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) 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.)

§ 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 Department of Defense affected by the fraud and abuse for which such penalty was imposed; and

(B) may be used to support the administration of the program authorized under subsection (a), including to support any interagency agreements entered into under subsection (d).

(c) INTERAGENCY AGREEMENTS.—The Secretary of Defense may enter into agreements with the Secretary of Health and Human Services, the Attorney General, or the heads of other Federal agencies, for the effective and efficient implementation of the program authorized under subsection (a).

(d) RULE OF CONSTRUCTION.—Joint administration of the program authorized under subsection (a) may not be construed as limiting the authority of the Inspector General of the Department of Defense under any other provision of law.

(e) FRAUD AND ABUSE DEFINED.—In this section, the term ''fraud and abuse'' means any conduct specified in subsection (a) or (b) of section 1128A of the Social Security Act (42 U.S.C. 1320a–7a).

(Added Pub. L. 117–81, div. A, title VII, § 713(a), Dec. 27, 2021, 135 Stat. 1784.)

§ 1074. Medical and dental care for members and certain former members

(a)(1) Under joint regulations to be prescribed by the administering Secretaries, a member of a uniformed service described in paragraph (2) is entitled to medical and dental care in any facility of any uniformed service.

(2) Members of the uniformed services referred to in paragraph (1) are as follows:

(A) A member of a uniformed service on active duty.

(B) A member of a reserve component of a uniformed service who has been commissioned as an officer if—

(i) the member has requested orders to active duty for the member's initial period of active duty following the commissioning of the member as an officer;

(ii) the request for orders has been approved;

(iii) the orders are to be issued but have not been issued or the orders have been

issued but the member has not entered active duty; and

(iv) the member does not have health care insurance and is not covered by any other health benefits plan.

(b)(1) Under joint regulations to be prescribed by the administering Secretaries, a member or former member of a uniformed service who is entitled to retired or retainer pay, or equivalent pay may, upon request, be given medical and dental care in any facility of any uniformed service, subject to the availability of space and facilities and the capabilities of the medical and dental staff. The administering Secretaries may, with the agreement of the Secretary of Veterans Affairs, provide care to persons covered by this subsection in facilities operated by the Secretary of Veterans Affairs and determined by him to be available for this purpose on a reimbursable basis at rates approved by the President.

(2) Paragraph (1) does not apply to a member or former member entitled to retired pay for non-regular service under chapter 1223 of this title who is under 60 years of age.

(c)(1) Funds appropriated to a military department, the Department of Homeland Security (with respect to the Coast Guard when it is not operating as a service in the Navy), or the Department of Health and Human Services (with respect to the National Oceanic and Atmospheric Administration and the Public Health Service) may be used to provide medical and dental care to persons entitled to such care by law or regulations, including the provision of such care (other than elective private treatment) in private facilities for members of the uniformed services. If a private facility or health care provider providing care under this subsection is a health care provider under the Civilian Health and Medical Program of the Uniformed Services, the Secretary of Defense, after consultation with the other administering Secretaries, may by regulation require the private facility or health care provider to provide such care in accordance with the same payment rules (subject to any modifications considered appropriate by the Secretary) as apply under that program.

(2)(A) Subject to such exceptions as the Secretary of Defense considers necessary, coverage for medical care for members of the uniformed services under this subsection, and standards with respect to timely access to such care, shall be comparable to coverage for medical care and standards for timely access to such care under the managed care option of the TRICARE program known as TRICARE Prime.

(B) The Secretary of Defense shall enter into arrangements with contractors under the TRICARE program or with other appropriate contractors for the timely and efficient processing of claims under this subsection.

(C) The Secretary of Defense shall consult with the other administering Secretaries in the administration of this paragraph.

(3)(A) A member of the uniformed services described in subparagraph (B) may not be required to receive routine primary medical care at a military medical treatment facility.

(B) A member referred to in subparagraph (A) is a member of the uniformed services on active duty who is entitled to medical care under this subsection and who—

(i) receives a duty assignment described in subparagraph (C); and

(ii) pursuant to the assignment of such duty, resides at a location that is more than 50 miles, or approximately one hour of driving time, from the nearest military medical treatment facility adequate to provide the needed care.

(C) A duty assignment referred to in subparagraph (B) means any of the following:

(i) Permanent duty as a recruiter.

(ii) Permanent duty at an educational institution to instruct, administer a program of instruction, or provide administrative services in support of a program of instruction for the Reserve Officers' Training Corps.

(iii) Permanent duty as a full-time adviser to a unit of a reserve component.

(iv) Any other permanent duty designated by the Secretary concerned for purposes of this paragraph.

(4)(A) Subject to such terms and conditions as the Secretary of Defense considers appropriate, coverage comparable to that provided by the Secretary under subsections (d) and (e) of section 1079 of this title shall be provided under this subsection to members of the uniformed services who incur a serious injury or illness on active duty as defined by regulations prescribed by the Secretary.

(B) The Secretary of Defense shall prescribe in regulations—

(i) the individuals who shall be treated as the primary caregivers of a member of the uniformed services for purposes of this paragraph; and

(ii) the definition of serious injury or illness for the purposes of this paragraph.

(d)(1) For the purposes of this chapter, a member of a reserve component of the armed forces who is issued a delayed-effective-date active-duty order, or is covered by such an order, shall be treated as being on active duty for a period of more than 30 days beginning on the later of the date that is—

(A) the date of the issuance of such order; or

(B) 180 days before the date on which the period of active duty is to commence under such order for that member.

(2) In this subsection, the term ''delayed-effective-date active-duty order'' means an order to active duty for a period of more than 30 days under section 12304b of this title or a provision of law referred to in section 101(a)(13)(B) of this title that provides for active-duty service to begin under such order on a date after the date of the issuance of the order.

(Added Pub. L. 85–861, §1(25)(B), Sept. 2, 1958, 72 Stat. 1446; amended Pub. L. 89–614, §2(2), Sept. 30, 1966, 80 Stat. 862; Pub. L. 96–513, title V, §511(36), (37), Dec. 12, 1980, 94 Stat. 2923; Pub. L. 98–525, title XIV, §1401(e)(1), Oct. 19, 1984, 98 Stat. 2616; Pub. L. 98–557, §19(3), Oct. 30, 1984, 98 Stat. 2869; Pub. L. 101–189, div. A, title VII, §729, title XVI, §1621(a)(2), Nov. 29, 1989, 103 Stat. 1481, 1603; Pub. L. 101–510, div. A, title XIV, §1484(j)(1), Nov. 5, 1990, 104 Stat. 1718; Pub. L. 104–106, div. A,

title VII, § 723, Feb. 10, 1996, 110 Stat. 377; Pub. L. 104–201, div. A, title VII, § 725(d), Sept. 23, 1996, 110 Stat. 2596; Pub. L. 105–85, div. A, title VII, § 731(a)(1), Nov. 18, 1997, 111 Stat. 1810; Pub. L. 106–398, § 1 [[div. A], title VII, § 722(a)(1)], Oct. 30, 2000, 114 Stat. 1654, 1654A–185; Pub. L. 107–296, title XVII, § 1704(b)(1), Nov. 25, 2002, 116 Stat. 2314; Pub. L. 108–106, title I, § 1116, Nov. 6, 2003, 117 Stat. 1218; Pub. L. 108–136, div. A, title VII, §§ 703, 708, Nov. 24, 2003, 117 Stat. 1527, 1530; Pub. L. 108–375, div. A, title VII, § 703, Oct. 28, 2004, 118 Stat. 1982; Pub. L. 109–163, div. A, title VII, § 743(a), Jan. 6, 2006, 119 Stat. 3360; Pub. L. 110–181, div. A, title VI, § 647(b), title XVI, § 1633(a), Jan. 28, 2008, 122 Stat. 161, 459; Pub. L. 111–84, div. A, title VII, § 702, Oct. 28, 2009, 123 Stat. 2373; Pub. L. 115–91, div. A, title V, § 511(a), Dec. 12, 2017, 131 Stat. 1376.)

HISTORICAL AND REVISION NOTES

Revised section	*Source (U.S. Code)*	*Source (Statutes at Large)*
1074(a)	37:421(a).	June 7, 1956, ch. 374, §§ 102(a)(3) (as applicable to § 301(b)), 301(a), (b), 70 Stat. 250, 253.
1074(b)	37:402(a)(3) (as applicable to 37:421(b)).	
	37:421(b).	

In subsection (a), words of entitlement are substituted for the correlative words of obligation.

In subsection (b), the words ''active duty (other than for training)'' are substituted for the words ''active duty as defined in section 901(b) of Title 50'' to reflect section 101(22) of this title. The words ''and dental'' are inserted before the word ''staff'' for clarity. The words ''retirement'' and ''retirement pay'' are omitted as surplusage.

Editorial Notes

PRIOR PROVISIONS

Provisions similar to those in subsec. (c) of this section were contained in Pub. L. 98–212, title VII, § 735, Dec. 8, 1983, 97 Stat. 1444, which was formerly set out as a note under section 138 [now 114] of this title, and which was amended by Pub. L. 98–525, title XIV, §§ 1403(a)(2), 1404, Oct. 19, 1984, 98 Stat. 2621, eff. Oct. 1, 1985, to strike out these provisions.

A prior section 1074, act Aug. 10, 1956, ch. 1041, 70A Stat. 82, related to enactment of legislation relating to voting in other elections, prior to repeal by Pub. L. 85–861, § 36B(5), Sept. 2, 1958, 72 Stat. 1570, as superseded by the Federal Voting Assistance Act of 1955 which is classified to subchapter I–D (§ 1973cc et seq.) of chapter 20 of Title 42, The Public Health and Welfare.

AMENDMENTS

2017—Subsec. (d)(2). Pub. L. 115–91 substituted ''under section 12304b of this title or'' for ''in support of a contingency operation under''.

2009—Subsec. (d)(1)(B). Pub. L. 111–84 substituted ''180 days'' for ''90 days''.

2008—Subsec. (b). Pub. L. 110–181, § 647(b), designated existing provisions as par. (1) and added par. (2).

Subsec. (c)(4). Pub. L. 110–181, § 1633(a), added par. (4).

2006—Subsec. (a)(2)(B)(iii). Pub. L. 109–163 inserted ''or the orders have been issued but the member has not entered active duty'' before semicolon at end.

2004—Subsec. (d)(3). Pub. L. 108–375 struck out par. (3) which read as follows: ''This subsection shall cease to be effective on December 31, 2004.''

2003—Subsec. (a). Pub. L. 108–136, § 708, inserted ''(1)'' after ''(a)'', substituted ''described in paragraph (2)'' for ''who is on active duty'', and added par. (2).

Subsec. (d). Pub. L. 108–136, § 703, amended subsec. (d) generally. Prior to amendment, subsec. (d) read as follows:

''(1) For the purposes of this chapter, a member of a reserve component of the armed forces who is issued a delayed-effective-date active-duty order, or is covered by such an order, shall be treated as being on active duty for a period of more than 30 days beginning on the later of the date that is—

''(A) the date of the issuance of such order; or

''(B) 90 days before date on which the period of active duty is to commence under such order for that member.

''(2) In this subsection, the term 'delayed-effective-date active-duty order' means an order to active duty for a period of more than 30 days in support of a contingency operation under a provision of law referred to in section 101(a)(13)(B) of this title that provides for active-duty service to begin under such order on a date after the date of the issuance of the order.

''(3) This section shall cease to be effective on September 30, 2004.''

Pub. L. 108–106 added subsec. (d).

2002—Subsec. (c)(1). Pub. L. 107–296 substituted ''of Homeland Security'' for ''of Transportation''.

2000—Subsec. (c). Pub. L. 106–398, § 1 [[div. A], title VII, § 722(a)(1)(A)], substituted ''uniformed services'' for ''armed forces'' in pars. (1), (2)(A), and (3)(B).

Subsec. (c)(1). Pub. L. 106–398, § 1 [[div. A], title VII, § 722(a)(1)(B)], inserted '', the Department of Transportation (with respect to the Coast Guard when it is not operating as a service in the Navy), or the Department of Health and Human Services (with respect to the National Oceanic and Atmospheric Administration and the Public Health Service)'' after ''military department''.

