

TRICARE program if such period immediately follows a period in which the member served on full-time National Guard duty under section 502(f) of title 32, including pursuant to chapter 9 of such title, unless the Governor of the State (or, with respect to the District of Columbia, the mayor of the District of Columbia) determines that such extended eligibility is not in the best interest of the member or the State.

(b) CONTRIBUTION BY STATE.—(1) The Secretary shall charge a State for the costs of providing coverage under the TRICARE program to members of the National Guard of the State and the dependents of the members pursuant to subsection (a). Such charges shall be paid from the funds of the State or from any other non-Federal funds.

(2) Any amounts received by the Secretary under paragraph (1) shall be credited to the appropriation available for the Defense Health Program Account under section 1100 of this title, shall be merged with sums in such Account that are available for the fiscal year in which collected, and shall be available under subsection (b) of such section, including to carry out subsection (a) of this section.

(c) DEFINITIONS.—In this section:

(1) The term “disaster response duty” means duty performed by a member of the National Guard in State status pursuant to an emergency declaration by the Governor of the State (or, with respect to the District of Columbia, the mayor of the District of Columbia) in response to a disaster or in preparation for an imminent disaster.

(2) The term “State” means each of the several States, the District of Columbia, the Commonwealth of Puerto Rico, and any territory or possession of the United States.

(Added Pub. L. 114-328, div. A, title VII, § 711(a), Dec. 23, 2016, 130 Stat. 2213.)

§ 1077. Medical care for dependents: authorized care in facilities of uniformed services

(a) Only the following types of health care may be provided under section 1076 of this title:

- (1) Hospitalization.
- (2) Outpatient care.
- (3) Drugs, including, in accordance with subsection (h), medically necessary vitamins.
- (4) Treatment of medical and surgical conditions.
- (5) Treatment of nervous, mental, and chronic conditions.
- (6) Treatment of contagious diseases.
- (7) Physical examinations, including eye examinations, and immunizations.
- (8) Maternity and infant care, including well-baby care that includes one screening of an infant for the level of lead in the blood of the infant.
- (9) Diagnostic tests and services, including laboratory and X-ray examinations.
- (10) Dental care.
- (11) Ambulance service and home calls when medically necessary.
- (12) Durable equipment, which may be provided on a loan basis.
- (13) Primary and preventive health care services for women (as defined in section 1074d(b) of this title).

(14) Preventive health care screening for colon or prostate cancer, at the intervals and using the screening methods prescribed under section 1074d(a)(2) of this title.

(15) Prosthetic devices, as determined by the Secretary of Defense to be necessary because of significant conditions resulting from trauma, congenital anomalies, or disease.

(16) Except as provided by subsection (g), a hearing aid, but only for a dependent of a member of the uniformed services on active duty and only if the dependent has a profound hearing loss, as determined under standards prescribed in regulations by the Secretary of Defense in consultation with the administering Secretaries.

(17) Any rehabilitative therapy to improve, restore, or maintain function, or to minimize or prevent deterioration of function, of a patient when prescribed by a physician.

(18) In accordance with subsection (h), medically necessary food and the medical equipment and supplies necessary to administer such food (other than durable medical equipment and supplies).

(b) The following types of health care may not be provided under section 1076 of this title:

(1) Domiciliary or custodial care.

(2) Orthopedic footwear and spectacles, except that, outside of the United States and at stations inside the United States where adequate civilian facilities are unavailable, such items may be sold to dependents at cost to the United States.

(3) The elective correction of minor dermatological blemishes and marks or minor anatomical anomalies.

(c)(1) Except as specified in paragraph (2), a dependent participating under a dental plan established under section 1076a of this title may not be provided dental care under section 1076(a) of this title except for emergency dental care, dental care provided outside the United States, and dental care that is not covered by such plan.

(2)(A) Dependents who are 12 years of age or younger and are covered by a dental plan established under section 1076a of this title may be treated by postgraduate dental residents in a dental treatment facility of the uniformed services under a graduate dental education program accredited by the American Dental Association if—

(i) treatment of pediatric dental patients is necessary in order to satisfy an accreditation standard of the American Dental Association that is applicable to such program, or training in pediatric dental care is necessary for the residents to be professionally qualified to provide dental care for dependent children accompanying members of the uniformed services outside the United States; and

(ii) the number of pediatric patients at such facility is insufficient to support satisfaction of the accreditation or professional requirements in pediatric dental care that apply to such program or students.

