

provider could voluntarily waive the patient copayment for medical services provided from Aug. 2, 1990, until the termination of Operation Desert Shield/Desert Storm for dependents of active duty personnel, provided that the Government's share of medical services was not increased during such time period.

Similar provisions were contained in Pub. L. 102-28, § 105, Apr. 10, 1991, 105 Stat. 165.

Pub. L. 102-25, title III, § 312, Apr. 6, 1991, 105 Stat. 85, provided that the annual deductibles specified in subsec. (b) of this section, as in effect on Nov. 4, 1990, would apply until Oct. 1, 1991, in the case of health care provided under that section to the dependents of a member of the uniformed services who had served on active duty in the Persian Gulf theater of operations in connection with Operation Desert Storm, and that patient copayment requirements could be waived upon the provider's certification to the Secretary of Defense that the amount charged the Federal Government for such health care had not been increased above the amount that the provider would have charged the Federal Government for such health care had the payment not been waived.

TRANSITIONAL HEALTH CARE FOR MEMBERS, OR DEPENDENTS OF MEMBERS, UPON RELEASE OF MEMBER FROM ACTIVE DUTY IN CONNECTION WITH OPERATION DESERT STORM

For provision authorizing transitional health care, including health benefits contracted for under subsec. (a) of this section, for members, or dependents of members, upon release of member from active duty in connection with Operation Desert Storm, see section 313 of Pub. L. 102-25, set out as a note under section 1076 of this title.

§ 1079a. TRICARE program: treatment of refunds and other amounts collected

All refunds and other amounts collected in the administration of the TRICARE program shall be credited to the appropriation available for that program for the fiscal year in which the refund or amount is collected.

(Added Pub. L. 104-201, div. A, title VII, § 733(a)(1), Sept. 23, 1996, 110 Stat. 2597; amended Pub. L. 114-328, div. A, title VII, § 701(j)(1)(D), Dec. 23, 2016, 130 Stat. 2192.)

PRIOR PROVISIONS

Provisions similar to those in this section were contained in the following appropriations acts:

Pub. L. 104-61, title VIII, § 8094, Dec. 1, 1995, 109 Stat. 671.

Pub. L. 103-335, title VIII, § 8144, Sept. 30, 1994, 108 Stat. 2656.

AMENDMENTS

2016—Pub. L. 114-328 substituted “TRICARE program” for “CHAMPUS” in section catchline and “the TRICARE program” for “the Civilian Health and Medical Program of the Uniformed Services” in text.

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.

§ 1079b. Procedures for charging fees for care provided to civilians; retention and use of fees collected

(a) **REQUIREMENT TO IMPLEMENT PROCEDURES.**—The Secretary of Defense shall implement procedures under which a military medical

treatment facility may charge civilians who are not covered beneficiaries (or their insurers) fees representing the costs, as determined by the Secretary, of trauma and other medical care provided to such civilians.

(b) **USE OF FEES COLLECTED.**—A military medical treatment facility may retain and use the amounts collected under subsection (a) for—

- (1) trauma consortium activities;
- (2) administrative, operating, and equipment costs; and
- (3) readiness training.

(Added Pub. L. 107-107, div. A, title VII, § 732(a)(1), Dec. 28, 2001, 115 Stat. 1169.)

DEADLINE FOR IMPLEMENTATION

Pub. L. 107-107, div. A, title VII, § 732(b), Dec. 28, 2001, 115 Stat. 1170, directed the Secretary of Defense to begin to implement the procedures required by subsec. (a) of this section not later than one year after Dec. 28, 2001.

§ 1079c. Provisional coverage for emerging services and supplies

(a) **PROVISIONAL COVERAGE.**—In carrying out the TRICARE program, including pursuant to section 1079(a)(12) of this title, the Secretary of Defense, acting through the Assistant Secretary of Defense for Health Affairs, may provide provisional coverage for the provision of a service or supply if the Secretary determines that such service or supply is widely recognized in the United States as being safe and effective.

(b) **CONSIDERATION OF EVIDENCE.**—In making a determination under subsection (a), the Secretary may consider—

- (1) clinical trials published in refereed medical literature;
- (2) formal technology assessments;
- (3) the positions of national medical policy organizations;
- (4) national professional associations;
- (5) national expert opinion organizations; and
- (6) such other validated evidence as the Secretary considers appropriate.

(c) **INDEPENDENT EVALUATION.**—In making a determination under subsection (a), the Secretary may arrange for an evaluation from the Institute of Medicine of the National Academies or such other independent entity as the Secretary selects.

(d) **DURATION AND TERMS OF COVERAGE.**—(1) Provisional coverage under subsection (a) for a service or supply may be in effect for not longer than a total of five years.

(2) Prior to the expiration of provisional coverage of a service or supply, the Secretary shall determine the coverage, if any, that will follow such provisional coverage and take appropriate action to implement such determination. If the Secretary determines that the implementation of such determination regarding coverage requires legislative action, the Secretary shall make a timely recommendation to Congress regarding such legislative action.

(3) The Secretary, at any time, may—

(A) terminate the provisional coverage under subsection (a) of a service or supply, regardless of whether such termination is before