Subsec. (c)(2)(C). Pub. L. 106–398, § 1 [[div. A], title VII, § 722(a)(1)(C)], added subpar. (C).

Subsec. (c)(3)(A). Pub. L. 106–398, § 1 [[div. A], title VII, § 722(a)(1)(D)], substituted ''A member of the uniformed services described in subparagraph (B) may not be required'' for ''The Secretary of Defense may not require a member of the armed forces described in subparagraph (B)''.

1997—Subsec. (c). Pub. L. 105–85 designated existing provisions as par. (1) and added pars. (2) and (3).

1996—Subsec. (d). Pub. L. 104–201 struck out subsec. (d) which read as follows:

''(d)(1) The Secretary of Defense may require, by regulation, a private CHAMPUS provider to apply the CHAMPUS payment rules (subject to any modifications considered appropriate by the Secretary) in imposing charges for health care that the private CHAMPUS provider provides to a member of the uniformed services who is enrolled in a health care plan of a facility deemed to be a facility of the uniformed services under section 911(a) of the Military Construction Authorization Act, 1982 (42 U.S.C. 248c(a)) when the health care is provided outside the catchment area of the facility.

''(2) In this subsection:

''(A) The term 'private CHAMPUS provider' means a private facility or health care provider that is a health care provider under the Civilian Health and Medical Program of the Uniformed Services.

''(B) The term 'CHAMPUS payment rules' means the payment rules referred to in subsection (c).

''(3) The Secretary of Defense shall prescribe regulations under this subsection after consultation with the other administering Secretaries.''

Pub. L. 104–106 added subsec. (d).

1990—Subsec. (b). Pub. L. 101–510 substituted ''Secretary of Veterans Affairs'' for ''Administrator'' after ''operated by the''.

1989—Subsec. (b). Pub. L. 101–189, § 1621(a)(2), substituted ''Secretary of Veterans Affairs'' for ''Administrator of Veterans' Affairs''.

Subsec. (c). Pub. L. 101–189, § 729, inserted at end ''If a private facility or health care provider providing care under this subsection is a health care provider under the Civilian Health and Medical Program of the Uniformed Services, the Secretary of Defense, after consultation with the other administering Secretaries, may by regulation require the private facility or health care provider to provide such care in accordance with the same payment rules (subject to any modifications

considered appropriate by the Secretary) as apply under that program.''

1984—Subsecs. (a), (b). Pub. L. 98–557 substituted reference to administering Secretaries for reference to Secretary of Defense and Secretary of Health and Human Services wherever appearing.

Subsec. (c). Pub. L. 98–525 added subsec. (c).

1980—Subsec. (a). Pub. L. 96–513, §511(36), substituted ''Secretary of Health and Human Services'' for ''Secretary of Health, Education, and Welfare''.

Subsec. (b). Pub. L. 96–513, §511(36), (37), substituted ''Secretary of Health and Human Services'' and ''President'' for ''Secretary of Health, Education, and Welfare'' and ''Bureau of the Budget'', respectively.

1966—Subsec. (b). Pub. L. 89–614 struck out provision which excepted from medical and dental care a member or former member who is entitled to retired pay under chapter 67 of this title and has served less than eight years on active duty (other than for training) and authorized care to be provided to persons covered by subsec. (b) in facilities operated by the Administrator of Veterans' Affairs and available on a reimbursable basis at rates approved by the Bureau of the Budget.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 2008 AMENDMENT

Pub. L. 110–181, div. A, title XVI, §1633(b), Jan. 28, 2008, 122 Stat. 459, provided that: ''The amendment made by subsection (a) [amending this section] shall take effect on January 1, 2008.''

EFFECTIVE DATE OF 2006 AMENDMENT

Pub. L. 109–163, div. A, title VII, §743(b), Jan. 6, 2006, 119 Stat. 3360, provided that: ''The amendment made by subsection (a) [amending this section] shall take effect as of November 24, 2003, and as if included in the enactment of paragraph (2) of section 1074(a) of title 10, United States Code, by section 708 of the National Defense Authorization Act for Fiscal Year 2004 (Public Law 108–136; 117 Stat. 1530).''

EFFECTIVE DATE OF 2002 AMENDMENT

Amendment by Pub. L. 107–296 effective on the date of transfer of the Coast Guard to the Department of Homeland Security, see section 1704(g) of Pub. L. 107–296, set out as a note under section 101 of this title.

EFFECTIVE DATE OF 2000 AMENDMENT

Pub. L. 106–398, §1 [[div. A], title VII, §722(c)(1)], Oct. 30, 2000, 114 Stat. 1654, 1654A–186, provided that: ''The amendments made by subsections (a)(1) and (b)(1) [amending this section and section 1079 of this title] shall take effect on October 1, 2001.''

EFFECTIVE DATE OF 1997 AMENDMENT

Pub. L. 105–85, div. A, title VII, §731(a)(2), Nov. 18, 1997, 111 Stat. 1811, provided that: ''The amendments made by paragraph (1) [amending this section] shall apply with respect to coverage of medical care for, and the provision of such care to, a member of the Armed Forces under section 1074(c) of title 10, United States Code, on and after the later of the following:

''(A) April 1, 1998.

''(B) The date on which the TRICARE program is in place in the service area of the member.''

EFFECTIVE DATE OF 1984 AMENDMENT

Amendment by Pub. L. 98–525 effective Oct. 1, 1985, see section 1404 of Pub. L. 98–525, set out as an Effective Date note under section 520b of this title.

EFFECTIVE DATE OF 1980 AMENDMENT

Amendment by Pub. L. 96–513 effective Dec. 12, 1980, see section 701(b)(3) of Pub. L. 96–513, set out as a note under section 101 of this title.

EFFECTIVE DATE OF 1966 AMENDMENT

For effective date of amendment by Pub. L. 89–614, see section 3 of Pub. L. 89–614, set out as a note under section 1071 of this title.

GUIDANCE FOR ADDRESSING HEALTHY RELATIONSHIPS AND INTIMATE PARTNER VIOLENCE THROUGH TRICARE PROGRAM

Pub. L. 117–263, div. A, title VII, §748, Dec. 23, 2022, 136 Stat. 2689, provided that:

''(a) GUIDANCE.—The Secretary of Defense shall disseminate guidance on the implementation through the TRICARE program of—

''(1) education on healthy relationships and intimate partner violence; and

''(2) protocols for—

''(A) the routine assessment of intimate partner violence and sexual assault; and

''(B) the promotion of, and strategies for, trauma-informed care plans.

''(b) BRIEFING.—Not later than one year after the date of the enactment of this Act [Dec. 23, 2022], the Secretary of Defense shall provide to the Committees on Armed Services of the House of Representatives and the Senate a briefing on the implementation of this section.''

REGISTRY OF CERTAIN TRICARE BENEFICIARIES DIAGNOSED WITH COVID–19

Pub. L. 116–283, div. A, title VII, §734, Jan. 1, 2021, 134 Stat. 3702, provided that:

''(a) ESTABLISHMENT.—Not later than June 1, 2021, and subject to subsection (b), the Secretary of Defense shall establish and maintain a registry of covered TRICARE beneficiaries who have been diagnosed with COVID–19.

''(b) RIGHT OF BENEFICIARY TO OPT OUT.—A covered TRICARE beneficiary may elect to opt out of inclusion in the registry under subsection (a).

''(c) CONTENTS.—The registry under subsection (a) shall include, with respect to each covered TRICARE beneficiary included in the registry, the following:

''(1) The demographic information of the beneficiary.

''(2) Information on the industrial or occupational history of the beneficiary, to the extent such information is available in the records regarding the COVID–19 diagnosis of the beneficiary.

''(3) Administrative information regarding the COVID–19 diagnosis of the beneficiary, including the date of the diagnosis and the location and source of the test used to make the diagnosis.

''(4) Any symptoms of COVID–19 manifested in the beneficiary.

''(5) Any treatments for COVID–19 taken by the beneficiary, or other medications taken by the beneficiary, when the beneficiary was diagnosed with COVID–19.

''(6) Any pathological data characterizing the incidence of COVID–19 and the type of treatment for COVID–19 provided to the beneficiary.

''(7) Information on any respiratory illness of the beneficiary recorded prior to the COVID–19 diagnosis of the beneficiary.

''(8) Any information regarding the beneficiary contained in the Airborne Hazards and Open Burn Pit Registry established under section 201 of the Dignified Burial and Other Veterans' Benefits Improvement Act of 2012 (Public Law 112–260; 38 U.S.C. 527 note).

''(9) Any other information determined appropriate by the Secretary.

''(d) REPORT.—Not later than 180 days after the date of the enactment of this Act [Jan. 1, 2021], the Secretary shall submit to the Committees on Armed Services of the House of Representatives and the Senate a report on establishing the registry under subsection (a), including—

''(1) a plan to implement the registry;

''(2) the cost of implementing the registry;

''(3) the location of the registry; and

''(4) any recommended legislative changes with respect to establishing the registry.

''(e) COVERED TRICARE BENEFICIARY DEFINED.—In this section, the term 'covered TRICARE beneficiary' means an individual who is enrolled in the direct care system under the TRICARE program and is treated for or diagnosed with COVID–19 at a military medical treatment facility.''

COVERAGE OF TESTING FOR COVID–19: APPLICATION WITH RESPECT TO TRICARE

Pub. L. 116–127, div. F, § 6006(a), Mar. 18, 2020, 134 Stat. 207, provided that: ''The Secretary of Defense may not require any copayment or other cost sharing under chapter 55 of title 10, United States Code, for in vitro diagnostic products described in paragraph (1) of section 6001(a) [of Pub. L. 116–127, 42 U.S.C. 1320b–5 note] (or the administration of such products) or visits described in paragraph (2) of such section furnished during any portion of the emergency period defined in paragraph (1)(B) of section 1135(g) of the Social Security Act (42 U.S.C. 1320b–5(g)) beginning on or after the date of the enactment of this Act [Mar. 18, 2020].''

PROVISION OF BLOOD TESTING FOR FIREFIGHTERS OF DEPARTMENT OF DEFENSE TO DETERMINE EXPOSURE TO PERFLUOROALKYL AND POLYFLUOROALKYL SUBSTANCES

Pub. L. 116–92, div. A, title VII, § 707, Dec. 20, 2019, 133 Stat. 1441, provided that:

''(a) IN GENERAL.—Beginning on October 1, 2020, the Secretary of Defense shall provide blood testing to determine and document potential exposure to perfluoroalkyl and polyfluoroalkyl substances (commonly known as 'PFAS') for each firefighter of the Department of Defense during the annual physical exam conducted by the Department for each such firefighter.

''(b) FIREFIGHTER DEFINED.—In this section, the term 'firefighter' means someone whose primary job or military occupational specialty is being a firefighter.''

COMPREHENSIVE POLICY FOR PROVISION OF MENTAL HEALTH CARE TO MEMBERS OF THE ARMED FORCES

Pub. L. 116–92, div. A, title VII, § 718, Dec. 20, 2019, 133 Stat. 1453, provided that:

''(a) POLICY REQUIRED.—Not later than 180 days after the date of the enactment of this Act [Dec. 20, 2019], the Secretary of Defense, acting through the Under Secretary of Defense for Personnel and Readiness, shall develop and implement a comprehensive policy for the provision of mental health care to members of the Armed Forces.

''(b) ELEMENTS.—The policy under subsection (a) shall address each of the following:

''(1) The compliance of health professionals in the military health system engaged in the provision of health care services to members with clinical practice guidelines for—

''(A) suicide prevention;

''(B) medication-assisted therapy for alcohol use disorders; and

''(C) medication-assisted therapy for opioid use disorders.

''(2) The access and availability of mental health care services to members who are victims of sexual assault or domestic violence.

''(3) The availability of naloxone reversal capability on military installations.

''(4) The promotion of referrals of members by civilian health care providers to military medical treatment facilities when such members are—

''(A) at high risk for suicide and diagnosed with a psychiatric disorder; or

''(B) receiving treatment for opioid use disorders.

''(5) The provision of comprehensive behavioral health treatment to members of the reserve components that takes into account the unique challenges associated with the deployment pattern of such members and the difficulty such members encounter post-deployment with respect to accessing such treatment in civilian communities.