(B) The total number of dependents treated in all facilities of the uniformed services under subparagraph (A) in a fiscal year may not exceed 2,000.

(d)(1) Notwithstanding subsection (b)(1), hospice care may be provided under section 1076 of this title in facilities of the uniformed services to a terminally ill patient who chooses (pursuant to regulations prescribed by the Secretary of Defense in consultation with the other administering Secretaries) to receive hospice care rather than continuing hospitalization or other health care services for treatment of the patient's terminal illness.

(2) In this section, the term "hospice care" means the items and services described in section 1861(dd) of the Social Security Act (42 U.S.C. 1395x(dd)).

(e)(1) Authority to provide a prosthetic device under subsection (a)(15) includes authority to provide the following:

(A) Any accessory or item of supply that is used in conjunction with the device for the purpose of achieving therapeutic benefit and proper functioning.

(B) Services necessary to train the recipient of the device in the use of the device.

(C) Repair of the device for normal wear and tear or damage.

(D) Replacement of the device if the device is lost or irreparably damaged or the cost of repair would exceed 60 percent of the cost of replacement.

(2) An augmentative communication device may be provided as a voice prosthesis under subsection (a)(15).

(3) A prosthetic device customized for a patient may be provided under this section only by a prosthetic practitioner who is qualified to customize the device, as determined under regulations prescribed by the Secretary of Defense in consultation with the administering Secretaries.

(f)(1) Items that may be provided to a patient under subsection (a)(12) include the following:

(A) Any durable medical equipment that can improve, restore, or maintain the function of a malformed, diseased, or injured body part, or can otherwise minimize or prevent the deterioration of the patient's function or condition.

(B) Any durable medical equipment that can maximize the patient's function consistent with the patient's physiological or medical needs.

(C) Wheelchairs.

(D) Iron lungs.

(E) Hospital beds.

(2) In addition to the authority to provide durable medical equipment under subsection (a)(12), any customization of equipment owned by the patient that is durable medical equipment authorized to be provided to the patient under this section or section 1079(a)(5) of this title, and any accessory or item of supply for any such equipment, may be provided to the patient if the customization, accessory, or item of supply is essential for—

(A) achieving therapeutic benefit for the patient;

(B) making the equipment serviceable; or

(C) otherwise assuring the proper functioning of the equipment.

(g) In addition to the authority to provide a hearing aid under subsection (a)(16), hearing

aids may be sold under this section to dependents eligible for care under this section at cost to the United States.

(h)(1) Vitamins that may be provided under subsection (a)(3) are vitamins used for the management of a covered disease or condition pursuant to the prescription, order, or recommendation (as applicable) of a physician or other health care professional qualified to make such prescription, order, or recommendation.

(2) Medically necessary food that may be provided under subsection (a)(18)—

(A) is food, including a low protein modified food product or an amino acid preparation product, that is—

(i) furnished pursuant to the prescription, order, or recommendation (as applicable) of a physician or other health care professional qualified to make such prescription, order, or recommendation, for the dietary management of a covered disease or condition;

(ii) a specially formulated and processed product (as opposed to a naturally occurring foodstuff used in its natural state) for the partial or exclusive feeding of an individual by means of oral intake or enteral feeding by tube;

(iii) intended for the dietary management of an individual who, because of therapeutic or chronic medical needs, has limited or impaired capacity to ingest, digest, absorb, or metabolize ordinary foodstuffs or certain nutrients, or who has other special medically determined nutrient requirements, the dietary management of which cannot be achieved by the modification of the normal diet alone;

(iv) intended to be used under medical supervision, which may include in a home setting; and

(v) intended only for an individual receiving active and ongoing medical supervision under which the individual requires medical care on a recurring basis for, among other things, instructions on the use of the food; and

(B) may not include—

(i) food taken as part of an overall diet designed to reduce the risk of a disease or medical condition or as weight-loss products, even if the food is recommended by a physician or other health care professional;

(ii) food marketed as gluten-free for the management of celiac disease or non-celiac gluten sensitivity;

(iii) food marketed for the management of diabetes; or

(iv) such other products as the Secretary determines appropriate.

