

Another prior section 1074b was renumbered section 1074c of this title.

#### § 1074c. Medical care: authority to provide a wig

A person entitled to medical care under this chapter who has alopecia resulting from the treatment of a malignant disease may be furnished a wig if the person has not previously been furnished one at the expense of the United States.

(Added Pub. L. 98-525, title XIV, § 1401(e)(2)(A), Oct. 19, 1984, 98 Stat. 2616, § 1074b; renumbered § 1074c, Pub. L. 102-190, div. A, title VI, § 640(a)(1), Dec. 5, 1991, 105 Stat. 1385.)

#### Editorial Notes

##### PRIOR PROVISIONS

Provisions similar to those in this section were contained in the following appropriation acts:

Pub. L. 98-473, title I, § 101(h) [title VIII, § 8033], Oct. 12, 1984, 98 Stat. 1904, 1929.

Pub. L. 98-212, title VII, § 739, Dec. 8, 1983, 97 Stat. 1445.

Pub. L. 97-377, title I, § 101(c) [title VII, § 742], Dec. 21, 1982, 96 Stat. 1833, 1858.

Pub. L. 97-114, title VII, § 743, Dec. 29, 1981, 95 Stat. 1586.

Pub. L. 96-527, title VII, § 744, Dec. 15, 1980, 94 Stat. 3089.

##### AMENDMENTS

1991—Pub. L. 102-190 renumbered section 1074b of this title as this section.

#### Statutory Notes and Related Subsidiaries

##### EFFECTIVE DATE

Section effective Oct. 1, 1985, see section 1404 of Pub. L. 98-525, set out as a note under section 520b of this title.

#### § 1074d. Certain primary and preventive health care services

(a) SERVICES AVAILABLE.—(1) Female members and former members of the uniformed services entitled to medical care under section 1074 or 1074a of this title shall also be entitled to primary and preventive health care services for women as part of such medical care. The services described in paragraphs (1) and (2) of subsection (b) shall be provided under such procedures and at such intervals as the Secretary of Defense shall prescribe.

(2) Male members and former members of the uniformed services entitled to medical care under section 1074 or 1074a of this title shall also be entitled to preventive health care screening for colon or prostate cancer at such intervals and using such screening methods as the administering Secretaries consider appropriate.

(b) DEFINITION.—In this section, the term “primary and preventive health care services for women” means health care services, including related counseling services, provided to women with respect to the following:

(1) Cervical cancer screening.

(2) Breast cancer screening, including through the use of digital breast tomosynthesis.

(3) Comprehensive obstetrical and gynecological care, including care related to pregnancy and the prevention of pregnancy.

(4) Infertility and sexually transmitted diseases, including prevention.

(5) Menopause, including hormone replacement therapy and counseling regarding the benefits and risks of hormone replacement therapy.

(6) Physical or psychological conditions arising out of acts of sexual violence.

(7) Gynecological cancers.

(8) Colon cancer screening, at the intervals and using the screening methods prescribed under subsection (a)(2).

(Added Pub. L. 103-160, div. A, title VII, § 701(a)(1), Nov. 30, 1993, 107 Stat. 1685; amended Pub. L. 104-201, div. A, title VII, § 701(a)(1), (2)(A), Sept. 23, 1996, 110 Stat. 2587; Pub. L. 109-364, div. A, title VII, § 703(a), Oct. 17, 2006, 120 Stat. 2279; Pub. L. 116-283, div. A, title VII, § 701, Jan. 1, 2021, 134 Stat. 3686.)

#### Editorial Notes

##### AMENDMENTS

2021—Subsec. (b)(2). Pub. L. 116-283 inserted “, including through the use of digital breast tomosynthesis” before period at end.

2006—Subsec. (a)(1). Pub. L. 109-364, § 703(a)(1), inserted at end “The services described in paragraphs (1) and (2) of subsection (b) shall be provided under such procedures and at such intervals as the Secretary of Defense shall prescribe.”

Subsec. (b)(1). Pub. L. 109-364, § 703(a)(2)(A), substituted “Cervical cancer screening” for “Papanicolaou tests (pap smear)”.

Subsec. (b)(2). Pub. L. 109-364, § 703(a)(2)(B), substituted “Breast cancer screening” for “Breast examinations and mammography”.

