§ 1096. Military-civilian health services partnership program

(a) RESOURCES SHARING AGREEMENTS.—The Secretary of Defense may enter into an agreement providing for the sharing of resources between facilities of the uniformed services and facilities of a civilian health care provider or providers that the Secretary contracts with under section 1079, 1086, or 1097 of this title if the Secretary determines that such an agreement would result in the delivery of health care to which covered beneficiaries are entitled under this chapter in a more effective, efficient, or economical manner.

(b) ELIGIBLE RESOURCES.—An agreement entered into under subsection (a) may provide for the sharing of—

(1) personnel (including support personnel);

(2) equipment;

(3) supplies; and

(4) any other items or facilities necessary for the provision of health care services.

(c) COMPUTATION OF CHARGES.—A covered beneficiary who is a dependent, with respect to care provided to such beneficiary in facilities of the uniformed services under a sharing agreement entered into under subsection (a), shall pay the charges prescribed by section 1078 of this title.

(d) REIMBURSEMENT FOR LICENSE FEES.—In any case in which it is necessary for a member of the uniformed services to pay a professional license fee imposed by a government in order to provide health care services at a facility of a civilian health care provider pursuant to an agreement entered into under subsection (a), the Secretary of Defense may reimburse the member for up to $500 of the amount of the license fee paid by the member.

(Added Pub. L. 99–661, div. A, title VII, § 701(a)(1), Nov. 14, 1986, 100 Stat. 3894; amended Pub. L. 103–337, div. A, title VII, § 712, Oct. 5, 1994, 108 Stat. 2801; Pub. L. 108–375, div. A, title VI, § 607(b), Oct. 28, 2004, 118 Stat. 1946.)

AMENDMENTS

2004—Subsec. (c). Pub. L. 108–375 inserted ''who is a dependent'' after ''covered beneficiary'' and substituted ''shall pay the charges prescribed by section 1078 of this title.'' for ''shall pay—

''(1) in the case of a dependent, the charges prescribed by section 1078 of this title; and

''(2) in the case of a member or former member entitled to retired or retainer pay, the charges prescribed by section 1075 of this title.''

1994—Subsec. (d). Pub. L. 103–337 added subsec. (d).

PILOT PROGRAM ON CIVILIAN AND MILITARY PARTNERSHIPS TO ENHANCE INTEROPERABILITY AND MEDICAL SURGE CAPABILITY AND CAPACITY OF NATIONAL DISASTER MEDICAL SYSTEM

Pub. L. 116–92, div. A, title VII, § 740, Dec. 20, 2019, 133 Stat. 1465, provided that:

''(a) IN GENERAL.—The Secretary of Defense may carry out a pilot program to establish partnerships with public, private, and nonprofit health care organizations, institutions, and entities in collaboration with the Secretary of Veterans Affairs, the Secretary of Health and Human Services, the Secretary of Homeland Security, and the Secretary of Transportation to enhance the interoperability and medical surge capability and capacity of the National Disaster Medical System under section 2812 of the Public Health Service Act (42 U.S.C. 300hh–11) in the vicinity of major aeromedical and other transport hubs and logistics centers of the Department of Defense.

''(b) DURATION.—The Secretary of Defense may carry out the pilot program under subsection (a) for a period of not more than five years.

''(c) LOCATIONS.—The Secretary shall carry out the pilot program under subsection (a) at not fewer than five aeromedical or other transport hub regions or logistics centers in the United States.

''(d) REQUIREMENTS.—In establishing partnerships under the pilot program under subsection (a), the Secretary, in collaboration with the Secretary of Veterans Affairs, the Secretary of Health and Human Services, the Secretary of Homeland Security, and the Secretary of Transportation, shall establish requirements under such partnerships for staffing, specialized training, medical logistics, telemedicine, patient regulating, movement, situational status reporting, tracking, and surveillance.

''(e) EVALUATION METRICS.—The Secretary of Defense shall establish metrics to evaluate the effectiveness of the pilot program under subsection (a).

''(f) REPORTS.—

''(1) INITIAL REPORT.—

''(A) IN GENERAL.—Not later than 180 days after the commencement of the pilot program under subsection (a), the Secretary shall submit to the Committees on Armed Services of the Senate and the House of Representatives a report on the pilot program.

''(B) ELEMENTS.—The report required by subparagraph (A) shall include the following:

''(i) A description of the pilot program.

''(ii) The requirements established under subsection (d).

''(iii) The evaluation metrics established under subsection (e).

''(iv) Such other matters relating to the pilot program as the Secretary considers appropriate.

''(2) FINAL REPORT.—

''(A) IN GENERAL.—Not later than 180 days after completion of the pilot program under subsection (a), the Secretary shall submit to the Committees on Armed Services of the Senate and the House of Representatives a report on the pilot program.

''(B) ELEMENTS.—The report required by subparagraph (A) shall include the following:

''(i) A description of the pilot program, including the partnerships established under the pilot program as described in subsection (a).

''(ii) An assessment of the effectiveness of the pilot program.

''(iii) An assessment of the cost of the pilot program and an estimate of the cost of making the pilot program a permanent part of the budget of the Department of Defense.

''(iv) Such recommendations for legislative or administrative action as the Secretary considers appropriate in light of the pilot program, including recommendations for extending or making permanent the authority for the pilot program.''

