

En Bloc Amendments to H.R. 4909

April 27, 2016

Full Committee**En Bloc # 1**

Log #	Sponsor	Description
039r2	Takai	Reverses per diem reduction contained in the Joint Travel Regulations
59	Smith	Direct SecDef to determine feasibility of using healthcare navigators for TRICARE beneficiaries to improve experience and outcomes
114	MacArthur	Directs SecDef to provide a briefing to the HASC no later than January 14, 2017 on the process for referring beneficiaries for fetal repair procedures.
164r1	Hunter	This amendment directs the Secretary of Defense to assess the feasibility of including private-public partnerships using contracted services to provide health care within MTFs.
199r1	Veasey	Report studying the feasibility of providing acupuncture & chiropractic services to Veterans participating in TRICARE as an alternative to opiate pain management treatment options, provided no later than Nov 1, 2016.
292r3	Forbes	Authorizes DOD to conduct pilot program to allow TRICARE recipients to chose between local pharmacies, military medical facilities, or mail order
313	Fleming	Includes national physician organizations in the definition of Core Quality Measures Collaborative.
324r1	Wenstrup	Seeks to obtain, from outside subject matter experts, a system-wide review of the military trauma system and subsequent recommendations
325r1	Wenstrup	Amendment seeks to ensure the perspective of practicing surgeons is included in the Joint Trauma Education and Training Directorate
323	Thornberry	Strikes section 701 and inserts new section that clarifies active duty service member remain on TRICARE Prime; TRS and TRR keep current costsharing; eliminates requirement for 90 percent network coverage for TRICARE preferred

AMENDMENT TO H.R. 4909
OFFERED BY MR. TAKAI OF HAWAII

At the end of subtitle A of title VI, add the following
new section:

1 **SEC. 603. PROHIBITION ON PER DIEM ALLOWANCE REDUC-**
2 **TIONS BASED ON THE DURATION OF TEM-**
3 **PORARY DUTY ASSIGNMENT OR CIVILIAN**
4 **TRAVEL .**

5 (a) MEMBERS.—Section 474(d)(3) of title 37, United
6 States Code, is amended by adding at the end the fol-
7 lowing new sentence: “The Secretary of a military depart-
8 ment shall not alter the amount of the per diem allowance,
9 or the maximum amount of reimbursement, for a locality
10 based on the duration of the temporary duty assignment
11 in the locality of a member of the armed forces under the
12 jurisdiction of the Secretary.”.

13 (b) CIVILIAN EMPLOYEES.—Section 5702(a)(2) of
14 title 5, United States Code, is amended by adding at the
15 end the following new sentence: “The Secretary of Defense
16 shall not alter the amount of the per diem allowance, or
17 the maximum amount of reimbursement, for a locality
18 based on the duration of the travel in the locality of an
19 employee of the Department.”.

1 (c) REPEAL OF POLICY AND REGULATIONS.—The
2 policy, and any regulations issued pursuant to such policy,
3 implemented by the Secretary of Defense on November 1,
4 2014, with respect to reductions in per diem allowances
5 based on duration of temporary duty assignment or civil-
6 ian travel shall have no force or effect.

Section 4301 of Division D, relating to Operation and Maintenance, Administration and Servicewide Activities, reduce the amount for the Office of the Secretary of Defense, Line 300, by \$56,000,000.

Increase amounts in section 4301 of Division D, relating to Operation and Maintenance, and section 4401 of Division D, relating to Military Personnel, by a total of \$56,000,000, to reflect the amendments made by section 603.



**Amendment to H.R. 4909
National Defense Authorization Act for Fiscal Year 2017**

Offered by Mr Smith, W

In the appropriate place in the report to accompany H.R. 4909, insert the following new Directive Report Language:

Improving Beneficiary Experience and Outcomes

The Committee notes the Department of Defense continues to seek ways to improve the health care service experience for military beneficiaries and personnel health and readiness, and lower the total cost of care. The committee is aware that certain large private sector employers are offering each covered family an on-demand health care navigator who is a trusted individual to assist families with understanding and utilizing their health benefits, support them in accessing and navigating the healthcare delivery system, and provide them with information so they can make informed decisions in collaboration with their care providers.

