat. 499, which related to transitional medical and dental care for members on active duty in support of contingency operations, was repealed by Pub. L. 107-107, div. A, title VII, §736(c)(1), (d), Dec. 28, 2001, 115 Stat. 1173, with provision that the section, as in effect before Dec. 28, 2001, was to continue to apply to a member of the Armed Forces who was released from active duty in support of a contingency operation before that date.

Another prior section 1074b was renumbered section 1074c of this title.

§ 1074c. Medical care: authority to provide a wig

A person entitled to medical care under this chapter who has alopecia resulting from the treatment of a malignant disease may be furnished a wig if the person has not previously been furnished one at the expense of the United States.

(Added Pub. L. 98-525, title XIV, §1401(e)(2)(A), Oct. 19, 1984, 98 Stat. 2616, §1074b; renumbered §1074c, Pub. L. 102-190, div. A, title VI, §640(a)(1), Dec. 5, 1991, 105 Stat. 1385.)

PRIOR PROVISIONS

Provisions similar to those in this section were contained in the following appropriation acts:

Pub. L. 98-473, title I, §101(h)[title VIII, §8033], Oct. 12, 1984, 98 Stat. 1904, 1929.

Pub. L. 98-212, title VII, §739, Dec. 8, 1983, 97 Stat. 1445.

Pub. L. 97-377, title I, §101(c)[title VII, §742], Dec. 21, 1982, 96 Stat. 1833, 1858.

Pub. L. 97-114, title VII, §743, Dec. 29, 1981, 95 Stat. 1586.

Pub. L. 96-527, title VII, §744, Dec. 15, 1980, 94 Stat. 3089.

AMENDMENTS

1991—Pub. L. 102-190 renumbered section 1074b of this title as this section.

EFFECTIVE DATE

Section effective Oct. 1, 1985, see section 1404 of Pub. L. 98-525, set out as a note under section 520b of this title.

§ 1074d. Certain primary and preventive health care services

(a) SERVICES AVAILABLE.—(1) Female members and former members of the uniformed services entitled to medical care under section 1074 or

1074a of this title shall also be entitled to primary and preventive health care services for women as part of such medical care. The services described in paragraphs (1) and (2) of subsection (b) shall be provided under such procedures and at such intervals as the Secretary of Defense shall prescribe.

(2) Male members and former members of the uniformed services entitled to medical care under section 1074 or 1074a of this title shall also be entitled to preventive health care screening for colon or prostate cancer at such intervals and using such screening methods as the administering Secretaries consider appropriate.

(b) DEFINITION.—In this section, the term “primary and preventive health care services for women” means health care services, including related counseling services, provided to women with respect to the following:

(1) Cervical cancer screening.

(2) Breast cancer screening.

(3) Comprehensive obstetrical and gynecological care, including care related to pregnancy and the prevention of pregnancy.

(4) Infertility and sexually transmitted diseases, including prevention.

(5) Menopause, including hormone replacement therapy and counseling regarding the benefits and risks of hormone replacement therapy.

(6) Physical or psychological conditions arising out of acts of sexual violence.

(7) Gynecological cancers.

(8) Colon cancer screening, at the intervals and using the screening methods prescribed under subsection (a)(2).

(Added Pub. L. 103-160, div. A, title VII, §701(a)(1), Nov. 30, 1993, 107 Stat. 1685; amended Pub. L. 104-201, div. A, title VII, §701(a)(1), (2)(A), Sept. 23, 1996, 110 Stat. 2587; Pub. L. 109-364, div. A, title VII, §703(a), Oct. 17, 2006, 120 Stat. 2279.)

AMENDMENTS

2006—Subsec. (a)(1). Pub. L. 109-364, §703(a)(1), inserted at end “The services described in paragraphs (1) and (2) of subsection (b) shall be provided under such procedures and at such intervals as the Secretary of Defense shall prescribe.”

Subsec. (b)(1). Pub. L. 109-364, §703(a)(2)(A), substituted “Cervical cancer screening” for “Papanicolaou tests (pap smear)”.

Subsec. (b)(2). Pub. L. 109-364, §703(a)(2)(B), substituted “Breast cancer screening” for “Breast examinations and mammography”.

