

31, 2000, to establish an oversight advisory committee to assist and advise the Secretary with regard to the development and conduct of the demonstration program, and, not later than Mar. 31, 2000, to submit to Congress an implementation plan for the full integration of chiropractic health care services into the military health care system of the Department of Defense, including the TRICARE program, if the provision of such care was the Secretary's recommendation.

Pub. L. 98-525, title VI, § 632(b), Oct. 19, 1984, 98 Stat. 2543, provided that: "The Secretary of Defense, in consultation with the Secretary of Health and Human Services, shall conduct demonstration projects under section 1092 of title 10, United States Code, for the purpose of evaluating the cost-effectiveness of chiropractic care. In the conduct of such demonstration projects, chiropractic care (including manual manipulation of the spine and other routine chiropractic procedures authorized under joint regulations prescribed by the Secretary of Defense and the Secretary of Health and Human Services and not otherwise prohibited by law) may be provided as appropriate under chapter 55 of title 10, United States Code."

§ 1092a. Persons entering the armed forces: baseline health data

(a) PROGRAM REQUIRED.—The Secretary of Defense shall carry out a program—

- (1) to collect baseline health data from each person entering the armed forces, at the time of entry into the armed forces; and
- (2) to provide for computerized compilation and maintenance of the baseline health data.

(b) PURPOSES.—The program under this section shall be designed to achieve the following purposes:

- (1) To facilitate understanding of how subsequence exposures related to service in the armed forces affect health.
- (2) To facilitate development of early intervention and prevention programs to protect health and readiness.

(Added Pub. L. 108-375, div. A, title VII, § 733(a)(1), Oct. 28, 2004, 118 Stat. 1997.)

TIME FOR IMPLEMENTATION

Pub. L. 108-375, div. A, title VII, § 733(a)(3), Oct. 28, 2004, 118 Stat. 1998, provided that: "The Secretary of Defense shall implement the program required under section 1092a of title 10, United States Code (as added by paragraph (1)), not later than two years after the date of the enactment of this Act [Oct. 28, 2004]."

§ 1093. Performance of abortions: restrictions

(a) RESTRICTION ON USE OF FUNDS.—Funds available to the Department of Defense may not be used to perform abortions except where the life of the mother would be endangered if the fetus were carried to term or in a case in which the pregnancy is the result of an act of rape or incest.

(b) RESTRICTION ON USE OF FACILITIES.—No medical treatment facility or other facility of the Department of Defense may be used to perform an abortion except where the life of the mother would be endangered if the fetus were carried to term or in a case in which the pregnancy is the result of an act of rape or incest.

(Added Pub. L. 98-525, title XIV, § 1401(e)(5)(A), Oct. 19, 1984, 98 Stat. 2617; amended Pub. L. 104-106, div. A, title VII, § 738(a), (b)(1), Feb. 10, 1996, 110 Stat. 383; Pub. L. 112-239, div. A, title VII, § 704, Jan. 2, 2013, 126 Stat. 1800.)

PRIOR PROVISIONS

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

Pub. L. 98-473, title I, § 101(h) [title VIII, § 8044], Oct. 12, 1984, 98 Stat. 1904, 1931.

Pub. L. 98-212, title VII, § 751, Dec. 8, 1983, 97 Stat. 1447.

Pub. L. 97-377, title I, § 101(c) [title VII, § 755], Dec. 21, 1982, 96 Stat. 1833, 1860.

Pub. L. 97-114, title VII, § 757, Dec. 29, 1981, 95 Stat. 1588.

Pub. L. 96-527, title VII, § 760, Dec. 15, 1980, 94 Stat. 3091.

Pub. L. 96-154, title VII, § 762, Dec. 21, 1979, 93 Stat. 1162.

Pub. L. 95-457, title VIII, § 863, Oct. 13, 1978, 92 Stat. 1254.

AMENDMENTS

2013—Subsec. (a). Pub. L. 112-239 inserted "or in a case in which the pregnancy is the result of an act of rape or incest" before period at end.

1996—Pub. L. 104-106, § 738(b)(1), amended section catchline generally, substituting "Performance of abortions: restrictions" for "Restrictions on use of funds for abortions".

Pub. L. 104-106, § 738(a), designated existing provisions as subsec. (a), inserted subsec. heading, and added subsec. (b).

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.