(3) In this subsection, the term "covered disease or condition" means—

(A) inborn errors of metabolism;

(B) medical conditions of malabsorption;

(C) pathologies of the alimentary tract or the gastrointestinal tract;

(D) a neurological or physiological condition; and

(E) such other diseases or conditions the Secretary determines appropriate.

(Added Pub. L. 85-861, §1(25)(B), Sept. 2, 1958, 72 Stat. 1447; amended Pub. L. 89-614, §2(4), Sept.

30, 1966, 80 Stat. 863; Pub. L. 98-525, title VI, § 633(a), title XIV, §§ 1401(e)(3), 1405(22), Oct. 19, 1984, 98 Stat. 2544, 2617, 2623; Pub. L. 99-145, title VI, § 651(b), Nov. 8, 1985, 99 Stat. 656; Pub. L. 102-190, div. A, title VII, §§ 702(a), 703, Dec. 5, 1991, 105 Stat. 1400, 1401; Pub. L. 103-160, div. A, title VII, § 701(b), Nov. 30, 1993, 107 Stat. 1686; Pub. L. 103-337, div. A, title VII, §§ 703(b), 705, Oct. 5, 1994, 108 Stat. 2798, 2799; Pub. L. 104-201, div. A, title VII, § 701(b)(1), Sept. 23, 1996, 110 Stat. 2587; Pub. L. 105-85, div. A, title VII, § 702, Nov. 18, 1997, 111 Stat. 1807; Pub. L. 107-107, div. A, title VII, §§ 702, 703(a), 704, Dec. 28, 2001, 115 Stat. 1161, 1162; Pub. L. 108-375, div. A, title VII, § 715, Oct. 28, 2004, 118 Stat. 1985; Pub. L. 114-328, div. A, title VII, §§ 713, 714(a), Dec. 23, 2016, 130 Stat. 2220; Pub. L. 115-91, div. A, title VII, § 739(c), Dec. 12, 2017, 131 Stat. 1447.)

HISTORICAL AND REVISION NOTES

Revised section	Source (U.S. Code)	Source (Statutes at Large)
1077(a)	37:403(f).	June 7, 1956, ch. 374,
1077(b)	37:403(g).	§ 103(f), (g), (h), 70 Stat.
1077(c)	37:403(h) (less clause (4)).	251, 252.
1077(d)	37:403(h) (clause (4)).	

In subsection (a), clause (6) is inserted to reflect subsection (b).

PRIOR PROVISIONS

Provisions similar to those in subsec. (b)(3) of this section were contained in the following appropriation acts:

Pub. L. 98-473, title I, § 101(h) [title VIII, § 8045], Oct. 12, 1984, 98 Stat. 1904, 1931.

Pub. L. 98-212, title VII, § 752, Dec. 8, 1983, 97 Stat. 1447.

Pub. L. 97-377, title I, § 101(c) [title VII, § 756], Dec. 21, 1982, 96 Stat. 1833, 1860.

Pub. L. 97-114, title VII, § 759, Dec. 29, 1981, 95 Stat. 1588.

Pub. L. 96-527, title VII, § 763, Dec. 15, 1980, 94 Stat. 3092.

Pub. L. 96-154, title VII, § 769, Dec. 21, 1979, 93 Stat. 1163.

A prior section 1077, act Aug. 10, 1956, ch. 1041, 70A Stat. 84, related to distribution of ballots, envelopes, and voting instructions, prior to repeal by Pub. L. 85-861, § 36B(5), Sept. 2, 1958, 72 Stat. 1570, as superseded by the Federal Voting Assistance Act of 1955 which is classified to subchapter I-D (§ 1973cc et seq.) of chapter 20 of Title 42, The Public Health and Welfare.

AMENDMENTS

2017—Subsec. (a)(3), (18). Pub. L. 115-91, § 739(c)(1), substituted “subsection (h)” for “subsection (g)”.

Subsec. (g). Pub. L. 115-91, § 739(c)(2), substituted “dependents eligible for care under this section” for “dependents of former members of the uniformed services”.

