''(H) Methods to measure cost savings that are realized by using such contracts instead of purchased care.

''(I) Metrics to determine the effectiveness of such strategy.

''(J) Metrics to evaluate the success of the strategy in achieving its objectives, including metrics to assess the effects of the strategy on the timeliness of beneficiary access to professional health care services in military medical treatment facilities.

''(K) Such other matters as the Secretary considers appropriate.

''(b) REPORT.—Not later than July 1, 2017, the Secretary shall submit to the Committees on Armed Services of the Senate and the House of Representatives a report on the status of implementing the acquisition strategy under paragraph (1) of subsection (a), including how each element under subparagraphs (A) through (K) of paragraph (2) of such subsection is being carried out.

''(c) DEFINITIONS.—In this section:

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

''(2) The term 'State' means the several States and the District of Columbia.''

ACQUISITION STRATEGY FOR HEALTH CARE PROFESSIONAL STAFFING SERVICES

Pub. L. 113–291, div. A, title VII, § 725, Dec. 19, 2014, 128 Stat. 3418, required the Secretary of Defense to develop and carry out an acquisition strategy with respect to entering into contracts for the services of health care professional staff at military medical treatment facilities, prior to repeal by Pub. L. 114–328, div. A, title VII, § 727(d), Dec. 23, 2016, 130 Stat. 2233.

TEST OF ALTERNATIVE PROCESS FOR CONDUCTING MEDICAL SCREENINGS FOR ENLISTMENT QUALIFICATION

Pub. L. 105–261, div. A, title VII, § 733(b), Oct. 17, 1998, 112 Stat. 2072, as amended by Pub. L. 106–65, div. A, title X, § 1067(3), Oct. 5, 1999, 113 Stat. 774, directed the Secretary of Defense to conduct a test to determine whether an alternative to the system used by the Department of Defense of employing fee-basis physicians for determining the medical qualifications for enlistment of applicants for military service would reduce the number of disqualifying medical conditions detected during the initial entry training of such applicants, and whether an alternative system would meet or exceed the cost, responsiveness, and timeliness standards of the system in use or achieve any savings or cost avoidance, and to submit to committees of Congress a report on the results and findings of the test not later than Mar. 1, 2000.

RATIFICATION OF EXISTING CONTRACTS

Pub. L. 104–106, div. A, title VII, § 733(b), Feb. 10, 1996, 110 Stat. 381, provided that: ''Any exercise of authority under section 1091 of title 10, United States Code, to enter into a personal services contract on behalf of the Coast Guard before the effective date of the amendments made by subsection (a) [Oct. 1, 1995] is hereby ratified.''

PERSONAL SERVICE CONTRACTS TO PROVIDE CARE

Pub. L. 103–337, div. A, title VII, § 704(c), Oct. 5, 1994, 108 Stat. 2799, as amended by Pub. L. 108–375, div. A, title VII, § 717(a), Oct. 28, 2004, 118 Stat. 1986, provided that:

''(1) The Secretary of Defense may enter into personal service contracts under the authority of section 1091 of title 10, United States Code, with persons described in paragraph (2) to provide the services of clinical counselors, family advocacy program staff, and victim's services representatives to members of the Armed Forces and covered beneficiaries who require such services. Notwithstanding subsection (a) of such section, such services may be provided in medical treatment facilities of the Department of Defense or elsewhere as determined appropriate by the Secretary.

''(2) The persons with whom the Secretary may enter into a personal services contract under this subsection shall include clinical social workers, psychologists, marriage and family therapists certified as such by a certification recognized by the Secretary of Defense, psychiatrists, and other comparable professionals who have advanced degrees in counseling or related academic disciplines and who meet all requirements for State licensure and board certification requirements, if any, within their fields of specialization.''

REPORT ON COMPENSATION BY MEDICAL SPECIALTY

Pub. L. 103–160, div. A, title VII, § 712(b), Nov. 30, 1993, 107 Stat. 1689, directed the Secretary of Defense to submit to Congress a report, not later than 30 days after the end of the 180-day period beginning on the date on which the Secretary had first used the authority provided under this section, as amended by Pub. L. 103–160, specifying the compensation provided to medical specialists who had agreed to enter into personal services contracts under such section during that period, the extent to which amounts of compensation exceeded amounts previously provided, the total number and medical specialties of specialists serving during that period pursuant to such contracts, and the number of specialists who had received compensation in an amount in excess of the maximum which had been authorized under this section, as in effect on Nov. 29, 1993.

§ 1092. Studies and demonstration projects relating to delivery of health and medical care

(a)(1) The Secretary of Defense, in consultation with the other administering Secretaries, shall conduct studies and demonstration projects on the health care delivery system of the uniformed services with a view to improving the quality, efficiency, convenience, and cost effectiveness of providing health care services (including dental care services) under this title to members and former members and their dependents. Such studies and demonstration projects may include the following:

(A) Alternative methods of payment for health and medical care services.

(B) Cost-sharing by eligible beneficiaries.

(C) Methods of encouraging efficient and economical delivery of health and medical care services.

(D) Innovative approaches to delivery and financing of health and medical care services.

(E) Alternative approaches to reimbursement for the administrative charges of health care plans.

(F) Prepayment for medical care services provided to maintain the health of a defined population.