PRIVATELY FUNDED ABORTIONS AT MILITARY HOSPITALS

Memorandum of the President of the United States, Jan. 22, 1993, 58 F.R. 6439, provided:

Memorandum for the Secretary of Defense
Section 1093 of title 10 of the United States Code prohibits the use of Department of Defense ("DOD") funds to perform abortions except where the life of a woman would be endangered if the fetus were carried to term. By memoranda of December 21, 1987, and June 21, 1988, DOD has gone beyond what I am informed are the requirements of the statute and has banned all abortions at U.S. military facilities, even where the procedure is privately funded. This ban is unwarranted. Accordingly, I hereby direct that you reverse the ban immediately and permit abortion services to be provided, if paid for entirely with non-DOD funds and in accordance with other relevant DOD policies and procedures.

You are hereby authorized and directed to publish this memorandum in the Federal Register.

WILLIAM J. CLINTON.

§ 1094. Licensure requirement for health-care professionals

(a)(1) A person under the jurisdiction of the Secretary of a military department may not provide health care independently as a health-care professional under this chapter unless the person has a current license to provide such care. In the case of a physician, the physician may not provide health care as a physician under this chapter unless the current license is an unrestricted license that is not subject to limitation on the scope of practice ordinarily granted to other physicians for a similar specialty by the jurisdiction that granted the license.

(2) The Secretary of Defense may waive paragraph (1) with respect to any person in unusual circumstances. The Secretary shall prescribe by regulation the circumstances under which such a waiver may be granted.

(b) The commanding officer of each health care facility of the Department of Defense shall ensure that each person who provides health care independently as a health-care professional at the facility meets the requirement of subsection (a).

(c)(1) A person (other than a person subject to chapter 47 of this title) who provides health care in violation of subsection (a) is subject to a civil money penalty of not more than \$5,000.

(2) The provisions of subsections (c) and (e) through (h) of section 1128A of the Social Security Act (42 U.S.C. 1320a-7a) shall apply to the imposition of a civil money penalty under paragraph (1) in the same manner as they apply to the imposition of a civil money penalty under that section, except that for purposes of this subsection—

(A) a reference to the Secretary in that section is deemed a reference to the Secretary of Defense; and

(B) a reference to a claimant in subsection (e) of that section is deemed a reference to the person described in paragraph (1).

(d)(1) Notwithstanding any law regarding the licensure of health care providers, a health-care professional described in paragraph (2) or (3) may practice the health profession or professions of the health-care professional at any location in any State, the District of Columbia, or a Commonwealth, territory, or possession of the United States, regardless of where such health-care professional or the patient are located, so long as the practice is within the scope of the authorized Federal duties.

(2) A health-care professional referred to in paragraph (1) as being described in this paragraph is a member of the armed forces, civilian employee of the Department of Defense, personal services contractor under section 1091 of this title, or other health-care professional credentialed and privileged at a Federal health care institution or location specially designated by the Secretary for this purpose who—

(A) has a current license to practice medicine, osteopathic medicine, dentistry, or another health profession; and

(B) is performing authorized duties for the Department of Defense.

(3) A health-care professional referred to in paragraph (1) as being described in this paragraph is a member of the National Guard who—

(A) has a current license to practice medicine, osteopathic medicine, dentistry, or another health profession; and

(B) is performing training or duty under section 502(f) of title 32 in response to an actual or potential disaster.

(e) In this section:

(1) The term “license”—

(A) means a grant of permission by an official agency of a State, the District of Columbia, or a Commonwealth, territory, or possession of the United States to provide health care independently as a health-care professional; and

(B) includes, in the case of such care furnished in a foreign country by any person who is not a national of the United States, a grant of permission by an official agency

of that foreign country for that person to provide health care independently as a health-care professional.

(2) The term “health-care professional” means a physician, dentist, clinical psychologist, marriage and family therapist certified as such by a certification recognized by the Secretary of Defense, or nurse and any other person providing direct patient care as may be designated by the Secretary of Defense in regulations.

(Added Pub. L. 99-145, title VI, §653(a)(1), Nov. 8, 1985, 99 Stat. 657; amended Pub. L. 99-661, div. A, title XIII, §1343(a)(5), Nov. 14, 1986, 100 Stat. 3992; Pub. L. 101-189, div. A, title VI, §653(e)(1), title XVI, §1622(e)(3), Nov. 29, 1989, 103 Stat. 1463, 1605; Pub. L. 105-85, div. A, title VII, §737, Nov. 18, 1997, 111 Stat. 1814; Pub. L. 105-261, div. A, title VII, §734(a), Oct. 17, 1998, 112 Stat. 2072; Pub. L. 108-375, div. A, title VII, §717(b), Oct. 28, 2004, 118 Stat. 1986; Pub. L. 111-383, div. A, title VII, §713, Jan. 7, 2011, 124 Stat. 4247; Pub. L. 112-81, div. A, title VII, §713(a), Dec. 31, 2011, 125 Stat. 1476.)

AMENDMENTS

2011—Subsec. (d)(1). Pub. L. 112-81, §713(a)(1), inserted “at any location” before “in any State” and substituted “regardless of where such health-care professional or the patient are located, so long as the practice is within the scope of the authorized Federal duties.” for “regardless of whether the practice occurs in a health care facility of the Department of Defense, a civilian facility affiliated with the Department of Defense, or any other location authorized by the Secretary of Defense.”

Pub. L. 111-383, §713(1), inserted “or (3)” after “paragraph (2)”.

Subsec. (d)(2). Pub. L. 112-81, §713(a)(2), substituted “member of the armed forces, civilian employee of the Department of Defense, personal services contractor under section 1091 of this title, or other health-care professional credentialed and privileged at a Federal health care institution or location specially designated by the Secretary for this purpose” for “member of the armed forces”.

Pub. L. 111-383, §713(2), inserted “as being described in this paragraph” after “paragraph (1)” in introductory provisions.

Subsec. (d)(3). Pub. L. 111-383, §713(3), added par. (3).

2004—Subsec. (e)(2). Pub. L. 108-375 inserted “marriage and family therapist certified as such by a certification recognized by the Secretary of Defense,” after “psychologist.”

1998—Subsec. (a)(1). Pub. L. 105-261 inserted at end “In the case of a physician, the physician may not provide health care as a physician under this chapter unless the current license is an unrestricted license that is not subject to limitation on the scope of practice ordinarily granted to other physicians for a similar specialty by the jurisdiction that granted the license.”

1997—Subsecs. (d), (e). Pub. L. 105-85 added subsec. (d) and redesignated former subsec. (d) as (e).

1989—Subsec. (c)(2). Pub. L. 101-189, §653(e)(1), substituted “subsections (c) and (e) through (h)” for “subsections (b) and (d) through (g)”.

Subsec. (d)(1). Pub. L. 101-189, §1622(e)(3)(A), substituted “The term ‘license’ for ‘License’ in introductory provisions.

Subsec. (d)(2). Pub. L. 101-189, §1622(e)(3)(B), substituted “The term ‘health-care’ for ‘Health-care’.

1986—Subsec. (d)(2). Pub. L. 99-661 realigned margin of par. (2) to conform to margin of par. (1).

EFFECTIVE DATE OF 1998 AMENDMENT

Pub. L. 105-261, div. A, title VII, §734(c)(1), Oct. 17, 1998, 112 Stat. 2073, provided that: “The amendment

made by subsection (a) [amending this section] shall take effect on October 1, 1999.”

EFFECTIVE DATE

Pub. L. 99-145, title VI, §653(b), Nov. 8, 1985, 99 Stat. 658, provided that: “Section 1094 of title 10, United States Code, as added by subsection (a), does not apply during the three-year period beginning on the date of the enactment of this Act [Nov. 8, 1985] with respect to the provision of health care by any person who on the date of the enactment of this Act is a member of the Armed Forces.”

REGULATIONS

Pub. L. 112-81, div. A, title VII, §713(b), Dec. 31, 2011, 125 Stat. 1476, provided that: “The Secretary of Defense shall prescribe regulations to carry out the amendments made by this section [amending this section].”

§ 1094a. Continuing medical education requirements: system for monitoring physician compliance

The Secretary of Defense shall establish a mechanism for ensuring that each person under the jurisdiction of the Secretary of a military department who provides health care under this chapter as a physician satisfies the continuing medical education requirements applicable to the physician.

(Added Pub. L. 105-261, div. A, title VII, §734(b)(1), Oct. 17, 1998, 112 Stat. 2073.)

IMPLEMENTATION

Pub. L. 105-261, div. A, title VII, §734(c)(2), Oct. 17, 1998, 112 Stat. 2073, provided that: “The system required by section 1094a of title 10, United States Code (as added by subsection (b)), shall take effect on the date that is three years after the date of the enactment of this Act [Oct. 17, 1998].”

