

that such personnel are capable of meeting the operational medical force requirements of the combatant commands applicable to such personnel. Such training and practice opportunities shall be provided primarily through programs and activities of the Defense Health Agency, in coordination with the Secretaries of the military departments, and by such other mechanisms as the Secretary of Defense shall designate for purposes of this paragraph.

“(4) CONSTRUCTION OF DUTIES.—The duties of a Surgeon General of the Armed Forces under this subsection are in addition to the duties of such Surgeon General under section 3036, 5137, or 8036 of title 10, United States Code, as applicable.

“(5) MANPOWER.—

“(A) ADMINISTRATIVE CONTROL OF MILITARY PERSONNEL.—Each Secretary of a military department shall exercise administrative control of members of the Armed Forces assigned to military medical treatment facilities, including personnel assignment and issuance of military orders.

“(B) OVERSIGHT OF CERTAIN PERSONNEL BY THE DIRECTOR OF THE DEFENSE HEALTH AGENCY.—In situations in which members of the Armed Forces provide health care services at a military medical treatment facility, the Director of the Defense Health Agency shall maintain operational control over such members and oversight for the provision of care delivered by such members through policies, procedures, and privileging responsibilities of the military medical treatment facility.

“(f) REPORT.—Not later than 270 days after the date of the enactment of this Act [Aug. 13, 2018], the Secretary of Defense shall submit to the Committees on Armed Services of the Senate and the House of Representatives a report that sets forth the following:

“(1) A description of the organizational structure of the office of each Surgeon General of the Armed Forces, and of any subordinate organizations of the Armed Forces that will support the functions and responsibilities of a Surgeon General of the Armed Forces.

“(2) The manning documents for staffing in support of the organizational structures described pursuant to paragraph (1), including manning levels before and after such organizational structures are implemented.

“(3) Such recommendations for legislative or administrative action as the Secretary considers appropriate in connection with the implementation of such organizational structures and, in particular, to avoid duplication of functions and tasks between the organizations in such organizational structures and the Defense Health Agency.”

#### SELECTION OF MILITARY COMMANDERS AND DIRECTORS OF MILITARY MEDICAL TREATMENT FACILITIES

Pub. L. 115-91, div. A, title VII, §722, Dec. 12, 2017, 131 Stat. 1441, provided that:

“(a) IN GENERAL.—Not later than January 1, 2019, the Secretary of Defense, in consultation with the Secretaries of the military departments, shall establish the common qualifications and core competencies required for an individual to serve as a military commander or director of a military medical treatment facility.

“(b) OBJECTIVE.—The objective of the Secretary under this section shall be to ensure that each individual selected to serve as a military commander or director of a military medical treatment facility is highly qualified to serve as health system executive.

“(c) STANDARDS.—In establishing common qualifications and core competencies under subsection (a), the Secretary shall include standards with respect to the following:

“(1) Professional competence.

“(2) Moral and ethical integrity and character.

“(3) Formal education in health care executive leadership and in health care management.

“(4) Such other matters the Secretary determines to be appropriate.”

#### APPOINTMENTS

Pub. L. 114-328, div. A, title VII, §702(c), Dec. 23, 2016, 130 Stat. 2196, provided that: “The Secretary of Defense shall make appointments of the positions under section 1073c of title 10, United States Code, as added by subsection (a)—

“(1) by not later than October 1, 2018; and

“(2) by not increasing the number of full-time equivalent employees of the Defense Health Agency.”

#### § 1073d. Military medical treatment facilities

(a) IN GENERAL.—To support the medical readiness of the armed forces and the readiness of medical personnel, the Secretary of Defense, in consultation with the Secretaries of the military departments, shall maintain the military medical treatment facilities described in subsections (b), (c), and (d).

(b) MEDICAL CENTERS.—(1) The Secretary of Defense shall maintain medical centers in areas with a large population of members of the armed forces and covered beneficiaries.

(2) Medical centers shall serve as referral facilities for members and covered beneficiaries who require comprehensive health care services that support medical readiness.

(3) Medical centers shall consist of the following:

(A) Inpatient and outpatient tertiary care facilities that incorporate specialty and subspecialty care.

(B) Graduate medical education programs.

(C) Residency training programs.

(D) Level one, level two, or level three trauma care capabilities.