''(c) CONSIDERATION.—In developing the policy under subsection (a), the Secretary of Defense shall solicit and consider recommendations from the Secretaries of the military departments and the Chairman of the Joint Chiefs of Staff regarding the feasibility of implementation and execution of particular elements of the policy.

''(d) REPORT.—Not later than 18 months after the date of the enactment of this Act, the Secretary of Defense shall submit to the Committees on Armed Services of the Senate and the House of Representatives a report on the implementation of the policy under subsection (a).''

DECLASSIFICATION BY DEPARTMENT OF DEFENSE OF CERTAIN INCIDENTS OF EXPOSURE OF MEMBERS OF THE ARMED FORCES TO TOXIC SUBSTANCES

Pub. L. 115–91, div. A, title VII, § 737, Dec. 12, 2017, 131 Stat. 1445, provided that:

''(a) IN GENERAL.—The Secretary of Defense shall conduct a declassification review of documents related to any known incident in which not fewer than 100 members of the Armed Forces were intentionally exposed to a toxic substance that resulted in at least one case of a disability that a member of the medical profession has determined to be associated with that toxic substance.

''(b) LIMITATION.—The declassification required by subsection (a) shall be limited to information necessary for an individual who was potentially exposed to a toxic substance to determine the following:

''(1) Whether that individual was exposed to that toxic substance.

''(2) The potential severity of the exposure of that individual to that toxic substance.

''(3) Any potential health conditions that may have resulted from exposure to that toxic substance.

''(c) EXCEPTION.—The Secretary of Defense is not required to declassify documents under subsection (a) if the Secretary determines that declassification of those documents would materially and immediately threaten the security of the United States.

''(d) DEFINITIONS.—In this section:

''(1) ARMED FORCES.—The term 'Armed Forces' has the meaning given that term in section 101 of title 10, United States Code.

''(2) EXPOSED.—The term 'exposed' means, with respect to a toxic substance, that an individual came into contact with that toxic substance in a manner that could be hazardous to the health of that individual, that may include if that toxic substance was inhaled, ingested, or touched the skin or eyes.

''(3) EXPOSURE.—The term 'exposure' means, with respect to a toxic substance, an event during which an individual was exposed to that toxic substance.

''(4) TOXIC SUBSTANCE.—The term 'toxic substance' means any substance determined by the Administrator of the Environmental Protection Agency to be harmful to the environment or hazardous to the health of an individual if inhaled or ingested by or absorbed through the skin of that individual.''

ADJUSTMENT OF MEDICAL SERVICES, PERSONNEL AUTHORIZED STRENGTHS, AND INFRASTRUCTURE IN MILITARY HEALTH SYSTEM TO MAINTAIN READINESS AND CORE COMPETENCIES OF HEALTH CARE PROVIDERS

Pub. L. 114–328, div. A, title VII, § 725, Dec. 23, 2016, 130 Stat. 2230, provided that:

''(a) IN GENERAL.—Except as provided by subsection (c), not later than one year after the date of the enactment of this Act [Dec. 23, 2016], the Secretary of Defense shall implement measures to maintain the critical wartime medical readiness skills and core competencies of health care providers within the Armed Forces.

''(b) MEASURES.—The measures under subsection (a) shall include measures under which the Secretary ensures the following:

''(1) Medical services provided through the military health system at military medical treatment facilities—

''(A) maintain the critical wartime medical readiness skills and core competencies of health care providers within the Armed Forces; and

''(B) ensure the medical readiness of the Armed Forces.

''(2) The authorized strengths for military and civilian personnel throughout the military health system—

''(A) maintain the critical wartime medical readiness skills and core competencies of health care providers within the Armed Forces; and

''(B) ensure the medical readiness of the Armed Forces.

''(3) The infrastructure in the military health system, including infrastructure of military medical treatment facilities—

''(A) maintains the critical wartime medical readiness skills and core competencies of health care providers within the Armed Forces; and

''(B) ensures the medical readiness of the Armed Forces.

''(4) Any covered beneficiary who may be affected by the measures implemented under subsection (a) will be able to receive through the purchased care component of the TRICARE program any medical services that will not be available to such covered beneficiary at a military medical treatment facility by reason of such measures.

''(c) EXCEPTION.—The Secretary is not required to implement measures under subsection (a)(1) with respect to military medical treatment facilities located in a foreign country if the Secretary determines that providing medical services in addition to the medical services described in such subsection is necessary to ensure that covered beneficiaries located in that foreign country have access to a similar level of care available to covered beneficiaries located in the United States.

''(d) DEFINITIONS.—In this section:

''(1) The term 'clinical and logistical capabilities' means those capabilities relating to the provision of health care that are necessary to accomplish operational requirements, including—

''(A) combat casualty care;

''(B) medical response to and treatment of injuries sustained from chemical, biological, radiological, nuclear, or explosive incidents;

''(C) diagnosis and treatment of infectious diseases;

''(D) aerospace medicine;

''(E) undersea medicine;

''(F) diagnosis, treatment, and rehabilitation of specialized medical conditions;

''(G) diagnosis and treatment of diseases and injuries that are not related to battle; and

''(H) humanitarian assistance.

''(2) The terms 'covered beneficiary' and 'TRICARE program' have the meanings given those terms in section 1072 of title 10, United States Code.

''(3) The term 'critical wartime medical readiness skills and core competencies' means those essential medical capabilities, including clinical and logistical capabilities, that are—

''(A) necessary to be maintained by health care providers within the Armed Forces for national security purposes; and

''(B) vital to the provision of effective and timely health care during contingency operations.''

REQUIREMENT TO REVIEW AND MONITOR PRESCRIBING PRACTICES AT MILITARY TREATMENT FACILITIES OF PHARMACEUTICAL AGENTS FOR TREATMENT OF POST-TRAUMATIC STRESS

Pub. L. 114–328, div. A, title VII, §745, Dec. 23, 2016, 130 Stat. 2240, provided that:

''(a) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act [Dec. 23, 2016], the Secretary of Defense shall—

''(1) conduct a comprehensive review of the prescribing practices at military treatment facilities of pharmaceutical agents for the treatment of post-traumatic stress;

''(2) implement a process or processes to monitor the prescribing practices at military treatment facilities of pharmaceutical agents that are discouraged from use under the VA/DOD Clinical Practice Guideline for Management of Post-Traumatic Stress; and

''(3) implement a plan to address any deviations from such guideline in prescribing practices of pharmaceutical agents for management of post-traumatic stress at such facilities.

''(b) PHARMACEUTICAL AGENT DEFINED.—In this section, the term 'pharmaceutical agent' has the meaning given that term in section 1074g(g) [now 1074g(i)] of title 10, United States Code.''

PILOT PROGRAM ON INVESTIGATIONAL TREATMENT OF MEMBERS OF THE ARMED FORCES FOR TRAUMATIC BRAIN INJURY AND POST-TRAUMATIC STRESS DISORDER

Pub. L. 113–66, div. A, title VII, §704, Dec. 26, 2013, 127 Stat. 792, provided that:

''(a) PILOT PROGRAM AUTHORIZED.—The Secretary of Defense shall carry out a pilot program under which the Secretary shall establish a process for randomized placebo-controlled clinical trials of investigational treatments (including diagnostic testing) of traumatic brain injury or post-traumatic stress disorder received by members of the Armed Forces in health care facilities other than military treatment facilities.

''(b) CONDITIONS FOR APPROVAL.—The approval by the Secretary for a treatment pursuant to subsection (a) shall be subject to the following conditions:

''(1) Any drug or device used in the treatment must be approved, cleared, or made subject to an investigational use exemption by the Food and Drug Administration, and the use of the drug or device must comply with rules of the Food and Drug Administration applicable to investigational new drugs or investigational devices.

''(2) The treatment must be approved by the Secretary following approval by an institutional review board operating in accordance with regulations issued by the Secretary of Health and Human Services, in addition to regulations issued by the Secretary of Defense regarding institutional review boards.

''(3) The patient receiving the treatment may not be a retired member of the Armed Forces who is entitled to benefits under part A, or eligible to enroll under part B, of title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.).

''(c) ADDITIONAL RESTRICTIONS AUTHORIZED.—The Secretary may establish additional restrictions or conditions as the Secretary determines appropriate to ensure the protection of human research subjects, appropriate fiscal management, and the validity of the research results.

''(d) DATA COLLECTION AND AVAILABILITY.—The Secretary shall develop and maintain a database containing data from each patient case involving the use of a treatment under this section. The Secretary shall ensure that the database preserves confidentiality and that any use of the database or disclosures of such data are limited to such use and disclosures permitted by law and applicable regulations.

''(e) REPORTS TO CONGRESS.—Not later than 30 days after the last day of each fiscal year, the Secretary shall submit to the Committees on Armed Services of the Senate and the House of Representatives a report on the implementation of this section and any available results on investigational treatment clinical trials authorized under this section during such fiscal year.

''(f) TERMINATION.—The authority of the Secretary to carry out the pilot program authorized by subsection (a) shall terminate on December 31, 2018.''

DEPARTMENT OF DEFENSE GUIDANCE ON ENVIRONMENTAL EXPOSURES AT MILITARY INSTALLATIONS

Pub. L. 112–239, div. A, title III, § 313(a), Jan. 2, 2013, 126 Stat. 1692, provided that:

''(1) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act [Jan. 2, 2013], the Secretary of Defense shall issue guidance to the military departments and appropriate defense agencies regarding environmental exposures on military installations.

''(2) ELEMENTS.—The guidance issued pursuant to paragraph (1) shall address, at a minimum, the following:

''(A) The criteria for when and under what circumstances public health assessments by the Agency for Toxic Substances and Disease Registry must be requested in connection with environmental contamination at military installations, including past incidents of environmental contamination.

''(B) The procedures to be used to track and document the status and nature of responses to the findings and recommendations of the public health assessments of the Agency of Toxic Substances and Disease Registry that involve contamination at military installations.

''(C) The appropriate actions to be undertaken to assess significant long-term health risks from past environmental exposures to military personnel and civilian individuals from living or working on military installations.

''(3) SUBMISSION.—Not later than 30 days after the issuance of the guidance required by paragraph (1), the Secretary of Defense shall transmit to the congressional defense committees [Committees on Armed Services and Appropriations of the Senate and the House of Representatives] a copy of the guidance.''

SMOKING CESSATION PROGRAM UNDER TRICARE

Pub. L. 110–417, [div. A], title VII, § 713, Oct. 14, 2008, 122 Stat. 4503, as amended by Pub. L. 114–92, div. A, title VII, § 705, Nov. 25, 2015, 129 Stat. 863, provided that:

''(a) TRICARE SMOKING CESSATION PROGRAM.—Not later than 180 days after the date of the enactment of this Act [Oct. 14, 2008], the Secretary of Defense shall establish a smoking cessation program under the TRICARE program, to be made available to all beneficiaries under the TRICARE program, subject to subsection (b). The Secretary may prescribe such regulations as may be necessary to implement the program.

''(b) EXCLUSION FOR MEDICARE-ELIGIBLE BENEFICIARIES.—The smoking cessation program shall not be made available to medicare-eligible beneficiaries.

''(c) ELEMENTS.—The program shall include, at a minimum, the following elements:

''(1) The availability, at no cost to the beneficiary, of pharmaceuticals used for smoking cessation, with a limitation on the availability of such pharmaceuticals to the national mail-order pharmacy program under the TRICARE program if appropriate.

''(2) Counseling.

''(3) Access to a toll-free quit line that is available 24 hours a day, 7 days a week.

''(4) Access to printed and Internet web-based tobacco cessation material.

''(d) CHAIN OF COMMAND INVOLVEMENT.—In establishing the program, the Secretary of Defense shall provide for involvement by officers in the chain of command of participants in the program who are on active duty.

''(e) PLAN.—Not later than 90 days after the date of the enactment of this Act [Oct. 14, 2008], the Secretary shall submit to the congressional defense committees [Committees on Armed Services and Appropriations of the Senate and the House of Representatives] a plan to implement the program.