This approach has the potential to produce enhanced clinical outcomes, improved beneficiary experiences in navigating the health care system, and reduced utilization which may lower health care costs. Therefore, the Committee directs the Secretary of Defense to determine the feasibility of incorporating the use of healthcare navigators into the Military Health System to improve beneficiary experience and outcomes. The Secretary shall submit the results to the Committees on Armed Services of the Senate and the House of Representatives by April 1, 2017.

**Amendment to H.R. 4909
National Defense Authorization Act for Fiscal Year 2017**

Offered by Mr. MacArthur

In the appropriate place in the report to accompany H.R. 4909, insert the following new Directive Report Language:

[Expedited Treatment for Fetal Repair]

The committee is aware that advances in fetal medicine present military personnel and their dependents with opportunities to correct fetal anomalies in-utero, or before birth. The committee understands that complex birth defects have varying times for fetal intervention but in all instances of fetal anomalies, the earliest referral for in-utero procedures is best to ensure optimal outcomes for mother and fetus. The Committee is concerned that in some cases, military beneficiary referrals have taken several weeks or longer. Therefore, the committee directs the Secretary of Defense to provide a briefing to the House Committee on Armed Services not later than January 14, 2017 on the process for referring beneficiaries for fetal repair procedures. The Secretary shall include in the briefing information on referrals during calendar year 2016 that required an intervention, the amount of time between diagnosis, referral, treatment and the outcomes of such treatments.

Log 164R1

**Amendment to H.R. 4909
National Defense Authorization Act for Fiscal Year 2017**

Offered by:

[For new Directive Report Language, please use the following:]

In the appropriate place in the report to accompany H.R. 4909, insert the following new Directive Report Language:

PRIVATE-PUBLIC PARTNERSHIP IN MILITARY TREATMENT FACILITIES.

The committee is aware that there are significant challenges regarding access to health care on military bases particularly at smaller and mid-sized bases. The committee is committed to improving access to care at military treatment facilities (MTF) for military beneficiaries and to ensure the readiness of military medical providers. Therefore, the committee directs the Secretary of Defense to assess the feasibility of including private-public partnerships using contracted services to provide health care within MTFs. In conducting the assessment, the Secretary shall consider the benefit of providing additional services, not previously available at clinics, through the partnerships, hybrid models of privately contracted care with direct military oversight providing services within the MTFs, potential costs savings by operating an MTF through the partnership, increased patient satisfaction, improved access to care measured by appointment availability and wait time, and overall improvement to service member medical readiness. Not later than December 1, 2016, the Secretary shall brief the Committee on Armed Services of the House of Representatives on the results of the assessment.

Revised Amendment
LOG 199R1
LOG 199R1

AMENDMENT TO H.R. 4909
OFFERED BY MR. VEASEY OF TEXAS

At the appropriate place in title VII, insert the following new section:

1 **SEC. 7__ . REPORT ON FEASIBILITY OF INCLUDING ACU-**
2 **PUNCTURE AND CHIROPRACTIC SERVICES**
3 **FOR RETIREES UNDER TRICARE PROGRAM.**

4 Not later than November 1, 2016, the Secretary of
5 Defense shall submit to the congressional defense commit-
6 tees a report on the feasibility of furnishing acupuncture
7 services and chiropractic services under the TRICARE
8 program to beneficiaries who are retired members of the
9 uniformed services (not including any dependent of such
10 a retired member).



Log 2012
Rev 3

AMENDMENT TO H.R. 4909
OFFERED BY MR. FORBES OF VIRGINIA

At the appropriate place in title VII, insert the following new section:

1 **SEC. 7___ . PILOT PROGRAM FOR PRESCRIPTION DRUG AC-**
2 **QUISITION COST PARITY IN THE TRICARE**
3 **PHARMACY BENEFITS PROGRAM.**

4 (a) **AUTHORITY TO ESTABLISH PILOT PROGRAM.—**
5 The Secretary of Defense may conduct a pilot program
6 to evaluate whether, in carrying out the TRICARE phar-
7 macy benefits program under section 1074g of title 10,
8 United States Code, extending additional discounts for
9 prescription drugs filled at retail pharmacies will maintain
10 or reduce prescription drug costs for the Department of
11 Defense.

