

“(e) COMPTROLLER GENERAL REPORT.—Not later than January 1, 2022, the Comptroller General of the United States shall submit to the Committees on Armed Services of the Senate and the House of Representatives a report on the effectiveness of screening and testing for lead exposure and elevated blood lead levels under chapter 55 of title 10, United States Code.

“(f) DEFINITIONS.—In this section, the terms ‘abnormal blood lead level’ and ‘elevated blood lead level’ have the meanings given those terms by the Centers for Disease Control and Prevention.”

STUDY, PLAN, AND PILOT FOR THE MENTAL HEALTH CARE NEEDS OF DEPENDENT CHILDREN OF MEMBERS OF THE ARMED FORCES

Pub. L. 111-84, div. A, title VII, § 722, Oct. 28, 2009, 123 Stat. 2387, provided that:

“(a) REPORT AND PLAN ON THE MENTAL HEALTH CARE AND COUNSELING SERVICES AVAILABLE TO MILITARY CHILDREN.—

“(1) IN GENERAL.—The Secretary of Defense shall conduct a comprehensive review of the mental health care and counseling services available to dependent children of members of the Armed Forces through the Department of Defense.

“(2) ELEMENTS.—The review under paragraph (1) shall include an assessment of the following:

“(A) The availability, quality, and effectiveness of Department of Defense programs intended to meet the mental health care needs of military children.

“(B) The availability, quality, and effectiveness of Department of Defense programs intended to promote resiliency in military children in coping with deployment cycles, injury, or death of military parents.

“(C) The extent of access to, adequacy, and availability of mental health care and counseling services for military children in military medical treatment facilities, in family assistance centers, through Military OneSource, under the TRICARE program, and in Department of Defense Education Activity schools.

“(D) Whether the status of a member of the Armed Forces on active duty, or in reserve active status, affects the access of a military child to mental health care and counseling services.

“(E) Whether, and to what extent, waiting lists, geographic distance, and other factors may obstruct the receipt by military children of mental health care and counseling services.

“(F) The extent of access to, availability, and viability of specialized mental health care for military children (including adolescents).

“(G) The extent of any gaps in the current capabilities of the Department of Defense to provide preventive mental health services for military children.

“(H) Such other matters as the Secretary considers appropriate.

“(3) REPORT.—Not later than one year after the date of the enactment of this Act [Oct. 28, 2009], the Secretary shall submit to the Committees on Armed Services of the Senate and the House of Representatives a report on the review conducted under paragraph (1), including the findings and recommendations of the Secretary as a result of the review.

“(b) COMPREHENSIVE PLAN FOR IMPROVEMENTS IN ACCESS TO CARE AND COUNSELING.—The Secretary shall develop and implement a comprehensive plan for improvements in access to quality mental health care and counseling services for military children in order to develop and promote psychological health and resilience in children of deploying and deployed members of the Armed Forces. The information in the report required by subsection (a) shall provide the basis for the development of the plan.

“(c) PILOT PROGRAM.—

“(1) ELEMENTS.—The Secretary of the Army shall carry out a pilot program on the mental health care

needs of military children and adolescents. In carrying out the pilot program, the Secretary shall establish a center to—

“(A) develop teams to train primary care managers in mental health evaluations and treatment of common psychiatric disorders affecting children and adolescents;

“(B) develop strategies to reduce barriers to accessing behavioral health services and encourage better use of the programs and services by children and adolescents; and

“(C) expand the evaluation of mental health care using common indicators, including—

“(i) psychiatric hospitalization rates;

“(ii) non-psychiatric hospitalization rates; and

“(iii) mental health relative value units.

“(2) REPORTS.—

“(A) Not later than 90 days after establishing the pilot program, the Secretary of the Army shall submit to the congressional defense committees [Committees on Armed Services and Appropriations of the Senate and the House of Representatives] a report describing the—

“(i) structure and mission of the program; and

“(ii) the resources allocated to the program.

“(B) Not later than September 30, 2012, the Secretary of the Army shall submit to the congressional defense committees a report that addresses the elements described under paragraph (1).”

PROGRAM FOR MENTAL HEALTH AWARENESS FOR DEPENDENTS AND PILOT PROJECT ON POST TRAUMATIC STRESS DISORDER

Pub. L. 109-163, div. A, title VII, § 721, Jan. 6, 2006, 119 Stat. 3346, directed the Secretary of Defense, no later than one year after Jan. 6, 2006, to develop a program to increase awareness of mental health services for, and warning signs about mental health problems in, dependents of service members who have served or will serve in combat theaters and directed the Secretary to carry out a pilot project to evaluate internet-based early diagnosis and treatment of post traumatic stress disorder and other mental health conditions and report to Congress no later than June 1, 2006.

PROVISION OF DOMICILIARY AND CUSTODIAL CARE FOR CERTAIN CHAMPUS BENEFICIARIES

Pub. L. 106-65, div. A, title VII, § 703, Oct. 5, 1999, 113 Stat. 682, as amended by Pub. L. 106-398, § 1 [[div. A], title VII, § 701(a), (b), (c)(2)], Oct. 30, 2000, 114 Stat. 1654, 1654A-172, related to the continued provision of domiciliary and custodial care for certain CHAMPUS beneficiaries, prohibited the establishment of a limited transition period for such program, required a survey and report of case management and custodial care policies, and provided for cost limitations for each fiscal year, prior to repeal by Pub. L. 107-107, div. A, title VII, § 701(g)(1)(A), Dec. 28, 2001, 115 Stat. 1161.

