

119TH CONGRESS
1ST SESSION

S. 2575

To amend title 10, United States Code, to eliminate certain health care charges for members of the Selected Reserve eligible for TRICARE Reserve Select, and for other purposes.

IN THE SENATE OF THE UNITED STATES

JULY 31, 2025

Ms. BALDWIN introduced the following bill; which was read twice and referred to the Committee on Armed Services

A BILL

To amend title 10, United States Code, to eliminate certain health care charges for members of the Selected Reserve eligible for TRICARE Reserve Select, and for other purposes.

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 “Healthcare for Our
5 Troops Act”.

1 **SEC. 2. ELIMINATION OF CERTAIN HEALTH CARE CHARGES**
 2 **FOR MEMBERS OF THE SELECTED RESERVE.**

3 (a) TRICARE RESERVE SELECT.—Section 1076d of
 4 title 10, United States Code, is amended to read as fol-
 5 lows:

6 **“§ 1076d. TRICARE program: TRICARE Reserve Se-**
 7 **lect coverage for members of the Selected**
 8 **Reserve**

9 “(a) MEMBERS OF SELECTED RESERVE.—

10 “(1) IN GENERAL.—A member of the Selected
 11 Reserve of the Ready Reserve of a reserve compo-
 12 nent of the Armed Forces is eligible for health bene-
 13 fits under TRICARE Reserve Select as provided in
 14 this section.

15 “(2) TERMINATION OF COVERAGE.—Eligibility
 16 for TRICARE Reserve Select coverage of a member
 17 under this section shall terminate upon the termi-
 18 nation of the member’s service in the Selected Re-
 19 serve.

20 “(b) TRICARE RESERVE SELECT FAMILY COV-
 21 ERAGE.—

22 “(1) IN GENERAL.—While a member of a re-
 23 serve component is covered by TRICARE Reserve
 24 Select under this section, the members of the imme-
 25 diate family of such member are eligible for

1 TRICARE Reserve Select family coverage as de-
2 pendents of the member.

3 “(2) CONTINUATION OF COVERAGE.—If a mem-
4 ber of a reserve component dies while in a period of
5 coverage under this section, the eligibility of the
6 members of the immediate family of such member
7 for TRICARE Reserve Select family coverage shall
8 continue for six months beyond the date of death of
9 the member.

10 “(c) PREMIUMS.—

11 “(1) NO PREMIUMS FOR INDIVIDUAL COV-
12 ERAGE.—A member of a reserve component covered
13 by TRICARE Reserve Select individual coverage
14 shall pay no premium for such coverage.

15 “(2) FAMILY COVERAGE.—

16 “(A) IN GENERAL.—A member of a re-
17 serve component covered by TRICARE Reserve
18 Select under this section shall pay a premium
19 for any member of the immediate family of
20 such member covered under TRICARE Reserve
21 Select family coverage. Such premium shall
22 apply instead of any enrollment fees required
23 under section 1075 of this title.

24 “(B) UNIFORM APPLICATION.—The Sec-
25 retary of Defense shall prescribe for the pur-

poses of this section one premium for TRICARE Reserve Select family coverage of immediate family members of members of the reserve components, that shall apply uniformly to all such immediate family members.

“(C) PREMIUM AMOUNT.—

“(i) IN GENERAL.—The monthly amount of the premium in effect for a month for TRICARE Reserve Select family coverage under this section shall be the amount equal to 28 percent of the total monthly amount determined on an appropriate actuarial basis as being reasonable for that coverage.

“(ii) APPROPRIATE ACTUARIAL BASIS.—The appropriate actuarial basis for purposes of clause (i) for each calendar year after calendar year 2009 shall be determined by utilizing the actual cost of providing benefits under this section to dependents of members of the reserve components during the calendar years preceding such calendar year.

“(D) PAYMENT OF PREMIUMS.—

1 “(i) IN GENERAL.—The premiums for
2 TRICARE Reserve Select family coverage
3 payable by a member of a reserve compo-
4 nent under this subsection may be de-
5 ducted and withheld from basic pay pay-
6 able to the member under section 204 of
7 title 37 or from compensation payable to
8 the member under section 206 of such
9 title.

10 “(ii) REQUIREMENTS AND PROCE-
11 DURES.—The Secretary shall prescribe the
12 requirements and procedures applicable to
13 the payment of premiums under this sub-
14 section.

15 “(E) COLLECTION OF PREMIUMS.—
16 Amounts collected as premiums under this sub-
17 section shall be credited to the appropriation
18 available for the Defense Health Program Ac-
19 count under section 1100 of this title, shall be
20 merged with sums in such account that are
21 available for the fiscal year in which collected,
22 and shall be available under subsection (b) of
23 such section for such fiscal year.

