ance metrics adopted by the Secretary under section 728 of the National Defense Authorization Act for Fiscal Year 2017.''

2015—Subsec. (c). Pub. L. 114–92 added subsec. (c).

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 2017 AMENDMENT

Pub. L. 115–91, div. A, title X, § 1081(d), Dec. 12, 2017, 131 Stat. 1599, provided that the amendment made by section 1081(d)(3) is effective as of Dec. 23, 2016, and as if included in Pub. L. 114–328 as enacted.

INCLUSION OF DENTAL CARE

For purposes of amendment by Pub. L. 108–375 adding this section, references to medical readiness, health status, and health care to be considered to include dental readiness, dental status, and dental care, see section 740 of Pub. L. 108–375, set out as a note under section 1074 of this title.

INITIAL REPORTS

Pub. L. 108–375, div. A, title VII, § 739(a)(3), Oct. 28, 2004, 118 Stat. 2002, directed that the first reports under this section be completed not later than 180 days after Oct. 28, 2004.

§ 1073c. Administration of Defense Health Agency and military medical treatment facilities

(a) ADMINISTRATION OF MILITARY MEDICAL TREATMENT FACILITIES.—(1) In accordance with paragraph (5), by not later than September 30, 2021, the Director of the Defense Health Agency shall be responsible for the administration of each military medical treatment facility, including with respect to—

(A) provision and delivery of health care within each such facility;

(B) management of privileging, scope of practice, and quality of health care provided within each such facility;

(C) budgetary matters;

(D) information technology;

(E) health care administration and management;

(F) supply and equipment;

(G) administrative policy and procedure;

(H) military medical construction; and

(I) any other matters the Secretary of Defense determines appropriate.

(2) In addition to the responsibilities set forth in paragraph (1), the Director of the Defense Health Agency shall, commencing when the Director begins to exercise responsibilities under that paragraph, have the authority—

(A) to direct, control, and serve as the primary rater of the performance of commanders or directors of military medical treatment facilities;

(B) to direct and control any intermediary organizations between the Defense Health Agency and military medical treatment facilities;

(C) to determine the scope of medical care provided at each military medical treatment facility to meet the military personnel readiness requirements of the senior military operational commander of the military installation;

(D) to identify the capacity of each military medical treatment facility to support clinical readiness standards of health care providers established by the Secretary of a military department or the Assistant Secretary of Defense for Health Affairs;

(E) to determine total workforce requirements at each military medical treatment facility;

(F) to determine, in coordination with each Secretary of a military department, manning, including joint manning, assigned to military medical treatment facilities and intermediary organizations;

(G) to select, after considering nominations from the Secretaries of the military departments, commanders or directors of military medical treatment facilities;

(H) to address personnel staffing shortages at military medical treatment facilities; and

(I) to select among service nominations for commanders or directors of military medical treatment facilities.

(3) The military commander or director of each military medical treatment facility shall be responsible for—

(A) on behalf of the military departments, ensuring the readiness of the members of the armed forces at such facility; and

(B) on behalf of the Defense Health Agency, furnishing the health care and medical treatment provided at such facility.

(4) If the Secretary of Defense determines it appropriate, a military director (or any other senior military officer or officers) of a military medical treatment facility may be a commanding officer for purposes of chapter 47 of this title (the Uniform Code of Military Justice) with respect to military personnel assigned to the military medical treatment facility.

(5) The Secretary of Defense shall establish a timeline to ensure that each Secretary of a military department transitions the administration of military medical treatment facilities from such Secretary to the Director of the Defense Health Agency pursuant to paragraph (1) by the date specified in such paragraph.

(6) The Secretary of Defense shall establish within the Defense Health Agency a professional staff to provide policy, oversight, and direction to carry out paragraphs (1) and (2). The Secretary shall carry out this paragraph by appointing the positions specified in subsections (b) and (c).

(b) DHA ASSISTANT DIRECTOR.—(1) There is in the Defense Health Agency an Assistant Director for Health Care Administration. The Assistant Director shall—

(A) be a career appointee within the Department; and

(B) report directly to the Director of the Defense Health Agency.