OVERSIGHT OF GRADUATE MEDICAL EDUCATION PROGRAMS OF MILITARY DEPARTMENTS

Pub. L. 114-328, div. A, title VII, §749, Dec. 23, 2016, 130 Stat. 2242, provided that:

“(a) PROCESS.—Not later than one year after the date of the enactment of this Act [Dec. 23, 2016], the Secretary of Defense shall establish and implement a process to provide oversight of the graduate medical education programs of the military departments to ensure that such programs fully support the operational medical force readiness requirements for health care providers of the Armed Forces and the medical readiness of the Armed Forces. The process shall include the following:

“(1) A process to review such programs to ensure, to the extent practicable, that such programs are—

“(A) conducted jointly among the military departments; and

“(B) focused on, and related to, operational medical force readiness requirements.

“(2) A process to minimize duplicative programs relating to such programs among the military departments.

“(3) A process to ensure that—

“(A) assignments of faculty, support staff, and students within such programs are coordinated among the military departments; and

“(B) the Secretary optimizes resources by using military medical treatment facilities as training platforms when and where most appropriate.

“(4) A process to review and, if necessary, restructure or realign, such programs to sustain and improve operational medical force readiness.

“(b) REPORT.—Not later than 30 days after the date on which the Secretary establishes the process under subsection (a), the Secretary shall submit to the Com-

mittees on Armed Services of the Senate and the House of Representatives a report that describes such process. The report shall include a description of each graduate medical education program of the military departments, categorized by the following:

“(1) Programs that provide direct support to operational medical force readiness.

“(2) Programs that provide indirect support to operational medical force readiness.

“(3) Academic programs that provide other medical support.

“(c) COMPTROLLER GENERAL REVIEW AND REPORT.—

“(1) REVIEW.—The Comptroller General of the United States shall conduct a review of the process established under subsection (a), including with respect to each process described in paragraphs (1) through (4) of such subsection.

“(2) REPORT.—Not later than 180 days after the date on which the Secretary submits the report under subsection (b), the Comptroller General shall submit to the Committees on Armed Services of the Senate and the House of Representatives the review conducted under paragraph (1), including an assessment of the elements of the process established under subsection (a).”

JOINT PILOT PROGRAM FOR PROVIDING GRADUATE MEDICAL EDUCATION AND TRAINING FOR PHYSICIANS

Pub. L. 107-314, div. A, title VII, §725(a)–(d), Dec. 2, 2002, 116 Stat. 2599, provided that:

“(a) IN GENERAL.—The Secretary of Defense and the Secretary of Veterans Affairs shall jointly carry out a pilot program under which graduate medical education and training is provided to military physicians and physician employees of the Department of Defense and the Department of Veterans Affairs through one or more programs carried out in military medical treatment facilities of the Department of Defense and medical centers of the Department of Veterans Affairs. The pilot program shall begin not later than January 1, 2003.

“(b) COST-SHARING AGREEMENT.—The Secretaries shall enter into an agreement for carrying out the pilot program. The agreement shall establish means for each Secretary to assist in paying the costs, with respect to individuals under the jurisdiction of that Secretary, incurred by the other Secretary in providing medical education and training under the pilot program.

“(c) USE OF EXISTING AUTHORITIES.—To carry out the pilot program, the Secretary of Defense and the Secretary of Veterans Affairs may use authorities provided to them under this subtitle [subtitle C (§§721–726) of title VII of div. A of Pub. L. 107-314, amending section 1104 of this title and sections 8110 and 8111 of Title 38, Veterans’ Benefits, enacting provisions set out as notes under section 1074g of this title and sections 8110 and 8111 of Title 38, and repealing provisions set out as a note under this section], section 8111 of title 38, United States Code (as amended by section 721(a)), and other laws relating to the furnishing or support of medical education and the cooperative use of facilities.

“(d) TERMINATION OF PROGRAM.—The pilot program under this section shall terminate on July 31, 2008.”

JOINT DOD-VA PILOT PROGRAM FOR PROVIDING GRADUATE MEDICAL EDUCATION AND TRAINING FOR PHYSICIANS

Pub. L. 107-107, div. A, title VII, §738, Dec. 28, 2001, 115 Stat. 1173, authorized a pilot program providing graduate medical education and training for physicians to be carried out jointly by the Secretary of Defense and the Secretary of Veterans Affairs, prior to repeal by Pub. L. 107-314, div. A, title VII, §725(e), Dec. 2, 2002, 116 Stat. 2599.

§ 1095. Health care services incurred on behalf of covered beneficiaries: collection from third-party payers

(a)(1) In the case of a person who is a covered beneficiary, the United States shall have the