2016—Subsec. (a)(3). Pub. L. 114-328, § 714(a)(1)(A), inserted before period at end “, including, in accordance with subsection (g), medically necessary vitamins”.

Subsec. (a)(16). Pub. L. 114-328, § 713(1), substituted “Except as provided by subsection (g), a hearing aid” for “A hearing aid”.

Subsec. (a)(18). Pub. L. 114-328, § 714(a)(1)(B), added par. (18).

Subsec. (g). Pub. L. 114-328, § 713(2), added subsec. (g).
Subsec. (h). Pub. L. 114-328, § 714(a)(2), added subsec. (h).

2004—Subsec. (c). Pub. L. 108-375 designated existing provisions as par. (1), substituted “Except as specified in paragraph (2), a” for “A”, and added par. (2).

2001—Subsec. (a)(12). Pub. L. 107-107, § 703(a)(1), substituted “which” for “such as wheelchairs, iron lungs, and hospital beds”.

Subsec. (a)(16). Pub. L. 107-107, § 702(1), added par. (16).
Subsec. (a)(17). Pub. L. 107-107, § 704, added par. (17).

Subsec. (b)(2). Pub. L. 107-107, § 702(2), substituted “Orthopedic footwear” for “Hearing aids, orthopedic footwear,”.

Subsec. (e). Pub. L. 107-107, § 702(3), added subsec. (e).
Subsec. (f). Pub. L. 107-107, § 703(a)(2), added subsec. (f).

1997—Subsec. (a)(15). Pub. L. 105-85, § 702(a), added cl. (15).

Subsec. (b)(2). Pub. L. 105-85, § 702(b), added par. (2) and struck out former par. (2) which read as follows: “Prosthetic devices, hearing aids, orthopedic footwear, and spectacles except that—

“(A) outside the United States and at stations inside the United States where adequate civilian facilities are unavailable, such items may be sold to dependents at cost to the United States, and

“(B) artificial limbs, voice prostheses, and artificial eyes may be provided.”

1996—Subsec. (a)(14). Pub. L. 104-201 added cl. (14).

1994—Subsec. (b)(2)(B). Pub. L. 103-337, § 705, inserted “, voice prostheses,” after “artificial limbs”.

Subsec. (c). Pub. L. 103-337, § 703(b), substituted “, dental care provided outside the United States, and dental care” for “and care”.

1993—Subsec. (a)(13). Pub. L. 103-160 added cl. (13).

1991—Subsec. (a)(8). Pub. L. 102-190, § 703, inserted before period at end “, including well-baby care that includes one screening of an infant for the level of lead in the blood of the infant”.

Subsec. (d). Pub. L. 102-190, § 702(a), added subsec. (d).

1985—Subsec. (c). Pub. L. 99-145 added subsec. (c).

1984—Pub. L. 98-525, § 1405(22), substituted a colon for the semicolon in section catchline.

Subsec. (a)(10). Pub. L. 98-525, § 633(a)(1), added cl. (10).
Former cl. (10) “Emergency dental care worldwide.” was struck out.

Subsec. (a)(11). Pub. L. 98-525, § 633(a)(1), redesignated cl. (13) as (11). Former cl. (11) “Routine dental care outside the United States and at stations in the United States where adequate civilian facilities are unavailable.” was struck out.

Subsec. (a)(12). Pub. L. 98-525, § 633(a)(1), redesignated cl. (14) as (12). Former cl. (12) “Dental care worldwide as a necessary adjunct of medical, surgical, or preventive treatment.” was struck out.

Subsec. (a)(13), (14). Pub. L. 98-525, § 633(a)(2), redesignated cls. (13) and (14) as cls. (11) and (12), respectively.

Subsec. (b)(3). Pub. L. 98-525, § 1401(e)(3), added par. (3).