(4)(A) The Secretary shall designate certain major medical centers as regional centers of excellence for the provision of specialty care services in the areas of specialty care described in subparagraph (D). A major medical center may be designated as a center of excellence under this subparagraph for more than one such area of specialty care.

(B) The Secretary may designate certain medical centers as satellite centers of excellence for the provision of specialty care services for specific conditions, such as the following:

(i) Post-traumatic stress.

(ii) Traumatic brain injury.

(iii) Such other conditions as the Secretary determines appropriate.

(C) Centers of excellence designated under this paragraph shall serve the purposes of—

(i) ensuring the military medical force readiness of the Department of Defense and the medical readiness of the armed forces;

(ii) improving the quality of health care furnished by the Secretary to eligible beneficiaries; and

(iii) improving health outcomes for eligible beneficiaries.

(D) The areas of specialty care described in this subparagraph are as follows:

(i) Oncology.

(ii) Burn injuries and wound care.

(iii) Rehabilitation medicine.

(iv) Psychological health and traumatic brain injury.

(v) Amputations and prosthetics.

(vi) Neurosurgery.

- (vii) Orthopedic care.
- (viii) Substance abuse.
- (ix) Infectious diseases and preventive medicine.
- (x) Cardiothoracic surgery.
- (xi) Such other areas of specialty care as the Secretary determines appropriate.

(E)(i) Centers of excellence designated under this paragraph shall be the primary source within the military health system for the receipt by eligible beneficiaries of specialty care.

(ii) Eligible beneficiaries seeking a specialty care service through the military health system shall be referred to a center of excellence designated under subparagraph (A) for that area of specialty care or, if the specialty care service sought is unavailable at such center, to an appropriate specialty care provider in the private sector.

(F) Not later than 90 days prior to the designation of a center of excellence under this paragraph, the Secretary shall notify the Committees on Armed Services of the House of Representatives and the Senate of such designation.

(G) In this paragraph, the term “eligible beneficiary” means any beneficiary under this chapter.

(5)(A) The Secretary of Defense shall designate and maintain certain military medical treatment facilities as core casualty receiving facilities, to ensure the medical capability and capacity required to diagnose, treat, and rehabilitate large volumes of combat casualties and, as may be directed by the President or the Secretary, provide a medical response to events the President determines or declares as natural disasters, mass casualty events, or other national emergencies.

(B) The Secretary shall ensure that the military medical treatment facilities selected for designation pursuant to subparagraph (A) are geographically located to facilitate the aeromedical evacuation of casualties from theaters of operations.

(C) The Secretary—

(i) shall ensure that the Secretaries of the military departments assign military personnel to core casualty receiving facilities designated under subparagraph (A) at not less than 90 percent of the staffing level required to maintain the operating bed capacity necessary to support operation planning requirements;

(ii) may augment the staffing of military personnel at core casualty receiving facilities under subparagraph (A) with civilian employees of the Department of Defense to fulfill the staffing requirement under clause (i); and

(iii) shall ensure that each core casualty receiving facility under subparagraph (A) is staffed with a civilian Chief Financial Officer and a civilian Chief Operating Officer with experience in the management of civilian hospital systems, for the purpose of ensuring continuity in the management of the facility.

(D) In this paragraph:

(i) The term “core casualty receiving facility” means a Role 4 medical treatment facility that serves as a medical hub for the receipt and treatment of casualties, including civilian

casualties, that may result from combat or from an event the President determines or declares as a natural disaster, mass casualty event, or other national emergency.

(ii) The term “Role 4 medical treatment facility” means a medical treatment facility that provides the full range of preventative, curative, acute, convalescent, restorative, and rehabilitative care.

(c) HOSPITALS.—(1) The Secretary of Defense shall maintain hospitals in areas where civilian health care facilities are unable to support the health care needs of members of the armed forces and covered beneficiaries.

(2) Hospitals shall provide—

(A) inpatient and outpatient health services to maintain medical readiness; and

(B) such other programs and functions as the Secretary determines appropriate.

(3) Hospitals shall consist of inpatient and outpatient care facilities with limited specialty care that the Secretary determines—

(A) is cost effective; or

(B) is not available at civilian health care facilities in the area of the hospital.

(d) AMBULATORY CARE CENTERS.—(1) The Secretary of Defense shall maintain ambulatory care centers in areas where civilian health care facilities are able to support the health care needs of members of the armed forces and covered beneficiaries.

