

credentialed and privileged at a Federal health care institution or location specially designated by the Secretary for this purpose who—

(A) has a current license to practice medicine, osteopathic medicine, dentistry, or another health profession; and

(B) is performing authorized duties for the Department of Defense.

(3) A health-care professional referred to in paragraph (1) as being described in this paragraph is a member of the National Guard who—

(A) has a current license to practice medicine, osteopathic medicine, dentistry, or another health profession; and

(B) is performing training or duty under section 502(f) of title 32 in response to an actual or potential disaster.

(e) In this section:

(1) The term “license”—

(A) means a grant of permission by an official agency of a State, the District of Columbia, or a Commonwealth, territory, or possession of the United States to provide health care independently as a health-care professional; and

(B) includes, in the case of such care furnished in a foreign country by any person who is not a national of the United States, a grant of permission by an official agency of that foreign country for that person to provide health care independently as a health-care professional.

(2) The term “health-care professional” means a physician, dentist, clinical psychologist, marriage and family therapist certified as such by a certification recognized by the Secretary of Defense, or nurse and any other person providing direct patient care as may be designated by the Secretary of Defense in regulations.

(Added Pub. L. 99-145, title VI, § 653(a)(1), Nov. 8, 1985, 99 Stat. 657; amended Pub. L. 99-661, div. A, title XIII, § 1343(a)(5), Nov. 14, 1986, 100 Stat. 3992; Pub. L. 101-189, div. A, title VI, § 653(e)(1), title XVI, § 1622(e)(3), Nov. 29, 1989, 103 Stat. 1463, 1605; Pub. L. 105-85, div. A, title VII, § 737, Nov. 18, 1997, 111 Stat. 1814; Pub. L. 105-261, div. A, title VII, § 734(a), Oct. 17, 1998, 112 Stat. 2072; Pub. L. 108-375, div. A, title VII, § 717(b), Oct. 28, 2004, 118 Stat. 1986; Pub. L. 111-383, div. A, title VII, § 713, Jan. 7, 2011, 124 Stat. 4247; Pub. L. 112-81, div. A, title VII, § 713(a), Dec. 31, 2011, 125 Stat. 1476.)

#### Editorial Notes

##### AMENDMENTS

2011—Subsec. (d)(1). Pub. L. 112-81, § 713(a)(1), inserted “at any location” before “in any State” and substituted “regardless of where such health-care professional or the patient are located, so long as the practice is within the scope of the authorized Federal duties.” for “regardless of whether the practice occurs in a health care facility of the Department of Defense, a civilian facility affiliated with the Department of Defense, or any other location authorized by the Secretary of Defense.”

Pub. L. 111-383, § 713(1), inserted “or (3)” after “paragraph (2)”.

Subsec. (d)(2). Pub. L. 112-81, § 713(a)(2), substituted “member of the armed forces, civilian employee of the Department of Defense, personal services contractor

under section 1091 of this title, or other health-care professional credentialed and privileged at a Federal health care institution or location specially designated by the Secretary for this purpose” for “member of the armed forces”.

Pub. L. 111-383, § 713(2), inserted “as being described in this paragraph” after “paragraph (1)” in introductory provisions.

Subsec. (d)(3). Pub. L. 111-383, § 713(3), added par. (3).

2004—Subsec. (e)(2). Pub. L. 108-375 inserted “marriage and family therapist certified as such by a certification recognized by the Secretary of Defense,” after “psychologist.”

1998—Subsec. (a)(1). Pub. L. 105-261 inserted at end “In the case of a physician, the physician may not provide health care as a physician under this chapter unless the current license is an unrestricted license that is not subject to limitation on the scope of practice ordinarily granted to other physicians for a similar specialty by the jurisdiction that granted the license.”

1997—Subsecs. (d), (e). Pub. L. 105-85 added subsec. (d) and redesignated former subsec. (d) as (e).

1989—Subsec. (c)(2). Pub. L. 101-189, § 653(e)(1), substituted “subsections (c) and (e) through (h)” for “subsections (b) and (d) through (g)”.

