

program to opioids and to prevent the progression of beneficiaries to misuse or abuse of opioid medications.

“(2) OPIOID SAFETY ACROSS CONTINUUM OF CARE.—The pilot program shall include elements to maximize opioid safety across the entire continuum of care consisting of patient, physician or dentist, and pharmacist.

“(b) ELEMENTS OF PILOT PROGRAM.—The pilot program shall include the following:

“(1) Identification of potential misuse or abuse of opioid medications in pharmacies of military treatment facilities, retail network pharmacies, and the home delivery pharmacy, and the transmission of alerts regarding such potential misuse or abuse of opioids to prescribing physicians and dentists.

“(2) Direct engagement with, education for, and management of beneficiaries under the TRICARE program to help such beneficiaries avoid misuse or abuse of opioid medications.

“(3) Proactive outreach by specialist pharmacists to beneficiaries under the TRICARE program when identifying potential misuse or abuse of opioid medications.

“(4) Monitoring of beneficiaries under the TRICARE program through the use of predictive analytics to identify the potential for opioid abuse and addiction before beneficiaries begin an opioid prescription.

“(5) Detection of fraud, waste, and abuse in connection with opioids.

“(c) DURATION.—

“(1) IN GENERAL.—Except as provided in paragraph (2), the Director shall carry out the pilot program for a period of not more than three years.

“(2) EXPANSION.—The Director may carry out the pilot program on a permanent basis if the Director determines that the mechanisms under the pilot program successfully reduce early opioid exposure in beneficiaries under the TRICARE program and prevent the progression of beneficiaries to misuse or abuse of opioid medications.

“(d) REPORT.—

“(1) IN GENERAL.—Not later than 180 days before completion of the pilot program, the Secretary of Defense shall submit to the Committees on Armed Services of the Senate and the House of Representatives a report on the pilot program.

“(2) ELEMENTS.—The report required by paragraph (1) shall include the following:

“(A) A description of the pilot program, including outcome measures developed to determine the overall effectiveness of the mechanisms under the pilot program.

“(B) A description of the ability of the mechanisms under the pilot program to identify misuse and abuse of opioid medications among beneficiaries under the TRICARE program in each pharmacy venue of the pharmacy program of the military health system.

“(C) A description of the impact of the use of predictive analytics to monitor beneficiaries under the TRICARE program in order to identify the potential for opioid abuse and addiction before beneficiaries begin an opioid prescription.

“(D) A description of any reduction in the misuse or abuse of opioid medications among beneficiaries under the TRICARE program as a result of the pilot program.

“(e) ALTERNATIVE INITIATIVE TO IMPROVE OPIOID MANAGEMENT.—As an alternative to the pilot program under this section, the Director of the Defense Health Agency, not later than January 1, 2023—

“(1) may implement a permanent program to improve opioid management for beneficiaries under the TRICARE program; and

“(2) if the Director decides to implement such a permanent program, shall submit to the Committees on Armed Services of the Senate and the House of Representatives the specifications of and reasons for implementing such program.

“(f) TRICARE PROGRAM DEFINED.—In this section, the term ‘TRICARE program’ has the meaning given that term in section 1072 of title 10, United States Code.”

### § 1090a. Identifying and treating eating disorders

(a) IDENTIFICATION, TREATMENT, AND REHABILITATION.—The Secretary of Defense, and the Secretary of Homeland Security with respect to the Coast Guard when it is not operating as a service in the Navy, shall prescribe regulations, implement procedures using each practical and available method, and provide necessary facilities to identify, treat, and rehabilitate members of the armed forces who have an eating disorder.

(b) FACILITIES AVAILABLE.—(1) In this section, the term “necessary facilities” includes facilities that provide the services specified in section 1079(r)(1) of this title.

(2) Consistent with section 1079(r)(1)(B) of this title, residential services shall be provided to a member pursuant to this section only if the member has a primary diagnosis of an eating disorder and treatment at such facility is medically indicated for treatment of that eating disorder.

(c) EATING DISORDER DEFINED.—In this section, the term “eating disorder” has the meaning given that term in section 1079(r) of this title.

(Added Pub. L. 117–81, div. A, title VII, § 701(c)(1)(B), Dec. 27, 2021, 135 Stat. 1778; amended Pub. L. 118–31, div. A, title XVIII, § 1801(a)(13), Dec. 22, 2023, 137 Stat. 684.)

#### Editorial Notes

##### PRIOR PROVISIONS

A prior section 1090a was renumbered section 1090b of this title.

##### AMENDMENTS

2023—Pub. L. 118–31 struck out period at end of section catchline.

#### Statutory Notes and Related Subsidiaries

##### EFFECTIVE DATE

Section effective Oct. 1, 2022, see section 701(d) of Pub. L. 117–81, set out as an Effective Date of 2021 Amendment note under section 1079 of this title.

### § 1090b. Commanding officer and supervisor referrals of members for mental health evaluations

(a) REGULATIONS.—The Secretary of Defense shall prescribe and maintain regulations relating to commanding officer and supervisor referrals of members of the armed forces for mental health evaluations. The regulations shall incorporate the requirements set forth in subsections (b), (c), and (d) and such other matters as the Secretary considers appropriate.

(b) REDUCTION OF PERCEIVED STIGMA.—The regulations required by subsection (a) shall, to the greatest extent possible—

(1) seek to eliminate perceived stigma associated with seeking and receiving mental health services, promoting the use of mental health services on a basis comparable to the use of other medical and health services; and

(2) clarify the appropriate action to be taken by commanders or supervisory personnel who,