(2) Ambulatory care centers shall provide the outpatient health services required to maintain medical readiness, including with respect to partnerships established pursuant to section 706 of the National Defense Authorization Act for Fiscal Year 2017.

(3) Ambulatory care centers shall consist of outpatient care facilities with limited specialty care that the Secretary determines—

(A) is cost effective; or

(B) is not available at civilian health care facilities in the area of the ambulatory care center.

(e) MAINTENANCE OF INPATIENT CAPABILITIES AT MILITARY MEDICAL TREATMENT FACILITIES LOCATED OUTSIDE THE UNITED STATES.—(1) In carrying out subsection (a), the Secretary of Defense shall ensure that each covered facility maintains, at a minimum, inpatient capabilities that the Secretary determines are similar to the inpatient capabilities of such facility on September 30, 2016.

(2) The Secretary may not eliminate the inpatient capabilities of a covered facility until the day that is 180 days after the Secretary provides a briefing to the Committees on Armed Services of the Senate and the House of Representatives regarding the proposed elimination. During any such briefing, the Secretary shall certify the following:

(A) The Secretary has entered into agreements with hospitals or medical centers in the host nation of such covered facility that—

(i) replace the inpatient capabilities the Secretary proposes to eliminate; and

(ii) ensure members of the armed forces and covered beneficiaries who receive health care from such covered facility, have, within

a distance the Secretary determines is reasonable, access to quality health care, including case management and translation services.

(B) The Secretary has consulted with the commander of the geographic combatant command in which such covered facility is located to ensure that the proposed elimination would have no impact on the operational plan for such geographic combatant command.

(C) Before the Secretary eliminates the inpatient capabilities of such covered facility, the Secretary shall provide each member of the armed forces or covered beneficiary who receives health care from the covered facility with—

(i) a transition plan for continuity of health care for such member or covered beneficiary; and

(ii) a public forum to discuss the concerns of the member or covered beneficiary regarding the proposed reduction.

(3) In this subsection, the term “covered facility” means a military medical treatment facility located outside the United States.

(f) NOTIFICATION REQUIRED TO MODIFY SCOPE OF SERVICES PROVIDED AT MILITARY MEDICAL TREATMENT FACILITIES.—(1) The Secretary of Defense may not modify the scope of medical care provided at a military medical treatment facility, or the beneficiary population served at the facility, unless—

(A) the Secretary submits to the Committees on Armed Services of the House of Representatives and the Senate a notification of the proposed modification in scope;

(B) a period of 180 days has elapsed following the date on which the Secretary submits such notification; and

(C) if the proposed modification in scope involves the termination or reduction of inpatient capabilities at a military medical treatment facility located outside the United States, the Secretary has provided to each member of the armed forces or covered beneficiary receiving services at such facility a transition plan for the continuity of health care for such member or covered beneficiary.

(2) Each notification under paragraph (1) shall contain information demonstrating, with respect to the military medical treatment facility for which the modification in scope has been proposed, the extent to which the commander of the military installation at which the facility is located has been consulted regarding such modification, to ensure that the proposed modification in scope would have no impact on the operational plan for such installation.

(Added Pub. L. 114-328, div. A, title VII, § 703(a)(1), Dec. 23, 2016, 130 Stat. 2197; amended Pub. L. 115-91, div. A, title VII, § 711, Dec. 12, 2017, 131 Stat. 1436; Pub. L. 117-263, div. A, title VII, §§ 712, 713(a), 714(a), 715, Dec. 23, 2022, 136 Stat. 2657, 2659, 2660; Pub. L. 118-159, div. A, title XVII, § 1701(a)(19), Dec. 23, 2024, 138 Stat. 2204.)

#### Editorial Notes

##### REFERENCES IN TEXT

Section 706 of the National Defense Authorization Act for Fiscal Year 2017, referred to in subsec. (d)(2), is

section 706 of Pub. L. 114-328, which is set out as a note under section 1096 of this title.

#### AMENDMENTS

2024—Subsec. (b)(5)(C)(ii). Pub. L. 118-159 substituted “fulfill” for “fulfil”.

2022—Subsec. (b)(3)(D). Pub. L. 117-263, § 712, substituted “, level two, or level three” for “or level two”.