''(f) REFUND OF COPAYMENTS.—

''(1) AUTHORITY.—Under regulations prescribed by the Secretary of Defense, the Secretary may pay a refund to a medicare-eligible beneficiary otherwise excluded by this section, subject to the availability of appropriations specifically for such refunds, consisting of an amount up to the difference between—

''(A) the amount the beneficiary pays for copayments for smoking cessation services described in subsection (c); and

''(B) the amount the beneficiary would have paid if the beneficiary had not been excluded under subsection (b) from the smoking cessation program under subsection (a).

''(2) COPAYMENTS COVERED.—The refunds under paragraph (1) are available only for copayments paid by medicare-eligible beneficiaries after September 30, 2008.

''(g) REPORT.—Not later than one year after the date of the enactment of this Act [Oct. 14, 2008], the Secretary shall submit to the congressional defense committees [Committees on Armed Services and Appropriations of the Senate and the House of Representatives] a report covering the following:

''(1) The status of the program.

''(2) The number of participants in the program.

''(3) The cost of the program.

''(4) The costs avoided that are attributed to the program.

''(5) The success rates of the program compared to other nationally recognized smoking cessation programs.

''(6) Findings regarding the success rate of participants in the program.

''(7) Recommendations to modify the policies and procedures of the program.

''(8) Recommendations concerning the future utility of the program.

''(h) DEFINITIONS.—In this section:

''(1) TRICARE PROGRAM.—The term 'TRICARE program' has the meaning provided by section 1072(7) of title 10, United States Code.

''(2) MEDICARE-ELIGIBLE.—The term 'medicare-eligible' has the meaning provided by section 1111(b) of title 10, United States Code.''

LONGITUDINAL STUDY ON TRAUMATIC BRAIN INJURY INCURRED BY MEMBERS OF THE ARMED FORCES IN OPERATION IRAQI FREEDOM AND OPERATION ENDURING FREEDOM

Pub. L. 109–364, div. A, title VII, § 721, Oct. 17, 2006, 120 Stat. 2294, provided that:

''(a) STUDY REQUIRED.—The Secretary of Defense shall conduct a longitudinal study on the effects of traumatic brain injury incurred by members of the Armed Forces serving in Operation Iraqi Freedom or Operation Enduring Freedom on the members who incur such an injury and their families.

''(b) DURATION.—The study required by subsection (a) shall be conducted for a period of 15 years.

''(c) ELEMENTS.—The study required by subsection (a) shall specifically address the following:

''(1) The long-term physical and mental health effects of traumatic brain injuries incurred by members of the Armed Forces during service in Operation Iraqi Freedom or Operation Enduring Freedom.

''(2) The health care, mental health care, and rehabilitation needs of such members for such injuries after the completion of inpatient treatment through the Department of Defense, the Department of Veterans Affairs, or both.

''(3) The type and availability of long-term care rehabilitation programs and services within and outside the Department of Defense and the Department of Veterans Affairs for such members for such injuries, including community-based programs and services and in-home programs and services.

''(4) The effect on family members of a member incurring such an injury.

''(d) CONSULTATION.—The Secretary of Defense shall conduct the study required by subsection (a) and pre-

pare the reports required by subsection (e) in consultation with the Secretary of Veterans Affairs.

''(e) PERIODIC AND FINAL REPORTS.—After the third, seventh, eleventh, and fifteenth years of the study required by subsection (a), the Secretary of Defense shall submit to Congress a comprehensive report on the results of the study during the preceding years. Each report shall include the following:

''(1) Current information on the cumulative outcomes of the study.

''(2) Such recommendations as the Secretary of Defense and the Secretary of Veterans Affairs jointly consider appropriate based on the outcomes of the study, including recommendations for legislative, programmatic, or administrative action to improve long-term care and rehabilitation programs and services for members of the Armed Forces with traumatic brain injuries.''

STANDARDS AND TRACKING OF ACCESS TO HEALTH CARE SERVICES FOR WOUNDED, INJURED, OR ILL SERVICEMEMBERS RETURNING TO THE UNITED STATES FROM A COMBAT ZONE

Pub. L. 109–364, div. A, title VII, § 733, Oct. 17, 2006, 120 Stat. 2298, provided that:

''(a) REPORT ON UNIFORM STANDARDS FOR ACCESS.—Not later than 90 days after the date of the enactment of this Act [Oct. 17, 2006], the Secretary of Defense shall submit to the Committees on Armed Services of the Senate and the House of Representatives a report on uniform standards for the access of wounded, injured, or ill members of the Armed Forces to health care services in the United States following return from a combat zone.

''(b) MATTERS COVERED.—The report required by subsection (a) shall describe in detail policies with respect to the following:

''(1) The access of wounded, injured, or ill members of the Armed Forces to emergency care.

''(2) The access of such members to surgical services.

''(3) Waiting times for referrals and consultations of such members by medical personnel, dental personnel, mental health specialists, and rehabilitative service specialists, including personnel and specialists with expertise in prosthetics and in the treatment of head, vision, and spinal cord injuries.

''(4) Waiting times of such members for acute care and for routine follow-up care.

''(c) REFERRAL TO PROVIDERS OUTSIDE MILITARY HEALTH CARE SYSTEM.—The Secretary shall require that health care services and rehabilitation needs of members described in subsection (a) be met through whatever means or mechanisms possible, including through the referral of members described in that subsection to health care providers outside the military health care system.

''(d) UNIFORM SYSTEM FOR TRACKING OF PERFORMANCE.—The Secretary shall establish a uniform system for tracking the performance of the military health care system in meeting the requirements for access of wounded, injured, or ill members of the Armed Forces to health care services described in subsection (a).

''(e) REPORTS.—

''(1) TRACKING SYSTEM.—Not later than 180 days after the date of the enactment of this Act [Oct. 17, 2006], the Secretary shall submit to the Committees on Armed Services of the Senate and the House of Representatives a report on the system established under subsection (d).

''(2) ACCESS.—Not later than October 1, 2006, and each quarter thereafter during fiscal year 2007, the Secretary shall submit to such committees a report on the performance of the health care system in meeting the access standards described in the report required by subsection (a).''

TRAINING CURRICULA FOR FAMILY CAREGIVERS ON CARE AND ASSISTANCE FOR MEMBERS AND FORMER MEMBERS OF THE ARMED FORCES WITH TRAUMATIC BRAIN INJURY

Pub. L. 109–364, div. A, title VII, § 744, Oct. 17, 2006, 120 Stat. 2308, provided that:

''(a) TRAUMATIC BRAIN INJURY FAMILY CAREGIVER PANEL.—

''(1) ESTABLISHMENT.—The Secretary of Defense shall establish a panel within the Department of Defense, to be known as the 'Traumatic Brain Injury Family Caregiver Panel', to develop coordinated, uniform, and consistent training curricula to be used in training family members in the provision of care and assistance to members and former members of the Armed Forces with traumatic brain injuries.

''(2) MEMBERS.—The Traumatic Brain Injury Family Caregiver Panel shall consist of 15 members appointed by the Secretary of Defense from among the following:

''(A) Physicians, nurses, rehabilitation therapists, and other individuals with an expertise in caring for and assisting individuals with traumatic brain injury, including persons who specialize in caring for and assisting individuals with traumatic brain injury incurred in combat.

''(B) Representatives of family caregivers or family caregiver associations.

''(C) Health and medical personnel of the Department of Defense and the Department of Veterans Affairs with expertise in traumatic brain injury and personnel and readiness representatives of the Department of Defense with expertise in traumatic brain injury.

''(D) Psychologists or other individuals with expertise in the mental health treatment and care of individuals with traumatic brain injury.

''(E) Experts in the development of training curricula.

''(F) Family members of members of the Armed Forces with traumatic brain injury.

''(G) Such other individuals the Secretary considers appropriate.

''(3) CONSULTATION.—In establishing the Traumatic Brain Injury Family Caregiver Panel and appointing the members of the Panel, the Secretary of Defense shall consult with the Secretary of Veterans Affairs.

''(b) DEVELOPMENT OF CURRICULA.—

''(1) DEVELOPMENT.—The Traumatic Brain Injury Family Caregiver Panel shall develop training curricula to be used by family members of members and former members of the Armed Forces on techniques, strategies, and skills for care and assistance for such members and former members with traumatic brain injury.

''(2) SCOPE OF CURRICULA.—The curricula shall—

''(A) be based on empirical research and validated techniques; and

''(B) shall provide for training that permits recipients to tailor caregiving to the unique circumstances of the member or former member of the Armed Forces receiving care.

''(3) PARTICULAR REQUIREMENTS.—In developing the curricula, the Traumatic Brain Injury Family Caregiver Panel shall—

''(A) specify appropriate training commensurate with the severity of traumatic brain injury; and

''(B) identify appropriate care and assistance to be provided for the degree of severity of traumatic brain injury for caregivers of various levels of skill and capability.

''(4) USE OF EXISTING MATERIALS.—In developing the curricula, the Traumatic Brain Injury Family Caregiver Panel shall use and enhance any existing training curricula, materials, and resources applicable to such curricula as the Panel considers appropriate.

''(5) DEADLINE FOR DEVELOPMENT.—The Traumatic Brain Injury Family Caregiver Panel shall develop

the curricula not later than one year after the date of the enactment of this Act [Oct. 17, 2006].

''(c) DISSEMINATION OF CURRICULA.—

''(1) DISSEMINATION MECHANISMS.—The Secretary of Defense shall develop mechanisms for the dissemination of the curricula developed under subsection (b)—

''(A) to health care professionals who treat or otherwise work with members and former members of the Armed Forces with traumatic brain injury;

''(B) to family members affected by the traumatic brain injury of such members and former members; and

''(C) to other care or support personnel who may provide service to members or former members affected by traumatic brain injury.

''(2) USE OF EXISTING MECHANISMS.—In developing such mechanisms, the Secretary may use and enhance existing mechanisms, including the Military Severely Injured Center (authorized under section 564 of this Act [10 U.S.C. 113 note]) and the programs for service to severely injured members established by the military departments.

''(d) REPORT.—Not later than one year after the development of the curricula required by subsection (b), the Secretary of Defense and the Secretary of Veterans Affairs shall submit to the Committees on Armed Services and Veterans Affairs of the Senate and the House of Representatives a report on the following:

''(1) The actions undertaken under this section.

''(2) Recommendations for the improvement or updating of training curriculum developed and provided under this section.''

PILOT PROJECTS ON EARLY DIAGNOSIS AND TREATMENT OF POST TRAUMATIC STRESS DISORDER AND OTHER MENTAL HEALTH CONDITIONS

Pub. L. 109–364, div. A, title VII, § 741, Oct. 17, 2006, 120 Stat. 2304, required the Secretary of Defense to carry out not less than three pilot projects, to end by Sept. 30, 2008, to evaluate various approaches to improving the early diagnosis and treatment of post traumatic stress disorder and other mental health conditions and to report to Congress no later than Dec. 31, 2008.

Pub. L. 109–163, div. A, title VII, § 722, Jan. 6, 2006, 119 Stat. 3347, authorized the Secretary of Defense to carry out pilot projects on improving the early diagnosis and treatment of post traumatic stress disorder and other mental health conditions and required a progress report to be submitted to Congress no later than Sept. 1, 2006.

COOPERATIVE OUTREACH TO MEMBERS AND FORMER MEMBERS OF THE NAVAL SERVICE EXPOSED TO ENVIRONMENTAL FACTORS RELATED TO SARCOIDOSIS

Pub. L. 109–163, div. A, title VII, § 746, Jan. 6, 2006, 119 Stat. 3362, directed the Secretary of the Navy, within six months after Jan. 6, 2006, to begin an outreach program to contact as many members and former members of the naval service as possible who may have been exposed to aerosolized particles resulting from the removal of nonskid coating used on Navy ships and to report to Congress on the program results within one year after the beginning of the program.