Subsec. (d)(1). Pub. L. 101-189, § 1622(e)(3)(A), substituted “The term ‘license’ for ‘License’ in introductory provisions.

Subsec. (d)(2). Pub. L. 101-189, § 1622(e)(3)(B), substituted “The term ‘health-care’ for ‘Health-care’.

1986—Subsec. (d)(2). Pub. L. 99-661 realigned margin of par. (2) to conform to margin of par. (1).

#### Statutory Notes and Related Subsidiaries

##### EFFECTIVE DATE OF 1998 AMENDMENT

Pub. L. 105-261, div. A, title VII, § 734(c)(1), Oct. 17, 1998, 112 Stat. 2073, provided that: “The amendment made by subsection (a) [amending this section] shall take effect on October 1, 1999.”

##### EFFECTIVE DATE

Pub. L. 99-145, title VI, § 653(b), Nov. 8, 1985, 99 Stat. 658, provided that: “Section 1094 of title 10, United States Code, as added by subsection (a), does not apply during the three-year period beginning on the date of the enactment of this Act [Nov. 8, 1985] with respect to the provision of health care by any person who on the date of the enactment of this Act is a member of the Armed Forces.”

##### REGULATIONS

Pub. L. 112-81, div. A, title VII, § 713(b), Dec. 31, 2011, 125 Stat. 1476, provided that: “The Secretary of Defense shall prescribe regulations to carry out the amendments made by this section [amending this section].”

#### § 1094a. Continuing medical education requirements: system for monitoring physician compliance

The Secretary of Defense shall establish a mechanism for ensuring that each person under the jurisdiction of the Secretary of a military department who provides health care under this chapter as a physician satisfies the continuing medical education requirements applicable to the physician.

(Added Pub. L. 105-261, div. A, title VII, § 734(b)(1), Oct. 17, 1998, 112 Stat. 2073.)

#### Statutory Notes and Related Subsidiaries

##### IMPLEMENTATION

Pub. L. 105-261, div. A, title VII, § 734(c)(2), Oct. 17, 1998, 112 Stat. 2073, provided that: “The system required by section 1094a of title 10, United States Code (as

added by subsection (b)), shall take effect on the date that is three years after the date of the enactment of this Act [Oct. 17, 1998].”

OVERSIGHT OF GRADUATE MEDICAL EDUCATION  
PROGRAMS OF MILITARY DEPARTMENTS

Pub. L. 114-328, div. A, title VII, § 749, Dec. 23, 2016, 130 Stat. 2242, provided that:

“(a) PROCESS.—Not later than one year after the date of the enactment of this Act [Dec. 23, 2016], the Secretary of Defense shall establish and implement a process to provide oversight of the graduate medical education programs of the military departments to ensure that such programs fully support the operational medical force readiness requirements for health care providers of the Armed Forces and the medical readiness of the Armed Forces. The process shall include the following:

“(1) A process to review such programs to ensure, to the extent practicable, that such programs are—

“(A) conducted jointly among the military departments; and

“(B) focused on, and related to, operational medical force readiness requirements.

“(2) A process to minimize duplicative programs relating to such programs among the military departments.

“(3) A process to ensure that—

“(A) assignments of faculty, support staff, and students within such programs are coordinated among the military departments; and

“(B) the Secretary optimizes resources by using military medical treatment facilities as training platforms when and where most appropriate.

“(4) A process to review and, if necessary, restructure or realign, such programs to sustain and improve operational medical force readiness.

“(b) REPORT.—Not later than 30 days after the date on which the Secretary establishes the process under subsection (a), the Secretary shall submit to the Committees on Armed Services of the Senate and the House of Representatives a report that describes such process. The report shall include a description of each graduate medical education program of the military departments, categorized by the following:

“(1) Programs that provide direct support to operational medical force readiness.

“(2) Programs that provide indirect support to operational medical force readiness.

“(3) Academic programs that provide other medical support.

“(c) COMPTROLLER GENERAL REVIEW AND REPORT.—

“(1) REVIEW.—The Comptroller General of the United States shall conduct a review of the process established under subsection (a), including with respect to each process described in paragraphs (1) through (4) of such subsection.

“(2) REPORT.—Not later than 180 days after the date on which the Secretary submits the report under subsection (b), the Comptroller General shall submit to the Committees on Armed Services of the Senate and the House of Representatives the review conducted under paragraph (1), including an assessment of the elements of the process established under subsection (a).”

JOINT PILOT PROGRAM FOR PROVIDING GRADUATE  
MEDICAL EDUCATION AND TRAINING FOR PHYSICIANS

Pub. L. 107-314, div. A, title VII, § 725(a)–(d), Dec. 2, 2002, 116 Stat. 2599, provided that:

“(a) IN GENERAL.—The Secretary of Defense and the Secretary of Veterans Affairs shall jointly carry out a pilot program under which graduate medical education and training is provided to military physicians and physician employees of the Department of Defense and the Department of Veterans Affairs through one or more programs carried out in military medical treatment facilities of the Department of Defense and medical centers of the Department of Veterans Affairs. The

pilot program shall begin not later than January 1, 2003.

“(b) COST-SHARING AGREEMENT.—The Secretaries shall enter into an agreement for carrying out the pilot program. The agreement shall establish means for each Secretary to assist in paying the costs, with respect to individuals under the jurisdiction of that Secretary, incurred by the other Secretary in providing medical education and training under the pilot program.

“(c) USE OF EXISTING AUTHORITIES.—To carry out the pilot program, the Secretary of Defense and the Secretary of Veterans Affairs may use authorities provided to them under this subtitle [subtitle C (§§ 721–726) of title VII of div. A of Pub. L. 107-314, amending section 1104 of this title and sections 8110 and 8111 of Title 38, Veterans’ Benefits, enacting provisions set out as notes under section 1074g of this title and sections 8110 and 8111 of Title 38, and repealing provisions set out as a note under this section], section 8111 of title 38, United States Code (as amended by section 721(a)), and other laws relating to the furnishing or support of medical education and the cooperative use of facilities.

“(d) TERMINATION OF PROGRAM.—The pilot program under this section shall terminate on July 31, 2008.”

JOINT DOD-VA PILOT PROGRAM FOR PROVIDING GRADUATE  
MEDICAL EDUCATION AND TRAINING FOR PHYSICIANS

Pub. L. 107-107, div. A, title VII, § 738, Dec. 28, 2001, 115 Stat. 1173, authorized a pilot program providing graduate medical education and training for physicians to be carried out jointly by the Secretary of Defense and the Secretary of Veterans Affairs, prior to repeal by Pub. L. 107-314, div. A, title VII, § 725(e), Dec. 2, 2002, 116 Stat. 2599.

**§ 1095. Health care services incurred on behalf of covered beneficiaries: collection from third-party payers**

(a)(1) In the case of a person who is a covered beneficiary, the United States shall have the right to collect from a third-party payer reasonable charges for health care services incurred by the United States on behalf of such person through a facility of the uniformed services to the extent that the person would be eligible to receive reimbursement or indemnification from the third-party payer if the person were to incur such charges on the person’s own behalf. If the insurance, medical service, or health plan of that payer includes a requirement for a deductible or copayment by the beneficiary of the plan, then the amount that the United States may collect from the third-party payer is a reasonable charge for the care provided less the appropriate deductible or copayment amount.

(2) A covered beneficiary may not be required to pay an additional amount to the United States for health care services by reason of this section.

(b) No provision of any insurance, medical service, or health plan contract or agreement having the effect of excluding from coverage or limiting payment of charges for certain care shall operate to prevent collection by the United States under subsection (a) if that care is provided—

(1) through a facility of the uniformed services;

(2) directly or indirectly by a governmental entity;

(3) to an individual who has no obligation to pay for that care or for whom no other person has a legal obligation to pay; or