1996—Pub. L. 104-201, § 701(a)(2)(A), amended catchline generally, substituting “Certain primary and preventive health care services” for “Primary and preventive health care services for women”.

Subsec. (a). Pub. L. 104-201, § 701(a)(1)(A), designated existing provisions as par. (1) and added par. (2).

Subsec. (b)(8). Pub. L. 104-201, § 701(a)(1)(B), added par. (8).

#### Statutory Notes and Related Subsidiaries

##### DEMONSTRATION PROGRAM ON CRYOPRESERVATION AND STORAGE OF GAMETES OF CERTAIN MEMBERS OF THE ARMED FORCES

Pub. L. 118-159, div. A, title VII, § 709, Dec. 23, 2024, 138 Stat. 1945, provided that:

“(a) DEMONSTRATION PROGRAM.—Not later than one year after the date of the enactment of this Act [Dec. 23, 2024], the Secretary of Defense shall carry out a demonstration program to reimburse covered members for expenses incurred in the retrieval, testing, cryopreservation, shipping, and storage of gametes of such covered members in a private storage facility determined appropriate by the Secretary.

“(b) ELEMENTS.—

“(1) AMOUNT OF REIMBURSEMENT.—A covered member participating in the demonstration program shall receive not more than the following amounts per year:

“(A) \$500 in the case of a member who preserves sperm.

“(B) \$10,000 in the case of a member who preserves eggs.

“(2) INFORMATION.—

“(A) PROVIDERS.—The Secretary shall provide to a covered member participating in the demonstration program information regarding providers of services described in subsection (a) located near the covered member.

“(B) PROMOTION.—The Secretary shall promote the demonstration program to covered members in the course of annual health examinations and pre-deployment screenings.

“(3) USE OF MILITARY MEDICAL TREATMENT FACILITIES.—The Secretary shall encourage the use of military medical treatment facilities that offer services described in subsection (a) to provide services under the demonstration program.

“(c) DURATION.—The Secretary shall—

“(1) publish in the Federal Register the date on which the Secretary will commence carrying out the demonstration program; and

“(2) carry out the demonstration program for a three-year period beginning on such date.

“(d) NO LIABILITY OR CONTRACTUAL OBLIGATION.—The United States shall not be—

“(1) considered a party to any agreement between a covered member who participates in the demonstration program and a private gamete storage facility; or

“(2) responsible for the management of gametes cryopreserved or stored for which a covered member receives reimbursement under such demonstration program.

“(e) ADVANCED MEDICAL DIRECTIVE.—A covered member who participates in the demonstration program shall complete an advanced medical directive that specifies how gametes preserved under the demonstration program shall be handled upon the death of such covered member.

“(f) REPORTS; BRIEFINGS.—

“(1) INITIAL REPORT.—Not later than one year after the date of the enactment of this Act [Dec. 23, 2024], the Secretary shall submit to the Committees on Armed Services of the House of Representatives and the Senate a report containing a plan to implement the demonstration program.

“(2) REPORT.—Not later than one year after the Secretary commences carrying out the demonstration program, the Secretary shall submit to the Committees on Armed Services of the Senate and the House of Representatives a report on the demonstration program. Such report shall include the following:

“(A) Usage by covered members.

“(B) Demographics of participating covered members.

“(C) Costs of services to participating covered members.

“(D) The feasibility of expanding the demonstration program.

“(E) The feasibility of making the demonstration program permanent.

“(F) Other information determined appropriate by the Secretary.

“(3) BRIEFINGS.—Not later than one year after the date of the enactment of this Act, and annually thereafter for the duration of the demonstration program, the Secretary shall provide to the congressional defense committees [Committees on Armed Services and Appropriations of the Senate and the House of Representatives] a briefing on—

“(A) the design, use, and costs of the demonstration project; and

“(B) any other observations of the Secretary with respect to the demonstration project, such as the effects of the demonstration project on recruitment and retention.

“(g) DEFINITIONS.—In this section:

“(1) The term ‘covered member’ means a member of a covered Armed Force serving on active duty—

“(A) who has received orders (including deployment orders) for duty for which the member may receive hazardous duty pay under section 351 of title 37, United States Code;

“(B) whom [sic] the Secretary determines is likely to receive such orders in the next 120 days;

“(C) who will, under orders, be geographically separated from a spouse, domestic partner, or dat-

ing partner for a period of not less than 180 days, including sea duty; or

“(D) whose application to participate in the demonstration program is approved by the Secretary.