Subsec. (b)(4). Pub. L. 117-263, § 713(a), amended par. (4) generally. Prior to amendment, par. (4) read as follows: “The Secretary may designate a medical center as a regional center of excellence for unique and highly specialized health care services, including with respect to polytrauma, organ transplantation, and burn care.”

Subsec. (b)(5). Pub. L. 117-263, § 714(a), added par. (5).

Subsec. (f). Pub. L. 117-263, § 715, added subsec. (f).

2017—Subsec. (e). Pub. L. 115-91 added subsec. (e).

#### Statutory Notes and Related Subsidiaries

##### DEADLINE

Pub. L. 117-263, div. A, title VII, § 713(b), Dec. 23, 2022, 136 Stat. 2658, provided that: “The Secretary of Defense shall designate certain major medical centers as regional centers of excellence in accordance with section 1073d(b)(4)(A) of title 10, United States Code, as added by subsection (a), by not later than one year after the date of the enactment of this Act [Dec. 23, 2022].”

##### TIMELINE FOR ESTABLISHMENT

Pub. L. 117-263, div. A, title VII, § 714(b), Dec. 23, 2022, 136 Stat. 2660, provided that:

“(1) DESIGNATION.—Not later than October 1, 2024, the Secretary of Defense shall designate four military medical treatment facilities as core casualty receiving facilities under section 1073d(b)(5) of title 10, United States Code (as added by subsection (a)).

“(2) OPERATIONAL.—Not later than October 1, 2025, the Secretary shall ensure that each such designated military medical treatment facility is fully staffed and operational as a core casualty receiving facility, in accordance with the requirements of such section 1073d(b)(5).”

##### ESTABLISHMENT OF CENTERS OF EXCELLENCE FOR ENHANCED TREATMENT OF OCULAR INJURIES

Pub. L. 117-81, div. A, title VII, § 721, Dec. 27, 2021, 135 Stat. 1791, provided that:

“(a) IN GENERAL.—Not later than October 1, 2023, the Secretary of Defense, acting through the Director of the Defense Health Agency, shall establish within the Defense Health Agency not fewer than four regional centers of excellence for the enhanced treatment of—

“(1) ocular wounds or injuries; and

“(2) vision dysfunction related to traumatic brain injury.

“(b) LOCATION OF CENTERS.—Each center of excellence established under subsection (a) shall be located at a military medical center that provides graduate medical education in ophthalmology and related subspecialties and shall be the primary center for providing specialized medical services for vision for members of the Armed Forces in the region in which the center of excellence is located.

“(c) POLICIES FOR REFERRAL OF BENEFICIARIES.—Not later than October 1, 2023, the Director of the Defense Health Agency shall publish on a publicly available internet website of the Department of Defense policies for the referral of eligible beneficiaries of the Department to centers of excellence established under subsection (a) for evaluation and treatment.

“(d) IDENTIFICATION OF MEDICAL PERSONNEL BILLETS AND STAFFING.—The Secretary of each military department, in conjunction with the Joint Staff Surgeon and the Director of the Defense Health Agency, shall identify specific medical personnel billets essential for the evaluation and treatment of ocular sensory injuries and ensure that centers of excellence established under subsection (a) are staffed with such personnel at the

level required for the enduring medical support of each such center.

“(e) BRIEFING.—Not later than December 31, 2023, the Secretary of Defense shall provide to the Committees on Armed Services of the Senate and the House of Representatives a briefing that—

“(1) describes the establishment of each center of excellence established under subsection (a), to include the location, capability, and capacity of each such center;

“(2) describes the referral policy published by the Defense Health Agency under subsection (c);

“(3) identifies the medical personnel billets identified under subsection (d); and

“(4) provides a plan for the staffing of personnel at such centers to ensure the enduring medical support of each such center.

“(f) MILITARY MEDICAL CENTER DEFINED.—In this section, the term ‘military medical center’ means a medical center described in section 1073d(b) of title 10, United States Code.”

#### SATELLITE CENTERS

Pub. L. 114-328, div. A, title VII, §703(a)(3), Dec. 23, 2016, 130 Stat. 2198, provided that: “In addition to the centers of excellence designated under section 1073d(b)(4) of title 10, United States Code, as added by paragraph (1), the Secretary of Defense may establish satellite centers of excellence to provide specialty care for certain conditions, including with respect to—

“(A) post-traumatic stress;

“(B) traumatic brain injury; and

“(C) such other conditions as the Secretary considers appropriate.”