12 (b) **ELEMENTS OF PILOT PROGRAM.—**In carrying
13 out the pilot program under subsection (a), the Secretary
14 shall require that for prescription medications, including
15 but not limited to non-generic maintenance medications,
16 that are dispensed to retired TRICARE beneficiaries that
17 are not Medicare eligible, through any TRICARE partici-
18 pating retail pharmacy, manufacturers shall pay rebates
19 such that those medications are available to the Depart-

1 ment at the lowest rate available. In addition to utilizing
2 the authority under section 1074g(f) of title 10, United
3 States Code, the Secretary shall have the authority to
4 enter into a purchase blanket agreement with prescription
5 drug manufactures for supplemental discounts for pre-
6 scription drugs dispensed in the pilot to be paid in the
7 form of manufactures rebates.

8 (c) CONSULTATION.—The Secretary shall develop the
9 pilot program in consultation with—

10 (1) the Secretaries of the military departments,
11 including Army, Navy and Air Force;

12 (2) the Chief, Pharmacy Operations Division, of
13 the Defense Health Agency; and

14 (3) stakeholders, including TRICARE bene-
15 ficiaries and retail pharmacies.

16 (d) DURATION OF PILOT PROGRAM.—If the Sec-
17 retary carries out the pilot program under subsection (a),
18 the Secretary shall commence such pilot program no later
19 than October 1, 2017, and may terminate such program
20 no later than September 30, 2018.

21 (e) REPORTS.—If the Secretary carries out the pilot
22 program under subsection (a), the Secretary of Defense
23 shall submit to the congressional defense committees, in-
24 cluding the House and Senate Committees on Armed
25 Services, reports on the pilot program as follows:

1 (1) Not later than 90 days after the date of the
2 enactment of this Act, a report containing an imple-
3 mentation plan for the pilot program.

4 (2) Not later than 180 days after the date on
5 which the pilot program commences, an interim re-
6 port on the pilot program.

7 (3) Not later than 90 days after the date on
8 which the pilot program terminates, a final report
9 describing the results of the pilot program, including
10 any recommendations of the Secretary to expand
11 such program. The final report will include—

12 (A) an analysis of the changes in prescrip-
13 tion drug costs for the Department related to
14 the pilot program;

15 (B) an analysis of the impact on bene-
16 ficiary access to prescription drugs;

17 (C) a survey of beneficiary satisfaction
18 with the pilot program;

19 (D) a summary of any fraud and abuse ac-
20 tivities related to the pilot and actions taken in
21 response by the Department; and

22 (E) a comparison of immunization rates
23 for beneficiaries participating in the pilot and
24 those outside of the pilot.



AMENDMENT TO H.R. 4909
OFFERED BY MR. FLEMING OF LOUISIANA

In section 711(b)(1), insert “national physician organizations,” before “and other entities”.



LOG 324 R1

AMENDMENT TO H.R. 4909
OFFERED BY MR. WENSTRUP OF OHIO

Add at the end of section 708 the following new sub-
section:

1 (d) REVIEW OF MILITARY TRAUMA SYSTEM.—In es-
2 tablishing a Joint Trauma System, the Secretary of De-
3 fense may seek to enter into an agreement with a non-
4 governmental entity with subject matter experts to—

5 (1) conduct a system-wide review of the military
6 trauma system; and

7 (2) make publicly available a report containing
8 such review and recommendations to establish a
9 comprehensive trauma system for the Armed Forces.



LOG 325 R1

AMENDMENT TO H.R. 4909

OFFERED BY MR. WENSTRUP OF OHIO

In section 709(a), add after the period at the end the following: “The Secretary shall carry out this section in collaboration with the Secretaries of the military departments.”



AMENDMENT TO H.R. 4909
OFFERED BY MR. THORNBERRY OF TEXAS

Strike section 701 and insert the following new section:

1 **SEC. 701. TRICARE PREFERRED AND OTHER TRICARE RE-**
2 **FORM.**

3 (a) ESTABLISHMENT.—

4 (1) TRICARE PREFERRED.—Chapter 55 of
5 title 10, United States Code, is amended by insert-
6 ing after section 1074n the following new section:

7 **“§ 1075. TRICARE Preferred**

8 “(a) ESTABLISHMENT.—(1) Not later than January
9 1, 2018, the Secretary of Defense shall establish a self-
10 managed, preferred-provider network option under the
11 TRICARE program. Such option shall be known as
12 ‘TRICARE Preferred’.

13 “(2) The Secretary shall establish TRICARE Pre-
14 ferred in all areas. Under TRICARE Preferred, eligible
15 beneficiaries will not have restrictions on the freedom of
16 choice of the beneficiary with respect to health care pro-
17 viders.

18 “(b) ENROLLMENT ELIGIBILITY.—(1) The bene-
19 ficiary categories for purposes of eligibility to enroll in

1 TRICARE Preferred and cost sharing requirements appli-
2 cable to such category are as follows:

3 “(A) An ‘active-duty family member’ category
4 that consists of beneficiaries who are covered by sec-
5 tion 1079 of this title (as dependents of active duty
6 members).

7 “(B) A ‘retired’ category that consists of bene-
8 ficiaries covered by subsection (c) of section 1086 of
9 this title, other than Medicare-eligible beneficiaries
10 described in subsection (d)(2) of such section.

11 “(C) A ‘reserve and young adult’ category that
12 consists of beneficiaries who are covered by—

13 “(i) section 1076d of this title;

14 “(ii) section 1076e; or

15 “(iii) section 1110b.

16 “(2) A covered beneficiary who elects to participate
17 in TRICARE Preferred shall enroll in such option under
18 section 1099 of this title.

19 “(c) COST-SHARING REQUIREMENTS.—The cost
20 sharing requirements under TRICARE Preferred are as
21 follows:

22 “(1) With respect to beneficiaries in the active-
23 duty family member category or the retired category
24 by reason of being a member or former member of
25 the uniformed services who originally enlists or is

1 appointed in the uniformed services on or after Jan-
2 uary 1, 2018, or by reason of being a dependent of
3 such a member, the cost sharing requirements shall
4 be calculated pursuant to subsection (d)(1).

5 “(2)(A) Except as provided by subsection (e),
6 with respect to beneficiaries described in subpara-
7 graph (B) in the active-duty family member category
8 or the retired category, the cost sharing require-
9 ments shall be calculated as if the beneficiary were
10 enrolled in TRICARE Extra or TRICARE Standard
11 as if TRICARE Extra or TRICARE Standard, as
12 the case may be, were still being carried out by the
13 Secretary.

14 “(B) Beneficiaries described in this subpara-
15 graph are beneficiaries who are eligible to enroll in
16 the TRICARE program by reason of being a mem-
17 ber or former member of the uniformed services who
18 originally enlists or is appointed in the uniformed
19 services before January 1, 2018, or by reason of
20 being a dependent of such a member.

21 “(3) With respect to beneficiaries in the reserve
22 and young adult category, the cost sharing require-
23 ments shall be calculated pursuant to subsection
24 (d)(1) as if the beneficiary were in the active-duty
25 family member category or the retired category, as

1 applicable, except that the premiums calculated pur-
 2 suant to sections 1076d, 1076e, or 1110b of this
 3 title, as the case may be, shall apply instead of any
 4 enrollment fee required under this section.

5 “(d) COST-SHARING AMOUNTS FOR CERTAIN BENE-
 6 FICIARIES.—(1) Beneficiaries described in subsection
 7 (c)(1) enrolled in TRICARE Preferred shall be subject to
 8 cost-sharing requirements in accordance with the amounts
 9 and percentages under the following table during calendar
 10 year 2018 and as such amounts are adjusted under para-
 11 graph (2) for subsequent years:

“TRICARE Pre-ferred	Active-Duty Family Member (Individual/Family)	Retired (Individual/Family)
Annual Enrollment	\$300 / \$600	\$425 / \$850
Annual deductible	\$0	\$0
Annual catastrophic cap	\$1,000	\$3,000
Outpatient visit civilian network	\$15 primary care \$25 specialty care Out of network: 20%	\$25 primary care \$40 specialty care 25% of out of network
ER visit civilian network	\$40 network 20% out of network	\$60 network
Urgent care civilian network	\$20 network 20% out of network	\$40 network 25% out of network
Ambulatory surgery civilian network	\$40 network 20% out of network	\$80 network 25% out of network
Ambulance civilian network	\$15	\$25

“TRICARE Preferred	Active-Duty Family Member (Individual/Family)	Retired (Individual/Family)
Durable medical equipment civilian network	10%	20%
Inpatient visit civilian network	\$60 per network admission 20% out of network	\$125 per admission network 25% out of net work
Inpatient skilled nursing/rehab civilian	\$20 per day network \$50 per day out of network	\$50 per day network \$300 per day or 20% of billed charges out of network

1 “(2) Each dollar amount expressed as a fixed dollar
2 amount in the table set forth in paragraph (1), and the
3 amounts determined under subsection (e), shall be annu-
4 ally indexed to the amount by which retired pay is in-
5 creased under section 1401a of this title, rounded to the
6 next lower multiple of \$1. The remaining amount above
7 such multiple of \$1 shall be carried over to, and accumu-
8 lated with, the amount of the increase for the subsequent
9 year or years and made when the aggregate amount of
10 increases carried over under this clause for a year is \$1
11 or more.