(2) The Secretary of Defense shall include in the studies conducted under paragraph (1) alternative programs for the provision of dental care to the spouses and dependents of members of the uniformed services who are on active duty, including a program under which dental care would be provided the spouses and dependents of such members under insurance or dental plan contracts. A demonstration project may not be conducted under this section that provides for the furnishing of dental care under an insurance or dental plan contract.

(3) The Secretary of Defense may include in the studies and demonstration projects conducted under paragraph (1) studies and demonstration projects to provide awards and incentives to members of the armed forces and cov-

ered beneficiaries who obtain health promotion and disease prevention health care services under the TRICARE program in accordance with terms and schedules prescribed by the Secretary. Such awards and incentives may include cash awards and, in the case of members of the armed forces, personnel incentives.

(4)(A) The Secretary of Defense may, in consultation with the other administering Secretaries, include in the studies and demonstration projects conducted under paragraph (1) studies and demonstration projects to provide awards or incentives to individual health care professionals under the authority of such Secretaries, including members of the uniformed services, Federal civilian employees, and contractor personnel, to encourage and reward effective implementation of innovative health care programs designed to improve quality, cost-effectiveness, health promotion, medical readiness, and other priority objectives. Such awards and incentives may include cash awards and, in the case of members of the armed forces and Federal civilian employees, personnel incentives.

(B) Amounts available for the pay of members of the uniformed services shall be available for awards and incentives under this paragraph with respect to members of the uniformed services.

(5) The Secretary of Defense may include in the studies and demonstration projects conducted under paragraph (1) studies and demonstration projects to improve the medical and dental readiness of members of reserve components of the armed forces, including the provision of health care services to such members for which they are not otherwise entitled or eligible under this chapter.

(6) The Secretary of Defense may include in the studies and demonstration projects conducted under paragraph (1) studies and demonstration projects to improve the continuity of health care services for family members of mobilized members of the reserve components of the armed forces who are eligible for such services under this chapter, including payment of a stipend for continuation of employer-provided health coverage during extended periods of active duty.

(b) Subject to the availability of appropriations for that purpose, the Secretary of Defense may enter into contracts or transactions (other than contracts, cooperative agreements, and grants) with public or private agencies, institutions, and organizations to conduct studies and demonstration projects under subsection (a).

(c) The Secretary of Defense may obtain the advice and recommendations of such advisory committees as the Secretary considers appropriate. Each such committee consulted by the Secretary under this subsection shall evaluate the proposed study or demonstration project as to the soundness of the objectives of such study or demonstration project, the likelihood of obtaining productive results based on such study or demonstration project, the resources which were required to conduct such study or demonstration project, and the relationship of such study or demonstration project to other ongoing or completed studies and demonstration projects.

(Added Pub. L. 98–94, title IX, §933(a)(1), Sept. 24, 1983, 97 Stat. 650; amended Pub. L. 98–557, §19(14), Oct. 30, 1984, 98 Stat. 2870; Pub. L. 105–261, div. A, title X, §1031(a), Oct. 17, 1998, 112 Stat. 2123; Pub. L. 110–417, [div. A], title VII, §715, Oct. 14, 2008, 122 Stat. 4505; Pub. L. 117–263, div. A, title VII, §717(a), Dec. 23, 2022, 136 Stat. 2662.)

Editorial Notes

AMENDMENTS

2022—Subsec. (b). Pub. L. 117–263 inserted ''or transactions (other than contracts, cooperative agreements, and grants)'' after ''contracts''.

2008—Subsec. (a)(3) to (6). Pub. L. 110–417 added pars. (3) to (6).

1998—Subsec. (a)(3). Pub. L. 105–261 struck out par. (3) which read as follows: ''The Secretary of Defense shall submit to Congress from time to time written reports on the results of the studies and demonstration projects conducted under this subsection and shall include in such reports such recommendations for improving the health-care delivery systems of the uniformed services as the Secretary considers appropriate.''

1984—Subsec. (a)(1). Pub. L. 98–557 substituted reference to other administering Secretaries for reference to Secretary of Health and Human Services.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE

Pub. L. 98–94, title IX, §933(b), Sept. 24, 1983, 97 Stat. 651, provided that: ''Section 1092 of title 10, United States Code, as added by subsection (a), shall take effect on October 1, 1983.''

PILOT PROGRAM ON TREATMENT OF MEMBERS OF THE ARMED FORCES FOR POST-TRAUMATIC STRESS DISORDER RELATED TO MILITARY SEXUAL TRAUMA

Pub. L. 115–232, div. A, title VII, §702, Aug. 13, 2018, 132 Stat. 1804, provided that:

''(a) IN GENERAL.—The Secretary of Defense may carry out a pilot program to assess the feasibility and advisability of using intensive outpatient programs to treat members of the Armed Forces suffering from post-traumatic stress disorder resulting from military sexual trauma, including treatment for substance abuse, depression, and other issues related to such conditions.

