111TH CONGRESS 1ST SESSION H.R.816

To amend title 10, United States Code, to prohibit certain increases in fees for military health care.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 3, 2009

Mr. EDWARDS of Texas (for himself and Mr. JONES) introduced the following bill; which was referred to the Committee on Armed Services

A BILL

To amend title 10, United States Code, to prohibit certain increases in fees for military health care.

1 Be it enacted by the Senate and House of Representa-

2 tives of the United States of America in Congress assembled,

3 SECTION 1. SHORT TITLE.

4 This Act may be cited as the "Military Retirees5 Health Care Protection Act".

6 SEC. 2. FINDINGS AND SENSE OF CONGRESS.

7 (a) FINDINGS.—Congress finds the following:

8 (1) Career uniformed service members and their9 families endure unique and extraordinary demands

1	and sacrifices during the course of a decades-long
2	career protecting freedoms for all Americans.
3	(2) The extent of these demands and sacrifices
4	is never so evident as in wartime, not only in today's
5	Global War on Terrorism, but also during the last
6	6 decades of hot and cold wars when today's retired
7	service members were on continuous call to enter
8	into harm's way when and as needed.
9	(3) The demands and sacrifices are such that
10	few Americans are willing to accept them for a
11	multi-decade career.
12	(4) The primary offset for enduring the ex-
13	traordinary sacrifices inherent in a military career is
14	a system of extraordinary retirement benefits, in-
15	cluding health care coverage considerably better than
16	that afforded civilian workers, that a grateful Nation
17	provides for those who choose to subordinate much
18	of their personal life to the national interest for so
19	many years.
20	(5) Many private sector firms are curtailing
21	health benefits and shifting significantly higher costs
22	to their employees.
23	(6) One effect of such curtailment is that re-
24	tired service members who work for such employers

increasingly depend on the TRICARE coverage they
earned by their military service.
(7) While the Department of Defense has made
some efforts to constrain TRICARE program costs,
a large part of the Department's effort has been
aimed at shifting a larger share of cost burdens to
retired service members.
(8) The beneficiary cost increases proposed by
the Department of Defense fail to recognize ade-
quately that career service members paid enormous
in-kind premiums through their extended service and
sacrifice.
(9) A significant share of the Nation's health
care providers refuse to accept new TRICARE pa-
tients because TRICARE pays them significantly
less than commercial insurance programs and im-
poses unique administrative requirements.
(10) The significant majority of the savings
that the Department of Defense associates with the
proposed fee increases is expected to come from de-
terring a large portion of TRICARE beneficiaries
from using their earned military health benefits.
(11) The Department of Defense has chosen to
count the accrual deposit to the Department of De-
fense Medicare-Eligible Retiree Health Care Fund

against the budget of the Department of Defense,
 contrary to the amendments made by section 725 of
 Public Law 108–375.

4 (12) Leaders of the Department of Defense
5 have reported to Congress that counting such depos6 its against the budget of the Department of Defense
7 is impinging on other readiness needs, including
8 weapons programs, an inappropriate situation which
9 section 725 of Public Law 108–375 was intended ex10 pressly to prevent.

(b) SENSE OF CONGRESS.—It is the sense of Con-gress that—

(1) the Department of Defense and the Nation
have a committed health benefits obligation to retired uniformed service members that exceeds the
obligation of corporate employers to civilian employees; and

(2) the Department of Defense has many additional options to constrain the growth of health care
spending in ways that do not disadvantage beneficiaries and should pursue any and all such options
rather than seeking large fee increases for beneficiaries.

1	SEC. 3. PROHIBITION ON INCREASES IN CERTAIN HEALTH
2	COSTS AND RESTRICTIONS ON HEALTH BEN-
3	EFIT ADJUSTMENTS FOR MEMBERS OF THE
4	UNIFORMED SERVICES.

5 (a) PROHIBITION ON INCREASE IN CHARGES UNDER
6 CONTRACTS FOR MEDICAL CARE.—Section 1097(e) of
7 title 10, United States Code, is amended in the last sen8 tence—

9 (1) by striking "during the period beginning
10 on" and inserting "after"; and

(2) by striking ", and ending on September 30,2009".

13 (b) PROHIBITION ON INCREASE IN AMOUNT OF COST SHARING REQUIREMENT UNDER PHARMACY BENEFITS 14 PROGRAM.—Section 1074g(a)(6)(A) of title 10, United 15 States Code, is amended by adding at the end the fol-16 lowing: "After September 30, 2009, the dollar amount of 17 18 a cost sharing requirement (whether established as a per-19 centage or a fixed dollar amount) may not be increased.". 20 (c) PROHIBITION ON INCREASE IN CHARGES FOR IN-PATIENT CARE.—Section 1086(b)(3) of title 10, United 21 22 States Code, is amended by striking "during the period 23 beginning on April 1, 2006, and ending on September 30, 2009". 24

25 (d) PROHIBITION ON INCREASE IN PREMIUMS
26 UNDER TRICARE COVERAGE FOR CERTAIN MEMBERS
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IN THE SELECTED RESERVE.—Section 1076d(d)(3) of
 title 10, United States Code, is amended to read as fol lows:

4 "(3) Beginning on January 1, 2009, the month5 ly amount of the premium for TRICARE Standard
6 coverage under this section may not be increased
7 above the amount in effect for the month of September 2008.".

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