

of operations in connection with Operation Desert Storm would not exceed the annual deductibles in effect on Nov. 4, 1990, and provided for the credit or reimbursement of excess amounts paid.

**TEMPORARY CHAMPUS PROVISIONS FOR DEPENDENTS OF OPERATION DESERT SHIELD/DESERT STORM ACTIVE DUTY PERSONNEL**

Pub. L. 102-172, title VIII, §8085, Nov. 26, 1991, 105 Stat. 1192, provided that any CHAMPUS health care 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 subsection (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 sec-

tion 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) **WAIVER OF FEES.**—The Secretary may waive a fee that would otherwise be charged under the procedures implemented under subsection (a) to a civilian who is not a covered beneficiary if—

(1) the civilian is unable to pay for the costs of the trauma or other medical care provided to the civilian (including any such costs remaining after the Secretary receives payment from an insurer for such care, as applicable); and

(2) the provision of such care enhances the knowledge, skills, and abilities of health care providers, as determined by the Secretary.

(c) **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; amended Pub. L. 116-283, div. A, title VII, §702, Jan. 1, 2021, 134 Stat. 3686.)

**AMENDMENTS**

2021—Subsecs. (b), (c). Pub. L. 116-283 added subsec. (b) and redesignated former subsec. (b) as (c).

**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;