(2) The Assistant Director shall be appointed from among individuals who have the education and experience to perform the responsibilities of the position.

(3) The Assistant Director shall be responsible for the following:

(A) Establishing priorities for health care administration and management.

(B) Establishing policies, procedures, and direction for the provision of direct care at military medical treatment facilities.

(C) Establishing priorities for budgeting matters with respect to the provision of direct care at military medical treatment facilities.

(D) Establishing policies, procedures, and direction for clinic management and operations at military medical treatment facilities.

(E) Establishing priorities for information technology at and between the military medical treatment facilities.

(c) DHA DEPUTY ASSISTANT DIRECTORS.—(1)(A) There is in the Defense Health Agency a Deputy Assistant Director for Information Operations.

(B) The Deputy Assistant Director for Information Operations shall be responsible for policies, management, and execution of information technology operations at and between the military medical treatment facilities.

(2)(A) There is in the Defense Health Agency a Deputy Assistant Director for Financial Operations.

(B) The Deputy Assistant Director for Financial Operations shall be responsible for the policy, procedures, and direction of budgeting matters and financial management with respect to the provision of direct care at military medical treatment facilities.

(3)(A) There is in the Defense Health Agency a Deputy Assistant Director for Health Care Operations.

(B) The Deputy Assistant Director for Health Care Operations shall be responsible for the policy, procedures, and direction of health care administration in the military medical treatment facilities.

(4)(A) There is in the Defense Health Agency a Deputy Assistant Director for Medical Affairs.

(B) The Deputy Assistant Director for Medical Affairs shall be responsible for policy, procedures, and direction of clinical quality and process improvement, patient safety, infection control, graduate medical education, clinical integration, utilization review, risk management, patient experience, and civilian physician recruiting at military medical treatment facilities.

(5) Each Deputy Assistant Director appointed under paragraph (3) or (4) shall report directly to the Assistant Director for Health Care Administration.

(d) CERTAIN RESPONSIBILITIES OF DHA DIRECTOR.—(1) In addition to the other duties of the Director of the Defense Health Agency, the Director shall coordinate with the Joint Staff Surgeon to ensure that the Director most effectively carries out the responsibilities of the Defense Health Agency as a combat support agency under section 193 of this title.

(2) The responsibilities of the Director shall include the following:

(A) Ensuring that the Defense Health Agency meets the operational needs of the commanders of the combatant commands.

(B) Coordinating with the military departments to ensure that the staffing at the military medical treatment facilities supports readiness requirements for members of the armed forces and health care personnel.

(C) Ensuring that the Defense Health Agency meets the military medical readiness requirements of the senior military operational commanders of the military installations.

(e) ADDITIONAL DHA ORGANIZATIONS.—Not later than September 30, 2022, the Secretary of Defense shall, acting though the Director of the Defense Health Agency, establish within the Defense Health Agency the following:

(1) A subordinate organization, to be called the Defense Health Agency Research and Development—

(A) led, at the election of the Director, by a director or commander (to be called the Director or Commander of Defense Health Agency Research and Development);

(B) comprised of the Army Medical Research and Materiel Command and such other medical research organizations and activities of the armed forces as the Secretary considers appropriate; and

(C) responsible for coordinating funding for Defense Health Program Research, Development, Test, and Evaluation, the Congressionally Directed Medical Research Program, and related Department of Defense medical research.

(2) A subordinate organization, to be called the Defense Health Agency Public Health—

(A) led, at the election of the Director, by a director or commander (to be called the Director or Commander of Defense Health Agency Public Health); and

(B) comprised of the Army Public Health Command, the Navy–Marine Corps Public Health Command, Air Force public health programs, and any other related defense health activities that the Secretary considers appropriate, including overseas laboratories focused on preventive medicine, environmental health, and similar matters.

(f) CONSULTATIONS ON MEDICAL RESEARCH OF MILITARY DEPARTMENTS.—In establishing the Defense Health Agency Research and Development pursuant to subsection (e)(1), and on a basis that is not less frequent than semiannually thereafter, the Secretary of Defense shall carry out recurring consultations with each military department regarding the plans and requirements for military medical research organizations and activities of the military department.