''(b) DISCHARGE THROUGH PARTNERSHIPS.—The pilot program authorized by subsection (a) shall be carried out through partnerships with public, private, and nonprofit health care organizations, universities, and institutions that—

''(1) provide health care to members of the Armed Forces;

''(2) provide evidence-based treatment for psychological and neurological conditions that are common among members of the Armed Forces, including post-traumatic stress disorder, traumatic brain injury, substance abuse, and depression;

''(3) provide health care, support, and other benefits to family members of members of the Armed Forces; and

''(4) provide health care under the TRICARE program (as that term is defined in section 1072 of title 10, United States Code).

''(c) PROGRAM ACTIVITIES.—Each organization or institution that participates in a partnership under the pilot program authorized by subsection (a) shall—

''(1) carry out intensive outpatient programs of short duration to treat members of the Armed Forces suffering from post-traumatic stress disorder resulting from military sexual trauma, including treatment for substance abuse, depression, and other issues related to such conditions;

''(2) use evidence-based and evidence-informed treatment strategies in carrying out such programs;

''(3) share clinical and outreach best practices with other organizations and institutions participating in the pilot program; and

''(4) annually assess outcomes for members of the Armed Forces individually and among the organizations and institutions participating in the pilot program with respect to the treatment of conditions described in paragraph (1).

''(d) EVALUATION METRICS.—Before commencement of the pilot program, the Secretary shall establish metrics to be used to evaluate the effectiveness of the pilot program and the activities under the pilot program.

''(e) REPORTS.—

''(1) INITIAL REPORT.—Not later than 180 days after the date of the enactment of this Act [Aug. 13, 2018], the Secretary shall submit to the Committees on Armed Services of the Senate and the House of Representatives a report on the pilot program authorized by subsection (a). The report shall include a description of the pilot program and such other matters on the pilot program as the Secretary considers appropriate.

''(2) FINAL REPORT.—Not later than 180 days after the cessation of the pilot program under subsection (f), the Secretary shall submit to the committees of Congress referred to in paragraph (1) a report on the pilot program. The report shall include the following:

''(A) A description of the pilot program, including the partnerships under the pilot program as described in subsection (b).

''(B) An assessment of the effectiveness of the pilot program and the activities under the pilot program.

''(C) Such recommendations for legislative or administrative action as the Secretary considers appropriate in light of the pilot program, including recommendations for extension or making permanent the authority for the pilot program.

''(f) TERMINATION.—The Secretary may not carry out the pilot program authorized by subsection (a) after the date that is three years after the date of the enactment of this Act [Aug. 13, 2018].''

PILOT PROGRAM ON EXPANSION OF USE OF PHYSICIAN ASSISTANTS TO PROVIDE MENTAL HEALTH CARE TO MEMBERS OF THE ARMED FORCES

Pub. L. 114–328, div. A, title VII, § 742, Dec. 23, 2016, 130 Stat. 2237, provided that:

''(a) IN GENERAL.—The Secretary of Defense may conduct a pilot program to assess the feasibility and advisability of expanding the use by the Department of Defense of physician assistants specializing in psychiatric medicine at medical facilities of the Department of Defense in order to meet the increasing demand for mental health care providers at such facilities through the use of a psychiatry fellowship program for physician assistants.

''(b) REPORT ON PILOT PROGRAM.—

''(1) IN GENERAL.—If the Secretary conducts the pilot program under this section, not later than 90 days after the date on which the Secretary completes the conduct of the pilot program, the Secretary 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 submitted under paragraph (1) shall include the following:

''(A) A description of the implementation of the pilot program, including a detailed description of the education and training provided under the pilot program.

''(B) An assessment of potential cost savings, if any, to the Department of Defense resulting from the pilot program.

''(C) A description of improvements, if any, to the access of members of the Armed Forces to mental health care resulting from the pilot program.

''(D) A recommendation as to the feasibility and advisability of extending or expanding the pilot program.''

PILOT PROGRAM ON DISPLAY OF WAIT TIMES AT URGENT CARE CLINICS AND PHARMACIES OF MILITARY MEDICAL TREATMENT FACILITIES

Pub. L. 114–328, div. A, title VII, § 744, Dec. 23, 2016, 130 Stat. 2239, as amended by Pub. L. 115–91, div. A, title VII, § 717, Dec. 12, 2017, 131 Stat. 1439, provided that:

''(a) PILOT PROGRAM AUTHORIZED.—Beginning not later than one year after the date of the enactment of this Act [Dec. 23, 2016], the Secretary of Defense shall carry out a pilot program for the display of wait times in urgent care clinics and pharmacies of military medical treatment facilities selected under subsection (b).

''(b) SELECTION OF FACILITIES.—

''(1) CATEGORIES.—The Secretary shall select not fewer than four military medical treatment facilities from each of the following categories to participate in the pilot program:

''(A) Medical centers.

''(B) Hospitals.

''(C) Ambulatory care centers.

''(2) OCONUS LOCATIONS.—Of the military medical treatment facilities selected under each category described in subparagraphs (A) through (C) of paragraph (1), not fewer than one shall be located outside of the continental United States.

''(3) CONTRACTOR-OPERATED FACILITIES.—The Secretary may select Government-owned, contractor-operated facilities among those military medical treatment facilities selected under paragraph (1).

''(c) URGENT CARE CLINICS.—

''(1) PLACEMENT.—With respect to each military medical treatment facility participating in the pilot program with an urgent care clinic, the Secretary shall place in a conspicuous location at the urgent care clinic an electronic sign that displays the current average wait time determined under paragraph (2) for a patient to be seen by a qualified medical professional.