12 “(3) Enrollment fees, deductible amounts, and cata-
13 strophic caps under this section are on a calendar-year
14 basis.

15 “(e) EXCEPTIONS TO CERTAIN COST-SHARING
16 AMOUNTS FOR CERTAIN BENEFICIARIES ELIGIBLE PRIOR
17 TO 2018.—(1) Subject to paragraph (3), and in accord-

1 ance with subsection (d)(2), the Secretary shall establish
2 an annual enrollment fee for beneficiaries described in
3 subsection (c)(2)(B) in the retired category who enroll in
4 TRICARE Preferred (other than such beneficiaries cov-
5 ered by paragraph (2)). Such enrollment fee shall be \$100
6 for an individual and \$200 for a family.

7 “(2) The enrollment fee established pursuant to para-
8 graph (1) for beneficiaries described in subsection
9 (c)(2)(B) in the retired category shall not apply with re-
10 spect to the following beneficiaries:

11 “(A) Retired members and the family members
12 of such members covered by paragraph (1) of section
13 1086(e) of this title by reason of being retired under
14 chapter 61 of this title or being a dependent of such
15 a member.

16 “(B) Survivors covered by paragraph (2) of
17 such section 1086(e).

18 “(3) The Secretary may not establish an annual en-
19 rollment fee under paragraph (1) until 90 days has
20 elapsed following the date on which the Comptroller Gen-
21 eral of the United States is required to submit the review
22 under paragraph (4).

23 “(4) Not later than February 1, 2020, the Comp-
24 troller General of the United States shall submit to the

1 Committees on Armed Services of the House of Represent-
2 atives and the Senate a review of the following:

3 “(A) Whether health care coverage for covered
4 beneficiaries has changed since the enactment of this
5 section.

6 “(B) Whether covered beneficiaries are able to
7 obtain appointments for health care according to the
8 access standards established by the Secretary of De-
9 fense.

10 “(C) The percent of network providers that ac-
11 cept new patients under the TRICARE program.

12 “(D) The satisfaction of beneficiaries under
13 TRICARE Preferred.

14 “(f) PUBLICATION OF MEASURES.—As part of the
15 administration of TRICARE Prime and TRICARE Pre-
16 ferred, the Secretary shall publish on a publically available
17 Internet website of the Department of Defense data on
18 all measures required by section 711 of the National De-
19 fense Authorization Act for Fiscal Year 2017. The pub-
20 lished measures shall be updated not less frequently than
21 quarterly.

22 “(g) CONSTRUCTION.—Nothing in this section may
23 be construed as affecting the availability of TRICARE
24 Prime and TRICARE for Life.

1 “(h) DEFINITIONS.—In this section, terms ‘active-
2 duty family member category’, ‘retired category’, and ‘re-
3 serve and young adult category’ mean the respective cat-
4 egories of TRICARE Preferred enrollment described in
5 subsection (b).”.

6 (2) CLERICAL AMENDMENT.—The table of sec-
7 tions at the beginning of chapter 55 of title 10,
8 United States Code, is amended by inserting after
9 the item relating to section 1074n, the following new
10 item:

“1075. TRICARE Preferred.”.

11 (b) TRICARE PRIME COST SHARING.—

12 (1) IN GENERAL.—Chapter 55 of title 10,
13 United States Code, is amended by inserting after
14 section 1075, as added by subsection (a), the fol-
15 lowing new section:

16 **“§ 1075a. TRICARE Prime: cost sharing**

17 “(a) COST-SHARING REQUIREMENTS.—The cost
18 sharing requirements under TRICARE Prime are as fol-
19 lows:

20 “(1) There are no cost-sharing requirements for
21 beneficiaries who are covered by section 1074(a) of
22 this title.