(g) TREATMENT OF DEPARTMENT OF DEFENSE FOR PURPOSES OF PERSONNEL ASSIGNMENT.—In implementing this section—

(1) the Department of Defense shall be considered a single agency for purposes of civilian personnel assignment under title 5; and

(2) the Secretary of Defense may reassign any employee of a component of the Department of Defense or a military department in a position in the civil service (as defined in section 2101 of title 5) to any other component of the Department of Defense or military department.

(h) DEFINITIONS.—In this section:

(1) The term ''career appointee'' has the meaning given that term in section 3132(a)(4) of title 5.

(2) The term ''Defense Health Agency'' means the Defense Agency established pursuant to Department of Defense Directive 5136.13, or such successor Defense Agency.

(3) The term ''military medical treatment facility'' means—

(A) any fixed facility of the Department of Defense that is outside of a deployed environment and used primarily for health care; and

(B) any other location used for purposes of providing health care services as designated by the Secretary of Defense.

(Added Pub. L. 114–328, div. A, title VII, §702(a)(1), Dec. 23, 2016, 130 Stat. 2193; amended Pub. L. 115–91, div. A, title VII, §713, title X, §1081(a)(23), Dec. 12, 2017, 131 Stat. 1437, 1595; Pub. L. 115–232, div. A, title VII, §711(a)(1), (2), (b)(1), Aug. 13, 2018, 132 Stat. 1806, 1807; Pub. L. 116–92, div. A, title VII, §711, title XVII, §1731(a)(22), Dec. 20, 2019, 133 Stat. 1441, 1813; Pub. L. 116–283, div. A, title X, §1081(a)(24), Jan. 1, 2021, 134 Stat. 3872; Pub. L. 117–81, div. A, title VII, §§711, 712(a), Dec. 27, 2021, 135 Stat. 1783.)

Editorial Notes

AMENDMENTS

2021—Subsec. (a)(4), (6). Pub. L. 116–283 redesignated par. (6) relating to authorization of military director or other senior military officer to serve as a commanding officer as (4) and moved it to appear before par. (5).

Subsec. (c)(5). Pub. L. 117–81, §711, substituted ''paragraph (3) or (4)'' for ''paragraphs (1) through (4)''.

Subsecs. (f) to (h). Pub. L. 117–81, §712(a), added subsec. (f) and redesignated former subsecs. (f) and (g) as (g) and (h), respectively.

2019—Subsec. (a)(1). Pub. L. 116–92, §711(f)(1), substituted ''paragraph (5)'' for ''paragraph (4)'' in introductory provisions.

Pub. L. 116–92, §711(a)(1), added subpars. (A), (B), and (F) and redesignated former subpars. (A), (B), (C), (D), (E), and (F) as (C), (D), (E), (G), (H), and (I), respectively.

Subsec. (a)(2)(D) to (I). Pub. L. 116–92, §711(a)(2), added subpars. (D), (F), and (G), redesignated former subpars. (D), (E), (F), and (G) as (E), (F), (H), and (I), respectively, and struck out subpar. (F) as so redesignated. Prior to repeal, the redesignated subpar. (F) read as follows: ''to direct joint manning at military medical treatment facilities and intermediary organizations;''.

Subsec. (a)(3)(A). Pub. L. 116–92, §711(a)(3)(A), inserted ''on behalf of the military departments,'' before ''ensuring'' and struck out ''and civilian employees'' after ''armed forces''.

Subsec. (a)(3)(B). Pub. L. 116–92, §711(a)(3)(B), inserted ''on behalf of the Defense Health Agency,'' before ''furnishing''.

Subsec. (a)(4). Pub. L. 116–92, §711(f)(4), which directed moving the second par. (4) so as to appear before par. (5), could not be executed because of the intervening amendment by Pub. L. 116–92, §1731(a)(22). See below.

Pub. L. 116–92, §711(f)(3), redesignated par. (4) relating to timeline for transition of administration of military medical treatment facilities as (5).