''(2) DETERMINATION.—In carrying out paragraph (1), the Secretary shall determine the average wait time to display under such paragraph by using a formula derived from best practices in the health care industry.

''(d) PHARMACIES.—

''(1) PLACEMENT.—With respect to each military medical treatment facility participating in the pilot program with a pharmacy, the Secretary shall place in a conspicuous location at the pharmacy an electronic sign that displays the current average wait time to receive a filled prescription for a pharmaceutical agent.

''(2) DETERMINATION.—In carrying out paragraph (1), the Secretary shall determine the average wait time to display under such paragraph by using a formula derived from best practices in the health care industry.

''(e) DURATION.—The Secretary shall carry out the pilot program for a period that is not more than two years.

''(f) REPORT.—

''(1) SUBMISSION.—Not later than 90 days after the completion of the pilot program, the Secretary shall submit to the Committees on Armed Services of the House of Representatives and the Senate a report on the pilot program.

''(2) ELEMENTS.—The report under paragraph (1) shall include—

''(A) the costs for displaying the wait times under subsections (c) and (d);

''(B) any changes in patient satisfaction;

''(C) any changes in patient behavior with respect to using urgent care and pharmacy services;

''(D) any changes in pharmacy operations and productivity;

''(E) a cost-benefit analysis of posting such wait times; and

''(F) the feasibility of expanding the posting of wait times in emergency departments in military medical treatment facilities.

''(g) QUALIFIED MEDICAL PROFESSIONAL DEFINED.—In this section, the term 'qualified medical professional' means a doctor of medicine, a doctor of osteopathy, a physician assistant, or an advanced registered nurse practitioner.''

PILOT PROGRAM ON INCENTIVE PROGRAMS TO IMPROVE HEALTH CARE PROVIDED UNDER THE TRICARE PROGRAM

Pub. L. 114–92, div. A, title VII, §726, Nov. 25, 2015, 129 Stat. 871, provided that:

''(a) PILOT PROGRAM.—Not later than 180 days after the date of the enactment of this Act [Nov. 25, 2015], the Secretary of Defense shall commence the conduct of a pilot program under section 1092 of title 10, United States Code, to assess whether a reduction in the rate of increase in health care spending by the Department of Defense and an enhancement of the operation of the military health system may be achieved by developing and implementing value-based incentive programs to encourage health care providers under the TRICARE program (including physicians, hospitals, and others involved in providing health care to patients) to improve the following:

''(1) The quality of health care provided to covered beneficiaries under the TRICARE program.

''(2) The experience of covered beneficiaries in receiving health care under the TRICARE program.

''(3) The health of covered beneficiaries.

''(b) INCENTIVE PROGRAMS.—

''(1) DEVELOPMENT.—In developing an incentive program under this section, the Secretary shall—

''(A) consider the characteristics of the population of covered beneficiaries affected by the incentive program;

''(B) consider how the incentive program would impact the receipt of health care under the TRICARE program by such covered beneficiaries;

''(C) establish or maintain an assurance that such covered beneficiaries will have timely access to health care during operation of the incentive program;

''(D) ensure that there are no additional financial costs to such covered beneficiaries of implementing the incentive program; and

''(E) consider such other factors as the Secretary considers appropriate.

''(2) ELEMENTS.—With respect to an incentive program developed and implemented under this section, the Secretary shall ensure that—

''(A) the size, scope, and duration of the incentive program is reasonable in relation to the purpose of the incentive program; and

''(B) appropriate criteria and data collection are used to ensure adequate evaluation of the feasibility and advisability of implementing the incentive program throughout the TRICARE program.

''(3) USE OF EXISTING MODELS.—In developing an incentive program under this section, the Secretary may adapt a value-based incentive program conducted by the Centers for Medicare & Medicaid Services or any other governmental or commercial health care program.

''(c) TERMINATION.—The authority of the Secretary to carry out the pilot program under this section shall terminate on December 31, 2019.

''(d) REPORTS.—

''(1) INTERIM REPORT.—Not later than one year after the date of the enactment of this Act, and not less frequently than once each year thereafter until the termination of the pilot program, 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 on the pilot program.

''(2) FINAL REPORT.—Not later than September 30, 2019, the Secretary shall submit to the congressional defense committees a final report on the pilot program.

''(3) ELEMENTS.—Each report submitted under paragraph (1) or paragraph (2) shall include the following:

''(A) An assessment of each incentive program developed and implemented under this section, including whether such incentive program—

''(i) improves the quality of health care provided to covered beneficiaries, the experience of covered beneficiaries in receiving health care under the TRICARE program, or the health of covered beneficiaries;

''(ii) reduces the rate of increase in health care spending by the Department of Defense; or

''(iii) enhances the operation of the military health system.

''(B) Such recommendations for administrative or legislative action as the Secretary considers appropriate in light of the pilot program, including to implement any such incentive program or programs throughout the TRICARE program.

''(e) 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.''

PILOT PROGRAM ON CERTAIN TREATMENTS OF AUTISM UNDER THE TRICARE PROGRAM

Pub. L. 112–239, div. A, title VII, §705, Jan. 2, 2013, 126 Stat. 1800, provided that:

''(a) PILOT PROGRAM.—

''(1) IN GENERAL.—The Secretary of Defense shall conduct a pilot program to provide for the treatment of autism spectrum disorders, including applied behavior analysis.