MEDICAL READINESS PLAN AND JOINT MEDICAL READINESS OVERSIGHT COMMITTEE

Pub. L. 108–375, div. A, title VII, § 731, Oct. 28, 2004, 118 Stat. 1993, as amended by Pub. L. 109–163, div. A, title V, § 515(h), Jan. 6, 2006, 119 Stat. 3237; Pub. L. 109–364, div. A, title X, § 1071(g)(8), Oct. 17, 2006, 120 Stat. 2402; Pub. L. 112–81, div. A, title X, § 1062(f)(1), Dec. 31, 2011, 125 Stat. 1585, provided that:

''(a) REQUIREMENT FOR PLAN.—The Secretary of Defense shall develop a comprehensive plan to improve medical readiness, and Department of Defense tracking of the health status, of members of the Armed Forces throughout their service in the Armed Forces, and to strengthen medical readiness and tracking before, during, and after deployment of members of the Armed Forces overseas. The matters covered by the comprehensive plan shall include all elements that are described in this subtitle [subtitle D [§§ 731 to 740] of title VII of Pub. L. 108–375, enacting sections 1073b and 1092a of this title and enacting provisions set out as notes under this section and sections 1073b, 1074f, and 1092a of this title] and the amendments made by this subtitle and shall comply with requirements in law.

''(b) JOINT MEDICAL READINESS OVERSIGHT COMMITTEE.—

''(1) ESTABLISHMENT.—The Secretary of Defense shall establish a Joint Medical Readiness Oversight Committee.

''(2) COMPOSITION.—The members of the Committee are as follows:

''(A) The Under Secretary of Defense for Personnel and Readiness, who shall chair the Committee.

''(B) The Vice Chief of Staff of the Army, the Vice Chief of Naval Operations, the Vice Chief of Staff of the Air Force, and the Assistant Commandant of the Marine Corp [sic].

''(C) The Assistant Secretary of Defense for Health Affairs.

''(D) The Assistant Secretary of Defense for Reserve Affairs [now Assistant Secretary of Defense for Manpower and Reserve Affairs].

''(E) The Surgeon General of each of the Army, the Navy, and the Air Force.

''(F) The Assistant Secretary of the Army for Manpower and Reserve Affairs.

''(G) The Assistant Secretary of the Navy for Manpower and Reserve Affairs.

''(H) The Assistant Secretary of the Air Force for Manpower, Reserve Affairs, Installations, and Environment.

''(I) The Chief of the National Guard Bureau.

''(J) The Chief of Army Reserve.

''(K) The Chief of Navy Reserve.

''(L) The Chief of Air Force Reserve.

''(M) The Commander, Marine Corps Reserve.

''(N) The Director of the Defense Manpower Data Center.

''(O) A representative of the Department of Veterans Affairs designated by the Secretary of Veterans Affairs.

''(3) DUTIES.—The duties of the Committee are as follows:

''(A) To advise the Secretary of Defense on the medical readiness and health status of the members of the active and reserve components of the Armed Forces.

''(B) To advise the Secretary of Defense on the compliance of the Armed Forces with the medical readiness tracking and health surveillance policies of the Department of Defense.

''(C) To oversee the development and implementation of the comprehensive plan required by subsection (a) and the actions required by this subtitle and the amendments made by this subtitle, including with respect to matters relating to—

''(i) the health status of the members of the reserve components of the Armed Forces;

''(ii) accountability for medical readiness;

''(iii) medical tracking and health surveillance;

''(iv) declassification of information on environmental hazards;

''(v) postdeployment health care for members of the Armed Forces; and

''(vi) compliance with Department of Defense and other applicable policies on blood serum repositories.

''(D) To ensure unity and integration of efforts across functional and organizational lines within the Department of Defense with regard to medical readiness tracking and health surveillance of members of the Armed Forces.

''(E) To establish and monitor compliance with the medical readiness standards that are applicable to members and those that are applicable to units.

''(F) To improve continuity of care in coordination with the Secretary of Veterans Affairs, for members of the Armed Forces separating from active service with service-connected medical conditions.

''(4) FIRST MEETING.—The first meeting of the Committee shall be held not later than 120 days after the date of the enactment of this Act [Oct. 28, 2004].''

ACCOUNTABILITY FOR MEDICAL READINESS OF INDIVIDUALS AND UNITS OF THE RESERVE COMPONENTS

Pub. L. 108–375, div. A, title VII, §732(b), Oct. 28, 2004, 118 Stat. 1997, provided that:

''(1) POLICY.—The Secretary of Defense shall take measures, in addition to those required by section 1074f of title 10, United States Code, to ensure that individual members and commanders of reserve component units fulfill their responsibilities and meet the requirements for medical and dental readiness of members of the units. Such measures may include—

''(A) requiring more frequent health assessments of members than is required by section 1074f(b) of title 10, United States Code, with an objective of having every member of the Selected Reserve receive a health assessment as specified in section 1074f of such title not less frequently than once every two years; and

''(B) providing additional support and information to commanders to assist them in improving the health status of members of their units.

''(2) REVIEW AND FOLLOWUP CARE.—The measures under this subsection shall provide for review of the health assessments under paragraph (1) by a medical professional and for any followup care and treatment that is otherwise authorized for medical or dental readiness.

''(3) MODIFICATION OF PREDEPLOYMENT HEALTH ASSESSMENT SURVEY.—In carrying out paragraph (1), the Secretary shall—

''(A) to the extent practicable, modify the predeployment health assessment survey to bring such survey into conformity with the detailed postdeployment health assessment survey in use as of October 1, 2004; and

''(B) ensure the use of the predeployment health assessment survey, as so modified, for predeployment health assessments after that date.''

UNIFORM POLICY ON DEFERRAL OF MEDICAL TREATMENT PENDING DEPLOYMENT TO THEATERS OF OPERATIONS

Pub. L. 108–375, div. A, title VII, §732(c), Oct. 28, 2004, 118 Stat. 1997, provided that:

''(1) REQUIREMENT FOR POLICY.—The Secretary of Defense shall prescribe, for uniform applicability throughout the Armed Forces, a policy on deferral of medical treatment of members pending deployment.

''(2) CONTENT.—The policy prescribed under paragraph (1) may specify the following matters:

''(A) The circumstances under which treatment for medical conditions may be deferred to be provided within a theater of operations in order to prevent delay or other disruption of a deployment to that theater.

''(B) The circumstances under which medical conditions are to be treated before deployment to that theater.''

MEDICAL CARE AND TRACKING AND HEALTH SURVEILLANCE IN THE THEATER OF OPERATIONS

Pub. L. 108–375, div. A, title VII, §734, Oct. 28, 2004, 118 Stat. 1998, provided that:

''(a) RECORDKEEPING POLICY.—The Secretary of Defense shall prescribe a policy that requires the records of all medical care provided to a member of the Armed Forces in a theater of operations to be maintained as part of a complete health record for the member.

''(b) IN-THEATER MEDICAL TRACKING AND HEALTH SURVEILLANCE.—

''(1) REQUIREMENT FOR EVALUATION.—The Secretary of Defense shall evaluate the system for the medical tracking and health surveillance of members of the Armed Forces in theaters of operations and take such actions as may be necessary to improve the medical tracking and health surveillance.

''(2) REPORT.—Not later than one year after the date of the enactment of this Act [Oct. 28, 2004], the Secretary of Defense shall submit a report on the actions taken under paragraph (1) to the Committees on Armed Services of the Senate and the House of Representatives. The report shall include the following matters:

''(A) An analysis of the strengths and weaknesses of the medical tracking system administered under section 1074f of title 10, United States Code.

''(B) An analysis of the efficacy of health surveillance systems as a means of detecting—

''(i) any health problems (including mental health conditions) of members of the Armed Forces contemporaneous with the performance of the assessment under the system; and

''(ii) exposures of the assessed members to environmental hazards that potentially lead to future health problems.

''(C) An analysis of the strengths and weaknesses of such medical tracking and surveillance systems as a means for supporting future research on health issues.

''(D) Recommended changes to such medical tracking and health surveillance systems.

''(E) A summary of scientific literature on blood sampling procedures used for detecting and identifying exposures to environmental hazards.

''(F) An assessment of whether there is a need for changes to regulations and standards for drawing blood samples for effective tracking and health surveillance of the medical conditions of personnel before deployment, upon the end of a deployment, and for a followup period of appropriate length.

''(c) PLAN TO OBTAIN HEALTH CARE RECORDS FROM ALLIES.—The Secretary of Defense shall develop a plan for obtaining all records of medical treatment provided to members of the Armed Forces by allies of the United States in Operation Enduring Freedom and Operation Iraqi Freedom. The plan shall specify the actions that are to be taken to obtain all such records.

''(d) POLICY ON IN-THEATER PERSONNEL LOCATOR DATA.—Not later than one year after the date of the enactment of this Act [Oct. 28, 2004], the Secretary of Defense shall prescribe a Department of Defense policy on the collection and dissemination of in-theater individual personnel location data.''

DECLASSIFICATION OF INFORMATION ON EXPOSURES TO ENVIRONMENTAL HAZARDS

Pub. L. 108–375, div. A, title VII, §735, Oct. 28, 2004, 118 Stat. 1999, provided that:

''(a) REQUIREMENT FOR REVIEW.—The Secretary of Defense shall review and, as determined appropriate, revise the classification policies of the Department of Defense with a view to facilitating the declassification of data that is potentially useful for the monitoring and assessment of the health of members of the Armed Forces who have been exposed to environmental hazards during deployments overseas, including the following data:

''(1) In-theater injury rates.

''(2) Data derived from environmental surveillance.

''(3) Health tracking and surveillance data.

''(b) CONSULTATION WITH COMMANDERS OF THEATER COMBATANT COMMANDS.—The Secretary shall, to the extent that the Secretary considers appropriate, consult with the senior commanders of the in-theater forces of the combatant commands in carrying out the review and revising policies under subsection (a).''

UNIFORM POLICY FOR MEETING MOBILIZATION-RELATED MEDICAL CARE NEEDS AT MILITARY INSTALLATIONS

Pub. L. 108–375, div. A, title VII, §737, Oct. 28, 2004, 118 Stat. 2000, provided that:

''(a) HEALTH CARE AT MOBILIZATION INSTALLATIONS.—The Secretary of Defense shall take such steps as necessary, including through the uniform policy established under subsection (c), to ensure that anticipated health care needs of members of the Armed Forces at mobilization installations can be met at those installations. Such steps may, within authority otherwise available to the Secretary, include the following with respect to any such installation:

''(1) Arrangements for health care to be provided by the Secretary of Veterans Affairs.

''(2) Procurement of services from local health care providers.

''(3) Temporary employment of health care personnel to provide services at such installation.

''(b) MOBILIZATION INSTALLATIONS.—For purposes of this section, the term 'mobilization installation' means a military installation at which members of the Armed Forces, in connection with a contingency operation or during a national emergency—

''(1) are mobilized;

''(2) are deployed; or

''(3) are redeployed from a deployment location.

''(c) REQUIREMENT FOR REGULATIONS.—

''(1) POLICY ON IMPLEMENTATION.—The Secretary of Defense shall by regulation establish a policy for the implementation of subsection (a) throughout the Department of Defense.

''(2) IDENTIFICATION AND ANALYSIS OF NEEDS.—As part of the policy prescribed under paragraph (1), the Secretary shall require the Secretary of each military department, with respect to each mobilization installation under the jurisdiction of that Secretary, to identify and analyze the anticipated health care needs at that installation with respect to members of the Armed Forces who may be expected to mobilize or deploy or redeploy at that installation as described in subsection (b)(1). Such identification and analysis shall be carried out so as to be completed before the arrival of such members at the installation.

''(3) RESPONSE TO NEEDS.—The policy established by the Secretary of Defense under paragraph (1) shall require that, based on the results of the identification and analysis under paragraph (2), the Secretary of the military department concerned shall determine how to expeditiously and effectively respond to those anticipated health care needs that cannot be met within the resources otherwise available at that installation, in accordance with subsection (a).

''(4) IMPLEMENTATION OF AUTHORITY.—In implementing the policy established under paragraph (1) at any installation, the Secretary of the military department concerned shall ensure that the commander of the installation, and the officers and other personnel superior to that commander in that commander's chain of command, have appropriate authority and responsibility for such implementation.

''(d) POLICY.—The Secretary of Defense shall ensure—

''(1) that the policy prescribed under subsection (c) is carried out with respect to any mobilization installation with the involvement of all agencies of the Department of Defense that have responsibility for management of the installation and all organizations of the Department that have command authority over any activity at the installation; and

''(2) that such policy is implemented on a uniform basis throughout the Department of Defense.''