Pub. L. 116–92, §1731(a)(22), redesignated par. (4) relating to authorization of military director or other senior military officer to serve as a commanding officer as (6). Amendment executed before amendment by section 711(f)(4) of Pub. L. 116–92, see above, pursuant to section 1731(f) of Pub. L. 116–92, set out as a Coordination of Certain Sections of an Act With Other Provisions of That Act note under section 101 of this title.

Subsec. (a)(5). Pub. L. 116–92, §711(f)(3), redesignated par. (4) relating to timeline for transition of administration of military medical treatment facilities as (5). Former par. (5) redesignated (6) relating to establishment of professional staff.

Subsec. (a)(6). Pub. L. 116–92, §711(f)(2), redesignated par. (5) as (6) relating to establishment of professional staff.

Pub. L. 116–92, §1731(a)(22), redesignated par. (4) relating to authorization of military director or other senior military officer to serve as a commanding officer as (6).

Subsec. (b)(2). Pub. L. 116–92, §711(b), substituted ''the education and experience to perform the responsibilities of the position.'' for ''equivalent education and experience as a chief executive officer leading a large, civilian health care system.''

Subsec. (c)(2)(B). Pub. L. 116–92, §711(c)(1), substituted ''at military medical treatment facilities'' for ''across the military health system''.

Subsec. (c)(4)(B). Pub. L. 116–92, §711(c)(2), inserted ''at military medical treatment facilities'' before period at end.

Subsecs. (f), (g). Pub. L. 116–92, §711(d), added subsec. (f) and redesignated former subsec. (f) as (g).

Subsec. (g)(3). Pub. L. 116–92, §711(e), added par. (3).

2018—Subsec. (a)(1). Pub. L. 115–232, §711(a)(1)(A), substituted ''In accordance with paragraph (4), by not later than September 30, 2021,'' for ''Beginning October 1, 2018,'' in introductory provisions.

Subsec. (a)(2), (3). Pub. L. 115–232, §711(a)(1)(B), (C), added par. (2) and redesignated former par. (2) as (3). Former par. (3) redesignated (5).

Subsec. (a)(4). Pub. L. 115–232, §711(a)(1)(D), added par. (4) relating to timeline for transition of administration of military medical treatment facilities.

Subsec. (a)(5). Pub. L. 115–232, §711(a)(1)(B), (E), redesignated par. (3) as (5) and substituted ''paragraphs (1) and (2)'' for ''subsection (a)''.

Subsec. (d)(2)(C). Pub. L. 115–232, §711(a)(2), added subpar. (C).

Subsecs. (e), (f). Pub. L. 115–232, §711(b)(1), added subsec. (e) and redesginated former subsec. (e) as (f).

2017—Subsec. (a)(1)(E). Pub. L. 115–91, §§713(1), 1081(a)(23), amended subpar. (E) identically, substituting ''military'' for ''miliary''.

Subsec. (a)(2). Pub. L. 115–91, §713(2), substituted ''military commander or director'' for ''commander'' in introductory provisions.

Subsec. (a)(4). Pub. L. 115–91, §713(3), added par. (4) relating to authorization of military director or other senior military officer to serve as a commanding officer.

Statutory Notes and Related Subsidiaries

REQUIREMENTS FOR CONSULTATIONS RELATING TO MILITARY MEDICAL RESEARCH AND DEFENSE HEALTH AGENCY RESEARCH AND DEVELOPMENT

Pub. L. 117–81, div. A, title VII, §712(b), (c), Dec. 27, 2021, 135 Stat. 1783, 1784, provided that:

''(b) REQUIREMENTS FOR CONSULTATIONS.—The Secretary of Defense shall ensure that consultations are carried out under section 1073c(f) of title 10, United States Code (as added by subsection (a)), to include the plans of each military department to ensure a comprehensive transition of any military medical research organizations of the military department with respect to the establishment of the Defense Health Agency Research and Development.

''(c) DEADLINE FOR INITIAL CONSULTATIONS.—Initial consultations shall be carried out under section 1073c(f) of title 10, United States Code (as added by subsection (a)), with each military department by not later than March 1, 2022.''