23 “(2) With respect to beneficiaries in the active-
24 duty family member category or the retired category
25 (as described in section 1075(b)(1) of this title) by

1 reason of being a member or former member of the
2 uniformed services who originally enlists or is ap-
3 pointed in the uniformed services on or after Janu-
4 ary 1, 2018, or by reason of being a dependent of
5 such a member, the cost-sharing requirements shall
6 be calculated pursuant to subsection (b)(1).

7 “(3)(A) With respect to beneficiaries described
8 in subparagraph (B) in the active-duty family mem-
9 ber category or the retired category (as described in
10 section 1075(b)(1) of this title), the cost-sharing re-
11 quirements shall be calculated in accordance with
12 the other provisions of this chapter without regard
13 to subsection (b).

14 “(B) Beneficiaries described in this subpara-
15 graph are beneficiaries who are eligible to enroll in
16 the TRICARE program by reason of being a mem-
17 ber or former member of the uniformed services who
18 originally enlists or is appointed in the uniformed
19 services before January 1, 2018, or by reason of
20 being a dependent of such a member.

21 “(b) COST-SHARING AMOUNTS.—(1) Beneficiaries
22 described in subsection (a)(2) enrolled in TRICARE
23 Prime shall be subject to cost-sharing requirements in ac-
24 cordance with the amounts and percentages under the fol-
25 lowing table during calendar year 2018 and as such

1 amounts are adjusted under paragraph (2) for subsequent
2 years:

“TRICARE Prime	Active-Duty Family Member (Individual/Family)	Retired (Individual/Family)
Annual Enrollment	\$180 / \$360	\$325 / \$650
Annual deductible	No ¹	No ¹
Annual catastrophic cap	\$1,000	\$3,000 per family
Outpatient visit civilian network	\$0 with authorization	\$20 primary care
		\$30 specialty care
ER visit civilian network	\$0	\$50 network
Urgent care civilian network	\$0	\$30 network
Ambulatory surgery civilian network	\$0 with authorization	\$60 network with authorization
Ambulance civilian network	\$0	\$20
Durable medical equipment civilian network	\$0 with authorization	20%
Inpatient visit civilian network	\$0 with authorization	\$100 network per admission with authorization
Inpatient skilled nursing/rehab civilian	\$0 with authorization	\$30 per day network with authorization

1: Deductibles and cost-sharing does apply to TRICARE Prime beneficiaries that seek care in the civilian network care through the point-of-service option (without a referral). Annual deductible is \$300 individual and \$600 family. Cost-sharing for covered inpatient and outpatient services are 50% of the TRICARE allowable charges.

3 “(2) Each dollar amount expressed as a fixed dollar
4 amount in the table set forth in paragraph (1) shall be
5 annually indexed to the amount by which retired pay is
6 increased under section 1401a of this title, rounded to the
7 next lower multiple of \$1. The remaining amount above

1 such multiple of \$1 shall be carried over to, and accumu-
2 lated with, the amount of the increase for the subsequent
3 year or years and made when the aggregate amount of
4 increases carried over under this clause for a year is \$1
5 or more.

6 “(3) Enrollment fees, deductible amounts, and cata-
7 strophic caps under this section are on a calendar-year
8 basis.”.

9 (2) CLERICAL AMENDMENT.—The table of sec-
10 tions at the beginning of chapter 55 of title 10,
11 United States Code, is amended by inserting after
12 the item relating to section 1075, as added by sub-
13 section (a), the following new item:

“1075a. TRICARE Prime: cost sharing.”.

14 (c) PORTABILITY.—Section 1073 of title 10, United
15 States Code, is amended by adding at the end the fol-
16 lowing new subsection:

17 “(c) PORTABILITY IN PROGRAM.—The Secretary of
18 Defense shall ensure that the enrollment status of covered
19 beneficiaries is portable between or among TRICARE pro-
20 gram regions of the United States and that effective pro-
21 cedures are in place for automatic electronic transfer of
22 information between or among contractors responsible for
23 administration in such regions and prompt communication
24 with such beneficiaries. Each covered beneficiary enrolled
25 in TRICARE Prime who has relocated the beneficiary’s

1 primary residence to a new area in which enrollment in
2 TRICARE Prime is available shall be able to obtain a new
3 primary health care manager or provider within 10 days
4 of the relocation and associated request for such manager
5 or provider.”.

