

201(b) of Pub. L. 108-173, set out as a note under section 1395w-21 of Title 42, The Public Health and Welfare.

COMPREHENSIVE EVALUATION OF IMPLEMENTATION OF DEMONSTRATION PROJECTS AND TRICARE PHARMACY REDESIGN

Pub. L. 105-261, div. A, title VII, § 724, Oct. 17, 1998, 112 Stat. 2069, as amended by Pub. L. 106-65, div. A, title X, § 1067(3), Oct. 5, 1999, 113 Stat. 774, required the Comptroller General, not later than Mar. 31, 2003, to submit to committees of Congress a report containing a comprehensive comparative analysis of the FEHBP demonstration project conducted under this section, the TRICARE Senior Supplement under Pub. L. 105-261, § 722, formerly set out as a note under section 1073 of this title, and the redesign of the TRICARE pharmacy system under section Pub. L. 105-261, § 723, set out as a note under section 1073 of this title.

**§ 1109. Organ and tissue donor program**

(a) RESPONSIBILITIES OF THE SECRETARY OF DEFENSE.—The Secretary of Defense shall ensure that the advanced systems developed for recording armed forces members' personal data and information (such as the SMARTCARD, MEDITAG, and Personal Information Carrier) include the capability to record organ and tissue donation elections.

(b) RESPONSIBILITIES OF THE SECRETARIES OF THE MILITARY DEPARTMENTS.—The Secretaries of the military departments shall ensure that—

(1) appropriate information about organ and tissue donation is provided—

(A) to each officer candidate during initial training; and

(B) to each recruit—

(i) after completion by the recruit of basic training; and

(ii) before arrival of the recruit at the first duty assignment of the recruit;

(2) members of the armed forces are given recurring, specific opportunities to elect to be organ or tissue donors during service in the armed forces and upon retirement; and

(3) members of the armed forces electing to be organ or tissue donors are encouraged to advise their next of kin concerning the donation decision and any subsequent change of that decision.

(c) RESPONSIBILITIES OF THE SURGEONS GENERAL OF THE MILITARY DEPARTMENTS.—The Surgeons General of the military departments shall ensure that—

(1) appropriate training is provided to enlisted and officer medical personnel to facilitate the effective operation of organ and tissue donation activities under garrison conditions and, to the extent possible, under operational conditions; and

(2) medical logistical activities can, to the extent possible without jeopardizing operational requirements, support an effective organ and tissue donation program.

(Added Pub. L. 105-261, div. A, title VII, § 741(b)(1), Oct. 17, 1998, 112 Stat. 2073; amended Pub. L. 106-398, § 1 [div. A], title X, § 1087(a)(8), Oct. 30, 2000, 114 Stat. 1654, 1654A-290.)

**Editorial Notes**

AMENDMENTS

2000—Subsec. (b). Pub. L. 106-398 struck out “(1)” before “The Secretaries” in introductory provisions.

**Statutory Notes and Related Subsidiaries**

FINDINGS

Pub. L. 105-261, div. A, title VII, § 741(a), Oct. 17, 1998, 112 Stat. 2073, provided that: “Congress makes the following findings:

“(1) Organ and tissue transplantation is one of the most remarkable medical success stories in the history of medicine.

“(2) Each year, the number of people waiting for organ or tissue transplantation increases. It is estimated that there are approximately 39,000 patients, ranging in age from babies to those in retirement, awaiting transplants of kidneys, hearts, livers, and other solid organs.

“(3) The Department of Defense has made significant progress in increasing the awareness of the importance of organ and tissue donations among members of the Armed Forces.

“(4) The inclusion of organ and tissue donor elections in the Defense Enrollment Eligibility Reporting System (DEERS) central database represents a major step in ensuring that organ and tissue donor elections are a matter of record and are accessible in a timely manner.”

REPORT ON IMPLEMENTATION

Pub. L. 105-261, div. A, title VII, § 741(c), Oct. 17, 1998, 112 Stat. 2074, 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 submit to committees of Congress a report on the implementation of this section not later than Sept. 1, 1999.

**§ 1110. System for tracking and recording vaccine information; anthrax vaccine immunization program**

(a) OVERALL SYSTEM TO TRACK AND RECORD VACCINE INFORMATION.—(1) The Secretary of Defense, in consultation with the Director of the Defense Health Agency and in coordination with the Secretaries of the military departments, shall establish a system to track and record the following information:

(A) Each vaccine administered by a health care provider of the Department of Defense to a member of an armed force under the jurisdiction of the Secretary of a military department.

(B) Any adverse reaction of the member related to such vaccine.

(C) Each refusal by such a member of any vaccine that is being so administered, including vaccines licensed by the Food and Drug Administration under section 351 of the Public Health Service Act (42 U.S.C. 262) and vaccines otherwise approved or authorized.

(D) Each refusal by such a member of a vaccine on the basis that the vaccine is being administered by a health care provider of the Department pursuant to an emergency use authorization granted by the Commissioner of Food and Drugs under section 564 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360bbb-3).

(E) Each refusal by such a member of an investigational new drug or a drug unapproved for its applied use that is being administered pursuant to a request or requirement of the Secretary of Defense and with respect to which the President has granted a waiver of the prior consent requirement pursuant to section 1107(f)(1) of this title.

(2) In carrying out paragraph (1), the Secretary of Defense shall ensure that—

(A) any electronic health record maintained by the Secretary for a member of an armed force under the jurisdiction of the Secretary of a military department is updated with the information specified in such paragraph with respect to the member;

(B) any collection, storage, or use of such information is conducted through means involving such cyber protections as the Secretary determines necessary to safeguard the personal information of the member; and

(C) the system established under such paragraph is interoperable and compatible with the electronic health record system known as “MHS GENESIS”, or such successor system.

(b) PROCEDURES FOR MEDICAL AND ADMINISTRATIVE EXEMPTIONS FROM ANTHRAX VACCINE IMMUNIZATION PROGRAM.—(1) The Secretary shall establish uniform procedures under which members of the armed forces may be exempted from participating in the anthrax vaccine immunization program for either administrative or medical reasons.

(2) The Secretaries of the military departments shall provide for notification of all members of the armed forces of the procedures established pursuant to paragraph (1).

(c) SYSTEM FOR MONITORING ADVERSE REACTIONS TO ANTHRAX VACCINE.—(1) The Secretary shall establish a system for monitoring adverse reactions of members of the armed forces to the anthrax vaccine. That system shall include the following:

(A) Independent review of Vaccine Adverse Event Reporting System reports.

(B) Periodic surveys of personnel to whom the vaccine is administered.

(C) A continuing longitudinal study of a preidentified group of members of the armed forces (including men and women and members from all services).

(D) Active surveillance of a sample of members to whom the anthrax vaccine has been administered that is sufficient to identify, at the earliest opportunity, any patterns of adverse reactions, the discovery of which might be delayed by reliance solely on the Vaccine Adverse Event Reporting System.

(2) The Secretary may extend or expand any ongoing or planned study or analysis of trends in adverse reactions of members of the armed forces to the anthrax vaccine in order to meet any of the requirements in paragraph (1).

(3) The Secretary shall establish guidelines under which members of the armed forces who are determined by an independent expert panel to be experiencing unexplained adverse reactions may obtain access to a Department of Defense Center of Excellence treatment facility for expedited treatment and follow up.

(Added Pub. L. 106-398, §1 [[div. A], title VII, §751(b)(1)], Oct. 30, 2000, 114 Stat. 1654, 1654A-193; amended Pub. L. 117-81, div. A, title VII, §716(a), (b), Dec. 27, 2021, 135 Stat. 1788.)

#### Editorial Notes

##### AMENDMENTS

2021—Pub. L. 117-81, §716(b)(1), substituted “System for tracking and recording vaccine information; an-

thrax vaccine immunization program” for “Anthrax vaccine immunization program; procedures for exemptions and monitoring reactions” in section catchline.

Subsec. (a). Pub. L. 117-81, §716(a)(2), added subsec. (a). Former subsec. (a) redesignated (b).

Subsec. (b). Pub. L. 117-81, §716(a)(1), (b)(2), redesignated subsec. (a) as (b), inserted “From Anthrax Vaccine Immunization Program” after “Exemptions” in heading, and substituted “Secretary” for “Secretary of Defense” in par. (1). Former subsec. (b) redesignated (c).

Subsec. (c). Pub. L. 117-81, §716(a)(1), (b)(3), redesignated subsec. (b) as (c) and inserted “to Anthrax Vaccine” after “Reactions” in heading.

#### Statutory Notes and Related Subsidiaries

##### DEADLINE FOR ESTABLISHMENT OF SYSTEM

Pub. L. 117-81, div. A, title VII, §716(d), Dec. 27, 2021, 135 Stat. 1789, provided that: “The Secretary of Defense shall establish the system under section 1110 of title 10, United States Code, as added by subsection (a), by not later than January 1, 2023.”

##### DEPARTMENT OF DEFENSE STANDARDS FOR EXEMPTIONS FROM MANDATORY COVID-19 VACCINES

Pub. L. 117-81, div. A, title VII, §720, Dec. 27, 2021, 135 Stat. 1791, provided that:

“(a) STANDARDS.—The Secretary of Defense shall establish uniform standards under which covered members may be exempted from receiving an otherwise mandated COVID-19 vaccine for administrative, medical, or religious reasons.

“(b) DEFINITIONS.—In this section:

“(1) The term ‘covered member’ means a member of an Armed Force under the jurisdiction of the Secretary of a military department.

“(2) The term ‘COVID-19 vaccine’ means any vaccine for the coronavirus disease 2019 (COVID-19), including any subsequent booster shot for COVID-19.”

##### DEADLINES FOR ESTABLISHMENT AND IMPLEMENTATION

Pub. L. 106-398, §1 [[div. A], title VII, §751(e)], Oct. 30, 2000, 114 Stat. 1654, 1654A-195, provided that: “The Secretary of Defense shall—

“(1) not later than April 1, 2001, establish the uniform procedures for exemption from participation in the anthrax vaccine immunization program of the Department of Defense required under subsection (a) [now (b)] of section 1110 of title 10, United States Code (as added by subsection (b));

“(2) not later than July 1, 2001, establish the system for monitoring adverse reactions of members of the Armed Forces to the anthrax vaccine required under subsection (b)(1) [now (c)(1)] of such section;

“(3) not later than April 1, 2001, establish the guidelines under which members of the Armed Forces may obtain access to a Department of Defense Center of Excellence treatment facility for expedited treatment and follow up required under subsection (b)(3) [now (c)(3)] of such section; and

“(4) not later than July 1, 2001, prescribe the regulations regarding emergency essential employees of the Department of Defense required under subsection (a) of section 1580a of such title (as added by subsection (c)).”

#### § 1110a. Notification of certain individuals regarding options for enrollment under Medicare part B

(a) IN GENERAL.—(1) As soon as practicable, the Secretary of Defense shall notify each individual described in subsection (b)—

(A) that the individual is no longer eligible for health care benefits under the TRICARE program under this chapter; and

(B) of options available for enrollment of the individual in the supplementary medical in-