

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 CONTRA-
CEPTION 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 for the continuance of the Defense

Women’s Health Research Program established pursuant to the authority in section 251 of the National Defense Authorization Act for Fiscal Year 1994 (Public Law 103-160; 107 Stat. 1606, formerly set out below) and appropriated funds to the program for fiscal year 1995.

Pub. L. 103-160, div. A, title II, §251, Nov. 30, 1993, 107 Stat. 1606, authorized the Secretary of Defense to establish a Defense Women’s Health Research 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 and required the Secretary to report to Congress on the decision to establish the Center no later than May 1, 1994.

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 Vet-

erans 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;
- (iii) identify health concerns, including mental health concerns, that may become manifest several months following their deployment; and
- (iv) accurately record any exposure to occupational and environmental health risks during the course of 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).

(C) The postdeployment health reassessment shall be conducted at an appropriate time during the period beginning 90 days after the member is redeployed and ending 180 days after the member is redeployed.

(2) The predeployment medical examination, postdeployment medical examination, and postdeployment health reassessment of a member of the armed forces required under paragraph (1) shall include the following:

- (A) An assessment of the current treatment of the member and any use of psychotropic medications by the member for a mental health condition or disorder.
- (B) An assessment of traumatic brain injury.
- (C) An assessment of post-traumatic stress disorder.
- (D) An assessment of whether the member was—

(i) based or stationed at a location where an open burn pit, as defined in subsection (c) of section 201 of the Dignified Burial and Other Veterans' Benefits Improvement Act of 2012 (Public Law 112-260; 38 U.S.C. 527 note), was used; or

(ii) exposed to toxic airborne chemicals or other airborne contaminants, including any information recorded as part of the registry established by the Secretary of Veterans Affairs under such section 201.

(3)(A) The Secretary shall establish for purposes of subparagraphs (B) and (C) of paragraph (2) a protocol for the predeployment assessment and documentation of the cognitive (including memory) functioning of a member who is deployed outside the United States in order to facilitate the assessment of the postdeployment cognitive (including memory) functioning of the member.

(B) The protocol under subparagraph (A) shall include appropriate mechanisms to permit the differential diagnosis of traumatic brain injury in members returning from deployment in a combat zone.

(c) **RECORDKEEPING.**—The results of all medical examinations and reassessments conducted under the system, records of all health care services (including immunizations and the prescription and administration of psychotropic medications) received by members described in subsection (a) in anticipation of their deployment or during the course of their deployment, and records of events occurring in the deployment area (including the results of any assessment performed by the Secretary of occupational and environmental health risks for such area) that may affect the health of such members shall be retained and maintained in a centralized location to improve future access to the records.

(d) **QUALITY ASSURANCE.**—(1) The Secretary of Defense shall establish a quality assurance program to evaluate the success of the system in ensuring that members described in subsection (a) receive predeployment medical examinations, postdeployment medical examinations, and postdeployment health reassessments and that the recordkeeping requirements with respect to the system are met.

(2) The quality assurance program established under paragraph (1) shall also include the following elements:

(A) The types of healthcare providers conducting postdeployment health assessments and reassessments.

(B) The training received by such providers applicable to the conduct of such assessments and reassessments, including training on assessments and referrals relating to mental health.

(C) The guidance available to such providers on how to apply the clinical practice guidelines developed under subsection (e)(1) in determining whether to make a referral for further evaluation of a member of the armed forces relating to mental health.

(D) The effectiveness of the tracking mechanisms required under this section in ensuring that members who receive referrals for further evaluations relating to mental health receive