1966—Pub. L. 89-614 authorized an improved health benefits program for dependents of active duty members of the uniformed services in facilities of such services, expanding health care to be provided to include: hospitalization, outpatient care, and drugs in clauses (1) to (3) of subsec. (a) (hospitalization being limited by former subsec. (b) to treatment of nervous or mental disturbances or chronic diseases or for elective medical and surgical treatment to one year period in special cases); treatment of mental and surgical conditions in clause (4) minus acute condition restriction of former subsec. (a)(2); treatment of nervous, mental, and chronic conditions in clause (5) formerly restricted as stated above; clause (6) reenactment of former subsec. (a)(3); physical, including eye, examinations in clause (7) reenacting former subsec. (a)(4) immunization provisions; clause (8) reenactment of former subsec. (a)(5); diagnostic tests and services, including laboratory and X-ray examinations (diagnosis being covered in former subsec. (a)(1)); dental care provisions in clauses (10) to (12) (provided in former subsec. (d)) as (1) emergency care to relieve pain and suffering, but not including permanent restorative work or dental prosthesis, (2) care as a necessary adjunct to medical or surgical treatment, and care outside the United States, and in remote areas inside the United States, where adequate civilian facilities are unavailable; ambulance service and home calls in clause 13 (covering former subsec. (c)(2), (3)); durable equipment on loan basis in clause

(14); and to exclude in subsec. (b)(1) (incorporating last sentence of former subsec. (b)) custodial care; subsec. (b)(2)(A) reenactment of former subsec. (e)(1); and permitted in subsec. (b)(2)(B) artificial limbs and eyes to be provided.

EFFECTIVE DATE OF 2016 AMENDMENT

Pub. L. 114-328, div. A, title VII, §714(b), Dec. 23, 2016, 130 Stat. 2221, provided that: “The amendments made by subsection (a) [amending this section] shall apply to health care provided under chapter 55 of such title [meaning title 10, United States Code] on or after the date that is one year after the date of the enactment of this Act [Dec. 23, 2016].”

EFFECTIVE DATE OF 1984 AMENDMENT

Pub. L. 98-525, title VI, §633(b), Oct. 19, 1984, 98 Stat. 2544, provided that: “The amendments made by subsection (a) [amending this section] shall take effect on July 1, 1985.”

Amendment by section 1401(e)(3) of Pub. L. 98-525 effective Oct. 1, 1985, see section 1404 of Pub. L. 98-525, set out as an Effective Date note under section 520b of this title.

EFFECTIVE DATE OF 1966 AMENDMENT

For effective date of amendment by Pub. L. 89-614, see section 3 of Pub. L. 89-614, set out as a note under section 1071 of this title.

STUDY, PLAN, AND PILOT FOR THE MENTAL HEALTH CARE NEEDS OF DEPENDENT CHILDREN OF MEMBERS OF THE ARMED FORCES

Pub. L. 111-84, div. A, title VII, §722, Oct. 28, 2009, 123 Stat. 2387, provided that:

“(a) REPORT AND PLAN ON THE MENTAL HEALTH CARE AND COUNSELING SERVICES AVAILABLE TO MILITARY CHILDREN.—

“(1) IN GENERAL.—The Secretary of Defense shall conduct a comprehensive review of the mental health care and counseling services available to dependent children of members of the Armed Forces through the Department of Defense.

“(2) ELEMENTS.—The review under paragraph (1) shall include an assessment of the following:

“(A) The availability, quality, and effectiveness of Department of Defense programs intended to meet the mental health care needs of military children.

“(B) The availability, quality, and effectiveness of Department of Defense programs intended to promote resiliency in military children in coping with deployment cycles, injury, or death of military parents.

“(C) The extent of access to, adequacy, and availability of mental health care and counseling services for military children in military medical treatment facilities, in family assistance centers, through Military OneSource, under the TRICARE program, and in Department of Defense Education Activity schools.

“(D) Whether the status of a member of the Armed Forces on active duty, or in reserve active status, affects the access of a military child to mental health care and counseling services.

“(E) Whether, and to what extent, waiting lists, geographic distance, and other factors may obstruct the receipt by military children of mental health care and counseling services.

“(F) The extent of access to, availability, and viability of specialized mental health care for military children (including adolescents).

“(G) The extent of any gaps in the current capabilities of the Department of Defense to provide preventive mental health services for military children.

“(H) Such other matters as the Secretary considers appropriate.

“(3) REPORT.—Not later than one year after the date of the enactment of this Act [Oct. 28, 2009], the

Secretary shall submit to the Committees on Armed Services of the Senate and the House of Representatives a report on the review conducted under paragraph (1), including the findings and recommendations of the Secretary as a result of the review.

