

“(4) There shall be effective and efficient processes to determine the availability of appointments at military medical treatment facilities and, when unavailable, to make prompt referrals to network providers under the TRICARE program.

“(c) DEADLINE FOR IMPLEMENTATION.—The requirement in subsection (a) shall be implemented for referrals under TRICARE Prime in calendar year 2019.

“(d) EVALUATION AND IMPROVEMENT.—After 2019, the Secretary shall—

“(1) evaluate the referral process described in subsection (a) not less often than annually; and

“(2) make appropriate improvements to the process in light of such evaluations.

“(e) DEFINITIONS.—In this section, the terms ‘TRICARE program’ and ‘TRICARE Prime’ have the meaning given such terms in section 1072 of title 10, United States Code.”

**§ 1095g. TRICARE program: waiver of recoupment of erroneous payments caused by administrative error**

(a) WAIVER OF RECOUPMENT.—The Secretary of Defense may waive recoupment from an individual who has benefitted from an erroneous TRICARE payment in a case in which each of the following applies:

(1) The payment was made because of an administrative error by an employee of the Department of Defense or a contractor under the TRICARE program.

(2) The individual (or in the case of a minor, the parent or guardian of the individual) had a good faith, reasonable belief that the individual was entitled to the benefit of such payment under this chapter.

(3) The individual relied on the expectation of such entitlement.

(4) The Secretary determines that a waiver of recoupment of such payment is necessary to prevent an injustice.

(b) RESPONSIBILITY OF CONTRACTOR.—In any case in which the Secretary waives recoupment under subsection (a) and the administrative error was on the part of a contractor under the TRICARE program, the Secretary shall, consistent with the requirements and procedures of the applicable contract, impose financial responsibility on the contractor for the erroneous payment.

(c) FINALITY OF DETERMINATIONS.—Any determination by the Secretary under this section to waive or decline to waive recoupment under subsection (a) is a final determination and shall not be subject to appeal or judicial review.

(Added Pub. L. 114-92, div. A, title VII, §711(a), Nov. 25, 2015, 129 Stat. 864.)

**§ 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, as amended by Pub. L. 116-283, div. A, title VII, §741, Jan. 1, 2021, 134 Stat. 3705, provided that:

“(a) IN GENERAL.—Beginning not later than September 30, 2021, the Secretary of Defense shall carry out a pilot program to establish partnerships with public, private, and nonprofit health care organizations, health care institutions, health care entities, academic medical centers of institutions of higher education, and hospitals 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).

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

“(c) LEAD OFFICIAL FOR DESIGN AND IMPLEMENTATION OF PILOT PROGRAM.—

“(1) IN GENERAL.—The Assistant Secretary of Defense for Health Affairs shall be the lead official for the design and implementation of the pilot program under subsection (a).

“(2) RESOURCES.—The Assistant Secretary of Defense for Health Affairs shall leverage the resources of the Defense Health Agency for execution of the