LIMITATION ON CLOSURES AND DOWNSIZINGS IN CONNECTION WITH TRANSITION OF ADMINISTRATION

Pub. L. 115–232, div. A, title VII, §711(a)(3), Aug. 13, 2018, 132 Stat. 1807, provided that: ''In carrying out the transition of responsibility for the administration of military medical treatment facilities pursuant to subsection (a) of section 1073c of title 10, United States Code (as amended by paragraph (1)), and in addition to any other applicable requirements under section 1073d of that title, the Secretary of Defense may not close any military medical treatment facility, or downsize any medical center, hospital, or ambulatory care center (as specified in section 1073d of that title), that ad-

dresses the medical needs of beneficiaries and the community in the vicinity of such facility, center, hospital, or care center until the Secretary submits to the congressional defense committees [Committees on Armed Services and Appropriations of the Senate and the House of Representatives] a report setting forth the following:

''(A) A description of the methodology and criteria to be used by the Secretary to make decisions to close any military medical treatment facility, or to downsize any medical center, hospital, or ambulatory care center, in connection with the transition, including input from the military department concerned.

''(B) A requirement that no closure of a military medical treatment facility, or downsizing of a medical center, hospital, or ambulatory care center, in connection with the transition will occur until 90 days after the date on which Secretary submits to the Committees on Armed Services of the Senate and the House of Representatives a report on the closure or downsizing.''

SUPPORT BY MILITARY HEALTHCARE SYSTEM OF MEDICAL REQUIREMENTS OF COMBATANT COMMANDS

Pub. L. 117–81, div. A, title VII, §731(b)(1), Dec. 27, 2021, 135 Stat. 1796, provided that: ''The Secretaries of the military departments shall ensure that the Surgeons General of the Armed Forces carry out fully the requirements of section 712(b)(3) of the John S. McCain National Defense Authorization Act for Fiscal Year 2019 (Public Law 115–232; 10 U.S.C. 1073c note) [set out below] by not later than September 30, 2022.''

Pub. L. 115–232, div. A, title VII, §712, Aug. 13, 2018, 132 Stat. 1809, as amended by Pub. L. 116–92, div. A, title VII, §712(a), (b)(1), Dec. 20, 2019, 133 Stat. 1443–1445, provided that:

''(a) ORGANIZATIONAL FRAMEWORK REQUIRED.—

''(1) IN GENERAL.—The Secretary of Defense shall, acting through the Secretaries of the military departments, the Defense Health Agency, and the Joint Staff, implement an organizational framework of the military health system that effectively and efficiently implements chapter 55 of title 10, United States Code, to maximize the readiness of the medical force, promote interoperability, and integrate medical capabilities of the Armed Forces in order to enhance joint military medical operations in support of requirements of the combatant commands.

''(2) COMPLIANCE WITH CERTAIN REQUIREMENTS.—The organizational framework, as implemented, shall comply with all requirements of section 1073c of title 10, United States Code, except for the implementation date specified in subsection (a) of such section.

''(b) ADDITIONAL DUTIES OF SURGEONS GENERAL OF THE ARMED FORCES.—The Surgeons General of the Armed Forces shall have the following duties:

''(1) To ensure the readiness for operational deployment of medical and dental personnel and deployable medical or dental teams or units of the Armed Force or Armed Forces concerned.

''(2) To meet medical readiness standards, subject to standards and metrics established by the Assistant Secretary of Defense for Health Affairs.

''(3) With respect to uniformed medical and dental personnel of the military department concerned—

''(A) to assign such personnel—

''(i) primarily to military medical treatment facilities, under the operational control of the commander or director of the facility; or

''(ii) secondarily to partnerships with civilian or other medical facilities for training activities specific to such military department; and

''(B) to maintain readiness of such personnel for operational deployment.

''(4) To provide logistical support for operational deployment of medical and dental personnel and deployable medical or dental teams or units of the Armed Force or Armed Forces concerned.

''(5) To oversee mobilization and demobilization in connection with the operational deployment of medical and dental personnel of the Armed Force or Armed Forces concerned.

''(6) To develop operational medical capabilities required to support the warfighter, and to develop policy relating to such capabilities.

''(7) To provide health professionals to serve in leadership positions across the military healthcare system.