FULL IMPLEMENTATION OF MEDICAL READINESS TRACKING AND HEALTH SURVEILLANCE PROGRAM AND FORCE HEALTH PROTECTION AND READINESS PROGRAM

Pub. L. 108–375, div. A, title VII, §738, Oct. 28, 2004, 118 Stat. 2001, provided that:

''(a) IMPLEMENTATION AT ALL LEVELS.—The Secretary of Defense, in conjunction with the Secretaries of the military departments, shall take such actions as are necessary to ensure that the Army, Navy, Air Force, and Marine Corps fully implement at all levels—

''(1) the Medical Readiness Tracking and Health Surveillance Program under this title [see Tables for classification] and the amendments made by this title; and

''(2) the Force Health Protection and Readiness Program of the Department of Defense (relating to the prevention of injury and illness and the reduction of disease and noncombat injury threats).

''(b) ACTION OFFICIAL.—The Secretary of Defense may act through the Under Secretary of Defense for Personnel and Readiness in carrying out subsection (a).''

INTERNET ACCESSIBILITY OF HEALTH ASSESSMENT INFORMATION FOR MEMBERS OF THE ARMED FORCES

Pub. L. 108–375, div. A, title VII, §739(b), Oct. 28, 2004, 118 Stat. 2002, provided that: ''Not later than one year after the date of the enactment of this Act [Oct. 28, 2004], the Chief Information Officer of each military department shall ensure that the online portal website of that military department includes the following information relating to health assessments:

''(1) Information on the policies of the Department of Defense and the military department concerned regarding predeployment and postdeployment health assessments, including policies on the following matters:

''(A) Health surveys.

''(B) Physical examinations.

''(C) Collection of blood samples and other tissue samples.

''(2) Procedural information on compliance with such policies, including the following information:

''(A) Information for determining whether a member is in compliance.

''(B) Information on how to comply.

''(3) Health assessment surveys that are either—

''(A) web-based; or

''(B) accessible (with instructions) in printer-ready form by download.''

INCLUSION OF DENTAL CARE

Pub. L. 108–375, div. A, title VII, §740, as added by Pub. L. 109–163, div. A, title VII, §745(a), Jan. 6, 2006, 119 Stat. 3362, provided that: ''For purposes of the plan, this subtitle [subtitle D (§§731–740) of title VII of div. A of Pub. L. 108–375, enacting sections 1073b and 1092a of this title and enacting provisions set out as notes under this section and sections 1073b, 1074f, and 1092a of this title], and the amendments made by this subtitle, references to medical readiness, health status, and health care shall be considered to include dental readiness, dental status, and dental care.''

LIMITATION ON FISCAL YEAR 2004 OUTLAYS FOR TEMPORARY RESERVE HEALTH CARE PROGRAMS

Pub. L. 108–136, div. A, title VII, §706, Nov. 24, 2003, 117 Stat. 1529, as amended by Pub. L. 110–181, div. A, title X, §1063(g)(1), Jan. 28, 2008, 122 Stat. 323, limited fiscal year 2004 expenditures for the administration of the temporary Reserve health care programs to $400,000,000.

DISCLOSURE OF INFORMATION ON PROJECT 112 TO DEPARTMENT OF VETERANS AFFAIRS

Pub. L. 107–314, div. A, title VII, §709, Dec. 2, 2002, 116 Stat. 2586, directed the Secretary of Defense to submit to Congress and the Secretary of Veterans Affairs a plan for the review, declassification, and submittal to the Department of Veterans Affairs of all records and information on Project 112, a chemical and biological weapons vulnerability-testing program, relevant to the provision of benefits to members of the Armed Forces who participated in that project; provided that the plan was to be completed no later than one year after Dec. 2, 2002; and required implementation reports to Congress and the Secretary of Veterans Affairs.

HEALTH CARE AT FORMER UNIFORMED SERVICES TREATMENT FACILITIES FOR ACTIVE DUTY MEMBERS STATIONED AT CERTAIN REMOTE LOCATIONS

Pub. L. 106–65, div. A, title VII, §706, Oct. 5, 1999, 113 Stat. 684, as amended by Pub. L. 106–398, §1 [[div. A],

title VII, §722(a)(3)], Oct. 30, 2000, 114 Stat. 1654, 1654A–185, provided that:

''(a) AUTHORITY.—Health care may be furnished by a designated provider pursuant to any contract entered into by the designated provider under section 722(b) of the National Defense Authorization Act for Fiscal Year 1997 (Public Law 104–201; 10 U.S.C. 1073 note) to eligible members who reside within the service area of the designated provider.

''(b) ELIGIBILITY.—A member of the uniformed services (as defined in section 1072(1) of title 10, United States Code) is eligible for health care under subsection (a) if the member is a member described in section 731(c) of the National Defense Authorization Act for Fiscal Year 1998 (Public Law 105–85; 111 Stat. 1811; 10 U.S.C. 1074 note).

''(c) APPLICABLE POLICIES.—In furnishing health care to an eligible member under subsection (a), a designated provider shall adhere to the Department of Defense policies applicable to the furnishing of care under the TRICARE Prime Remote program, including coordinating with uniformed services medical authorities for hospitalizations and all referrals for specialty care.

''(d) REIMBURSEMENT RATES.—The Secretary of Defense, in consultation with the designated providers, shall prescribe reimbursement rates for care furnished to eligible members under subsection (a). The rates prescribed for health care may not exceed the amounts allowable under the TRICARE Standard plan for the same care.''

TEMPORARY AUTHORITY FOR MANAGED CARE EXPANSION TO MEMBERS ON ACTIVE DUTY AT CERTAIN REMOTE LOCATIONS; ''TRICARE PROGRAM'' AND ''TRICARE PRIME PLAN'' DEFINED

Pub. L. 105–85, div. A, title VII, §731(b)–(f), Nov. 18, 1997, 111 Stat. 1811, 1812, as amended by Pub. L. 106–398, §1 [[div. A], title VII, §722(a)(2), (b)(2)], Oct. 30, 2000, 114 Stat. 1654, 1654A–185, 1654A–186, provided that:

''(b) TEMPORARY AUTHORITY FOR MANAGED CARE EXPANSION TO MEMBERS ON ACTIVE DUTY AT CERTAIN REMOTE LOCATIONS.—(1) A member of the uniformed services described in subsection (c) is entitled to receive care under the Civilian Health and Medical Program of the Uniformed Services. In connection with such care, the Secretary of Defense shall waive the obligation of the member to pay a deductible, copayment, or annual fee that would otherwise be applicable under that program for care provided to the members under the program. A dependent of the member, as described in subparagraph (A), (D), or (I) of section 1072(2) of title 10, United States Code, who is residing with the member shall have the same entitlement to care and to waiver of charges as the member.

''(2) A member or dependent of the member, as the case may be, who is entitled under paragraph (1) to receive health care services under CHAMPUS shall receive such care from a network provider under the TRICARE program if such a provider is available in the service area of the member.

''(3) Paragraph (1) shall take effect on the date of the enactment of this Act [Nov. 18, 1997] and shall expire with respect to a member upon the later of the following:

''(A) The date that is one year after the date of the enactment of this Act.

''(B) The date on which the amendments made by subsection (a) [amending this section] apply with respect to the coverage of medical care for, and provision of such care to, the member.

''(4) The Secretary of Defense shall consult with the other administering Secretaries in the administration of this subsection.

''(c) ELIGIBLE MEMBERS.—A member referred to in subsection (b) is a member of the uniformed services on active duty who—

''(1) receives a duty assignment described in subsection (d); and

''(2) pursuant to the assignment of such duty, resides at a location that is more than 50 miles, or approximately one hour of driving time, from—

''(A) the nearest health care facility of the uniformed services adequate to provide the needed care under chapter 55 of title 10, United States Code; and

''(B) the nearest source of the needed care that is available to the member under the TRICARE Prime plan.

''(d) DUTY ASSIGNMENTS COVERED.—A duty assignment referred to in subsection (c)(1) means any of the following:

''(1) Permanent duty as a recruiter.

''(2) Permanent duty at an educational institution to instruct, administer a program of instruction, or provide administrative services in support of a program of instruction for the Reserve Officers' Training Corps.

''(3) Permanent duty as a full-time adviser to a unit of a reserve component of the uniformed services.

''(4) Any other permanent duty designated by the Secretary concerned for purposes of this subsection.

''(e) PAYMENT OF COSTS.—Deductibles, copayments, and annual fees not payable by a member by reason of a waiver granted under the regulations prescribed pursuant to subsection (b) shall be paid out of funds available to the Department of Defense for the Defense Health Program.

''(f) DEFINITIONS.—In this section [amending this section and enacting provisions set out as a note above]:

''(1) The term 'TRICARE program' has the meaning given that term in section 1072(7) of title 10, United States Code.

''(2) The term 'TRICARE Prime plan' means a plan under the TRICARE program that provides for the voluntary enrollment of persons for the receipt of health care services to be furnished in a manner similar to the manner in which health care services are furnished by health maintenance organizations.

''(3) The terms 'uniformed services' and 'administering Secretaries' have the meanings given those terms in section 1072 of title 10, United States Code.''

[Pub. L. 106–398, §1 [[div. A], title VII, §722(c)(2), (3)], Oct. 30, 2000, 114 Stat. 1654, 1654A–186, provided that:

[''(2) The amendments made by subsection (a)(2) [amending section 731(b)–(f) of Pub. L. 105–85, set out above], with respect to members of the uniformed services, and the amendments made by subsection (b)(2) [amending section 731(b)–(f) of Pub. L. 105–85, set out above], with respect to dependents of members, shall take effect on the date of the enactment of this Act [Oct. 30, 2000] and shall expire with respect to a member or the dependents of a member, respectively, on the later of the following:

[''(A) The date that is one year after the date of the enactment of this Act.

[''(B) The date on which the policies required by the amendments made by subsection (a)(1) or (b)(1) [amending this section and section 1079 of this title] are implemented with respect to the coverage of medical care for and provision of such care to the member or dependents, respectively.

[''(3) Section 731(b)(3) of Public Law 105–85 [set out above] does not apply to a member of the Coast Guard, the National Oceanic and Atmospheric Administration, or the Commissioned Corps of the Public Health Service, or to a dependent of a member of a uniformed service.''']

INDEPENDENT RESEARCH REGARDING GULF WAR SYNDROME

Pub. L. 104–201, div. A, title VII, §743, Sept. 23, 1996, 110 Stat. 2601, directed the Secretary of Defense to provide for scientific research by independent entities on possible causal relationships between Gulf War syndrome and possible exposures of military personnel to chemical warfare agents or other hazardous materials during Gulf War service and use of inoculations and investigational new drugs.

PERSIAN GULF ILLNESS

Pub. L. 105–85, div. A, title VII, §§761, 762, 770, Nov. 18, 1997, 111 Stat. 1824, 1829, provided that:

''SEC. 761. DEFINITIONS.

''For purposes of this subtitle [subtitle F (§§ 761–771) of title VII of Pub. L. 105–85, enacting sections 1074e, 1074f, and 1107 of this title and this note]:

''(1) The term 'Gulf War illness' means any one of the complex of illnesses and symptoms that might have been contracted by members of the Armed Forces as a result of service in the Southwest Asia theater of operations during the Persian Gulf War.

''(2) The term 'Persian Gulf War' has the meaning given that term in section 101 of title 38, United States Code.

''(3) The term 'Persian Gulf veteran' means an individual who served on active duty in the Armed Forces in the Southwest Asia theater of operations during the Persian Gulf War.

''(4) The term 'contingency operation' has the meaning given that term in section 101(a) of title 10, United States Code, and includes a humanitarian operation, peacekeeping operation, or similar operation.

''SEC. 762. PLAN FOR HEALTH CARE SERVICES FOR PERSIAN GULF VETERANS.

''(a) PLAN REQUIRED.—The Secretary of Defense and the Secretary of Veterans Affairs, acting jointly, shall prepare a plan to provide appropriate health care to Persian Gulf veterans (and dependents eligible by law) who suffer from a Gulf War illness.