“(b) COMPREHENSIVE PLAN FOR IMPROVEMENTS IN ACCESS TO CARE AND COUNSELING.—The Secretary shall develop and implement a comprehensive plan for improvements in access to quality mental health care and counseling services for military children in order to develop and promote psychological health and resilience in children of deploying and deployed members of the Armed Forces. The information in the report required by subsection (a) shall provide the basis for the development of the plan.

“(c) PILOT PROGRAM.—

“(1) ELEMENTS.—The Secretary of the Army shall carry out a pilot program on the mental health care needs of military children and adolescents. In carrying out the pilot program, the Secretary shall establish a center to—

“(A) develop teams to train primary care managers in mental health evaluations and treatment of common psychiatric disorders affecting children and adolescents;

“(B) develop strategies to reduce barriers to accessing behavioral health services and encourage better use of the programs and services by children and adolescents; and

“(C) expand the evaluation of mental health care using common indicators, including—

“(i) psychiatric hospitalization rates;

“(ii) non-psychiatric hospitalization rates; and

“(iii) mental health relative value units.

“(2) REPORTS.—

“(A) Not later than 90 days after establishing the pilot program, the Secretary of the Army shall submit to the congressional defense committees [Committees on Armed Services and Appropriations of the Senate and the House of Representatives] a report describing the—

“(i) structure and mission of the program; and

“(ii) the resources allocated to the program.

“(B) Not later than September 30, 2012, the Secretary of the Army shall submit to the congressional defense committees a report that addresses the elements described under paragraph (1).”

PROGRAM FOR MENTAL HEALTH AWARENESS FOR DEPENDENTS AND PILOT PROJECT ON POST TRAUMATIC STRESS DISORDER

Pub. L. 109-163, div. A, title VII, §721, Jan. 6, 2006, 119 Stat. 3346, provided that:

“(a) PROGRAM ON MENTAL HEALTH AWARENESS.—

“(1) REQUIREMENT.—Not later than one year after the date of the enactment of this Act [Jan. 6, 2006], the Secretary of Defense shall develop a program to improve awareness of the availability of mental health services for, and warning signs about mental health problems in, dependents of members of the Armed Forces whose sponsor served or will serve in a combat theater during the previous or next 60 days.

“(2) MATTERS COVERED.—The program developed under paragraph (1) shall be designed to—

“(A) increase awareness of mental health services available to dependents of members of the Armed Forces on active duty;

“(B) increase awareness of mental health services available to dependents of Reservists and National Guard members whose sponsors have been activated; and

“(C) increase awareness of mental health issues that may arise in dependents referred to in subparagraphs (A) and (B) whose sponsor is deployed to a combat theater.

“(3) COORDINATION.—The Secretary may permit the Department of Defense to coordinate the program developed under paragraph (1) with an accredited college, university, hospital-based, or community-based mental health center or engage mental health profes-

sionals to develop programs to help implement this section.

“(4) AVAILABILITY IN OTHER LANGUAGES.—The Secretary shall evaluate whether the effectiveness of the program developed under paragraph (1) would be improved by providing materials in languages other than English and take action accordingly[.]

“(5) REPORT.—Not later than one year after implementation of the program developed under paragraph (1), the Secretary shall submit to Congress a report on the effectiveness of the program, including the extent to which the program is used by low-English-proficient individuals.

“(b) PILOT PROJECT ON POST TRAUMATIC STRESS DISORDER.—

“(1) REQUIREMENT.—The Secretary of Defense shall carry out a pilot project to evaluate the efficacy of various approaches to improving the capability of the military and civilian health care systems to provide early diagnosis and treatment of post traumatic stress disorder (PTSD) and other mental health conditions.

“(2) INTERNET-BASED DIAGNOSIS AND TREATMENT.—The pilot project shall be designed to evaluate—

“(A) Internet-based automated tools available to military and civilian health care providers for the early diagnosis and treatment of post traumatic stress disorder, and for tracking patients who suffer from post traumatic stress disorder; and

“(B) Internet-based tools available to family members of members of the Armed Forces in order to assist such family members in the identification of the emergence of post traumatic stress disorder.