ESTABLISHMENT OF HIGH PERFORMANCE MILITARY-CIVILIAN INTEGRATED HEALTH DELIVERY SYSTEMS

Pub. L. 114–328, div. A, title VII, § 706, Dec. 23, 2016, 130 Stat. 2206, provided that:

''(a) IN GENERAL.—Not later than January 1, 2018, the Secretary of Defense shall establish military-civilian integrated health delivery systems through partnerships with other health systems, including local or regional health systems in the private sector—

''(1) to improve access to health care for covered beneficiaries;

''(2) to enhance the experience of covered beneficiaries in receiving health care;

''(3) to improve health outcomes for covered beneficiaries;

''(4) to share resources between the Department of Defense and the private sector, including such staff,

equipment, and training assets as may be required to carry out such integrated health delivery systems;

''(5) to maintain services within military treatment facilities that are essential for the maintenance of operational medical force readiness skills of health care providers of the Department; and

''(6) to provide members of the Armed Forces with additional training opportunities to maintain such readiness skills.

''(b) ELEMENTS OF SYSTEMS.—Each military-civilian integrated health delivery system established under subsection (a) shall—

''(1) deliver high quality health care as measured by leading national health quality measurement organizations;

''(2) achieve greater efficiency in the delivery of health care by identifying and implementing within each such system improvement opportunities that guide patients through the entire continuum of care, thereby reducing variations in the delivery of health care and preventing medical errors and duplication of medical services;

''(3) improve population-based health outcomes by using a team approach to deliver case management, prevention, and wellness services to high-need and high-cost patients;

''(4) focus on preventive care that emphasizes—

''(A) early detection and timely treatment of disease;

''(B) periodic health screenings; and

''(C) education regarding healthy lifestyle behaviors;

''(5) coordinate and integrate health care across the continuum of care, connecting all aspects of the health care received by the patient, including the patient's health care team;

''(6) facilitate access to health care providers, including—

''(A) after-hours care;

''(B) urgent care; and

''(C) through telehealth appointments, when appropriate;

''(7) encourage patients to participate in making health care decisions;

''(8) use evidence-based treatment protocols that improve the consistency of health care and eliminate ineffective, wasteful health care practices; and

''(9) improve coordination of behavioral health services with primary health care.

''(c) AGREEMENTS.—

''(1) IN GENERAL.—In establishing military-civilian integrated health delivery systems through partnerships under subsection (a), the Secretary shall seek to enter into memoranda of understanding or contracts between military treatment facilities and health maintenance organizations, health care centers of excellence, public or private academic medical institutions, regional health organizations, integrated health systems, accountable care organizations, and such other health systems as the Secretary considers appropriate.

''(2) PRIVATE SECTOR CARE.—Memoranda of understanding and contracts entered into under paragraph (1) shall ensure that covered beneficiaries are eligible to enroll in and receive medical services under the private sector components of military-civilian integrated health delivery systems established under subsection (a).

''(3) VALUE-BASED REIMBURSEMENT METHODOLOGIES.—The Secretary shall incorporate value-based reimbursement methodologies, such as capitated payments, bundled payments, or pay for performance, into memoranda of understanding and contracts entered into under paragraph (1) to reimburse entities for medical services provided to covered beneficiaries under such memoranda of understanding and contracts.

''(4) QUALITY OF CARE.—Each memorandum of understanding or contract entered into under paragraph (1) shall ensure that the quality of services received by covered beneficiaries through a military-civilian integrated health delivery system under such memorandum of understanding or contract is at least comparable to the quality of services received by covered beneficiaries from a military treatment facility.

''(d) COVERED BENEFICIARY DEFINED.—In this section, the term 'covered beneficiary' has the meaning given that term in section 1072 of title 10, United States Code.''

§ 1097. Contracts for medical care for retirees, dependents, and survivors: alternative delivery of health care

(a) IN GENERAL.—The Secretary of Defense, after consulting with the other administering Secretaries, may contract for the delivery of health care to which covered beneficiaries are entitled under this chapter. The Secretary may enter into a contract under this section with any of the following:

(1) Health maintenance organizations.

(2) Preferred provider organizations.

(3) Individual providers, individual medical facilities, or insurers.

(4) Consortiums of such providers, facilities, or insurers.

(b) SCOPE OF COVERAGE UNDER HEALTH CARE PLANS.—A contract entered into under this section may provide for the delivery of—

(1) selected health care services;

(2) total health care services for selected covered beneficiaries; or

(3) total health care services for all covered beneficiaries who reside in a geographical area designated by the Secretary.

(c) COORDINATION WITH FACILITIES OF THE UNIFORMED SERVICES.—The Secretary of Defense may provide for the coordination of health care services provided pursuant to any contract or agreement under this section with those services provided in medical treatment facilities of the uniformed services. Subject to the availability of space and facilities and the capabilities of the medical or dental staff, the Secretary may not deny access to facilities of the uniformed services to a covered beneficiary on the basis of whether the beneficiary enrolled or declined enrollment in any program established under, or operating in connection with, any contract under this section. Notwithstanding the preferences established by sections 1074(b) and 1076 of this title, the Secretary shall, as an incentive for enrollment, establish reasonable preferences for services in facilities of the uniformed services for covered beneficiaries enrolled in any program established under, or operating in connection with, any contract under this section.

(d) COORDINATION WITH OTHER HEALTH CARE PROGRAMS.—In the case of a covered beneficiary who is enrolled in a managed health care program not operated under the authority of this chapter, the Secretary may contract under this section with such other managed health care program for the purpose of coordinating the beneficiary's dual entitlements under such program and this chapter. A managed health care program with which arrangements may be made under this subsection includes any health maintenance organization, competitive medical plan, health care prepayment plan, or other managed care program recognized pursuant to regulations issued by the Secretary.