result of an injury incurred in line of duty.

(4) Medical care is not authorized at
Army expense for members who incur
an injury while enroute to or from any
type of training under section 502, ex-
cept for Guardmembers ordered to per-
dform duty for over 30 days under sec-
tion 502f of title 32, U.S.C. Line of duty
investigations and authorization for
any medical treatment for conditions
incurred while the members were per-
forming Reserve Enlistment Program
of 1963 (REP 63) training in a Federal
status, or training under title 10,
U.S.C. are the responsibility of the
Army Area commander under whose ju-
risdiction the member was training;
even though the individual may have
returned to his/her National Guard sta-
tus.

(b) Not in line of duty. Members who
incur an injury or contract a disease
during any type of training or duty
under sections 502f, 503, 504, or 505
of title 32, U.S.C., when it is determined
to be not in line of duty, may be fur-
nished medical care at Army expense
during the period of training.

(c) Armory drill status. Members who
incur an injury while in an armory
drill status under section 502 of title 32,
U.S.C., when it is determined to be not
in line of duty, may not be furnished
medical care at Army expense.

§ 564.39 Medical care benefits.

(a) A member of the ARNG who in-
curs a disease or injury under the con-
ditions enumerated herein is entitled
to medical care, in a hospital or at his/
her home, appropriate for the treat-
ment of his/her disease or injury until
the resulting disability cannot be ma-
terially improved by further medical
care.

(b) If it is determined that the dis-
ease or injury was directly related to
authorized activities surrounding the
care of the original disease or injury,
medical care may be continued in the
same manner as if it had occurred dur-
ing the training period.

(c) When members who incur a dis-
ease or an injury during a period of
training or duty under title 32, U.S.C.
503, 504, 505, or 502f are admitted to an
Army medical treatment facility, and
it appears that a finding of “not in line
of duty” may be appropriate, a formal
line of duty investigation should be
promptly conducted, and a copy of the
report furnished the treatment facility.
If these findings result in a “not in line
of duty” determination prior to the
date the training is terminated, every
effort should be made to assist the hos-
pital concerned in disposing of the pa-
tient from the hospital by the date the
training is terminated or as soon there-
after as he/she becomes transportable.
Medical care furnished such member
after the termination of the period of
training is not authorized at Army ex-
pense unless the “not in line of duty”
determination is ultimately reversed.
The individual may be furnished med-
ical care at Army expense from the
date the training is terminated to the
date the member receives notification
of this action. Medical care received
subsequent to the member’s receipt of
such notification is not authorized at
Army expense. In the event a line of
duty investigation has not been made
by the date the training is terminated,
every effort will be made to arrive at a
determination as soon thereafter as
possible.

§ 564.40 Procedures for obtaining med-
cal care.

(a) When a member of the ARNG in-
curs a disease or an injury, while per-
forming training duty under sections
502–505 of title 32, U.S.C., he/she will,
without delay, report the fact to his/
her unit commander. Each member
will be informed that it is his/her re-
sponsibility to comply with these in-
structions, and that failure to prompt-
ly report the occurrence of a disease or
injury may result in the loss of medical
benefits.

(b) Authorization for care in civilian
facility. (1) An individual who desires
medical or dental care in civilian med-
tical treatment facilities at Federal ex-
pense is not authorized such care with-
out written or verbal authorization by
the Chief, National Guard Bureau or
his/her designee, except in an emer-
gency.

(2) When medical care is obtained
without prior authorization, the de-
tails will be submitted to NGB-ARS as
soon as practicable. The notification of medical care will be made following the format in the appendix. The notification will be reviewed by NGB-ARS and replied to as deemed appropriate.

(c) Status while undergoing hospitalization. The ARNG status of an individual is not affected by virtue of his hospitalization. The provisions of AR 135–200 will apply. Determination of requirement for continued hospitalization will be made by the MTF commander. Paragraph (d) of this section will apply when a final “not in line of duty” determination has been made. Under no condition will an individual be assigned to the medical holding unit of a hospital.

(d) Disposition of hospitalized cases. When it is determined that a hospitalized ARNG member has obtained the maximum benefits from hospitalization and there is no disability remaining from the condition for which hospitalized, he/she will be returned to his/her duty station or, if none, to his/her home of record at the time of entry into the hospital.

APPENDIX

NOTIFICATION OF INJURY

Date

SUBJECT: Notification of Medical Care and/or Hospitalized Beyond the End of Training Periods.

THRU: The Adjutant General State of

TO: NGB-ARS, Washington, DC 20310.

In accordance with paragraph 8, NGR 40–3, notification of medical care is furnished below:

Name:

SSN:

Grade:

Parent unit and station:

Type and inclusive dates of training:

Date and place of incident:

Diagnosis:

LOD status:

Name and distance of nearest Federal medical facility:

Name and address of medical facilities utilized:

Estimated cost and duration of treatment:

Summary of incident:


§ 564.41 Burial.

(a) Purpose. The purpose of this section is to provide policies and designate responsibilities for the care and disposition of remains of members of the Army National Guard entitled to burial at Federal expense.

(b) Authority. Act of 10 August 1956 (70A Stat. 112) as amended, title 10 U.S.C., sections 1481 through 1488, applicable to military personnel and their dependents.

(c) Policy. The provisions of AR 638–40 are applicable to battalion and higher level units of the Army National Guard, except as modified herein.

(d) Responsibilities. (1) The Chief, National Guard Bureau is responsible for prescribing procedures for the care and disposition of remains of members of the ARNG who die while—

(i) Performing full-time training at other than an Active Army installation under sections 316, 502, 503, 504, and 505, title 32, U.S.C.

(ii) Performing authorized travel to or from training outlined in paragraph (d)(1)(i) of this section.

(iii) Being hospitalized or undergoing treatment at Government expense for an injury incurred or disease contracted while performing duty indicated in paragraphs (d)(1)(i) and (ii) of this section.

(iv) Performing inactive duty training (IDT) under section 502, title 32, U.S.C. (It is to be noted that present law does not provide for payment of burial expenses from Federal funds for ARNG personnel killed while traveling to or from IDT.)

(2) Active Army installations are responsible for the care and disposition of remains of members of the National Guard who die while—

(i) Performing active duty for training under title 10 and training or other full-time training duty at an Active Army installation under sections 502, 503, 504, and 505, title 32, U.S.C.

(ii) Performing authorized travel to or from training specified in paragraph (d)(2)(i) of this section.

(iii) Being hospitalized or receiving treatment at Government expense as a result of injury incurred or disease contracted while performing duty indicated in paragraphs (d)(2)(i) and (ii) of this section.

(3) State adjutants general are responsible for notification of death in accordance with chapter 10, AR 600-10.