6 (d) TERMINATION OF TRICARE STANDARD AND
7 TRICARE EXTRA.—Beginning on January 1, 2018, the
8 Secretary of Defense may not carry out TRICARE Stand-
9 ard and TRICARE Extra under the TRICARE program.
10 The Secretary shall ensure that any individual who is cov-
11 ered under TRICARE Standard or TRICARE Extra as
12 of December 31, 2017, enrolls in TRICARE Prime,
13 TRICARE Preferred, or TRICARE for Life, as the case
14 may be, as of January 1, 2018, for the individual to con-
15 tinue coverage under the TRICARE program.

16 (e) IMPLEMENTATION PLAN.—

17 (1) IN GENERAL.—Not later than June 1,
18 2017, the Secretary of Defense shall submit to the
19 Committees on Armed Services of the House of Rep-
20 resentatives and the Senate an implementation plan
21 to improve access to health care for TRICARE bene-
22 ficiaries pursuant to the amendments made by this
23 section.

24 (2) ELEMENTS.—The plan under paragraph (1)
25 shall—

1 (A) ensure that at least 85 percent of the
2 beneficiary population under TRICARE Pre-
3 ferred is covered by the network by January 1,
4 2018;

5 (B) establish access standards for appoint-
6 ments for health care;

7 (C) establish mechanisms for monitoring
8 compliance with access standards;

9 (D) establish health care provider-to-bene-
10 ficiary ratios;

11 (E) monitor on a monthly basis complaints
12 by beneficiaries with respect to network ade-
13 quacy and the availability of health care pro-
14 viders;

15 (F) establish requirements for mechanisms
16 to monitor the responses to complaints by bene-
17 ficiaries;

18 (G) mechanisms to evaluate the quality
19 metrics of the network providers established
20 under section 711;

21 (H) any recommendations for legislative
22 action the Secretary determines necessary to
23 carry out the plan; and

24 (I) any other elements the Secretary deter-
25 mines appropriate.

1 (f) GAO REVIEWS.—

2 (1) IMPLEMENTATION PLAN.—Not later than
3 December 1, 2017, the Comptroller General of the
4 United States shall submit to the Committees on
5 Armed Services of the House of Representatives and
6 the Senate a review of the implementation plan of
7 the Secretary under paragraph (1) of subsection (e),
8 including an assessment of the adequacy of the plan
9 in meeting the elements specified in paragraph (2)
10 of such subsection.

11 (2) NETWORK.—Not later than September 1,
12 2017, the Comptroller General shall submit to the
13 Committees on Armed Services of the House of Rep-
14 resentatives and the Senate a review of the network
15 established under TRICARE Extra, including the
16 following:

17 (A) An identification of the percent of
18 beneficiaries who are covered by the network.

19 (B) An assessment of the extent to which
20 beneficiaries are able to obtain appointments
21 under TRICARE extra.

22 (C) The percent of network providers
23 under TRICARE Extra that accept new pa-
24 tients under the TRICARE program.

1 (D) An assessment of the satisfaction of
2 beneficiaries under TRICARE Extra.

3 (g) DEFINITIONS.—In this section:

4 (1) The terms “uniformed services”, “covered
5 beneficiary”, “TRICARE Extra”, “TRICARE for
6 Life”, “TRICARE Prime”, and “TRICARE Stand-
7 ard” have the meaning given those terms in section
8 1072 of title 10, United States Code, as amended by
9 subsection (h).

10 (2) The term “TRICARE Preferred” means the
11 self-managed, preferred-provider network option
12 under the TRICARE program established by section
13 1075 of such title, as added by subsection (a).

14 (h) CONFORMING AMENDMENTS.—

15 (1) IN GENERAL.—Title 10, United States
16 Code, is amended as follows:

17 (A) Section 1072 is amended—

18 (i) by striking paragraph (7) and in-
19 serting the following:

20 “(7) The term ‘TRICARE program’ means the
21 various programs carried out by the Secretary of
22 Defense under this chapter and any other provision
23 of law providing for the furnishing of medical and
24 dental care and health benefits to members and
25 former members of the uniformed services and their

1 dependents, including the following health plan op-
2 tions:

3 “(A) TRICARE Prime.

4 “(B) TRICARE Preferred.

5 “(C) TRICARE for Life.”; and

6 (ii) by adding at the end the following
7 new paragraphs:

8 “(11) The term ‘TRICARE Extra’ means the
9 preferred provider option of the TRICARE program
10 made available prior to January 1, 2018, under
11 which TRICARE Standard beneficiaries may obtain
12 discounts on cost-sharing as a result of using
13 TRICARE network providers.