''(b) CONTENTS OF PLAN.—In preparing the plan, the Secretaries shall—

''(1) use the presumptions of service connection and illness specified in paragraphs (1) and (2) of section 721(d) of the National Defense Authorization Act for Fiscal Year 1995 (Public Law 103–337; 10 U.S.C. 1074 note) to determine the Persian Gulf veterans (and dependents eligible by law) who should be covered by the plan;

''(2) consider the need and methods available to provide health care services to Persian Gulf veterans who are no longer on active duty in the Armed Forces, such as Persian Gulf veterans who are members of the reserve components and Persian Gulf veterans who have been separated from the Armed Forces; and

''(3) estimate the costs to the Government of providing full or partial health care services under the plan to covered Persian Gulf veterans (and covered dependents eligible by law).

''(c) FOLLOW-UP TREATMENT.—The plan required by subsection (a) shall specifically address the measures to be used to monitor the quality, appropriateness, and effectiveness of, and patient satisfaction with, health care services provided to Persian Gulf veterans after their initial medical examination as part of registration in the Persian Gulf War Veterans Health Registry or the Comprehensive Clinical Evaluation Program.

''(d) SUBMISSION OF PLAN.—Not later than March 1, 1998, the Secretaries shall submit to Congress the plan required by subsection (a).

''SEC. 770. PERSIAN GULF ILLNESS CLINICAL TRIALS PROGRAM.

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

''(1) There are many ongoing studies that investigate risk factors which may be associated with the health problems experienced by Persian Gulf veterans; however, there have been no studies that examine health outcomes and the effectiveness of the treatment received by such veterans.

''(2) The medical literature and testimony presented in hearings on Gulf War illnesses indicate that there are therapies, such as cognitive behavioral therapy, that have been effective in treating patients with symptoms similar to those seen in many Persian Gulf veterans.

''(b) ESTABLISHMENT OF PROGRAM.—The Secretary of Defense and the Secretary of Veterans Affairs, acting jointly, shall establish a program of cooperative clinical trials at multiple sites to assess the effectiveness of protocols for treating Persian Gulf veterans who suffer from ill-defined or undiagnosed conditions. Such protocols shall include a multidisciplinary treatment model, of which cognitive behavioral therapy is a component.

''(c) FUNDING.—Of the funds authorized to be appropriated in section 201(1) [111 Stat. 1655] for research, development, test, and evaluation for the Army, the sum of $4,500,000 shall be available for program element 62787A (medical technology) in the budget of the Department of Defense for fiscal year 1998 to carry out the clinical trials program established pursuant to subsection (b).''

Pub. L. 103–337, div. A, title VII, §§ 721, 722, Oct. 5, 1994, 108 Stat. 2804, 2807, as amended by Pub. L. 104–106, div. A, title XV, § 1504(a)(4), (5), Feb. 10, 1996, 110 Stat. 513; Pub. L. 108–136, div. A, title X, § 1031(e), Nov. 24, 2003, 117 Stat. 1604, provided that:

''SEC. 721. PROGRAMS RELATED TO DESERT STORM MYSTERY ILLNESS.

''(a) OUTREACH PROGRAM TO PERSIAN GULF VETERANS AND FAMILIES.—The Secretary of Defense shall institute a comprehensive outreach program to inform members of the Armed Forces who served in the Southwest Asia theater of operations during the Persian Gulf Conflict, and the families of such members, of illnesses that may result from such service. The program shall be carried out through both medical and command channels, as well as any other means the Secretary considers appropriate. Under the program, the Secretary shall—

''(1) inform such individuals regarding—

''(A) common disease symptoms reported by Persian Gulf veterans that may be due to service in the Southwest Asia theater of operations;

''(B) blood donation policy;

''(C) available counseling and medical care for such members; and

''(D) possible health risks to children of Persian Gulf veterans;

''(2) inform such individuals of the procedures for registering in either the Persian Gulf Veterans Health Surveillance System of the Department of Defense or the Persian Gulf War Health Registry of the Department of Veterans Affairs; and

''(3) encourage such members to report any symptoms they may have and to register in the appropriate health surveillance registry.

''(b) INCENTIVES TO PERSIAN GULF VETERANS TO REGISTER.—In order to encourage Persian Gulf veterans to register any symptoms they may have in one of the existing health registries, the Secretary of Defense shall provide the following:

''(1) For any Persian Gulf veteran who is on active duty and who registers with the Department of Defense's Persian Gulf War Veterans Health Surveillance System, a full medical evaluation and any required medical care.

''(2) For any Persian Gulf War veteran who is, as of the date of the enactment of this Act [Oct. 5, 1994], a member of a reserve component, opportunity to register at a military medical facility in the Persian Gulf Veterans Health Care Surveillance System and, in the case of a Reserve who registers in that registry, a full medical evaluation by the Department of Defense. Depending on the results of the evaluation and on eligibility status, reserve personnel may be provided medical care by the Department of Defense.

''(3) For a Persian Gulf veteran who is not, as of the date of the enactment of this Act [Oct. 5, 1994], on active duty or a member of a reserve component, assistance and information at a military medical facility on registering with the Persian Gulf War Registry of the Department of Veterans Affairs and information related to support services provided by the Department of Veterans Affairs.

''(c) COMPATIBILITY OF DEPARTMENT OF DEFENSE AND DEPARTMENT OF VETERANS AFFAIRS REGISTRIES.—The Secretary of Defense shall take appropriate actions to ensure—

''(1) that the data collected by and the testing protocols of the Persian Gulf War Health Surveillance System maintained by the Department of Defense are compatible with the data collected by and the testing protocols of the Persian Gulf War Veterans Health Registry maintained by the Department of Veterans Affairs; and

''(2) that all information on individuals who register with the Department of Defense for purposes of the Persian Gulf War Health Surveillance System is provided to the Secretary of Veterans Affairs for incorporation into the Persian Gulf War Veterans Health Registry.

''(d) PRESUMPTIONS ON BEHALF OF SERVICE MEMBER.—(1) A member of the Armed Forces who is a Persian Gulf veteran, who has symptoms of illness, and who the Secretary concerned finds may have become ill as a result of serving on active duty in the Southwest Asia theater of operations during the Persian Gulf War shall be considered for Department of Defense purposes to have become ill as a result of serving in that theater of operations.

''(2) A member of the Armed Forces who is a Persian Gulf veteran and who reports being ill as a result of serving on active duty in the Southwest Asia theater of operations during the Persian Gulf War shall be considered for Department of Defense purposes to have become ill as a result of serving in that theater of operations until such time as the weight of medical evidence establishes other cause or causes of the member's illness.

''(3) The Secretary concerned shall ensure that, for the purposes of health care treatment by the Department of Defense, health care and personnel administration, and disability evaluation by the Department of Defense, the symptoms of any member of the Armed Forces covered by paragraph (1) or (2) are examined in light of the member's service in the Persian Gulf War and in light of the reported symptoms of other Persian Gulf veterans. The Secretary shall ensure that, in providing health care diagnosis and treatment of the member, a broad range of potential causes of the member's symptoms are considered and that the member's symptoms are considered collectively, as well as by type of symptom or medical specialty, and that treatment across medical specialties is coordinated appropriately.

''(4) The Secretary of Defense shall ensure that the presumptions of service connection and illness specified in paragraphs (1) and (2) are incorporated in appropriate service medical and personnel regulations and are widely disseminated throughout the Department of Defense.

''(e) REVISION OF THE PHYSICAL EVALUATION BOARD CRITERIA.—(1) The Secretary of Defense, in consultation with the Secretary of Veterans Affairs and the Secretary of Health and Human Services, shall ensure that case definitions of Persian Gulf related illnesses, as well as the Physical Evaluation Board criteria used to set disability ratings for members no longer medically qualified for continuation on active duty, are established as soon as possible to permit accurate disability ratings related to a diagnosis of Persian Gulf illnesses.

''(2) Until revised disability criteria can be implemented and members of the Armed Forces can be rated against those criteria, the Secretary of Defense shall ensure—

''(A) that any member of the Armed Forces on active duty who may be suffering from a Persian Gulf-related illness is afforded continued military medical care; and

''(B) that any member of the Armed Forces on active duty who is found by a Physical Evaluation Board to be unfit for continuation on active duty as a result of a Persian Gulf-related illness for which the board has no rating criteria (or inadequate rating criteria) for the illness or condition from which the member suffers is placed on the temporary disability retired list.

''(f) REVIEW OF RECORDS AND RERATING OF PREVIOUSLY DISCHARGED GULF WAR VETERANS.—(1) The Secretary of Defense, in consultation with the Secretary of Veterans Affairs, shall ensure that a review is made of the health and personnel records of each Persian Gulf veteran who before the date of the enactment of this Act [Oct. 5, 1994] was discharged from active duty, or was medically retired, as a result of a Physical Evaluation Board process.

''(2) The review under paragraph (1) shall be carried out to ensure that former Persian Gulf veterans who may have been suffering from a Persian Gulf-related illness at the time of discharge or retirement from active duty as a result of the Physical Evaluation Board process are reevaluated in accordance with the criteria established under subsection (e)(1) and, if appropriate, are rerated.

''(g) PERSIAN GULF ILLNESS MEDICAL REFERRAL CENTERS.—The Secretary of Defense shall evaluate the feasibility of establishing one or more medical referral centers to provide uniform, coordinated medical care for Persian Gulf veterans on active duty who are or may be suffering from a Persian Gulf-related illness. The Secretary shall submit a report on such feasibility to the Committees on Armed Services of the Senate and House of Representatives not later than six months after the date of the enactment of this Act [Oct. 5, 1994].

''[(h) Repealed. Pub. L. 108–136, div. A, title X, § 1031(e), Nov. 24, 2003, 117 Stat. 1604.]

''(i) PERSIAN GULF VETERAN.—For purposes of this section, a Persian Gulf veteran is an individual who served on active duty in the Armed Forces in the Southwest Asia theater of operations during the Persian Gulf Conflict.

''SEC. 722. STUDIES OF HEALTH CONSEQUENCES OF MILITARY SERVICE OR EMPLOYMENT IN SOUTHWEST ASIA DURING THE PERSIAN GULF WAR.

''(a) IN GENERAL.—The Secretary of Defense, in coordination with the Secretary of Veterans Affairs and the Secretary of Health and Human Services, shall conduct studies and administer grants for studies to determine—

''(1) the nature and causes of illnesses suffered by individuals as a consequence of service or employment by the United States in the Southwest Asia theater of operations during the Persian Gulf War; and

''(2) the appropriate treatment for those illnesses.

''(b) NATURE OF THE STUDIES.—(1) Studies under subsection (a)—

''(A) shall include consideration of the range of potential exposure of individuals to environmental, battlefield, and other conditions incident to service in the theater;

''(B) shall be conducted so as to provide assessments of both short-term and long-term effects to the health of individuals as a result of those exposures; and

''(C) shall include, at a minimum, the following types of studies:

''(i) An epidemiological study or studies on the incidence, prevalence, and nature of the illness and symptoms and the risk factors associated with symptoms or illnesses.

''(ii) Studies to determine the health consequences of the use of pyridostigmine bromide as a pretreatment antidote enhancer during the Persian Gulf War, alone or in combination with exposure to pesticides, environmental toxins, and other hazardous substances.

''(iii) Clinical research and other studies on the causes, possible transmission, and treatment of Persian Gulf-related illnesses.

''(2)(A) The first project carried out under paragraph (1)(C)(ii) shall be a retrospective study of members of the Armed Forces who served in the Southwest Asia theater of operations during the Persian Gulf War.

''(B) The second project carried out under paragraph (1)(C)(ii) shall consist of animal research and nonanimal research, including in vitro systems, as re-

quired, designed to determine whether the use of pyridostigmine bromide in combination with exposure to pesticides or other organophosphates, carbamates, or relevant chemicals will result in increased toxicity in animals and is likely to have a similar effect on humans.

''(c) INDIVIDUALS COVERED BY THE STUDIES.—Studies conducted pursuant to subsections [sic] (a) shall apply to the following individuals:

''(1) Individuals who served as members of the Armed Forces in the Southwest Asia theater of operations during the Persian Gulf War.

''(2) Individuals who were civilian employees of the Department of Defense in that theater during that period.

