

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 indi-

vidual 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

care centers in areas where civilian health care facilities are able to support the health care needs of members of the armed forces and covered beneficiaries.

(2) Ambulatory care centers shall provide the outpatient health services required to maintain medical readiness, including with respect to partnerships established pursuant to section 706 of the National Defense Authorization Act for Fiscal Year 2017.

(3) Ambulatory care centers shall consist of 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 ambulatory care center.

(e) MAINTENANCE OF INPATIENT CAPABILITIES AT MILITARY MEDICAL TREATMENT FACILITIES LOCATED OUTSIDE THE UNITED STATES.—(1) In carrying out subsection (a), the Secretary of Defense shall ensure that each covered facility maintains, at a minimum, inpatient capabilities that the Secretary determines are similar to the inpatient capabilities of such facility on September 30, 2016.

(2) The Secretary may not eliminate the inpatient capabilities of a covered facility until the day that is 180 days after the Secretary provides a briefing to the Committees on Armed Services of the Senate and the House of Representatives regarding the proposed elimination. During any such briefing, the Secretary shall certify the following:

(A) The Secretary has entered into agreements with hospitals or medical centers in the host nation of such covered facility that—

(i) replace the inpatient capabilities the Secretary proposes to eliminate; and

(ii) ensure members of the armed forces and covered beneficiaries who receive health care from such covered facility, have, within a distance the Secretary determines is reasonable, access to quality health care, including case management and translation services.

(B) The Secretary has consulted with the commander of the geographic combatant command in which such covered facility is located to ensure that the proposed elimination would have no impact on the operational plan for such geographic combatant command.

(C) Before the Secretary eliminates the inpatient capabilities of such covered facility, the Secretary shall provide each member of the armed forces or covered beneficiary who receives health care from the covered facility with—

(i) a transition plan for continuity of health care for such member or covered beneficiary; and

(ii) a public forum to discuss the concerns of the member or covered beneficiary regarding the proposed reduction.

(3) In this subsection, the term “covered facility” means a military medical treatment facility located outside the United States.

(Added Pub. L. 114–328, div. A, title VII, § 703(a)(1), Dec. 23, 2016, 130 Stat. 2197; amended

Pub. L. 115–91, div. A, title VII, § 711, Dec. 12, 2017, 131 Stat. 1436.)

Editorial Notes

REFERENCES IN TEXT

Section 706 of the National Defense Authorization Act for Fiscal Year 2017, referred to in subsec. (d)(2), is section 706 of Pub. L. 114–328, which is set out as a note under section 1096 of this title.

AMENDMENTS

2017—Subsec. (e). Pub. L. 115–91 added subsec. (e).

Statutory Notes and Related Subsidiaries

ESTABLISHMENT OF CENTERS OF EXCELLENCE FOR ENHANCED TREATMENT OF OCULAR INJURIES

Pub. L. 117–81, div. A, title VII, § 721, Dec. 27, 2021, 135 Stat. 1791, provided that:

“(a) IN GENERAL.—Not later than October 1, 2023, the Secretary of Defense, acting through the Director of the Defense Health Agency, shall establish within the Defense Health Agency not fewer than four regional centers of excellence for the enhanced treatment of—

“(1) ocular wounds or injuries; and

“(2) vision dysfunction related to traumatic brain injury.

“(b) LOCATION OF CENTERS.—Each center of excellence established under subsection (a) shall be located at a military medical center that provides graduate medical education in ophthalmology and related subspecialties and shall be the primary center for providing specialized medical services for vision for members of the Armed Forces in the region in which the center of excellence is located.

“(c) POLICIES FOR REFERRAL OF BENEFICIARIES.—Not later than October 1, 2023, the Director of the Defense Health Agency shall publish on a publicly available internet website of the Department of Defense policies for the referral of eligible beneficiaries of the Department to centers of excellence established under subsection (a) for evaluation and treatment.

“(d) IDENTIFICATION OF MEDICAL PERSONNEL BILLETS AND STAFFING.—The Secretary of each military department, in conjunction with the Joint Staff Surgeon and the Director of the Defense Health Agency, shall identify specific medical personnel billets essential for the evaluation and treatment of ocular sensory injuries and ensure that centers of excellence established under subsection (a) are staffed with such personnel at the level required for the enduring medical support of each such center.

“(e) BRIEFING.—Not later than December 31, 2023, the Secretary of Defense shall provide to the Committees on Armed Services of the Senate and the House of Representatives a briefing that—

“(1) describes the establishment of each center of excellence established under subsection (a), to include the location, capability, and capacity of each such center;

“(2) describes the referral policy published by the Defense Health Agency under subsection (c);

“(3) identifies the medical personnel billets identified under subsection (d); and

“(4) provides a plan for the staffing of personnel at such centers to ensure the enduring medical support of each such center.

“(f) MILITARY MEDICAL CENTER DEFINED.—In this section, the term ‘military medical center’ means a medical center described in section 1073d(b) of title 10, United States Code.”

SATELLITE CENTERS

Pub. L. 114–328, div. A, title VII, § 703(a)(3), Dec. 23, 2016, 130 Stat. 2198, provided that: “In addition to the centers of excellence designated under section 1073d(b)(4) of title 10, United States Code, as added by

paragraph (1), the Secretary of Defense may establish satellite centers of excellence to provide specialty care for certain conditions, including with respect to—

- “(A) post-traumatic stress;
- “(B) traumatic brain injury; and
- “(C) such other conditions as the Secretary considers appropriate.”

LIMITATION ON RESTRUCTURE AND REALIGNMENT OF
MILITARY MEDICAL TREATMENT FACILITIES

Pub. L. 114-328, div. A, title VII, § 703(b), (e), Dec. 23, 2016, 130 Stat. 2198, 2200, provided that:

“(b) EXCEPTION.—In carrying out section 1073d of title 10, United States Code, as added by subsection (a)(1), the Secretary of Defense may not restructure or realign the infrastructure of, or modify the health care services provided by, a military medical treatment facility unless the Secretary determines that, if such a restructure, realignment, or modification will eliminate the ability of a covered beneficiary to access health care services at a military medical treatment facility, the covered beneficiary will be able to access such health care services through the purchased care component of the TRICARE program.”

“(e) DEFINITIONS.—In this section [enacting this section and provisions set out as notes under this section], the terms ‘covered beneficiary’ and ‘TRICARE program’ have the meaning given those terms in section 1072 of title 10, United States Code.”

§ 1073e. Protection of armed forces from infectious diseases

(a) PROTECTION.—The Secretary of Defense shall develop and implement a plan to ensure that the armed forces have the diagnostic equipment, testing capabilities, and personal protective equipment necessary to protect members of the armed forces from the threat of infectious diseases and to treat members who contract infectious diseases.

(b) REQUIREMENTS.—In carrying out subsection (a), the Secretary shall ensure the following:

(1) Each military medical treatment facility has the testing capabilities described in such subsection, as appropriate for the mission of the facility.

(2) Each deployed naval vessel has access to the testing capabilities described in such subsection.

(3) Members of the armed forces deployed in support of a contingency operation outside of the United States have access to the testing capabilities described in such subsection, including at field hospitals, combat support hospitals, field medical stations, and expeditionary medical facilities.

(4) The Department of Defense maintains—

(A) a 30-day supply of personal protective equipment in a quantity sufficient for each member of the armed forces, including the reserve components thereof; and

(B) the capability to rapidly resupply such equipment.

(c) RESEARCH AND DEVELOPMENT.—(1) The Secretary shall include with the defense budget materials (as defined by section 231(f) of this title) for a fiscal year a plan to research and develop vaccines, diagnostics, and therapeutics for infectious diseases.

(2) The Secretary shall ensure that the medical laboratories of the Department of Defense are equipped with the technology needed to facilitate rapid research and development of vac-

cines, diagnostics, and therapeutics in the case of a pandemic.

(Added Pub. L. 116-283, div. A, title VII, § 712(a), Jan. 1, 2021, 134 Stat. 3691.)

§ 1073f. Health care fraud and abuse prevention program

(a) PROGRAM AUTHORIZED.—(1) The Secretary of Defense may carry out a program under this section to prevent and remedy fraud and abuse in the health care programs of the Department of Defense.

(2) At the discretion of the Secretary, such program may be administered jointly by the Inspector General of the Department of Defense and the Director of the Defense Health Agency.

(3) In carrying out such program, the authorities granted to the Secretary of Defense and the Inspector General of the Department of Defense under section 1128A(m) of the Social Security Act (42 U.S.C. 1320a-7a(m)) shall be available to the Secretary and the Inspector General.

(b) CIVIL MONETARY PENALTIES.—(1) Except as provided in paragraph (2), the provisions of section 1128A of the Social Security Act (42 U.S.C. 1320a-7a) shall apply with respect to any civil monetary penalty imposed in carrying out the program authorized under subsection (a).

(2) Consistent with section 1079a of this title, amounts recovered in connection with any such civil monetary penalty imposed—

(A) shall be credited to appropriations available as of the time of the collection for expenses of the health care program of the Department of Defense affected by the fraud and abuse for which such penalty was imposed; and

(B) may be used to support the administration of the program authorized under subsection (a), including to support any inter-agency agreements entered into under subsection (d).

(c) INTERAGENCY AGREEMENTS.—The Secretary of Defense may enter into agreements with the Secretary of Health and Human Services, the Attorney General, or the heads of other Federal agencies, for the effective and efficient implementation of the program authorized under subsection (a).

(d) RULE OF CONSTRUCTION.—Joint administration of the program authorized under subsection (a) may not be construed as limiting the authority of the Inspector General of the Department of Defense under any other provision of law.

(e) FRAUD AND ABUSE DEFINED.—In this section, the term “fraud and abuse” means any conduct specified in subsection (a) or (b) of section 1128A of the Social Security Act (42 U.S.C. 1320a-7a).

(Added Pub. L. 117-81, div. A, title VII, § 713(a), Dec. 27, 2021, 135 Stat. 1784.)

§ 1074. Medical and dental care for members and certain former members

(a)(1) Under joint regulations to be prescribed by the administering Secretaries, a member of a uniformed service described in paragraph (2) is entitled to medical and dental care in any facility of any uniformed service.

(2) Members of the uniformed services referred to in paragraph (1) are as follows: