

12, 2017, 131 Stat. 1432; Pub. L. 116-92, div. A, title XVII, § 1731(a)(25), Dec. 20, 2019, 133 Stat. 1813.)

AMENDMENTS

2019—Subsec. (d)(1). Pub. L. 116-92 substituted “section 1075 of this title” for “section 1075 of this section”.

2017—Subsec. (b). Pub. L. 115-91, § 701(b)(1), struck out “Retired Reserve” after “TRICARE” in heading. See first 2016 Amendment note for subsec. (b) below.

Subsec. (c). Pub. L. 115-91, § 701(b)(2), struck out “Retired Reserve” before “coverage under such section” in last sentence.

Subsec. (f)(2). Pub. L. 115-91, § 701(b)(3), added par. (2) and struck out former par. (2) which read as follows: “The term ‘TRICARE Retired Reserve’ means the TRICARE Select self-managed, preferred-provider network option under section 1075 made available to beneficiaries by reason of this section and in accordance with subsection (d)(1).”

2016—Pub. L. 114-328, § 701(j)(1)(C)(iv), substituted “TRICARE Retired Reserve” for “TRICARE Standard” in section catchline and wherever appearing in text.

Subsec. (b). Pub. L. 114-328, § 701(j)(1)(C)(iv), which directed substitution of “TRICARE Retired Reserve” for “TRICARE Standard” wherever appearing in text, was also executed to heading of subsec. (b) to reflect the probable intent of Congress and the subsequent amendment by Pub. L. 115-91, § 701(b)(1), which could be executed only if the substitution had taken place.

Pub. L. 114-328, § 701(j)(1)(C)(iii), substituted “TRICARE coverage at” for “TRICARE Standard coverage at”.

Subsec. (d)(1). Pub. L. 114-328, § 701(j)(1)(C)(i), inserted at end “Such premium shall apply instead of any enrollment fees required under section 1075 of this section.”

Subsec. (f)(2). Pub. L. 114-328, § 701(j)(1)(C)(ii), added par. (2) and struck out former par. (2) which defined the term “TRICARE Standard”.

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. 111-84, div. A, title VII, § 705(c), Oct. 28, 2009, 123 Stat. 2375, provided that: “Section 1076e of title 10, United States Code, as inserted by subsection (a), shall apply to coverage for months beginning on or after October 1, 2009, or such earlier date as the Secretary of Defense may specify.”

§ 1076f. TRICARE program: extension of coverage for certain members of the National Guard and dependents during certain disaster response duty

(a) EXTENDED COVERAGE.—During a period in which a member of the National Guard is performing disaster response duty, the member may be treated as being on active duty for a period of more than 30 days for purposes of the eligibility of the member and dependents of the member for health care benefits under the 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