

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

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.

LEAD LEVEL SCREENING AND TESTING FOR CHILDREN

Pub. L. 116–92, div. A, title VII, §703, Dec. 20, 2019, 133 Stat. 1437, provided that:

“(a) COMPREHENSIVE SCREENING, TESTING, AND REPORTING GUIDELINES.—

“(1) IN GENERAL.—The Secretary of Defense shall establish clinical practice guidelines for health care providers employed by the Department of Defense on screening, testing, and reporting of blood lead levels in children.

“(2) USE OF CDC RECOMMENDATIONS.—Guidelines established under paragraph (1) shall reflect recommendations made by the Centers for Disease Control and Prevention with respect to the screening, testing, and reporting of blood lead levels in children.

“(3) DISSEMINATION OF GUIDELINES.—Not later than one year after the date of the enactment of this Act [Dec. 20, 2019], the Secretary shall disseminate the clinical practice guidelines established under paragraph (1) to health care providers of the Department of Defense.

“(b) CARE PROVIDED IN ACCORDANCE WITH CDC GUIDANCE.—The Secretary shall ensure that any care provided by the Department of Defense to a child for an elevated blood lead level shall be carried out in accordance with applicable guidance issued by the Centers for Disease Control and Prevention.

“(c) SHARING OF RESULTS OF TESTING.—

“(1) IN GENERAL.—With respect to a child who receives from the Department of Defense a test for an elevated blood lead level—

“(A) the Secretary shall provide the results of the test to the parent or guardian of the child; and

“(B) notwithstanding any requirements for the confidentiality of health information under the Health Insurance Portability and Accountability Act of 1996 (Public Law 104–191) [see Tables for classification], if the results of the test show an abnormal blood lead level or elevated blood lead level, the Secretary shall provide those results and the address at which the child resides to—

“(i) the relevant health department of the State in which the child resides if the child resides in the United States; or

“(ii) if the child resides outside the United States—

“(I) the Centers for Disease Control and Prevention;

“(II) the appropriate authority of the country in which the child resides; and

“(III) the primary provider of health care for the child for follow-up.

“(2) STATE DEFINED.—In this subsection, 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.

“(d) REPORT.—Not later than January 1, 2021, the Secretary of Defense shall submit to the Committees on Armed Services of the Senate and the House of Rep-

representatives a report detailing, with respect to the period beginning on the date of the enactment of this Act and ending on the date of the report, the following:

“(1) The number of children who were tested by the Department of Defense for the level of lead in the blood of the child, and of such number, the number who were found to have an elevated blood lead level.

“(2) The number of children who were screened by the Department of Defense for an elevated risk of lead exposure.

“(e) COMPTROLLER GENERAL REPORT.—Not later than January 1, 2022, the Comptroller General of the United States shall submit to the Committees on Armed Services of the Senate and the House of Representatives a report on the effectiveness of screening and testing for lead exposure and elevated blood lead levels under chapter 55 of title 10, United States Code.

“(f) DEFINITIONS.—In this section, the terms ‘abnormal blood lead level’ and ‘elevated blood lead level’ have the meanings given those terms by the Centers for Disease Control and Prevention.”

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 im-

provements 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, directed the Secretary of Defense, no later than one year after Jan. 6, 2006, to develop a program to increase awareness of mental health services for, and warning signs about mental health problems in, dependents of service members who have served or will serve in combat theaters and directed the Secretary to carry out a pilot project to evaluate internet-based early diagnosis and treatment of post traumatic stress disorder and other mental health conditions and report to Congress no later than June 1, 2006.

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 treat-