OBSTETRICAL CARE FACILITIES

Pub. L. 89-188, title VI, § 610, Sept. 16, 1965, 79 Stat. 818, required that military hospitals in the United States and its possessions be constructed so as to include facilities for obstetrical care, prior to repeal by Pub. L. 97-214, § 7(7), July 12, 1982, 96 Stat. 173, eff. Oct. 1, 1982.

§ 1077a. Access to military medical treatment facilities and other facilities

(a) URGENT CARE.—(1) The Secretary of Defense shall ensure that military medical treatment facilities, at locations the Secretary determines appropriate, provide urgent care services for members of the armed forces and covered beneficiaries until 11:00 p.m. each day.

(2) With respect to areas in which a military medical treatment facility covered by paragraph

(1) is not located, the Secretary shall ensure that members of the armed forces and covered beneficiaries may access urgent care clinics through the health care provider network under the TRICARE program.

(3) A covered beneficiary may access urgent care services without the need for preauthorization for such services.

(4) The Secretary shall—

(A) publish information about changes in access to urgent care under the TRICARE program—

(i) on the primary publicly available Internet website of the Department; and

(ii) on the primary publicly available Internet website of each military medical treatment facility; and

(B) ensure that such information is made available on the publicly available Internet website of each current managed care support contractor that has established a health care provider network under the TRICARE program.

(b) NURSE ADVICE LINE.—The Secretary shall ensure that the nurse advice line of the Department directs covered beneficiaries seeking access to care to the source of the most appropriate level of health care required to treat the medical conditions of the beneficiaries, including urgent care services described in subsection (a).

(c) PRIMARY CARE CLINICS.—(1) The Secretary shall ensure that primary care clinics at military medical treatment facilities are available for members of the armed forces and covered beneficiaries between the hours determined appropriate under paragraph (2), including with respect to expanded hours described in subparagraph (B) of such paragraph.

(2)(A) The Secretary shall determine the hours that each primary care clinic at a military medical treatment facility is available for members of the armed forces and covered beneficiaries based on—

(i) the needs of the military medical treatment facility to meet the access standards under the TRICARE Prime program; and

(ii) the primary care utilization patterns of members and covered beneficiaries at such military medical treatment facility.

(B) The primary care clinic hours at a military medical treatment facility determined under subparagraph (A) shall include expanded hours beyond regular business hours during weekdays and the weekend if the Secretary determines under such subparagraph that sufficient demand exists at the military medical treatment facility for such expanded primary care clinic hours.

(Added Pub. L. 114-328, div. A, title VII, §704(a), Dec. 23, 2016, 130 Stat. 2200.)

Statutory Notes and Related Subsidiaries

IMPLEMENTATION

Pub. L. 114-328, div. A, title VII, §704(c), Dec. 23, 2016, 130 Stat. 2201, provided that: “The Secretary of Defense shall implement—

“(1) subsection (a) of section 1077a of title 10, United States Code, as added by subsection (a) of this

section, by not later than one year after the date of the enactment of this Act [Dec. 23, 2016]; and

“(2) subsection (c) of such section by not later than 180 days after the date of the enactment of this Act.”

§ 1078. Medical and dental care for dependents: charges

(a) The Secretary of Defense, after consulting the other administering Secretaries, shall prescribe fair charges for inpatient medical and dental care given to dependents under section 1076 of this title. The charge or charges prescribed shall be applied equally to all classes of dependents.

(b) As a restraint on excessive demands for medical and dental care under section 1076 of this title, uniform minimal charges may be imposed for outpatient care. Charges may not be more than such amounts, if any, as the Secretary of Defense may prescribe after consulting the other administering Secretaries, and after a finding that such charges are necessary.

(c) Amounts received for subsistence and medical and dental care given under section 1076 of this title shall be deposited to the credit of the appropriation supporting the maintenance and operation of the facility furnishing the care.

(Added Pub. L. 85-861, §1(25)(B), Sept. 2, 1958, 72 Stat. 1448; amended Pub. L. 89-614, §2(5), Sept. 30, 1966, 80 Stat. 863; Pub. L. 96-513, title V, §511(36), Dec. 12, 1980, 94 Stat. 2923; Pub. L. 98-557, §19(6), Oct. 30, 1984, 98 Stat. 2869.)

HISTORICAL AND REVISION NOTES

<i>Revised section</i>	<i>Source (U.S. Code)</i>	<i>Source (Statutes at Large)</i>
1078(a)	37:403(c).	June 7, 1956, ch. 374.
1078(b)	37:403(d).	§103(c)(d), (e), 70 Stat. 251.
1078(c)	37:403(e).	

Appropriate references are made to dental care throughout the section to reflect the fact that in certain limited situations, dependents are entitled to dental care under 37:403(h)(4), restated as section 1077(d) of this title.

In subsection (b), the word “special” is omitted as surplusage.

Editorial Notes

PRIOR PROVISIONS

A prior section 1078, act Aug. 10, 1956, ch. 1041, 70A Stat. 84, prescribed instructions for marking ballots, 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

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

1980—Subsecs. (a), (b). Pub. L. 96-513 substituted “Secretary of Health and Human Services” for “Secretary of Health, Education, and Welfare”.

1966—Subsec. (a). Pub. L. 89-614 substituted “The charge or charges prescribed shall be applied equally to all classes of dependents” for “Charges shall be the same for all dependents”.