''(2) COMMENCEMENT.—The Secretary shall commence the pilot program under paragraph (1) by not later than 90 days after the date of the enactment of this Act [Jan. 2, 2013].

''(b) DURATION.—The Secretary may not carry out the pilot program under subsection (a)(1) for longer than a one-year period.

''(c) REPORT.—Not later than 270 days after the date on which the pilot program under subsection (a)(1) commences, the Secretary shall submit to the Committees on Armed Services of the Senate and the House of Representatives a report on the pilot program. The report shall include the following:

''(1) An assessment of the feasibility and advisability of establishing a beneficiary cost share for the treatment of autism spectrum disorders.

''(2) A comparison of providing such treatment under—

''(A) the ECHO Program; and

''(B) the TRICARE program other than under the ECHO Program.

''(3) Any recommendations for changes in legislation.

''(4) Any additional information the Secretary considers appropriate.

''(d) DEFINITIONS.—In this section:

''(1) The term 'ECHO Program' means the Extended Care Health Option under subsections (d) through (f) of section 1079 of title 10, United States Code.

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

MILITARY HEALTH RISK MANAGEMENT DEMONSTRATION PROJECT

Pub. L. 110–417, [div. A], title VII, §712, Oct. 14, 2008, 122 Stat. 4501, provided that:

''(a) DEMONSTRATION PROJECT REQUIRED.—The Secretary of Defense shall conduct a demonstration project designed to evaluate the efficacy of providing incentives to encourage healthy behaviors on the part of eligible military health system beneficiaries.

''(b) ELEMENTS OF DEMONSTRATION PROJECT.—

''(1) WELLNESS ASSESSMENT.—The Secretary shall develop a wellness assessment to be offered to bene-

ficiaries enrolled in the demonstration project. The wellness assessment shall incorporate nationally recognized standards for health and healthy behaviors and shall be offered to determine a baseline and at appropriate intervals determined by the Secretary. The wellness assessment shall include the following:

''(A) A self-reported health risk assessment.

''(B) Physiological and biometric measures, including at least—

''(i) blood pressure;

''(ii) glucose level;

''(iii) lipids;

''(iv) nicotine use; and

''(v) weight.

''(2) POPULATION ENROLLED.—Non-medicare eligible retired beneficiaries of the military health system and their dependents who are enrolled in TRICARE Prime and who reside in the demonstration project service area shall be offered the opportunity to enroll in the demonstration project.

''(3) GEOGRAPHIC COVERAGE OF DEMONSTRATION PROJECT.—The demonstration project shall be conducted in at least three geographic areas within the United States where TRICARE Prime is offered, as determined by the Secretary. The area covered by the project shall be referred to as the demonstration project service area.

''(4) PROGRAMS.—The Secretary shall develop programs to assist enrollees to improve healthy behaviors, as identified by the wellness assessment.

''(5) INCLUSION OF INCENTIVES REQUIRED.—For the purpose of conducting the demonstration project, the Secretary may offer monetary and non-monetary incentives to enrollees to encourage participation in the demonstration project.

''(c) EVALUATION OF DEMONSTRATION PROJECT.—The Secretary shall annually evaluate the demonstration project for the following:

''(1) The extent to which the health risk assessment and the physiological and biometric measures of beneficiaries are improved from the baseline (as determined in the wellness assessment).

''(2) In the case of baseline health risk assessments and physiological and biometric measures that reflect healthy behaviors, the extent to which the measures are maintained.

''(d) IMPLEMENTATION PLAN.—The Secretary of Defense shall submit a plan to implement the health risk management demonstration project required by this section not later than 90 days after the date of the enactment of this Act [Oct. 14, 2008].

''(e) DURATION OF PROJECT.—The health risk management demonstration project shall be implemented for a period of three years, beginning not later than March 1, 2009, and ending three years after that date.

''(f) REPORT.—

''(1) IN GENERAL.—The Secretary of Defense shall submit to the Committees on Armed Services of the Senate and the House of Representatives an annual report on the effectiveness of the health risk management demonstration project in improving the health risk measures of military health system beneficiaries enrolled in the demonstration project. The first report shall be submitted not later than one year after the date of the enactment of this Act [Oct. 14, 2008], and subsequent reports shall be submitted for each year of the demonstration project with the final report being submitted not later than 90 days after the termination of the demonstration project.

''(2) MATTERS COVERED.—Each report shall address, at a minimum, the following:

''(A) The number of beneficiaries who were enrolled in the project.

''(B) The number of enrolled beneficiaries who participate in the project.

''(C) The incentives to encourage healthy behaviors that were provided to the beneficiaries in each beneficiary category, and the extent to which the incentives encouraged healthy behaviors.

''(D) An assessment of the effectiveness of the demonstration project.

''(E) Recommendations for adjustments to the demonstration project.

''(F) The estimated costs avoided as a result of decreased health risk conditions on the part of each of the beneficiary categories.

''(G) Recommendations for extending the demonstration project or implementing a permanent wellness assessment program.

''(H) Identification of legislative authorities required to implement a permanent program.''