24 “(d) COST-SHARING AMOUNTS.—

1 “(1) NETWORK INDIVIDUAL COVERAGE.—Ex-
2 cept as provided in paragraph (2), a beneficiary cov-
3 ered by TRICARE Reserve Select individual cov-
4 erage shall pay no charge for any health care service
5 to which the beneficiary is entitled pursuant to such
6 coverage.

7 “(2) OUT-OF-NETWORK INDIVIDUAL COV-
8 ERAGE.—With respect to out-of-network health care
9 services, a beneficiary covered by TRICARE Reserve
10 Select individual coverage shall be subject to the
11 same out-of-network cost-sharing requirements as
12 those to which beneficiaries described in section
13 1075(c)(1) of this title in the active-duty family
14 member category are subject to for the cor-
15 responding year.

16 “(3) FAMILY COVERAGE.—A beneficiary cov-
17 ered by TRICARE Reserve Select family coverage
18 shall be subject to the same cost-sharing require-
19 ments as those to which beneficiaries described in
20 section 1075(c)(1) of this title in the active-duty
21 family member category are subject to for the cor-
22 responding year.

23 “(e) REGULATIONS.—The Secretary of Defense, in
24 consultation with the other administering Secretaries,

1 shall prescribe regulations for the administration of this
2 section.

3 “(f) DEFINITIONS.—In this section:

4 “(1) The terms ‘active-duty family member cat-
5 egory’, ‘network’, and ‘out-of-network’ have the
6 meanings given such terms in section 1075(i) of this
7 title.

8 “(2) The term ‘immediate family’, with respect
9 to a member of a reserve component, means all of
10 the member’s dependents described in subpara-
11 graphs (A), (D), and (I) of section 1072(2) of this
12 title.

13 “(3) The term ‘TRICARE Reserve Select’
14 means—

15 “(A) medical care, excluding dental care,
16 at facilities of the uniformed services to which
17 a dependent described in section 1076(a)(2) of
18 this title is entitled; and

19 “(B) health benefits under the TRICARE
20 Select self-managed, preferred provider network
21 option under section 1075 of this title made
22 available to beneficiaries by reason of this sec-
23 tion and subject to the cost-sharing require-
24 ments set forth in subsection (d).

1 “(4) The term ‘TRICARE Reserve Select fam-
 2 ily coverage’ means coverage under TRICARE Re-
 3 serve Select of any members of the immediate family
 4 of a member of a reserve component, as described in
 5 subsection (b).

6 “(5) The term ‘TRICARE Reserve Select indi-
 7 vidual coverage’ means coverage under TRICARE
 8 Reserve Select of a member of a reserve component,
 9 as described in subsection (a).”.

10 (b) CONFORMING AMENDMENTS TO TRICARE SE-
 11 LECT.—Paragraph (3) of section 1075(c) of title 10,
 12 United States Code, is amended to read as follows:

13 “(3) With respect to beneficiaries in the reserve
 14 and young adult category—

15 “(A) for beneficiaries covered by section
 16 1076e or 1110b of this title, the cost-sharing
 17 requirements shall be calculated pursuant to
 18 subsection (d)(1) as if the beneficiary were in
 19 the active-duty family member category or the
 20 retired category, as applicable, except that the
 21 premiums calculated pursuant to section 1076e
 22 or 1110b of this title shall apply instead of any
 23 enrollment fee required under this section; and

24 “(B) for beneficiaries covered by section
 25 1076d of this title, the cost-sharing require-

1 ments shall be calculated pursuant to sub-
2 section (d) of such section.”.

3 (c) **APPLICABILITY.**—This section shall apply with re-
4 spect to the provision of health care under the TRICARE
5 program beginning on the date that is one year after the
6 date of the enactment of this Act.

7 **SEC. 3. DEVELOPMENT OF FORMS FOR TRICARE RESERVE**
8 **SELECT.**

9 (a) **IN GENERAL.**—Not later than 180 days after the
10 date of the enactment of this Act, the Secretary of Defense
11 shall develop forms to be used by civilian health care pro-
12 viders under the purchased care component of the
13 TRICARE program for medical care for members of the
14 Selected Reserve of the Ready Reserve of a reserve compo-
15 nent of the Armed Forces eligible for TRICARE Reserve
16 Select.

17 (b) **INFORMATION TO INCLUDE.**—Forms developed
18 under subsection (a) shall include opportunities for a civil-
19 ian health care provider to indicate, with respect to a
20 member of the Selected Reserve, the following informa-
21 tion:

22 (1) Medical Readiness Classification.

23 (2) Fitness for deployment.

24 (3) Any other information the Secretary deter-
25 mines necessary.

1 (c) DEFINITIONS.—In this section, the terms
2 “TRICARE program” and “TRICARE Reserve Select”
3 have the meanings given those terms in section 1072 of
4 title 10, United States Code.

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