“(2) The term ‘covered Armed Force’ means the Army, Navy, Marine Corps, Air Force, or Space Force.

“(3) The term ‘deployment’ has the meaning given such term in section 991(b) of title 10, United States Code.”

#### EXPEDITED EVALUATION AND TREATMENT FOR PRENATAL SURGERY UNDER THE TRICARE PROGRAM

Pub. L. 115-91, div. A, title VII, §708, Dec. 12, 2017, 131 Stat. 1436, provided that:

“(a) IN GENERAL.—The Secretary of Defense shall implement processes and procedures to ensure that a covered beneficiary under the TRICARE program whose pregnancy is complicated with (or suspected of complication with) a fetal condition may elect to receive expedited evaluation, nondirective counseling, and medical treatment from a perinatal or pediatric specialist capable of providing surgical management and intervention in utero.

“(b) DEFINITIONS.—In this section, the terms ‘covered beneficiary’ and ‘TRICARE program’ have the meanings given those terms in section 1072 of title 10, United States Code.”

#### COMPREHENSIVE STANDARDS AND ACCESS TO CONTRACEPTION COUNSELING FOR MEMBERS OF THE ARMED FORCES

Pub. L. 114-92, div. A, title VII, §718, Nov. 25, 2015, 129 Stat. 868, provided that:

“(a) CLINICAL PRACTICE GUIDELINES.—

“(1) ESTABLISHMENT.—Not later than one year after the date of the enactment of this Act [Nov. 25, 2015], the Secretary of Defense shall establish clinical practice guidelines for health care providers employed by the Department of Defense on standards of care with respect to methods of contraception and counseling on methods of contraception for members of the Armed Forces.

“(2) UPDATES.—The Secretary shall from time to time update the clinical practice guidelines established under paragraph (1) to incorporate into such guidelines new or updated standards of care with respect to methods of contraception and counseling on methods of contraception.

“(b) DISSEMINATION.—

“(1) INITIAL DISSEMINATION.—As soon as practicable, but commencing not later than one year after the date of the enactment of this Act, the Secretary shall provide for rapid dissemination of the clinical practice guidelines to health care providers described in subsection (a)(1).

“(2) DISSEMINATION OF UPDATES.—As soon as practicable after each update to the clinical practice guidelines made by the Secretary pursuant to paragraph (2) of subsection (a), the Secretary shall provide for the rapid dissemination of such updated clinical practice guidelines to health care providers described in paragraph (1) of such subsection.

“(3) PROTOCOLS.—The Secretary shall disseminate the clinical practice guidelines under paragraph (1) and any updates to such guidelines under paragraph (2) in accordance with administrative protocols developed by the Secretary for such purpose.

“(c) ACCESS TO CONTRACEPTION COUNSELING.—As soon as practicable after the date of the enactment of this Act, the Secretary shall ensure that women members of the Armed Forces have access to comprehensive counseling on the full range of methods of contraception provided by health care providers described in subsection (a)(1) during health care visits, including visits as follows:

“(1) During predeployment health care visits, including counseling that provides specific information women need regarding the interaction between an-

anticipated deployment conditions and various methods of contraception.

“(2) During health care visits during deployment.

“(3) During annual physical examinations.”

#### DEFENSE WOMEN'S HEALTH RESEARCH PROGRAM

Pub. L. 103-337, div. A, title II, §241, Oct. 5, 1994, 108 Stat. 2701, provided for the continuance of the Defense Women's Health Research Program established pursuant to the authority in section 251 of the National Defense Authorization Act for Fiscal Year 1994 (Public Law 103-160; 107 Stat. 1606, formerly set out below) and appropriated funds to the program for fiscal year 1995.

Pub. L. 103-160, div. A, title II, §251, Nov. 30, 1993, 107 Stat. 1606, authorized the Secretary of Defense to establish a Defense Women's Health Research Center to serve as the coordinating agent for multidisciplinary and multi-institutional research within the Department of Defense on women's health issues related to service in the Armed Forces and required the Secretary to report to Congress on the decision to establish the Center no later than May 1, 1994.