AVAILABILITY OF CHIROPRACTIC HEALTH CARE SERVICES

Pub. L. 109–163, div. A, title VII, § 712, Jan. 6, 2006, 119 Stat. 3343, provided that:

''(a) AVAILABILITY OF CHIROPRACTIC HEALTH CARE SERVICES.—The Secretary of the Air Force shall ensure that chiropractic health care services are available at all medical treatment facilities listed in table 5 of the report to Congress dated August 16, 2001, titled 'Chiropractic Health Care Implementation Plan'. If the Secretary determines that it is not necessary or feasible to provide chiropractic health care services at any such facility, the Secretary shall provide such services at an alternative site for each such facility.

''(b) IMPLEMENTATION AND REPORT.—Not later than September 30, 2006, the Secretary of the Air Force shall—

''(1) implement subsection (a); and

''(2) submit to the Committees on Armed Services of the Senate and the House of Representatives a report on the availability of chiropractic health care services as required under subsection (a), including information on alternative sites at which such services have been made available.''

PILOT PROGRAM FOR HEALTH CARE DELIVERY

Pub. L. 108–375, div. A, title VII, § 721, Oct. 28, 2004, 118 Stat. 1988, as amended by Pub. L. 110–181, div. A, title VII, § 707, Jan. 28, 2008, 122 Stat. 189; Pub. L. 110–417, [div. A], title X, § 1061(e), Oct. 14, 2008, 122 Stat. 4613, provided that:

''(a) PILOT PROGRAM.—The Secretary of Defense may conduct a pilot program at two or more military installations for purposes of testing initiatives that build cooperative health care arrangements and agreements between military installations and local and regional non-military health care systems.

''(b) REQUIREMENTS OF PILOT PROGRAM.—In conducting the pilot program, the Secretary of Defense shall—

''(1) identify and analyze health care delivery options involving the private sector and health care services in military facilities located on the installation;

''(2) determine the cost avoidance or savings resulting from innovative partnerships between the Department of Defense and the private sector;

''(3) study the potential, viability, cost efficiency, and health care effectiveness of Department of Defense health care providers delivering health care in civilian community hospitals;

''(4) determine the opportunities for and barriers to coordinating and leveraging the use of existing health care resources, including Federal, State, local, and contractor assets; and

''(5) collaborate with State and local authorities to create an arrangement to share and exchange, between the Department of Defense and non-military health care systems, personal health information and data of military personnel and their families.

''(c) CONSULTATION REQUIREMENTS.—The Secretary of Defense shall develop the pilot program in consultation with the Secretaries of the military departments, representatives from the military installation selected for the pilot program, Federal, State, and local entities, and the TRICARE managed care support contractor with responsibility for that installation.

''(d) SELECTION OF MILITARY INSTALLATION.—The pilot program may be implemented at two or more military

installations selected by the Secretary of Defense. At least one of the selected military installations shall meet the following criteria:

''(1) The military installation has members of the Armed Forces on active duty and members of reserve components of the Armed Forces that use the installation as a training and operational base, with members routinely deploying in support of the global war on terrorism.

''(2) The number of members of the Armed Forces on active duty permanently assigned to the military installation is [sic] has increased over the five years preceding 2008.

''(3) One or more cooperative arrangements exist at the military installation with civilian health care entities in the form of specialty care services in the military medical treatment facility on the installation.

''(4) There is a military treatment facility on the installation that does not have inpatient or trauma center care capabilities.

''(5) There is a civilian community hospital near the military installation with—

''(A) limited capability to expand inpatient care beds, intensive care, and specialty services; and

''(B) limited or no capability to provide trauma care.

''(e) DURATION OF PILOT PROGRAM.—Implementation of the pilot program developed under this section shall begin not later than May 1, 2005, and shall be conducted during fiscal years 2005 through 2010.

''(f) REPORTS.—With respect to any pilot program conducted under this section, the Secretary of Defense shall submit to the Committees on Armed Services of the Senate and of the House of Representatives—

''(1) an interim report on the program, not later than 60 days after commencement of the program; and

''(2) a final report describing the results of the program with recommendations for a model health care delivery system for other military installations, not later than July 1, 2010.''

DEMONSTRATION PROJECT FOR EXPANDED ACCESS TO MENTAL HEALTH COUNSELORS

Pub. L. 106–398, §1 [[div. A], title VII, §731], Oct. 30, 2000, 114 Stat. 1654, 1654A–189, directed the Secretary of Defense, not later than Mar. 31, 2001, to submit to committees of Congress a plan to carry out a demonstration project under which licensed and certified professional mental health counselors who had met eligibility requirements for participation as providers under CHAMPUS or the TRICARE program could provide services to covered beneficiaries under this chapter without referral by physicians or adherence to supervision requirements, and directed the Secretary to conduct such project during the 2-year period beginning Oct. 1, 2001, and to submit to Congress a report on such project not later than Feb. 1, 2003.

TELERADIOLOGY DEMONSTRATION PROJECT

Pub. L. 106–398, §1 [[div. A], title VII, §732], Oct. 30, 2000, 114 Stat. 1654, 1654A–191, authorized the Secretary of Defense to conduct a demonstration project during the 2-year period beginning on Oct. 30, 2000, under which a military medical treatment facility and each clinic supported by such facility would be linked by a digital radiology network through which digital radiology X-rays could be sent electronically from clinics to the military medical treatment facility.