14 “(12) The term ‘TRICARE Preferred’ the self-
15 managed, preferred-provider network option under
16 the TRICARE program established by section 1075
17 of this title.

18 “(13) The term ‘TRICARE for Life’ means the
19 Medicare wraparound coverage option of the
20 TRICARE program made available to the bene-
21 ficiary by reason of section 1086(d) of this title.

22 “(14) The term ‘TRICARE Prime’ means the
23 managed care option of the TRICARE program.

1 “(15) The term ‘TRICARE Standard’ means
2 the TRICARE program made available prior to Jan-
3 uary 1, 2018, covering—

4 “(A) medical care to which a dependent
5 described in section 1076(a)(2) of this title is
6 entitled; and

7 “(B) health benefits contracted for under
8 the authority of section 1079(a) of this title and
9 subject to the same rates and conditions as
10 apply to persons covered under that section.”.

11 (B) Section 1076d is amended—

12 (i) in subsection (d)(1), by inserting
13 after “coverage.” the following: “Such pre-
14 mium shall apply instead of any enrollment
15 fees required under section 1075 of this
16 section.”; and

17 (ii) in subsection (f), by striking para-
18 graph (2) and inserting the following new
19 paragraph:

20 “(2) The term ‘TRICARE Reserve Select’
21 means the TRICARE Preferred self-managed, pre-
22 ferred-provider network option under section 1075
23 made available to beneficiaries by reason of this sec-
24 tion and in accordance with subsection (d)(1).”; and

1 (iii) by striking “TRICARE Stand-
2 ard” each place it appears (including in
3 the heading of such section) and inserting
4 “TRICARE Reserve Select”.

5 (C) Section 1076e is amended—

6 (i) in subsection (d)(1), by inserting
7 after “coverage.” the following: “Such pre-
8 mium shall apply instead of any enrollment
9 fees required under section 1075 of this
10 section.”; and

11 (ii) in subsection (f), by striking para-
12 graph (2) and inserting the following new
13 paragraph:

14 “(2) The term ‘TRICARE Retired Reserve’
15 means the TRICARE Preferred self-managed, pre-
16 ferred-provider network option under section 1075
17 made available to beneficiaries by reason of this sec-
18 tion and in accordance with subsection (d)(1).”;

19 (iii) in subsection (b), by striking
20 “TRICARE Standard coverage at” and in-
21 serting “TRICARE coverage at”; and

22 (iv) by striking “TRICARE Stand-
23 ard” each place it appears (including in
24 the heading of such section) and inserting
25 “TRICARE Retired Reserve”.

1 (D) Section 1079a is amended—

2 (i) in the section heading, by striking
3 “**CHAMPUS**” and inserting
4 “**TRICARE program**”; and

5 (ii) by striking “the Civilian Health
6 and Medical Program of the Uniformed
7 Services” and inserting “the TRICARE
8 program”.

9 (E) Section 1099(e) is amended by strik-
10 ing paragraph (2) and inserting the following
11 new paragraph:

12 “(2) A plan under the TRICARE program.”.

13 (F) Section 1110b(c)(1) is amended by in-
14 sserting after “(b).” the following: “Such pre-
15 mium shall apply instead of any enrollment fees
16 required under section 1075 of this section.”.

17 (2) CLERICAL AMENDMENTS.—The table of sec-
18 tions at the beginning of chapter 55 of title 10,
19 United States Code, is further amended—

20 (A) in the item relating to section 1076d,
21 by striking “TRICARE Standard” and insert-
22 ing “TRICARE Reserve Select”;

23 (B) in the item relating to section 1076e,
24 by striking “TRICARE Standard” and insert-
25 ing “TRICARE Retired Reserve”; and

1 (C) in the item relating to section 1079a,
2 by striking “CHAMPUS” and inserting
3 “TRICARE program”.

4 (3) CONFORMING STYLE.—Any new language
5 inserted or added to title 10, United States Code, by
6 an amendment made by this subsection shall con-
7 form to the typeface and typestyle of the matter in
8 which the language is so inserted or added.

9 (i) APPLICATION.—The amendments made by this
10 section shall apply with respect to the provision of health
11 care under the TRICARE program beginning on January
12 1, 2018.