''(3) To the extent appropriate, individuals who were employees of contractors of the Department of Defense in that theater during that period.

''(4) To the extent appropriate, the spouses and children of individuals described in paragraph (1).

''(d) PLAN FOR THE STUDIES.—(1) The Secretary of Defense shall prepare a coordinated plan for the studies to be conducted pursuant to subsection (a). The plan shall include plans and requirements for research grants in support of the studies. The Secretary shall submit the plan to the National Academy of Sciences for review and comment.

''(2) The plan for studies pursuant to subsection (a) shall be updated annually. The Secretary of Defense shall request an annual review by the National Academy of Sciences of the updated plan and study progress and results achieved during the preceding year.

''(3) The plan, and annual updates to the plan, shall be prepared in coordination with the Secretary of Veterans Affairs and the Secretary of Health and Human Services.

''(e) FUNDING.—(1) From the amount authorized to be appropriated pursuant to section 201 [108 Stat. 2690] for Defense-wide activities, the Secretary of Defense shall make available such funds as the Secretary considers necessary to support the studies conducted pursuant to subsection (a).

''(2) For each year in which activities continue in support of the studies conducted pursuant to subsection (a), the Secretary of Defense shall include in the budget request for the Department of Defense a request for such funds as the Secretary determines necessary to continue the activities during that fiscal year.

''(f) REPORTS.—(1) Not later than March 31, 1995, the Secretary of Defense shall submit to Congress the coordinated plan for the studies to be conducted pursuant to subsection (a) and the results of the review of that plan by the National Academy of Sciences.

''(2) Not later than October 1 of each year through 1998, the Secretary shall submit to Congress a report on the results of the studies conducted pursuant to subsection (a), plans for continuation of the studies, and the results of the annual review of the studies by the National Academy of Sciences.

''(3) Each report under this section shall be prepared in coordination with the Secretary of Veterans Affairs and the Secretary of Health and Human Services.

''(g) DEFINITION.—In this section, the term 'Persian Gulf War' has the meaning given such term in section 101 of title 38, United States Code.''

[For provisions establishing the Persian Gulf War Veterans Health Registry, provisions requiring a study by the Office of Technology Assessment of the Persian Gulf Registry and the Persian Gulf War Veterans Health Registry, provisions relating to an agreement with the National Academy of Sciences for review of health consequences of service during the Persian Gulf War, and coordination of government activities on health-related research on the Persian Gulf War, see title VII of Pub. L. 102–585, set out as a note under section 527 of Title 38, Veterans' Benefits.]

FUNDING OF FISHER HOUSES ASSOCIATED WITH ARMY MEDICAL TREATMENT FACILITIES

Pub. L. 103–335, title VIII, § 8017, Sept. 30, 1994, 108 Stat. 2620, which provided that during fiscal year 1995 and thereafter, proceeds from investment of Fisher House Investment Trust Fund were to be used to support operation and maintenance of Fisher Houses associated with Army medical treatment facilities, was repealed and restated in section 2221(c)(1) of this title by Pub. L. 104–106, div. A, title IX, § 914(a)(1), (d)(4), Feb. 10, 1996, 110 Stat. 412, 413.

MENTAL HEALTH EVALUATIONS OF MEMBERS OF ARMED FORCES

Pub. L. 102–484, div. A, title V, § 546(a)–(h), Oct. 23, 1992, 106 Stat. 2416–2419, which directed Secretary of Defense, not later than 180 days after Oct. 23, 1992, to revise applicable regulations to incorporate certain requirements with respect to mental health evaluations of members of Armed Forces and to submit a report describing process of preparing regulations, was repealed by Pub. L. 112–81, div. A, title VII, § 711(b), Dec. 31, 2011, 125 Stat. 1476.

STUDY ON RISK-SHARING CONTRACTS FOR HEALTH CARE

Pub. L. 102–484, div. A, title VII, § 725, Oct. 23, 1992, 106 Stat. 2440, directed Secretary of Defense, in consultation with Secretary of Health and Human Services, not later than 18 months after Oct. 23, 1992, to carry out a study of the feasibility and advisability of entering into risk-sharing contracts with eligible organizations described in 42 U.S.C. 1395mm(b) to furnish health care services to persons entitled to health care in a facility of a uniformed service under section 1074(b) or 1076(b) of this title, to develop a plan for the entry into contracts in accordance with the Secretary's determinations under the study, and to submit to Congress a report describing the results of the study and containing any plan developed.

REGISTRY OF MEMBERS OF ARMED FORCES SERVING IN OPERATION DESERT STORM

Pub. L. 102–190, div. A, title VII, § 734, Dec. 5, 1991, 105 Stat. 1411, as amended by Pub. L. 102–585, title VII, § 704, Nov. 4, 1992, 106 Stat. 4977; Pub. L. 108–136, div. A, title X, § 1031(c)(1), Nov. 24, 2003, 117 Stat. 1604, provided that:

''(a) ESTABLISHMENT OF REGISTRY.—The Secretary of Defense shall establish and maintain a special record (in this section referred to as the 'Registry') relating to the following members of the Armed Forces:

''(1) Members who, as determined by the Secretary, were exposed to the fumes of burning oil in the Operation Desert Storm theater of operations during the Persian Gulf conflict.

''(2) Any other members who served in the Operation Desert Storm theater of operations during the Persian Gulf conflict.

''(b) CONTENTS OF REGISTRY.—(1) The Registry shall include—

''(A) with respect to each class of members referred to in each of paragraphs (1) and (2) of subsection (a)—

''(i) a list containing each such member's name and other relevant identifying information with respect to the member; and

''(ii) to the extent that data are available and inclusion of the data is feasible, a description of the circumstances of the member's service during the Persian Gulf conflict, including the locations in the Operation Desert Storm theater of operations in which such service occurred and the atmospheric and other environmental circumstances in such locations at the time of such service; and

''(B) with respect to the members referred to in subsection (a)(1), a description of the circumstances of each exposure of each such member to the fumes of burning oil as described in such subsection (a)(1), including the length of time of the exposure.

''(2) The Secretary shall establish the Registry with the advice of an independent scientific organization.

''[(c) Repealed. Pub. L. 108–136, div. A, title X, § 1031(c)(1), Nov. 24, 2003, 117 Stat. 1604.]

''(d) MEDICAL EXAMINATION.—Upon the request of any member listed in the Registry pursuant to subsection

(a)(1), the Secretary of the military department concerned shall, if medically appropriate, furnish a pulmonary function examination and chest x-ray to such person.

''(e) EFFECTIVE DATE.—The Secretary shall establish the Registry not later than 180 days after the date of the enactment of this Act [Dec. 5, 1991].

''(f) DEFINITIONS.—For purposes of this section:

''(1) The term 'Operation Desert Storm' has the meaning given such term in section 3(1) of the Persian Gulf Conflict Supplemental Authorization and Personnel Benefits Act of 1991 (Public Law 102–25; 105 Stat. 77; 10 U.S.C. 101 note).

''(2) The term 'Persian Gulf conflict' has the meaning given such term in section 3(3) of such Act.''

[For provisions relating to the Persian Gulf War Veterans Health Registry, see title VII of Pub. L. 102–585, set out as a note under section 527 of Title 38, Veterans' Benefits.]

ADVISORY COMMITTEE ON MENTAL HEALTH EVALUATION PROTECTIONS

Pub. L. 101–510, div. A, title V, §554, Nov. 5, 1990, 104 Stat. 1567, as amended by Pub. L. 102–484, div. A, title V, §546(j)[(i)], Oct. 23, 1992, 106 Stat. 2419, directed Secretary of Defense, not later than 60 days after Nov. 5, 1990, to establish an advisory committee to develop and recommend to the Secretary, not later than 6 months after Nov. 5, 1990, regulations on procedural protections that should be afforded to any member of the Armed Forces who is referred by a commanding officer for a mental health evaluation by a mental health professional and directed Secretary, not later than 30 days after receipt of the report, to submit to Congress the report of the advisory committee, along with such additional comments and recommendations by the Secretary as the Secretary considers appropriate.

PROHIBITION ON FEE FOR OUTPATIENT CARE AT MILITARY MEDICAL TREATMENT FACILITIES

Pub. L. 101–189, div. A, title VII, §721, Nov. 29, 1989, 103 Stat. 1477, provided that during fiscal years 1990 and 1991, the Secretary of Defense could not impose a charge for the receipt of outpatient medical or dental care at a military medical treatment facility. Similar provisions were contained in the following prior authorization act:

Pub. L. 100–180, div. A, title VII, §722, Dec. 4, 1987, 101 Stat. 1116.

RESTRICTION ON USE OF INFORMATION OBTAINED DURING CERTAIN EPIDEMIOLOGIC-ASSESSMENT INTERVIEWS

Pub. L. 99–661, div. A, title VII, §705(c), Nov. 14, 1986, 100 Stat. 3904, provided that:

''(1) Information obtained by the Department of Defense during or as a result of an epidemiologic-assessment interview with a serum-positive member of the Armed Forces may not be used to support any adverse personnel action against the member.

''(2) For purposes of paragraph (1):

''(A) The term 'epidemiologic-assessment interview' means questioning of a serum-positive member of the Armed Forces for purposes of medical treatment or counseling or for epidemiologic or statistical purposes.

''(B) The term 'serum-positive member of the Armed Forces' means a member of the Armed Forces who has been identified as having been exposed to a virus associated with the acquired immune deficiency syndrome.

''(C) The term 'adverse personnel action' includes—

''(i) a court-martial;

''(ii) non-judicial punishment;

''(iii) involuntary separation (other than for medical reasons);

''(iv) administrative or punitive reduction in grade;

''(v) denial of promotion;

''(vi) an unfavorable entry in a personnel record;

''(vii) a bar to reenlistment; and

''(viii) any other action considered by the Secretary concerned to be an adverse personnel action.''

STUDY OF MEDICAL NEEDS OF ARMED FORCES; REPORT TO PRESIDENT AND CONGRESS

Pub. L. 92–129, title I, §101(c), Sept. 28, 1971, 85 Stat. 354, authorized Secretary of Defense and Secretary of Health, Education, and Welfare to conduct a joint study of means of meeting medical needs of Armed Forces through means requiring less dependence on Armed Forces medical personnel, giving consideration to providing medical care for military personnel and their dependents under contracts with clinics, hospitals, and individual members of the medical profession at or near military installations within and outside the United States. The study and recommendations were to be submitted to President and Congress no later than 6 months after Sept. 28, 1971.

Executive Documents

DELEGATION OF FUNCTIONS

Authority of President under subsec. (b) to approve uniform rates of reimbursement for care provided in facilities operated by Secretary of Veterans Affairs delegated to Secretary of Veterans Affairs, see section 7(a) of Ex. Ord. No. 11609, July 22, 1971, 36 F.R. 13747, set out as a note under section 301 of Title 3, The President.

EXECUTIVE ORDER NO. 13075

Ex. Ord. No. 13075, Feb. 19, 1997, 63 F.R. 9085, which established the Special Oversight Board for Department of Defense Investigations of Gulf War Chemical and Biological Incidents, was revoked by Ex. Ord. No. 13225, §3(e), Sept. 28, 2001, 66 F.R. 50292.

§ 1074a. Medical and dental care: members on duty other than active duty for a period of more than 30 days

(a) Under joint regulations prescribed by the administering Secretaries, the following persons are entitled to the benefits described in subsection (b):

(1) Each member of a uniformed service who incurs or aggravates an injury, illness, or disease in the line of duty while performing—

(A) active duty for a period of 30 days or less;

(B) inactive-duty training; or

(C) service on funeral honors duty under section 12503 of this title or section 115 of title 32.

(2) Each member of a uniformed service who incurs or aggravates an injury, illness, or disease while traveling directly to or from the place at which that member is to perform or has performed—

(A) active duty for a period of 30 days or less;

(B) inactive-duty training; or

(C) service on funeral honors duty under section 12503 of this title or section 115 of title 32.

(3) Each member of the armed forces who incurs or aggravates an injury, illness, or disease in the line of duty while remaining overnight immediately before the commencement of inactive-duty training, or while remaining overnight, between successive periods of inactive-duty training, at or in the vicinity of the site of the inactive-duty training.