JOINT TELEMEDICINE AND TELEPHARMACY DEMONSTRATION PROJECTS BY THE DEPARTMENT OF DEFENSE AND DEPARTMENT OF VETERANS AFFAIRS

Pub. L. 106–65, div. A, title VII, §724, Oct. 5, 1999, 113 Stat. 697, as amended by Pub. L. 108–136, div. A, title X, §1031(h)(2), Nov. 24, 2003, 117 Stat. 1605, authorized the Secretary of Defense and the Secretary of Veterans Affairs, during the three-year period beginning on Oct. 1, 1999, to carry out joint demonstration projects for purposes of evaluating the feasibility and practicability of using telecommunications to provide radiologic and imaging services, diagnostic services, referral services, pharmacy services, and any other health care services designated by the Secretaries.

DEMONSTRATION PROGRAM TO TRAIN MILITARY MEDICAL PERSONNEL IN CIVILIAN SHOCK TRAUMA UNITS

Pub. L. 104–106, div. A, title VII, §744, Feb. 10, 1996, 110 Stat. 386, directed the Secretary of Defense to implement, not later than Apr. 1, 1996, a demonstration program to evaluate the feasibility of providing shock trauma training for military medical personnel through an agreement with one or more public or nonprofit hospitals, and to submit to Congress a report describing the scope and activities of the program not later than Mar. 1 of each year in which it was conducted, provided for the termination of the program on Mar. 31, 1998, and required the Comptroller General of the United States to submit to Congress a report evaluating its effectiveness not later than May 1, 1998.

DEMONSTRATION PROJECT ON MANAGEMENT OF HEALTH CARE IN CATCHMENT AREAS AND OTHER DEMONSTRATION PROJECTS

Pub. L. 100–180, div. A, title VII, §731, Dec. 4, 1987, 101 Stat. 1117, directed Secretary of Defense to conduct, beginning in fiscal year 1988 for at least two years, projects designed to demonstrate the alternative health care delivery system under which the commander of a medical facility of the uniformed services is responsible for all funding and all medical care of the covered beneficiaries in the catchment area of the facility and to conduct specific projects for the purpose of demonstrating alternatives to providing health care under the military health care system, directed Secretary not later than 60 days after Dec. 4, 1987, to submit to Congress a report that provides an outline and discussion of the manner in which the Secretary intends to structure and conduct each demonstration project and to develop and submit to Congress a methodology to be used in evaluating the results of the demonstration projects, and submit to Congress an interim report on each demonstration project after such project has been in effect for at least 12 months and a final report on each such project when each project is completed.

CHIROPRACTIC HEALTH CARE

Pub. L. 108–375, div. A, title VII, §718, Oct. 28, 2004, 118 Stat. 1987, as amended by Pub. L. 117–286, §4(a)(49), Dec. 27, 2022, 136 Stat. 4310, provided that:

''(a) ESTABLISHMENT.—Not later than 120 days after the date of the enactment of this Act [Oct. 28, 2004], the Secretary of Defense shall establish an oversight advisory committee to provide the Secretary with advice and recommendations regarding the continued development and implementation of an effective program of chiropractic health care benefits for members of the uniformed services on active duty.

''(b) MEMBERSHIP.—The advisory committee shall be composed of members selected from among persons who, by reason of education, training, and experience, are experts in chiropractic health care, as follows:

''(1) Members appointed by the Secretary of Defense in such number as the Secretary determines appropriate for carrying out the duties of the advisory committee effectively, including not fewer than three practicing representatives of the chiropractic health care profession.

''(2) A representative of each of the uniformed services, as designated by the administering Secretary concerned.

''(c) CHAIRMAN.—The Secretary of Defense shall designate one member of the advisory committee to serve as the Chairman of the advisory committee.

''(d) MEETINGS.—The advisory committee shall meet at the call of the Chairman, but not fewer than three times each fiscal year, beginning in fiscal year 2005.

''(e) DUTIES.—The advisory committee shall have the following duties:

''(1) Review and evaluate the program of chiropractic health care benefits provided to members of the uniformed services on active duty under chapter 55 of title 10, United States Code.

''(2) Provide the Secretary of Defense with advice and recommendations as described in subsection (a).

''(3) Upon the Secretary's determination that the program of chiropractic health care benefits referred to in paragraph (1) has been fully implemented, prepare and submit to the Secretary a report containing the advisory committee's evaluation of the implementation of such program.

''(f) REPORT.—The Secretary of Defense, following receipt of the report by the advisory committee under subsection (e)(3), shall submit to the Committees on Armed Services of the Senate and of the House of Representatives a report containing the following:

''(1) A copy of the advisory committee report, together with the Secretary's comments on the report.

''(2) An explanation of the criteria and rationale that the Secretary used to determine that the program of chiropractic health care benefits was fully implemented.

''(3) The Secretary's views with regard to the future implementation of the program of chiropractic health care benefits.

''(g) APPLICABILITY OF TEMPORARY ORGANIZATIONS LAW.—(1) Section 3161 of title 5, United States Code, shall apply to the advisory committee under this section.