#### LIMITATION ON RESTRUCTURE AND REALIGNMENT OF MILITARY MEDICAL TREATMENT FACILITIES

Pub. L. 114-328, div. A, title VII, §703(b), (e), Dec. 23, 2016, 130 Stat. 2198, 2200, provided that:

“(b) EXCEPTION.—In carrying out section 1073d of title 10, United States Code, as added by subsection (a)(1), the Secretary of Defense may not restructure or realign the infrastructure of, or modify the health care services provided by, a military medical treatment facility unless the Secretary determines that, if such a restructure, realignment, or modification will eliminate the ability of a covered beneficiary to access health care services at a military medical treatment facility, the covered beneficiary will be able to access such health care services through the purchased care component of the TRICARE program.”

“(e) DEFINITIONS.—In this section [enacting this section and provisions set out as notes under this section], the terms ‘covered beneficiary’ and ‘TRICARE program’ have the meaning given those terms in section 1072 of title 10, United States Code.”

#### § 1073e. Protection of armed forces from infectious diseases

(a) PROTECTION.—The Secretary of Defense shall develop and implement a plan to ensure that the armed forces have the diagnostic equipment, testing capabilities, and personal protective equipment necessary to protect members of the armed forces from the threat of infectious diseases and to treat members who contract infectious diseases.

(b) REQUIREMENTS.—In carrying out subsection (a), the Secretary shall ensure the following:

(1) Each military medical treatment facility has the testing capabilities described in such subsection, as appropriate for the mission of the facility.

(2) Each deployed naval vessel has access to the testing capabilities described in such subsection.

(3) Members of the armed forces deployed in support of a contingency operation outside of the United States have access to the testing capabilities described in such subsection, including at field hospitals, combat support hospitals, field medical stations, and expeditionary medical facilities.

(4) The Department of Defense maintains—

(A) a 30-day supply of personal protective equipment in a quantity sufficient for each member of the armed forces, including the reserve components thereof; and

(B) the capability to rapidly resupply such equipment.

(c) RESEARCH AND DEVELOPMENT.—(1) The Secretary shall include with the defense budget materials (as defined by section 231(f)<sup>1</sup> of this title) for a fiscal year a plan to research and develop vaccines, diagnostics, and therapeutics for infectious diseases.

(2) The Secretary shall ensure that the medical laboratories of the Department of Defense are equipped with the technology needed to facilitate rapid research and development of vaccines, diagnostics, and therapeutics in the case of a pandemic.

(Added Pub. L. 116-283, div. A, title VII, §712(a), Jan. 1, 2021, 134 Stat. 3691.)

#### Editorial Notes

##### REFERENCES IN TEXT

Section 231(f) of this title, referred to in subsec. (c)(1), was redesignated as section 231(g) of this title by Pub. L. 117-263, div. A, title III, §352(a)(2), Dec. 23, 2022, 136 Stat. 2533, and subsequently was redesignated as section 231(h) of this title by Pub. L. 118-159, div. A, title X, §1021(1), Dec. 23, 2024, 138 Stat. 2052.

#### § 1073f. Health care fraud and abuse prevention program

(a) PROGRAM AUTHORIZED.—(1) The Secretary of Defense may carry out a program under this section to prevent and remedy fraud and abuse in the health care programs of the Department of Defense.

(2) At the discretion of the Secretary, such program may be administered jointly by the Inspector General of the Department of Defense and the Director of the Defense Health Agency.

(3) In carrying out such program, the authorities granted to the Secretary of Defense and the Inspector General of the Department of Defense under section 1128A(m) of the Social Security Act (42 U.S.C. 1320a-7a(m)) shall be available to the Secretary and the Inspector General.

(b) CIVIL MONETARY PENALTIES.—(1) Except as provided in paragraph (2), the provisions of section 1128A of the Social Security Act (42 U.S.C. 1320a-7a) shall apply with respect to any civil monetary penalty imposed in carrying out the program authorized under subsection (a).

(2) Consistent with section 1079a of this title, amounts recovered in connection with any such civil monetary penalty imposed—

(A) shall be credited to appropriations available as of the time of the collection for expenses of the health care program of the De-

<sup>1</sup> See References in Text note below.