1996—Pub. L. 104-201, §701(a)(2)(A), amended catchline generally, substituting “Certain primary and preventive health care services” for “Primary and preventive health care services for women”.

Subsec. (a). Pub. L. 104-201, §701(a)(1)(A), designated existing provisions as par. (1) and added par. (2).

Subsec. (b)(8). Pub. L. 104-201, §701(a)(1)(B), added par. (8).

EXPEDITED EVALUATION AND TREATMENT FOR PRENATAL SURGERY UNDER THE TRICARE PROGRAM

Pub. L. 115-91, div. A, title VII, §708, Dec. 12, 2017, 131 Stat. 1436, provided that:

“(a) IN GENERAL.—The Secretary of Defense shall implement processes and procedures to ensure that a covered beneficiary under the TRICARE program whose pregnancy is complicated with (or suspected of complication with) a fetal condition may elect to receive expedited evaluation, nondirective counseling, and

medical treatment from a perinatal or pediatric specialist capable of providing surgical management and intervention in utero.

“(b) DEFINITIONS.—In this section, the terms ‘covered beneficiary’ and ‘TRICARE program’ have the meanings given those terms in section 1072 of title 10, United States Code.”

COMPREHENSIVE STANDARDS AND ACCESS TO CONTRACEPTION COUNSELING FOR MEMBERS OF THE ARMED FORCES

Pub. L. 114-92, div. A, title VII, §718, Nov. 25, 2015, 129 Stat. 868, provided that:

“(a) CLINICAL PRACTICE GUIDELINES.—

“(1) ESTABLISHMENT.—Not later than one year after the date of the enactment of this Act [Nov. 25, 2015], the Secretary of Defense shall establish clinical practice guidelines for health care providers employed by the Department of Defense on standards of care with respect to methods of contraception and counseling on methods of contraception for members of the Armed Forces.

“(2) UPDATES.—The Secretary shall from time to time update the clinical practice guidelines established under paragraph (1) to incorporate into such guidelines new or updated standards of care with respect to methods of contraception and counseling on methods of contraception.

“(b) DISSEMINATION.—

“(1) INITIAL DISSEMINATION.—As soon as practicable, but commencing not later than one year after the date of the enactment of this Act, the Secretary shall provide for rapid dissemination of the clinical practice guidelines to health care providers described in subsection (a)(1).

“(2) DISSEMINATION OF UPDATES.—As soon as practicable after each update to the clinical practice guidelines made by the Secretary pursuant to paragraph (2) of subsection (a), the Secretary shall provide for the rapid dissemination of such updated clinical practice guidelines to health care providers described in paragraph (1) of such subsection.

“(3) PROTOCOLS.—The Secretary shall disseminate the clinical practice guidelines under paragraph (1) and any updates to such guidelines under paragraph (2) in accordance with administrative protocols developed by the Secretary for such purpose.

“(c) ACCESS TO CONTRACEPTION COUNSELING.—As soon as practicable after the date of the enactment of this Act, the Secretary shall ensure that women members of the Armed Forces have access to comprehensive counseling on the full range of methods of contraception provided by health care providers described in subsection (a)(1) during health care visits, including visits as follows:

“(1) During predeployment health care visits, including counseling that provides specific information women need regarding the interaction between anticipated deployment conditions and various methods of contraception.

“(2) During health care visits during deployment.

“(3) During annual physical examinations.”

DEFENSE WOMEN’S HEALTH RESEARCH PROGRAM

Pub. L. 103-337, div. A, title II, §241, Oct. 5, 1994, 108 Stat. 2701, provided that:

“(a) CONTINUATION OF PROGRAM.—The Secretary of Defense shall continue the Defense Women’s Health Research Program established in fiscal year 1994 pursuant to the authority in section 251 of the National Defense Authorization Act for Fiscal Year 1994 (Public Law 103-160; 107 Stat. 1606) [set out below]. The program shall continue to serve as the coordinating agent for multi-disciplinary and multi-institutional research within the Department of Defense on women’s health issues related to service in the Armed Forces. The program also shall continue to coordinate with research supported by other Federal agencies that is aimed at improving the health of women.

“(b) PARTICIPATION BY ALL MILITARY DEPARTMENTS.—The Departments of the Army, Navy, and Air Force shall each participate in the activities under the program.

“(c) ARMY TO BE EXECUTIVE AGENT.—The Secretary of Defense shall designate the Secretary of the Army to be the executive agent for administering the program.

“(d) IMPLEMENTATION PLAN.—If the Secretary of Defense intends to change the plan for the implementation of the program previously submitted to the Committees on Armed Services of the Senate and House of Representatives, the amended plan shall be submitted to such committees before implementation.

“(e) PROGRAM ACTIVITIES.—The program shall include the following activities regarding health risks and health care for women in the Armed Forces:

“(1) The coordination and support activities described in section 251 of Public Law 103-160 [set out below].

“(2) Epidemiologic research regarding women deployed for military operations, including research on patterns of illness and injury, environmental and occupational hazards (including exposure to toxins), side-effects of pharmaceuticals used by women so deployed, psychological stress associated with military training, deployment, combat and other traumatic incidents, and other conditions of life, and human factor research regarding women so deployed.

“(3) Development of a data base to facilitate long-term research studies on issues related to the health of women in military service, and continued development and support of a women’s health information clearinghouse to serve as an information resource for clinical, research, and policy issues affecting women in the Armed Forces.

“(4) Research on policies and standards issues, including research supporting the development of military standards related to training, operations, deployment, and retention and the relationship between such activities and factors affecting women’s health.

“(5) Research on interventions having a potential for addressing conditions of military service that adversely affect the health of women in the Armed Forces.

“(f) FUNDING.—Of the amount authorized to be appropriated pursuant to section 201 [108 Stat. 2690], \$40,000,000 shall be available for the Defense Women’s Health Research Program referred to in subsection (a).”

Pub. L. 103-160, div. A, title II, §251, Nov. 30, 1993, 107 Stat. 1606, provided that:

“(a) AUTHORITY TO ESTABLISH CENTER.—The Secretary of Defense may establish a Defense Women’s Health Research Center (hereinafter in this section referred to as the ‘Center’) at an existing Department of Defense medical center to serve as the coordinating agent for multidisciplinary and multi-institutional research within the Department of Defense on women’s health issues related to service in the Armed Forces. The Secretary shall determine whether or not to establish the Center not later than May 1, 1994. If established, the Center shall also coordinate with research supported by the Department of Health and Human Services and other agencies that is aimed at improving the health of women.

“(b) SUPPORT OF RESEARCH.—The Center shall support health research into matters relating to the service of women in the military, including the following matters:

“(1) Combat stress and trauma.

“(2) Exposure to toxins and other environmental hazards associated with military equipment.

“(3) Psychology related stress in warfare situations.

“(4) Mental health, including post-traumatic stress disorder and depression.

“(5) Human factor studies related to women in combat areas.

“(c) COMPETITION REQUIREMENT RELATING TO ESTABLISHMENT OF CENTER.—The Center may be established

only pursuant to a competition among existing Department of Defense medical centers.

“(d) IMPLEMENTATION PLAN.—The Secretary of Defense shall prepare a plan for the implementation of subsection (a). The plan shall be submitted to the Committees on Armed Services of the Senate and House of Representatives before May 1, 1994.

“(e) ACTIVITIES FOR FISCAL YEAR 1994.—During fiscal year 1994, the Center may address the following:

“(1) Program planning, infrastructure development, baseline information gathering, technology infusion, and connectivity.

“(2) Management and technical staffing.

“(3) Data base development of health issues related to service by women on active duty as compared to service by women in the National Guard or Reserves.

“(4) Research protocols, cohort development, health surveillance, and epidemiologic studies, to be developed in coordination with the Centers for Disease Control and the National Institutes of Health whenever possible.

“(f) FUNDING.—Of the funds authorized to be appropriated pursuant to section 201 [107 Stat. 1583], \$20,000,000 shall be available for the establishment of the Center or for medical research at existing Department of Defense medical centers into matters relating to service by women in the military.

“(g) REPORT.—(1) If the Secretary of Defense determines not to establish a women’s health center under subsection (a), the Secretary shall submit to the Committees on Armed Services of the Senate and House of Representatives, not later than May 1, 1994, a report on the plans of the Secretary for the use of the funds described in subsection (f).