''(2) Chapter 10 of title 5, United States Code, shall not apply to the oversight advisory committee under this section.

''(h) TERMINATION.—The advisory committee shall terminate 90 days after the date on which the Secretary submits the report under subsection (f).''

Pub. L. 108–136, div. A, title VII, § 711, Nov. 24, 2003, 117 Stat. 1530, provided that: ''The Secretary of Defense shall accelerate the implementation of the plan required by section 702 of the Floyd D. Spence National Defense Authorization Act for Fiscal Year 2001 (Public Law 106–398; 114 Stat. 1654A–173) [set out below] (relating to chiropractic health care services and benefits), with a goal of completing implementation of the plan by October 1, 2005.''

Pub. L. 106–398, § 1 [[div. A], title VII, § 702], Oct. 30, 2000, 114 Stat. 1654, 1654A–173, provided that:

''(a) PLAN REQUIRED.—(1) Not later than March 31, 2001, the Secretary of Defense shall complete development of a plan to provide chiropractic health care services and benefits, as a permanent part of the Defense Health Program (including the TRICARE program), for all members of the uniformed services who are entitled to care under section 1074(a) of title 10, United States Code.

''(2) The plan shall provide for the following:

''(A) Access, at designated military medical treatment facilities, to the scope of chiropractic services as determined by the Secretary, which includes, at a minimum, care for neuro-musculoskeletal conditions typical among military personnel on active duty.

''(B) A detailed analysis of the projected costs of fully integrating chiropractic health care services into the military health care system.

''(C) An examination of the proposed military medical treatment facilities at which such services would be provided.

''(D) An examination of the military readiness requirements for chiropractors who would provide such services.

''(E) An examination of any other relevant factors that the Secretary considers appropriate.

''(F) Phased-in implementation of the plan over a 5-year period, beginning on October 1, 2001.

''(b) CONSULTATION REQUIREMENTS.—The Secretary of Defense shall consult with the other administering Secretaries described in section 1073 of title 10, United States Code, and the oversight advisory committee established under section 731 of the National Defense Authorization Act for Fiscal Year 1995 (Public Law 103–337; 10 U.S.C. 1092 note) regarding the following:

''(1) The development and implementation of the plan required under subsection (a).

''(2) Each report that the Secretary is required to submit to Congress regarding the plan.

''(3) The selection of the military medical treatment facilities at which the chiropractic services described in subsection (a)(2)(A) are to be provided.

''(c) CONTINUATION OF CURRENT SERVICES.—Until the plan required under subsection (a) is implemented, the Secretary shall continue to furnish the same level of chiropractic health care services and benefits under the Defense Health Program that is provided during fiscal year 2000 at military medical treatment facilities that provide such services and benefits.

''(d) REPORT REQUIRED.—Not later than January 31, 2001, the Secretary of Defense shall submit a report on the plan required under subsection (a), together with appropriate appendices and attachments, to the Committees on Armed Services of the Senate and the House of Representatives.

''(e) GAO REPORTS.—The Comptroller General shall monitor the development and implementation of the plan required under subsection (a), including the administration of services and benefits under the plan, and periodically submit to the committees referred to in subsection (d) written reports on such development and implementation.''

Pub. L. 103–337, div. A, title VII, § 731, Oct. 5, 1994, 108 Stat. 2809, as amended by Pub. L. 105–85, div. A, title VII, § 739, Nov. 18, 1997, 111 Stat. 1815; Pub. L. 106–65, div. A, title VII, § 702(a), Oct. 5, 1999, 113 Stat. 680, directed the Secretary of Defense to develop and carry out a demonstration program for fiscal years 1995 to 1999 to evaluate the feasibility and advisability of furnishing chiropractic care through the medical care facilities of the Armed Forces, to continue to furnish the same chiropractic care in fiscal year 2000, to submit reports to Congress in 1995 and 1998 with a final report due Jan. 31, 2000, to establish an oversight advisory committee to assist and advise the Secretary with regard to the development and conduct of the demonstration program, and, not later than Mar. 31, 2000, to submit to Congress an implementation plan for the full integration of chiropractic health care services into the military health care system of the Department of Defense, including the TRICARE program, if the provision of such care was the Secretary's recommendation.

Pub. L. 98–525, title VI, § 632(b), Oct. 19, 1984, 98 Stat. 2543, provided that: ''The Secretary of Defense, in consultation with the Secretary of Health and Human Services, shall conduct demonstration projects under section 1092 of title 10, United States Code, for the purpose of evaluating the cost-effectiveness of chiropractic care. In the conduct of such demonstration projects, chiropractic care (including manual manipulation of the spine and other routine chiropractic procedures authorized under joint regulations prescribed by the Secretary of Defense and the Secretary of Health and Human Services and not otherwise prohibited by law) may be provided as appropriate under chapter 55 of title 10, United States Code.''

§ 1092a. Persons entering the armed forces: baseline health data

(a) PROGRAM REQUIRED.—The Secretary of Defense shall carry out a program—

(1) to collect baseline health data from each person entering the armed forces, at the time of entry into the armed forces; and

(2) to provide for computerized compilation and maintenance of the baseline health data.

(b) PURPOSES.—The program under this section shall be designed to achieve the following purposes: