AN ACT

To provide medical care for dependents of members of the uniformed services, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That this Act may be cited as the “Dependents’ Medical Care Act”.

TITLE I

Sec. 101. The purpose of this Act is to create and maintain high morale throughout the uniformed services by providing an improved and uniform program of medical care for members of the uniformed services and their dependents.

Sec. 102. (a) As used in this Act—
(1) The term “uniformed services” means the Army, the Navy, the Air Force, the Marine Corps, the Coast Guard, the Commissioned Corps of the Coast and Geodetic Survey, and the Commissioned Corps of the Public Health Service.
(2) The term “member of a uniformed service” means a person appointed, enlisted, inducted or called, ordered or conscripted in a uniformed service who is serving on active duty or active duty for training pursuant to a call or order that does not specify a period of thirty days or less.
(3) The term “retired member of a uniformed service” means a member or former member of a uniformed service who is entitled to retired, retirement, or retainer pay or equivalent pay as a result of service in a uniformed service, other than a member or former member entitled to retired or retirement pay under title III of the Army and Air Force Vitalization and Retirement Equalization Act of 1948 who has served less than eight years of active duty as defined in section 101 (b) of the Armed Forces Reserve Act of 1952.
(4) The term “dependent” means any person who bears to a member or retired member of a uniformed service, or to a person who died while a member or retired member of a uniformed service, any of the following relationships—
(A) the lawful wife;
(B) the unmarried widow;
(C) the lawful husband, if he is in fact dependent on the member or retired member for over one-half of his support;
(D) the unmarried widower, if he was in fact dependent upon the member or retired member at the time of her death for over one-half of his support because of a mental or physical incapacity;
(E) an unmarried legitimate child (including an adopted child or stepchild), if such child has not passed his twenty-first birthday;
(F) a parent or parent-in-law, if the said parent or parent-in-law is, or was at the time of the member’s or retired member’s death, in fact dependent on the said member or retired member for over one-half of his support and is, or was at the time of the member’s or retired member’s death, actually residing in the household of the said member or retired member; or
(G) an unmarried legitimate child (including an adopted child or stepchild) who (i) has passed his twenty-first birthday, if the child is incapable of self-support because of a mental or physical incapacity that existed prior to his reaching the age of twenty-one and is, or was at the time of the member’s or retired...
member's death, in fact dependent on him for over one-half of his support, or (ii) has not passed his twenty-third birthday and is enrolled in a full-time course of study in an institution of higher learning as approved by the Secretary of Defense or the Secretary of Health, Education, and Welfare and is, or was at the time of the member's or the retired member's death, in fact dependent on him for over one-half of his support.

(b) Except as otherwise provided in this Act, the Secretary of Defense shall administer this Act for the Army, Navy, Air Force, and Marine Corps and for the Coast Guard when it is operating as a service in the Navy, and the Secretary of Health, Education, and Welfare shall administer it for the Coast and Geodetic Survey and the Public Health Service, and for the Coast Guard when it is not operating as a service in the Navy.

SEC. 103. (a) Whenever requested, medical care shall be given dependents of members of a uniformed service, and dependents of persons who died while a member of a uniformed service, in medical facilities of the uniformed services subject to the availability of space, facilities, and the capabilities of the medical staff. Any determination made by the medical officer or contract surgeon in charge, or his designee, as to availability of space, facilities, and the capabilities of the medical staff, shall be conclusive. The medical care of such dependents provided for in medical facilities of the uniformed services shall in no way interfere with the primary mission of those facilities.

(b) In order to provide more effective utilization of medical facilities of the uniformed services, the Secretary of Defense and the Secretary of Health, Education, and Welfare shall jointly prescribe regulations to insure that dependents entitled to medical care in a medical facility of a uniformed service under the provisions of this Act shall not be denied equal opportunity for medical care because of the service affiliation of the service member.

(c) The Secretary of Defense, after consultation with the Secretary of Health, Education, and Welfare, shall establish fair charges for inpatient medical care given dependents in the facilities of the uniformed services, which charges shall be the same for all dependents.

(d) As a restraint on excessive demands for medical care under this section, uniform minimal charges may be imposed for outpatient care but such charges shall be limited to such amounts, if any, as may be established by the Secretary of Defense after consultation with the Secretary of Health, Education, and Welfare, under a special finding that such charges are necessary.

(e) Any amounts that are received in payment for subsistence and medical care rendered dependents in facilities of the uniformed services shall be deposited to the credit of the appropriation supporting the maintenance and operation of the facilities furnishing the care.

(f) Medical care under this section shall be limited to the following:

1. Diagnosis;
2. Treatment of acute medical and surgical conditions;
3. Treatment of contagious diseases;
4. Immunization; and
5. Maternity and infant care.

(g) (1) Hospitalization under this section is not authorized dependents for domiciliary care.

2. Hospitalization under this section is not authorized dependents for nervous and mental disorders, chronic diseases, or elective medical and surgical treatments, except that the Secretary of Defense, after consultation with the Secretary of Health, Education, and Welfare, by regulation, may provide in special and unusual cases for hospitalization of not to exceed twelve months for dependents for such disorders or such diseases, or for such treatments.
(h) Dependents shall not be provided under this section—
(1) prosthetic devices, hearing aids, orthopedic footwear, and
spectacles, except that outside the continental limits of the United
States and at remote stations within the continental limits of
the United States where adequate civilian facilities are not avail­
able, those items, if available, from Government stocks, may be
provided to dependents at prices representing invoice cost to the
Government;
(2) ambulance service, except in acute emergency;
(3) home calls, except in special cases where it is determined
by the medical officer or contract surgeon in charge, or his designee,
to be medically necessary;
(4) dental care, except—
(A) emergency care to relieve pain and suffering but not to
include any permanent restorative work or dental
prosthesis;
(B) care as a necessary adjunct to medical or surgical
treatment; and
(C) outside the continental limits of the United States,
and in remote areas within the continental limits of the
United States where adequate civilian dental facilities are
not available.

TITLE II

SEC. 201. (a) In order to assure the availability of medical care for
the spouses and children who are dependents of members of the uni­
formed services, the Secretary of Defense, after consultation with
the Secretary of Health, Education, and Welfare, shall contract for
medical care for such persons, pursuant to the provisions of this title,
under such insurance, medical service, or health plan or plans as he
deems appropriate, which plan or plans shall, subject to the provisions
of section 204 hereof, include the following:
(1) Hospitalization in semiprivate accommodations up to three
hundred and sixty-five days for each admission, including all neces­
sary services and supplies furnished by the hospital during inpatient
confinement;
(2) Medical and surgical care incident to a period of hospital­
ization;
(3) Complete obstetrical and maternity service, including prenatal
and postnatal care;
(4) Required services of a physician or surgeon prior to and fol­
lowing hospitalization for a bodily injury or for a surgical operation;
(5) Diagnostic tests and procedures, including laboratory and
X-ray examinations, accomplished or recommended by a physician
incident to hospitalization.
For each admission the plan shall also provide for payment by the
patient of hospital expenses incurred under paragraph (1) hereof
in the amount of either (1) $25 or (2) the charge established pursuant
to section 103 (c) of this Act multiplied by the number of days hospi­
talized, whichever is the greater.
(b) Subsection (a) shall be subject to such reasonable limitations,
additions, exclusions, definitions, and related provisions as the Secre­
tary of Defense, after consultation with the Secretary of Health,
Education, and Welfare, may deem appropriate, except that medical
care normally considered to be outpatient care shall not be authorized
by this subsection.
(c) The dependents covered under this section may elect to receive
medical care under the terms of this Act in either the facilities of a
uniformed service under the conditions specified in title I of this Act
or in the facilities provided for under such insurance, medical service,
or health plan or plans as may be provided by the authority contained in this section, except that the right to such election may be limited under regulations prescribed by the Secretary of Defense, after consultation with the Secretary of Health, Education, and Welfare, for such dependents residing in areas where the member concerned is assigned and where adequate medical facilities of a uniformed service are available for such dependents.

Sec. 202. Any insurance, medical service, or health plan or plans which may be entered into by the Secretary of Defense with respect to medical care under the provisions of this Act shall contain a provision for a review, and, if necessary, an adjustment of payments by the Secretary of Defense or Secretary of Health, Education, and Welfare not later than one hundred and twenty days after the first year the plan or plans have been in effect and each year thereafter. Within ninety days after each such review, the Secretary of Defense shall submit to the Committees on Armed Services of the Senate and of the House of Representatives a report covering the payments made during the year reviewed, including any adjustment thereof.

Sec. 203. In order to effectuate the purposes of this title, the Secretary of Defense is authorized to establish insurance, medical service, and health plan advisory committees to advise, consult, and make recommendations to the Secretary of Defense, provided that the Secretary issues regulations setting forth the scope, procedures, and activities of such committees. These committees shall consist of the Secretary of Defense or his designee, who shall be chairman, and such other persons as the Secretary may appoint. Their members shall be, to the extent possible, representative of insurance, medical service, and health plan or plans, and shall serve without compensation but may be allowed transportation and per diem in lieu of subsistence and other expenses.

Sec. 204. The scope of medical care provided under this title shall not exceed the maximum care provided under title I of this Act.

TITLE III

Sec. 301. (a) Medical and dental care in any medical facility of the uniformed services shall, under regulations prescribed jointly by the Secretaries of Defense and Health, Education, and Welfare, be furnished to all persons on active duty or active duty for training in the uniformed services.

(b) Medical and dental care in any medical facility of the uniformed services may, under regulations prescribed jointly by the Secretaries of Defense and Health, Education, and Welfare, be furnished upon request and subject to the availability of space, facilities, and capabilities of the medical staff, to retired members of the uniformed services.

(c) Medical care in any medical facility of the uniformed services may, under regulations prescribed jointly by the Secretaries of Defense and Health, Education, and Welfare, be furnished upon request and subject to the availability of space, facilities, and capabilities of the medical staff, to dependents of retired members of the uniformed services and dependents of persons who died while a retired member of a uniformed service, except that any such care furnished such dependents shall be limited to the care authorized dependents of members of the uniformed services under title I of this Act.

(d) When a person receives inpatient medical or dental care pursuant to the provisions of this Act in a facility of a uniformed service that is not the service of which he is a member or retired member, or that is not the service of the member or retired member upon whom
he is dependent, the appropriation supporting the maintenance and operation of the medical facility furnishing the medical care shall be reimbursed at rates established by the Bureau of the Budget to reflect the average cost of providing such care.

Sec. 302. Commissioned officers and warrant officers, active and retired, shall pay an amount equal to the portion of the charge established under section 103 (c) of this Act that is attributable to subsistence when hospitalized in a medical facility of a uniformed service. Retired enlisted personnel, including members of the Fleet Reserve and the Fleet Marine Corps Reserve, shall not be charged for subsistence when hospitalized in a medical facility of a uniformed service.

Sec. 303. Where a person who is covered under an insurance, medical service, or health plan or plans, as provided in this Act, requires hospitalization beyond the period of time provided under such plan or plans, if such hospitalization is authorized in medical facilities of a uniformed service, such person may be transferred to a medical facility of a uniformed service for the continuation of such hospitalization. Where movement to such medical facility is not feasible, the expenses for such additional hospitalization required by such person in a civilian facility are authorized to be paid, subject to such regulations as the Secretary of Defense after consultation with the Secretary of Health, Education, and Welfare may prescribe.

Sec. 304. All determinations made under this Act by the Secretary of Defense or the Secretary of Health, Education, and Welfare with respect to dependency shall be conclusive for all purposes and shall not be subject to review in any court or by any accounting officer of the Government, except for cases involving fraud or gross negligence. Such determinations may at any time be reconsidered or modified on the basis of new evidence or for other good cause.

Sec. 305. There are hereby authorized to be appropriated such sums as may be necessary to carry out the provisions of this Act.

Sec. 306. The following laws and parts of laws are hereby repealed:

(1) So much of the Act of July 5, 1884 (ch. 217, 23 Stat. 107), as is contained in the proviso under the heading "Medical Departments";

(2) The Act of May 10, 1943 (ch. 95, 57 Stat. 80), except section 4 of such Act, and except that part of section 5 which relates to persons outside the Naval Service mentioned in section 4 of such Act;

(3) Section 326 (b) of the Public Health Service Act, except as it relates to dependent members of families of ships' officers and members of crews of vessels of the Coast and Geodetic Survey;

(4) Section 710 (a) of the Act of July 1, 1944 (ch. 373, 58 Stat. 714), as amended;

(5) Public Law 108, approved June 20, 1949, to the extent it authorizes hospital benefits for dependents of members of the reserve components of the Armed Forces;


Sec. 307. This Act shall become effective six months after the date of its enactment.

Approved June 7, 1956.

Public Law 570

AN ACT

Relating to the Lumbee Indians of North Carolina.

Whereas many Indians now living in Robeson and adjoining counties are descendants of that once large and prosperous tribe which occupied the lands along the Lumbee River at the time of the earliest white settlements in that section; and