“(2) If the Secretary determines to establish the Center, the Secretary shall, not less than 60 days before the establishment of the Center, submit to those committees a report describing the planned location for the Center and the competitive process used in the selection of that location.”

REPORT ON PROVISION OF PRIMARY AND PREVENTATIVE HEALTH CARE SERVICES FOR WOMEN

Pub. L. 103-160, div. A, title VII, § 735, Nov. 30, 1993, 107 Stat. 1698, directed the Secretary of Defense to prepare a report evaluating the provision of primary and preventive health care services through military medical treatment facilities and the Civilian Health and Medical Program of the Uniformed Services to female members of the uniformed services and female covered beneficiaries eligible for health care under this chapter, and directed the Secretary, as part of such report, to conduct a study to determine the health care needs of female members and female covered beneficiaries, and to submit such report to Congress not later than Oct. 1, 1994, and a revised report not later than Oct. 1, 1999.

§ 1074e. Medical care: certain Reserves who served in Southwest Asia during the Persian Gulf Conflict

(a) ENTITLEMENT TO MEDICAL CARE.—A member of the armed forces described in subsection (b) is entitled to medical care for a qualifying Persian Gulf symptom or illness to the same extent and under the same conditions (other than the requirement that the member be on active duty) as a member of a uniformed service who is entitled to such care under section 1074(a) of this title.

(b) COVERED MEMBERS.—Subsection (a) applies to a member of a reserve component who—

(1) is a Persian Gulf veteran;

(2) has a qualifying Persian Gulf symptom or illness; and

(3) is not otherwise entitled to medical care for such symptom or illness under this chapter and is not otherwise eligible for hospital care

and medical services for such symptom or illness under section 1710 of title 38.

(c) DEFINITIONS.—In this section:

(1) The term “Persian Gulf veteran” means a member of the armed forces who served on active duty in the Southwest Asia theater of operations during the Persian Gulf Conflict.

(2) The term “qualifying Persian Gulf symptom or illness” means, with respect to a member described in subsection (b), a symptom or illness—

(A) that the member registered before September 1, 1997, in the Comprehensive Clinical Evaluation Program of the Department of Defense and that is presumed under section 721(d) of the National Defense Authorization Act for Fiscal Year 1995 (10 U.S.C. 1074 note) to be a result of service in the Southwest Asia theater of operations during the Persian Gulf Conflict; or

(B) that the member registered before September 1, 1997, in the Persian Gulf War Veterans Health Registry maintained by the Department of Veterans Affairs pursuant to section 702 of the Persian Gulf War Veterans’ Health Status Act (38 U.S.C. 527 note).

(Added Pub. L. 105-85, div. A, title VII, § 764(a), Nov. 18, 1997, 111 Stat. 1825.)

REFERENCES IN TEXT

Section 721(d) of the National Defense Authorization Act for Fiscal Year 1995, referred to in subsec. (c)(2)(A), is section 721(d) of Pub. L. 103-337, which is set out as a note under section 1074 of this title.

Section 702 of the Persian Gulf War Veterans’ Health Status Act, referred to in subsec. (c)(2)(B), is section 702 of Pub. L. 102-585, which is set out as a note under section 527 of Title 38, Veterans’ Benefits.

§ 1074f. Medical tracking system for members deployed overseas

(a) SYSTEM REQUIRED.—The Secretary of Defense shall establish a system to assess the medical condition of members of the armed forces (including members of the reserve components) who are deployed outside the United States or its territories or possessions as part of a contingency operation (including a humanitarian operation, peacekeeping operation, or similar operation) or combat operation.

(b) ELEMENTS OF SYSTEM.—(1)(A) The system described in subsection (a) shall include the use of predeployment medical examinations and postdeployment medical examinations (including the assessment of mental health and the drawing of blood samples) and postdeployment health reassessments to—

(i) accurately record the health status of members before their deployment;

(ii) accurately record any changes in their health status during the course of their deployment; and

(iii) identify health concerns, including mental health concerns, that may become manifest several months following their deployment.

(B) The postdeployment medical examination shall be conducted when the member is redeployed or otherwise leaves an area in which the system is in operation (or as soon as possible thereafter).