“(3) REPORT.—Not later than June 1, 2006, the Secretary shall submit to the congressional defense committees [Committees on Armed Services and Appropriations of the Senate and the House of Representatives] a report on the pilot project. The report shall include a description of the pilot project, including the location of the pilot project and the scope and objectives of the pilot project.”

PROVISION OF DOMICILIARY AND CUSTODIAL CARE FOR CERTAIN CHAMPUS BENEFICIARIES

Pub. L. 106-65, div. A, title VII, §703, Oct. 5, 1999, 113 Stat. 682, as amended by Pub. L. 106-398, §1 [[div. A], title VII, § 701(a), (b), (c)(2)], Oct. 30, 2000, 114 Stat. 1654, 1654A-172, related to the continued provision of domiciliary and custodial care for certain CHAMPUS beneficiaries, prohibited the establishment of a limited transition period for such program, required a survey and report of case management and custodial care policies, and provided for cost limitations for each fiscal year, prior to repeal by Pub. L. 107-107, div. A, title VII, §701(g)(1)(A), Dec. 28, 2001, 115 Stat. 1161.

OBSTETRICAL CARE FACILITIES

Pub. L. 89-188, title VI, §610, Sept. 16, 1965, 79 Stat. 818, required that military hospitals in the United States and its possessions be constructed so as to include facilities for obstetrical care, prior to repeal by Pub. L. 97-214, §7(7), July 12, 1982, 96 Stat. 173, eff. Oct. 1, 1982.

§ 1077a. Access to military medical treatment facilities and other facilities

(a) URGENT CARE.—(1) The Secretary of Defense shall ensure that military medical treatment facilities, at locations the Secretary determines appropriate, provide urgent care services for members of the armed forces and covered beneficiaries until 11:00 p.m. each day.

(2) With respect to areas in which a military medical treatment facility covered by paragraph (1) is not located, the Secretary shall ensure that members of the armed forces and covered beneficiaries may access urgent care clinics

through the health care provider network under the TRICARE program.

(3) A covered beneficiary may access urgent care services without the need for preauthorization for such services.

(4) The Secretary shall—

(A) publish information about changes in access to urgent care under the TRICARE program—

(i) on the primary publicly available Internet website of the Department; and

(ii) on the primary publicly available Internet website of each military medical treatment facility; and

(B) ensure that such information is made available on the publicly available Internet website of each current managed care support contractor that has established a health care provider network under the TRICARE program.

(b) NURSE ADVICE LINE.—The Secretary shall ensure that the nurse advice line of the Department directs covered beneficiaries seeking access to care to the source of the most appropriate level of health care required to treat the medical conditions of the beneficiaries, including urgent care services described in subsection (a).

(c) PRIMARY CARE CLINICS.—(1) The Secretary shall ensure that primary care clinics at military medical treatment facilities are available for members of the armed forces and covered beneficiaries between the hours determined appropriate under paragraph (2), including with respect to expanded hours described in subparagraph (B) of such paragraph.

(2)(A) The Secretary shall determine the hours that each primary care clinic at a military medical treatment facility is available for members of the armed forces and covered beneficiaries based on—

(i) the needs of the military medical treatment facility to meet the access standards under the TRICARE Prime program; and

(ii) the primary care utilization patterns of members and covered beneficiaries at such military medical treatment facility.

(B) The primary care clinic hours at a military medical treatment facility determined under subparagraph (A) shall include expanded hours beyond regular business hours during weekdays and the weekend if the Secretary determines under such subparagraph that sufficient demand exists at the military medical treatment facility for such expanded primary care clinic hours.

(Added Pub. L. 114-328, div. A, title VII, §704(a), Dec. 23, 2016, 130 Stat. 2200.)

IMPLEMENTATION

Pub. L. 114-328, div. A, title VII, §704(c), Dec. 23, 2016, 130 Stat. 2201, provided that: “The Secretary of Defense shall implement—

“(1) subsection (a) of section 1077a of title 10, United States Code, as added by subsection (a) of this section, by not later than one year after the date of the enactment of this Act [Dec. 23, 2016]; and

“(2) subsection (c) of such section by not later than 180 days after the date of the enactment of this Act.”