''(8) To deliver operational clinical services under the operational control of the combatant commands—

''(A) on ships and planes; and

''(B) on installations outside of military medical treatment facilities.

''(9) To manage privileging, scope of practice, and quality of health care in the settings described in paragraph (8).

''(c) DEFENSE HEALTH AGENCY REGIONS IN CONUS.—The organizational framework required by subsection (a) shall meet the requirements as follows:

''(1) DEFENSE HEALTH AGENCY REGIONS.—There shall be not more than two Defense Health Agency regions in the continental United States.

''(2) LEADERS.—Each region under paragraph (1) shall be led by a commander or director who is a member of the Armed Forces serving in a grade not higher than major general or rear admiral, and who—

''(A) shall be selected by the Director of the Defense Health Agency from among members of the Armed Forces recommended by the Secretaries of the military departments for service in such position; and

''(B) shall be under the authority, direction, and control of the Director while serving in such position.

''(d) DEFENSE HEALTH AGENCY REGIONS OCONUS.—The organizational framework required by subsection (a) shall provide for the establishment of not more than two Defense Health Agency regions outside the continental United States in order—

''(1) to enhance joint military medical operations in support of the requirements of the combatant commands in such region or regions, with a specific focus on current and future contingency and operational plans;

''(2) to ensure the provision of high-quality healthcare services to beneficiaries; and

''(3) to improve the interoperability of healthcare delivery systems in the defense health regions (whether under this subsection, subsection (c), or both).

''(e) PLANNING AND COORDINATION.—

''(1) SUSTAINMENT OF CLINICAL COMPETENCIES AND STAFFING.—The Director of the Defense Health Agency shall—

''(A) provide in each defense health region under this section healthcare delivery venues for uniformed medical and dental personnel to obtain operational clinical competencies; and

''(B) coordinate with the military departments to ensure that staffing at military medical treatment facilities in each region supports readiness requirements for members of the Armed Forces and military medical personnel.

''(2) OVERSIGHT AND ALLOCATION OF RESOURCES.—

''(A) IN GENERAL.—The Secretaries of the military departments shall coordinate with the Chairman of the Joint Chiefs of Staff to direct resources allocated to the military departments to support requirements related to readiness and operational medicine support that are established by the combatant commands and validated by the Joint Staff.

''(B) SUPPLY AND DEMAND FOR MEDICAL SERVICES.—The Director of the Defense Health Agency, in coordination with the Assistant Secretary of Defense for Health Affairs, shall—

''(i) validate supply and demand requirements for medical and dental services at each military medical treatment facility;

''(ii) in coordination with the Surgeons General of the Armed Forces, provide currency workload

for uniformed medical and dental personnel at each such facility to maintain skills proficiency; and

''(iii) if workload is insufficient to meet requirements, identify alternative training and clinical practice sites for uniformed medical and dental personnel, and establish military-civilian training partnerships, to provide such workload.

''(3) MEDICAL FORCE REQUIREMENTS OF THE COMBATANT COMMANDS.—The Surgeon General of each Armed Force shall, on behalf of the Secretary concerned, ensure that the uniformed medical and dental personnel serving in such Armed Force receive training and clinical practice opportunities necessary to ensure that such personnel are capable of meeting the operational medical force requirements of the combatant commands applicable to such personnel. Such training and practice opportunities shall be provided primarily through programs and activities of the Defense Health Agency, in coordination with the Secretaries of the military departments, and by such other mechanisms as the Secretary of Defense shall designate for purposes of this paragraph.

''(4) CONSTRUCTION OF DUTIES.—The duties of a Surgeon General of the Armed Forces under this subsection are in addition to the duties of such Surgeon General under section 3036, 5137, or 8036 of title 10, United States Code, as applicable.

''(5) MANPOWER.—

''(A) ADMINISTRATIVE CONTROL OF MILITARY PERSONNEL.—Each Secretary of a military department shall exercise administrative control of members of the Armed Forces assigned to military medical treatment facilities, including personnel assignment and issuance of military orders.

''(B) OVERSIGHT OF CERTAIN PERSONNEL BY THE DIRECTOR OF THE DEFENSE HEALTH AGENCY.—In situations in which members of the Armed Forces provide health care services at a military medical treatment facility, the Director of the Defense Health Agency shall maintain operational control over such members and oversight for the provision of care delivered by such members through policies, procedures, and privileging responsibilities of the military medical treatment facility.

''(f) REPORT.—Not later than 270 days after the date of the enactment of this Act [Aug. 13, 2018], the Secretary of Defense shall submit to the Committees on Armed Services of the Senate and the House of Representatives a report that sets forth the following:

''(1) A description of the organizational structure of the office of each Surgeon General of the Armed Forces, and of any subordinate organizations of the Armed Forces that will support the functions and responsibilities of a Surgeon General of the Armed Forces.

''(2) The manning documents for staffing in support of the organizational structures described pursuant to paragraph (1), including manning levels before and after such organizational structures are implemented.

''(3) Such recommendations for legislative or administrative action as the Secretary considers appropriate in connection with the implementation of such organizational structures and, in particular, to avoid duplication of functions and tasks between the organizations in such organizational structures and the Defense Health Agency.''

SELECTION OF MILITARY COMMANDERS AND DIRECTORS OF MILITARY MEDICAL TREATMENT FACILITIES

Pub. L. 115–91, div. A, title VII, § 722, Dec. 12, 2017, 131 Stat. 1441, provided that:

''(a) IN GENERAL.—Not later than January 1, 2019, the Secretary of Defense, in consultation with the Secretaries of the military departments, shall establish the common qualifications and core competencies required for an individual to serve as a military commander or director of a military medical treatment facility.

''(b) OBJECTIVE.—The objective of the Secretary under this section shall be to ensure that each individual selected to serve as a military commander or director of a military medical treatment facility is highly qualified to serve as health system executive.

''(c) STANDARDS.—In establishing common qualifications and core competencies under subsection (a), the Secretary shall include standards with respect to the following:

''(1) Professional competence.

''(2) Moral and ethical integrity and character.

''(3) Formal education in health care executive leadership and in health care management.

''(4) Such other matters the Secretary determines to be appropriate.''

APPOINTMENTS

Pub. L. 114–328, div. A, title VII, § 702(c), Dec. 23, 2016, 130 Stat. 2196, provided that: ''The Secretary of Defense shall make appointments of the positions under section 1073c of title 10, United States Code, as added by subsection (a)—

''(1) by not later than October 1, 2018; and

''(2) by not increasing the number of full-time equivalent employees of the Defense Health Agency.''

§ 1073d. Military medical treatment facilities

(a) IN GENERAL.—To support the medical readiness of the armed forces and the readiness of medical personnel, the Secretary of Defense, in consultation with the Secretaries of the military departments, shall maintain the military medical treatment facilities described in subsections (b), (c), and (d).

(b) MEDICAL CENTERS.—(1) The Secretary of Defense shall maintain medical centers in areas with a large population of members of the armed forces and covered beneficiaries.

(2) Medical centers shall serve as referral facilities for members and covered beneficiaries who require comprehensive health care services that support medical readiness.

(3) Medical centers shall consist of the following:

(A) Inpatient and outpatient tertiary care facilities that incorporate specialty and subspecialty care.

(B) Graduate medical education programs.

(C) Residency training programs.

(D) Level one or level two trauma care capabilities.

(4) The Secretary may designate a medical center as a regional center of excellence for unique and highly specialized health care services, including with respect to polytrauma, organ transplantation, and burn care.

(c) HOSPITALS.—(1) The Secretary of Defense shall maintain hospitals in areas where civilian health care facilities are unable to support the health care needs of members of the armed forces and covered beneficiaries.

(2) Hospitals shall provide—

(A) inpatient and outpatient health services to maintain medical readiness; and

(B) such other programs and functions as the Secretary determines appropriate.

(3) Hospitals shall consist of inpatient and outpatient care facilities with limited specialty care that the Secretary determines—

(A) is cost effective; or

(B) is not available at civilian health care facilities in the area of the hospital.

(d) AMBULATORY CARE CENTERS.—(1) The Secretary of Defense shall maintain ambulatory