#### REPORT ON PROVISION OF PRIMARY AND PREVENTATIVE HEALTH CARE SERVICES FOR WOMEN

Pub. L. 103-160, div. A, title VII, §735, Nov. 30, 1993, 107 Stat. 1698, directed the Secretary of Defense to prepare a report evaluating the provision of primary and preventive health care services through military medical treatment facilities and the Civilian Health and Medical Program of the Uniformed Services to female members of the uniformed services and female covered beneficiaries eligible for health care under this chapter, and directed the Secretary, as part of such report, to conduct a study to determine the health care needs of female members and female covered beneficiaries, and to submit such report to Congress not later than Oct. 1, 1994, and a revised report not later than Oct. 1, 1999.

#### § 1074e. Medical care: certain Reserves who served in Southwest Asia during the Persian Gulf Conflict

(a) ENTITLEMENT TO MEDICAL CARE.—A member of the armed forces described in subsection (b) is entitled to medical care for a qualifying Persian Gulf symptom or illness to the same extent and under the same conditions (other than the requirement that the member be on active duty) as a member of a uniformed service who is entitled to such care under section 1074(a) of this title.

(b) COVERED MEMBERS.—Subsection (a) applies to a member of a reserve component who—

- (1) is a Persian Gulf veteran;
- (2) has a qualifying Persian Gulf symptom or illness; and
- (3) is not otherwise entitled to medical care for such symptom or illness under this chapter and is not otherwise eligible for hospital care and medical services for such symptom or illness under section 1710 of title 38.

(c) DEFINITIONS.—In this section:

(1) The term “Persian Gulf veteran” means a member of the armed forces who served on active duty in the Southwest Asia theater of operations during the Persian Gulf Conflict.

(2) The term “qualifying Persian Gulf symptom or illness” means, with respect to a member described in subsection (b), a symptom or illness—

(A) that the member registered before September 1, 1997, in the Comprehensive Clinical Evaluation Program of the Department of Defense and that is presumed under section

721(d) of the National Defense Authorization Act for Fiscal Year 1995 (10 U.S.C. 1074 note) to be a result of service in the Southwest Asia theater of operations during the Persian Gulf Conflict; or

(B) that the member registered before September 1, 1997, in the Persian Gulf War Veterans Health Registry maintained by the Department of Veterans Affairs pursuant to section 702 of the Persian Gulf War Veterans' Health Status Act (38 U.S.C. 527 note).

(Added Pub. L. 105-85, div. A, title VII, §764(a), Nov. 18, 1997, 111 Stat. 1825.)

#### Editorial Notes

##### REFERENCES IN TEXT

Section 721(d) of the National Defense Authorization Act for Fiscal Year 1995, referred to in subsec. (c)(2)(A), is section 721(d) of Pub. L. 103-337, which is set out as a note under section 1074 of this title.

Section 702 of the Persian Gulf War Veterans' Health Status Act, referred to in subsec. (c)(2)(B), is section 702 of Pub. L. 102-585, which is set out as a note under section 527 of Title 38, Veterans' Benefits.

#### § 1074f. Medical tracking system for members deployed overseas

(a) SYSTEM REQUIRED.—The Secretary of Defense shall establish a system to assess the medical condition of members of the armed forces (including members of the reserve components) who are deployed outside the United States or its territories or possessions as part of a contingency operation (including a humanitarian operation, peacekeeping operation, or similar operation) or combat operation.

(b) ELEMENTS OF SYSTEM.—(1)(A) The system described in subsection (a) shall include the use of predeployment medical examinations and postdeployment medical examinations (including the assessment of mental health and the drawing of blood samples) and postdeployment health reassessments to—

- (i) accurately record the health status of members before their deployment;
- (ii) accurately record any changes in their health status during the course of their deployment;
- (iii) identify health concerns, including mental health concerns, that may become manifest several months following their deployment; and
- (iv) accurately record any exposure to occupational and environmental health risks during the course of their deployment.

(B) The postdeployment medical examination shall be conducted when the member is redeployed or otherwise leaves an area in which the system is in operation (or as soon as possible thereafter).

(C) The postdeployment health reassessment shall be conducted at an appropriate time during the period beginning 90 days after the member is redeployed and ending 180 days after the member is redeployed.

(2) The predeployment medical examination, postdeployment medical examination, and postdeployment health reassessment of a member of the armed forces required under paragraph (1) shall include the following: