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Subtitle B—Health Care Administration

Sec. 721. Modifications to transfer of Army Medical Research and Development Command and public health commands to Defense Health Agency.

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Sec. 742. Membership of Board of Regents of Uniformed Services University of the Health Sciences.

Sec. 743. Military Health System Clinical Quality Management Program.

Sec. 744. Modifications to pilot program on civilian and military partnerships to enhance interoperability and medical surge capability and capacity of National Disaster Medical System.

Sec. 745. Study on force mix options and service models to enhance readiness of medical force of the Armed Forces to provide combat casualty care.

Sec. 746. Comptroller General study on delivery of mental health services to members of the reserve components of the Armed Forces.

Sec. 747. Review and report on prevention of suicide among members of the Armed Forces stationed at remote installations outside the contiguous United States.

Sec. 748. Audit of medical conditions of tenants in privatized military housing.

Sec. 749. Comptroller General study on prenatal and postpartum mental health conditions among members of the Armed Forces and their dependents.

Sec. 750. Plan for evaluation of flexible spending account options for members of the uniformed services and their families.

Sec. 751. Assessment of receipt by civilians of emergency medical treatment at military medical treatment facilities.
TITLE VII—HEALTH CARE
PROVISIONS
Subtitle A—TRICARE and Other
Health Care Benefits

SEC. 701. AUTHORITY FOR SECRETARY OF DEFENSE TO
MANAGE PROVIDER TYPE REFERRAL AND SUPERVISION REQUIREMENTS UNDER TRICARE
PROGRAM.

Section 1079(a)(12) of title 10, United States Code, is amended, in the first sentence, by striking “or certified clinical social worker,” and inserting “certified clinical social worker, or other class of provider as designated by the Secretary of Defense,”.
SEC. 702. REMOVAL OF CHRISTIAN SCIENCE PROVIDERS AS AUTHORIZED PROVIDERS UNDER THE TRICARE PROGRAM.

(a) REPEAL.—Subsection (a) of section 1079 of title 10, United States Code, is amended by striking paragraph (4).

(b) CONFORMING AMENDMENT.—Paragraph (12) of such subsection is amended, in the first sentence, by striking “, except as authorized in paragraph (4)”.

SEC. 703. WAIVER OF FEES CHARGED TO CERTAIN CIVILIANS FOR EMERGENCY MEDICAL TREATMENT PROVIDED AT MILITARY MEDICAL TREATMENT FACILITIES.

Section 1079b of title 10, United States Code, is amended—

(1) by redesignating subsection (b) as subsection (c); and

(2) by inserting after subsection (a) the following new subsection (b):

“(b) WAIVER OF FEES.—Under the procedures implemented under subsection (a), a military medical treatment facility may waive a fee charged under such procedures to a civilian who is not a covered beneficiary if—

“(1) after insurance payments, if any, the civilian is not able to pay for the trauma or other medical care provided to the civilian; and
“(2) the provision of such care enhanced the medical readiness of the health care provider or health care providers furnishing such care.”.

SEC. 704. MENTAL HEALTH RESOURCES FOR MEMBERS OF THE ARMED FORCES AND THEIR DEPENDENTS DURING THE COVID–19 PANDEMIC.

(a) Plan.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Defense shall develop a plan to protect and promote the mental health and well-being of members of the Armed Forces and their dependents, which shall include the following:

(1) A strategy to combat existing stigma surrounding mental health conditions that might deter such individuals from seeking care.

(2) Guidance to commanding officers at all levels on the mental health ramifications of the COVID–19 crisis.

(3) Additional training and support for mental health care professionals of the Department of Defense on supporting individuals who are concerned for the health of themselves and their family members, or grieving the loss of loved ones due to COVID–19.

(4) A strategy to leverage telemedicine to ensure safe access to mental health services.
(b) OUTREACH.—The Secretary of Defense shall conduct outreach to the military community to identify resources and health care services, including mental health care services, available under the TRICARE program to support members of the Armed Forces and their dependents.

(e) DEFINITIONS.—In this section, the terms “dependent” and “TRICARE program” have the meanings given those terms in section 1072 of such title.

SEC. 705. TRANSITIONAL HEALTH BENEFITS FOR CERTAIN MEMBERS OF THE NATIONAL GUARD SERVING UNDER ORDERS IN RESPONSE TO THE CORONAVIRUS (COVID–19).

(a) IN GENERAL.—The Secretary of Defense shall provide to a member of the National Guard separating from active service after serving on full-time National Guard duty pursuant to section 502(f) of title 32, United States Code, the health benefits authorized under section 1145 of title 10, United States Code, for a member of a reserve component separating from active duty, as referred to in subsection (a)(2)(B) of such section 1145, if the active service from which the member of the National Guard is separating was in support of the whole of government response to the coronavirus (COVID–19).
(b) DEFINITIONS.—In this section, the terms “active duty”, “active service”, and “full-time National Guard duty” have the meanings given those terms in section 101(d) of title 10, United States Code.

SEC. 706. EXTRAMEDICAL MATERNAL HEALTH PROVIDERS DEMONSTRATION PROJECT.

(a) DEMONSTRATION PROJECT REQUIRED.—Not later than one year after the date of the enactment of this Act, the Secretary of Defense shall commence the conduct of a demonstration project designed to evaluate the cost, quality of care, and impact on maternal and fetal outcomes of using extramedical maternal health providers under the TRICARE program to determine the appropriateness of making coverage of such providers under the TRICARE program permanent.

(b) ELEMENTS OF DEMONSTRATION PROJECT.—The demonstration project under subsection (a) shall include, for participants in the demonstration project, the following:

(1) Access to doulas.

(2) Access to lactation consultants who are not otherwise authorized to provide services under the TRICARE program.

(c) PARTICIPANTS.—The Secretary shall establish a process under which covered beneficiaries may enroll in
the demonstration project in order to receive the services
provided under the demonstration project.

(d) DURATION.—The Secretary shall carry out the
demonstration project for a period of five years beginning
on the date on which notification of the commencement
of the demonstration project is published in the Federal
Register.

(e) SURVEY.—

(1) IN GENERAL.—Not later than one year
after the date of the enactment of this Act, and an-
ually thereafter for the duration of the demonstra-
tion project, the Secretary shall administer a survey
to determine—

(A) how many members of the Armed
Forces or spouses of such members give birth
while their spouse or birthing partner is unable
to be present due to deployment, training, or
other mission requirements;

(B) how many single members of the
Armed Forces give birth alone; and

(C) how many members of the Armed
Forces or spouses of such members use doula
support or lactation consultants.
(2) Matters covered by the survey.—The survey administered under paragraph (1) shall include an identification of the following:

(A) The race, ethnicity, age, sex, relationship status, military service, military occupation, and rank, as applicable, of each individual surveyed.

(B) If individuals surveyed were members of the Armed Forces or the spouses of such members, or both.

(C) The length of advanced notice received by individuals surveyed that the member of the Armed Forces would be unable to be present during the birth, if applicable.

(D) Any resources or support that the individuals surveyed found useful during the pregnancy and birth process, including doula or lactation counselor support.

(f) Reports.—

(1) Implementation plan.—Not later than 180 days after the date of the enactment of this Act, the Secretary shall submit to the Committees on Armed Services of the Senate and the House of Representatives a plan to implement the demonstration project.
(2) Annual report.—

(A) In general.—Not later than one year after the commencement of the demonstration project, and annually thereafter for the duration of the demonstration project, the Secretary shall submit to the Committees on Armed Services of the Senate and the House of Representatives a report on the cost of the demonstration project and the effectiveness of the demonstration project in improving quality of care and the maternal and fetal outcomes of covered beneficiaries enrolled in the demonstration project.

(B) Matters covered.—Each report submitted under subparagraph (A) shall address, at a minimum, the following:

(i) The number of covered beneficiaries who are enrolled in the demonstration project.

(ii) The number of enrolled covered beneficiaries who have participated in the demonstration project.

(iii) The results of the surveys under subsection (f).
(iv) The cost of the demonstration project.

(v) An assessment of the quality of care provided to participants in the demonstration project.

(vi) An assessment of the impact of the demonstration project on maternal and fetal outcomes.

(vii) An assessment of the effectiveness of the demonstration project.

(viii) Recommendations for adjustments to the demonstration project.

(ix) The estimated costs avoided as a result of improved maternal and fetal health outcomes due to the demonstration project.

(x) Recommendations for extending the demonstration project or implementing permanent coverage under the TRICARE program of extramedical maternal health providers.

(xi) An identification of legislative or administrative action necessary to make the demonstration project permanent.
(C) **Final report.**—The final report under subparagraph (A) shall be submitted not later than 90 days after the termination of the demonstration project.

(g) **Expansion of demonstration project.**—

(1) **Regulations.**—If the Secretary determines that the demonstration project is successful, the Secretary may prescribe regulations to include extramedical maternal health providers as health care providers authorized to provide care under the TRICARE program.

(2) **Credentialing and other requirements.**—The Secretary may establish credentialing and other requirements for doulas and lactation consultants through public notice and comment rule-making for purposes of including doulas and lactation consultations as health care providers authorized to provide care under the TRICARE program pursuant to regulations prescribed under paragraph (1).

(h) **Definitions.**—In this section:

(1) **Extramedical maternal health provider.**—The term “extramedical maternal health provider” means a doula or lactation consultant.
(2) COVERED BENEFICIARY; TRICARE PROGRAM.—The terms “covered beneficiary” and “TRICARE program” have the meanings given those terms in section 1072 of title 10, United States Code.

SEC. 707. PILOT PROGRAM ON RECEIPT OF NON GENERIC PRESCRIPTION MAINTENANCE MEDICATIONS UNDER TRICARE PHARMACY BENEFITS PROGRAM.

(a) REQUIREMENT.—The Secretary of Defense shall carry out a pilot program under which eligible covered beneficiaries may elect to receive non-generic prescription maintenance medications selected under subsection (c) through military treatment facility pharmacies, retail pharmacies, or the national mail-order pharmacy program, notwithstanding section 1074g(a)(9) of title 10, United States Code.

(b) DURATION.—The Secretary shall carry out the pilot program for a three-year period beginning not later than March 1, 2021.

(c) SELECTION OF MEDICATION.—The Secretary shall select non-generic prescription maintenance medications described in section 1074g(a)(9)(C)(i) of title 10, United States Code, to be covered by the pilot program.

(d) USE OF VOLUNTARY REBATES.—
(1) REQUIREMENT.—In carrying out the pilot program, the Secretary shall seek to renew and modify contracts described in paragraph (2) in a manner that—

(A) includes for purposes of the pilot program retail pharmacies as a point of sale for the non-generic prescription maintenance medication covered by the contract; and

(B) provides the manufacturer with the option to provide voluntary rebates for such medications at retail pharmacies.

(2) CONTRACTS DESCRIBED.—The contracts described in this paragraph are contracts for the procurement of non-generic prescription maintenance medications selected under subsection (c) that are eligible for renewal during the period in which the pilot program is carried out.

(e) NOTIFICATION.—In providing each eligible covered beneficiary with an explanation of benefits, the Secretary shall notify the beneficiary of whether the medication that the beneficiary is prescribed is covered by the pilot program.

(f) BRIEFING AND REPORTS.—

(1) BRIEFING.—Not later than 90 days after the date of the enactment of this Act, the Secretary
shall brief the congressional defense committees on the implementation of the pilot program.

(2) **INTERIM REPORT.**—Not later than 18 months after the commencement of the pilot program, the Secretary shall submit to the congressional defense committees a report on the pilot program.

(3) **COMPTROLLER GENERAL REPORT.**—

(A) **IN GENERAL.**—Not later than March 1, 2024, the Comptroller General of the United States shall submit to the congressional defense committees a report on the pilot program.

(B) **ELEMENTS.**—The report required by subparagraph (A) shall include the following:

(i) The number of eligible covered beneficiaries who participated in the pilot program and an assessment of the satisfaction of such beneficiaries with the pilot program.

(ii) The rate by which eligible covered beneficiaries elected to receive non-generic prescription maintenance medications at a retail pharmacy pursuant to the pilot program, and how such rate affected military
treatment facility pharmacies and the national mail-order pharmacy program.

(iii) The amount of cost savings realized by the pilot program, including with respect to—

(I) dispensing fees incurred at retail pharmacies compared to the national mail-order pharmacy program for brand name prescription drugs;

(II) administrative fees;

(III) any costs paid by the United States for the drugs in addition to the procurement costs;

(IV) the use of military treatment facilities; and

(V) copayments paid by eligible covered beneficiaries.

(iv) A comparison of supplemental rebates between retail pharmacies and other points of sale.

(g) RULE OF CONSTRUCTION.—Nothing in this section may be construed to affect the ability of the Secretary to carry out section 1074g(a)(9)(C) of title 10, United States Code, after the date on which the pilot program is completed.
(h) DEFINITIONS.—In this section:

(1) The term “eligible covered beneficiary” has the meaning given that term in section 1074g(i) of title 10, United States Code.

(2) The terms “military treatment facility pharmacies”, “retail pharmacies”, and “the national mail-order pharmacy program” mean the methods for receiving prescription drugs as described in clauses (i), (ii), and (iii), respectively, of section 1074g(a)(2)(E) of title 10, United States Code.

Subtitle B—Health Care Administration

SEC. 721. MODIFICATIONS TO TRANSFER OF ARMY MEDICAL RESEARCH AND DEVELOPMENT COMMAND AND PUBLIC HEALTH COMMANDS TO DEFENSE HEALTH AGENCY.

(a) DELAY OF TRANSFER.—

(1) IN GENERAL.—Section 1073c(e) of title 10, United States Code, is amended, in the matter preceding paragraph (1), by striking “September 30, 2022” and inserting “September 30, 2024”.

(2) CONFORMING AMENDMENTS.—Section 737 of the National Defense Authorization Act for Fiscal Year 2020 (Public Law 116–92) is amended, in subsections (a) and (c), by striking “September 30,
2022” and inserting “September 30, 2024” each place it appears.

(b) Modification To Resources Preserved.— Such section 737 is amended—

(1) in the section heading, by striking “RESOURCES” and inserting “INFRASTRUCTURE AND PERSONNEL”; and

(2) in subsection (a)—

(A) by striking “resources” and inserting “infrastructure and personnel”; and

(B) by striking “, which shall include man-power and funding, at not less than the level of such resources”.

(c) Elimination of Transfer of Funds.—Such section 737 is further amended by—

(1) striking subsection (b); and

(2) redesignating subsection (c) as subsection (b).

(d) Change of Name of Command.—

(1) Delay of Transfer.—Section 1073c(e)(1)(B) of title 10, United States Code, is amended by striking “Materiel” and inserting “Development”.

(2) Preservation of Infrastructure and Personnel.—Section 737 of the National Defense
Authorization Act for Fiscal Year 2020 (Public Law 116–92) is amended—

(A) in the section heading, by striking “MATERIEL” and inserting “DEVELOPMENT”; and

(B) by striking “Materiel” each place it appears and inserting “Development”.

(c) CLERICAL AMENDMENT.—The table of contents for the National Defense Authorization Act for Fiscal Year 2020 is amended by striking the item relating to section 737 and inserting the following new item:

“Sec. 737. Preservation of infrastructure and personnel of the Army Medical Research and Development Command and continuation as Center of Excellence.”.

SEC. 722. DELAY OF APPLICABILITY OF ADMINISTRATION OF TRICARE DENTAL PLANS THROUGH FEDERAL EMPLOYEES DENTAL AND VISION INSURANCE PROGRAM.

Section 713(c) of the John S. McCain National Defense Authorization Act for Fiscal Year 2019 (Public Law 115–232; 5 U.S.C. 8951 note) is amended by striking “January 1, 2022” and inserting “January 1, 2023”.

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SEC. 723. AUTHORITY OF SECRETARY OF DEFENSE TO WAIVE REQUIREMENTS DURING NATIONAL EMERGENCIES FOR PURPOSES OF PROVISION OF HEALTH CARE.

(a) In General.—Chapter 55 of title 10, United States Code, is amended by inserting after section 1073d the following new section:

§ 1073e. Authority to waive requirements during national emergencies

“(a) PURPOSE.—The purpose of this section is to enable the Secretary of Defense to ensure, to the maximum extent feasible, in an emergency area during an emergency period—

“(1) that sufficient authorized health care items and services are available to meet the needs of covered beneficiaries in such area eligible for the programs under this chapter; and

“(2) that private sector health care providers authorized under the TRICARE program that furnish such authorized items and services in good faith may be reimbursed for such items and services absent any determination of fraud or abuse.

“(b) AUTHORITY.—

“(1) In general.—To the extent necessary to accomplish the purpose specified in subsection (a), the Secretary, subject to the provisions of this sec-
tion, may, for a period of 60 days, waive or modify
the application of the requirements of this chapter
or any regulation prescribed thereunder with respect
to health care items and services furnished by a
health care provider (or class of health care pro-
viders) in an emergency area (or portion of such
area) during an emergency period (or portion of
such period), including by deferring the termina-
tion of status of a covered beneficiary.

“(2) RENEWAL.—The Secretary may renew a
waiver or modification under paragraph (1) for sub-
sequent 60-day periods during the duration of the
applicable emergency declaration.

“(c) IMPLEMENTATION.—The Secretary may imple-
ment any temporary waiver or modification made pursu-
ant to this section by program instruction or otherwise.

“(d) RETROACTIVE APPLICATION.—A waiver or
modification made pursuant to this section with respect
to an emergency period may, at the discretion of the Sec-
retary, be made retroactive to the beginning of the emer-
gency period or any subsequent date in such period speci-
fied by the Secretary.

“(e) SATISFACTION OF PRECONDITIONS FOR STATUS
AS COVERED BENEFICIARY.—A deferral under subsection
(b) of termination of status of a covered beneficiary may
be contingent upon retroactive satisfaction by such benef-
ciary of any premium or enrollment fee payments or
other preconditions for such status.

“(f) Certification.—

“(1) In General.—Not later than two days be-
fore exercising a waiver or modification under sub-
section (b)(1) or renewing a waiver or modification
under subsection (b)(2), the Secretary shall submit
to the Committees on Armed Services of the Senate
and the House of Representatives a certification and
advance written notice regarding the authority to be
exercised.

“(2) Matters Included.—Certification and
advanced written notice required under paragraph
(1) shall include—

“(A) a description of—

“(i) the specific provisions of law that
will be waived or modified;

“(ii) the health care providers to
whom the waiver or modification will
apply;

“(iii) the geographic area in which the
waiver or modification will apply; and

“(iv) the period of time for which the
waiver or modification will be in effect; and
“(B) a certification that the waiver or modification is necessary to carry out the purpose specified in subsection (a).

“(g) TERMINATION OF WAIVER.—A waiver or modification of requirements pursuant to this section terminates upon the termination of the applicable emergency declaration.

“(h) REPORT.—Not later than one year after the end of an emergency period during which the Secretary exercised the authority under this section, the Secretary shall submit to the Committees on Armed Services of the Senate and the House of Representatives a report on the approaches used to accomplish the purpose described in subsection (a), including an evaluation of such approaches and recommendations for improved approaches should the need for the exercise of such authority arise in the future.

“(i) DEFINITIONS.—In this section:

“(1) EMERGENCY AREA.—The term ‘emergency area’ means a geographical area covered by an emergency declaration.

“(2) EMERGENCY DECLARATION.—The term ‘emergency declaration’ means—

“(A) an emergency or disaster declared by the President pursuant to the National Emergencies Act (50 U.S.C. 1601 et seq.) or the
Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5121 et seq.); or

“(B) a public health emergency declared pursuant to section 319 of the Public Health Service Act (42 U.S.C. 247d).

“(3) Emergency period.—The term ‘emergency period’ means the period covered by an emergency declaration.”.

(b) Clerical Amendment.—The table of sections at the beginning of chapter 55 of such title is amended by inserting after the item relating to section 1073d the following new item:

“1073e. Authority to waive requirements during national emergencies.”.

Subtitle C—Reports and Other Matters

SEC. 741. EXTENSION OF AUTHORITY FOR JOINT DEPARTMENT OF DEFENSE-DEPARTMENT OF VETERANS AFFAIRS MEDICAL FACILITY DEMONSTRATION FUND.

Section 1704(e) of the National Defense Authorization Act for Fiscal Year 2010 (Public Law 111–84; 123 Stat. 2573), as most recently amended by section 732(4)(B) of the National Defense Authorization Act for Fiscal Year 2020 (Public Law 116–92), is further amend-
ed by striking “September 30, 2021” and inserting “September 30, 2022”.

SEC. 742. MEMBERSHIP OF BOARD OF REGENTS OF UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES.

(a) In General.—Section 2113a(b) of title 10, United States Code, is amended—

(1) by redesignating paragraphs (3) and (4) as paragraphs (4) and (5), respectively; and

(2) by inserting after paragraph (2) the following new paragraph:

“(3) the Director of the Defense Health Agency, who shall be an ex officio member;”.

(b) Rule of Construction.—The amendments made by this section may not be construed to invalidate any action taken by the Uniformed Services University of the Health Sciences or its Board of Regents prior to the effective date of this section.

(c) Effective Date.—The amendments made by this section shall take effect on January 1, 2021.

SEC. 743. MILITARY HEALTH SYSTEM CLINICAL QUALITY MANAGEMENT PROGRAM.

(a) In General.—The Secretary of Defense, acting through the Director of the Defense Health Agency, shall implement a comprehensive program to be known as the
Military Health System Clinical Quality Management Program” (in this section referred to as the “Program”).

(b) Elements of Program.—The Program shall include, at a minimum, the following:

(1) The implementation of systematic procedures to eliminate, to the maximum extent feasible, risk of harm to patients at military medical treatment facilities, including through identification, investigation, and analysis of events indicating a risk of patient harm and corrective action plans to mitigate such risks.

(2) With respect to a potentially compensable event (including those involving members of the Armed Forces) at a military medical treatment facility—

   (A) an analysis of such event, which shall occur and be documented as soon as possible after the event;

   (B) use of such analysis for clinical quality management; and

   (C) reporting of such event to the National Practitioner Data Bank in accordance with guidelines of the Secretary of Health and Human Services under the Health Care Quality Improvement Act of 1986 (42 U.S.C. 11101 et
seq.), giving special emphasis to the results of external peer reviews of the event.

(3) Validation of provider credentials and granting of clinical privileges by the Director of the Defense Health Agency for all health care providers at a military medical treatment facility.

(4) Accreditation of military medical treatment facilities by a recognized external accreditation body.

(5) Systematic measurement of indicators of health care quality, emphasizing clinical outcome measures, comparison of such indicators with benchmarks from leading health care quality improvement organizations, and transparency with the public of appropriate clinical measurements for military medical treatment facilities.

(6) Systematic activities emphasized by leadership at all organizational levels to use all elements of the Program to eliminate unwanted variance throughout the health care system of the Department of Defense and make constant improvements in clinical quality.

(7) A full range of procedures for productive communication between patients and health care providers regarding actual or perceived adverse clin-
ical events at military medical treatment facilities, including procedures—

(A) for full disclosure of such events (respecting the confidentiality of peer review information under a medical quality assurance program under section 1102 of title 10, United States Code);

(B) providing an opportunity for the patient to be heard in relation to quality reviews; and

(C) to resolve patient concerns by independent, neutral healthcare resolution specialists.

(c) ADDITIONAL CLINICAL QUALITY MANAGEMENT ACTIVITIES.—

(1) IN GENERAL.—In addition to the elements of the Program set forth in subsection (b), the Secretary shall establish and maintain clinical quality management activities in relation to functions of the health care system of the Department separate from delivery of health care services in military medical treatment facilities.

(2) HEALTH CARE DELIVERY OUTSIDE MILITARY MEDICAL TREATMENT FACILITIES.—In carrying out paragraph (1), the Secretary shall main-
tain policies and procedures to promote clinical qual-
ity in health care delivery on ships and planes, in de-
ployed settings, and in all other circumstances not
covered by subsection (b), with the objective of im-
plementing standards and procedures comparable, to
the extent practicable, to those under such sub-
section.

(3) PURCHASED CARE SYSTEM.—In carrying
out paragraph (1), the Secretary shall maintain poli-
cies and procedures for health care services provided
outside the Department but paid for by the Depart-
ment, reflecting best practices by public and private
health care reimbursement and management sys-
tems.

(d) MILITARY MEDICAL TREATMENT FACILITY De-
Fined.—In this section, the term “military medical treat-
ment facility” means any fixed facility or portion thereof
of the Department of Defense that is outside of a deployed
environment and used primarily for health care.
SEC. 744. MODIFICATIONS TO PILOT PROGRAM ON CIVIL-
IAN AND MILITARY PARTNERSHIPS TO EN-
HANCE INTEROPERABILITY AND MEDICAL
SURGE CAPABILITY AND CAPACITY OF NA-
TIONAL DISASTER MEDICAL SYSTEM.

Section 740 of the National Defense Authorization
Act for Fiscal Year 2020 (Public Law 116–92) is amend-
ed—

(1) in subsection (a)—

(A) by striking “The Secretary of Defense
may” and inserting “Beginning not later than
September 30, 2021, the Secretary of Defense
shall”; and

(B) by striking “health care organizations,
institutions, and entities” and inserting “health
care organizations, health care institutions,
health care entities, academic medical centers of
institutions of higher education, and hospitals”;
and

(C) by striking “in the vicinity of major
aeromedical and other transport hubs and logis-
tics centers of the Department of Defense”;;

(2) by striking subsection (c) and inserting the
following new subsections:

“(c) LEAD OFFICIAL FOR DESIGN AND IMPLI-
RATION OF PILOT PROGRAM.—
“(1) In general.—The Assistant Secretary of Defense for Health Affairs shall be the lead official for design and implementation of the pilot program under subsection (a).

“(2) Resources.—The Assistant Secretary of Defense for Health Affairs shall leverage the resources of the Defense Health Agency for execution of the pilot program under subsection (a) and shall coordinate with the Chairman of the Joint Chiefs of Staff throughout the planning and duration of the pilot program.

“(d) Locations.—

“(1) In general.—The Secretary of Defense shall carry out the pilot program under subsection (a) at not fewer than five locations in the United States that are located at or near locations with established expertise in disaster health preparedness and response and trauma care that augment and enhance the effectiveness of the pilot program.

“(2) Phased selection of locations.—

“(A) Initial selection.—Not later than the earlier of the date that is 180 days after the date of the enactment of this Act or March 31, 2021, the Assistant Secretary of Defense for Health Affairs, in consultation with the Sec-
retary of Veterans Affairs, the Secretary of Health and Human Services, the Secretary of Homeland Security, and the Secretary of Transportation, shall select not fewer than two locations at which to carry out the pilot program.

“(B) SUBSEQUENT SELECTION.—Not later than the end of each one-year period following selection of locations under subparagraph (A), the Assistant Secretary of Defense for Health Affairs, in consultation with the Secretary of Veterans Affairs, the Secretary of Health and Human Services, the Secretary of Homeland Security, and the Secretary of Transportation, shall select not fewer than two additional locations at which to carry out the pilot program until not fewer than five locations are selected in total.

“(3) CONSIDERATION AND PRIORITY FOR LOCATIONS.—In selecting locations for the pilot program under subsection (a), the Secretary shall—

“(A) consider—

“(i) the proximity of the location to civilian or military transportation hubs, in-
excluding airports, railways, interstate highways, or ports;

“(ii) the ability of the location to accept a redistribution of casualties during times of war;

“(iii) the ability of the location to provide trauma care training opportunities for medical personnel of the Department of Defense; and

“(iv) the proximity of the location to existing academic medical centers of institutions of higher education, facilities of the Department, or other institutions that have established expertise in the areas of—

“(I) highly infectious disease;

“(II) biocontainment;

“(III) quarantine;

“(IV) trauma care;

“(V) combat casualty care;

“(VI) the National Disaster Medical System under section 2812 of the Public Health Service Act (42 U.S.C. 300hh–11);

“(VII) disaster health preparedness and response;
“(VIII) medical and public health management of biological, chemical, radiological, or nuclear hazards; or

“(IX) such other areas of expertise as the Secretary considers appropriate; and

“(B) give priority to public-private partnerships with academic medical centers of institutions of higher education, hospitals, and other entities with facilities that have an established history of providing clinical care, treatment, training, and research in the areas described in subparagraph (A)(ii) or other specializations determined important by the Secretary for purposes of the pilot program.”;

(3) by redesignating subsections (d) through (f) as subsections (e) through (g), respectively;

(4) in subsection (g), as redesignated by paragraph (3)—

(A) in paragraph (1)—

(i) in subparagraph (A), by striking “the commencement of the pilot program under subsection (a)” and inserting “the initial selection of locations for the pilot program under subsection (d)(2)(A)”;}
(ii) in subparagraph (B)—

(I) in clause (ii), by striking “subsection (d)” and inserting “subsection (e)”;

(II) in clause (iii), by striking “subsection (e)” and inserting “subsection (f)”;

(B) in paragraph (2)(B)(iv), by striking “the authority for”; and

(5) by adding at the end the following new subsection:

“(h) INSTITUTION OF HIGHER EDUCATION DEFINED.—In this section, the term ‘institution of higher education’ means a four-year institution of higher education, as defined in section 101(a) of the Higher Education Act of 1965 (20 U.S.C. 1001(a)).”.

SEC. 745. STUDY ON FORCE MIX OPTIONS AND SERVICE MODELS TO ENHANCE READINESS OF MEDICAL FORCE OF THE ARMED FORCES TO PROVIDE COMBAT CASUALTY CARE.

(a) Study Required.—Not later than 30 days after the date of the enactment of this Act, the Secretary of Defense shall seek to enter into an agreement with a federally funded research and development center or other independent entity to perform a study on force mix options
and service models (including traditional and nontraditional active and reserve models) to optimize the readiness of the medical force of the Armed Forces to deliver combat care on the battlefield.

(b) ISSUES TO BE ADDRESSED.—The study required by subsection (a) shall include, at a minimum—

(1) with respect to options relating to members of the Armed Forces on active duty—

(A) a review of existing models for such members who are medical professionals to support clinical readiness skills by serving in civilian trauma centers;

(B) an assessment of the extent to which existing models can be optimized, standardized, and scaled to address current readiness shortfalls; and

(C) an evaluation of the cost and effectiveness of alternative models for such members who are medical professionals to serve in civilian trauma centers; and

(2) with respect to options relating to members of the reserve components of the Armed Forces—

(A) a review of existing models for such members of the reserve components who are
medical professionals to support clinical readiness skills by serving in civilian trauma centers;

(B) an assessment of the extent to which existing models can be optimized, standardized, and scaled to address current readiness shortfalls; and

(C) an evaluation of the cost and effectiveness of alternative models for such members of the reserve components who are medical professionals to serve in civilian trauma centers.

(c) REPORT.—Not later than 15 months after the date of the enactment of this Act, the Secretary shall submit to the Committees on Armed Services of the Senate and the House of Representatives a report on the findings and recommendations of the independent study required by subsection (a).

SEC. 746. COMPTROLLER GENERAL STUDY ON DELIVERY OF MENTAL HEALTH SERVICES TO MEMBERS OF THE RESERVE COMPONENTS OF THE ARMED FORCES.

(a) IN GENERAL.—The Comptroller General of the United States shall conduct a study on the delivery of Federal, State, and private mental health services to members of the reserve components.
(b) ELEMENTS.—The study conducted under subsection (a) shall—

(1) identify all programs, coverage, and costs associated with services described in such subsection;

(2) specify gaps or barriers to access that could result in delayed or insufficient mental health care support to members of the reserve components.

(3) evaluate the mental health screening requirements for members of the reserve components immediately before, during, and after—

(A) Federal deployment under title 10, United States Code; or

(B) State deployment under title 32, United States Code; and

(4) provide recommendations when practicable to strengthen the reintegration of members of the reserve components, including an assessment of the effectiveness of making programming mandatory.

(c) REPORT.—Not later than one year after the date of the enactment of this Act, the Comptroller General shall submit to the Committees on Armed Services of the Senate and the House of Representatives a report on the study conducted under subsection (a).

(d) RESERVE COMPONENT DEFINED.—In this section, the term “reserve component” means a reserve com-
ponent of the Armed Forces named in section 10101 of
title 10, United States Code.

SEC. 747. REVIEW AND REPORT ON PREVENTION OF SUI-
CIDE AMONG MEMBERS OF THE ARMED
FORCES STATIONED AT REMOTE INSTALLA-
TIONS OUTSIDE THE CONTIGUOUS UNITED
STATES.

(a) Review Required.—The Comptroller General
of the United States shall conduct a review of efforts by
the Department of Defense to prevent suicide among
members of the Armed Forces stationed at covered instal-
lations.

(b) Elements of Review.—The review conducted
under subsection (a) shall include an assessment of each
of the following:

(1) Current policy guidelines of the Armed
Forces on the prevention of suicide among members
of the Armed Forces stationed at covered installa-
tions.

(2) Current suicide prevention programs of the
Armed Forces and activities for members of the
Armed Forces stationed at covered installations and
their dependents, including programs provided by
the Defense Health Program and the Office of Sui-
cide Prevention.
(3) The integration of mental health screenings and suicide risk and prevention efforts for members of the Armed Forces stationed at covered installations and their dependents into the delivery of primary care for such members and dependents.

(4) The standards for responding to attempted or completed suicides among members of the Armed Forces stationed at covered installations and their dependents, including guidance and training to assist commanders in addressing incidents of attempted or completed suicide within their units.

(5) The standards regarding data collection for members of the Armed Forces stationed at covered installations and their dependents, including related factors such as domestic violence and child abuse.

(6) The means to ensure the protection of privacy of members of the Armed Forces stationed at covered installations and their dependents who seek or receive treatment related to suicide prevention.

(7) The availability of information from indigenous populations on suicide prevention for members of the Armed Forces stationed at covered installations who are members of such a population.

(8) The availability of information from graduate research programs of institutions of higher edu-
cation on suicide prevention for members of the Armed Forces.

(9) Such other matters as the Comptroller General considers appropriate in connection with the prevention of suicide among members of the Armed Forces stationed at covered installations and their dependents.

(c) Briefing and Report.—The Comptroller General shall—

(1) not later than October 1, 2021, brief the Committees on Armed Services of the Senate and the House of Representatives on preliminary observations relating to the review conducted under subsection (a); and

(2) not later than March 1, 2022, submit to the Committees on Armed Services of the Senate and the House of Representatives a report containing the results of such review.

(d) Covered Installation Defined.—In this section, the term “covered installation” means a remote installation of the Department of Defense outside the contiguous United States.
SEC. 748. AUDIT OF MEDICAL CONDITIONS OF TENANTS IN PRIVATIZED MILITARY HOUSING.

(a) IN GENERAL.—Not later than 90 days after the date of the enactment of this Act, the Inspector General of the Department of Defense shall commence the conduct of an audit of the medical conditions of eligible individuals and the association between adverse exposures of such individuals in unsafe or unhealthy housing units and the health of such individuals.

(b) CONTENT OF AUDIT.—The audit conducted under subsection (a) shall—

(1) determine the percentage of units of privatized military housing that are unsafe or unhealthy housing units;

(2) study the adverse exposures of eligible individuals that relate to residing in an unsafe or unhealthy housing unit and the effect of such exposures on the health of such individuals; and

(3) determine the association, to the extent permitted by available scientific data, and provide quantifiable data on such association, between such adverse exposures and the occurrence of a medical condition in eligible individuals residing in unsafe or unhealthy housing units.

(c) CONDUCT OF AUDIT.—The Inspector General of the Department shall conduct the audit under subsection

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(a) using the same privacy preserving guidelines used by
the Inspector General in conducting other audits of health
records.

(d) Source of Data.—In conducting the audit
under subsection (a), the Inspector General of the Depart-
ment shall use—

(1) de-identified data from electronic health
records of the Department;

(2) records of claims under the TRICARE pro-
gram (as defined in section 1072(7) of title 10,
United States Code); and

(3) such other data as determined necessary by
the Inspector General.

(e) Submittal and Public Availability of Re-
port.—Not later than one year after the commencement
of the audit under subsection (a), the Inspector General
of the Department shall—

(1) submit to the Secretary of Defense and the
Committees on Armed Services of the Senate and
the House of Representatives a report on the results
of the audit conducted under subsection (a); and

(2) publish such report on a publicly available
internet website of the Department of Defense.

(f) Definitions.—In this section:
(1) ELIGIBLE INDIVIDUAL.—The term “eligible individual” means a member of the Armed Forces or a family member of a member of the Armed Forces who has resided in an unsafe or unhealthy housing unit.

(2) PRIVATIZED MILITARY HOUSING.—The term “privatized military housing” means military housing provided under subchapter IV of chapter 169 of title 10, United States Code.

(3) UNSAFE OR UNHEALTHY HOUSING UNIT.—The term “unsafe or unhealthy housing unit” means a unit of privatized military housing in which, at any given time, at least one of the following hazards is present:

(A) Physiological hazards, including the following:

(i) Dampness or microbial growth.

(ii) Lead-based paint.

(iii) Asbestos or manmade fibers.

(iv) Ionizing radiation.

(v) Biocides.

(vi) Carbon monoxide.

(vii) Volatile organic compounds.

(viii) Infectious agents.

(ix) Fine particulate matter.
(B) Psychological hazards, including ease of access by unlawful intruders or lighting issues.

(C) Poor ventilation.

(D) Safety hazards.

(E) Other hazards as determined by the Inspector General of the Department.

SEC. 749. COMPTROLLER GENERAL STUDY ON PRENATAL AND POSTPARTUM MENTAL HEALTH CONDITIONS AMONG MEMBERS OF THE ARMED FORCES AND THEIR DEPENDENTS.

(a) Study.—

(1) In general.—The Comptroller General of the United States shall conduct a study on prenatal and postpartum mental health conditions among members of the Armed Forces and dependents of such members.

(2) Elements.—The study required under paragraph (1) shall include the following:

(A) An assessment of the extent to which beneficiaries under the TRICARE program, including members of the Armed Forces and dependents of such members, are diagnosed with prenatal or postpartum mental health conditions, including—
(i) prenatal or postpartum depression;
(ii) prenatal or postpartum anxiety disorder;
(iii) prenatal or postpartum obsessive compulsive disorder;
(iv) prenatal or postpartum psychosis; and
(v) other relevant mood disorders.

(B) A demographic assessment of the population included in the study with respect to race, ethnicity, sex, age, relationship status, military service, military occupation, and rank, where applicable.

(C) An assessment of the status of prenatal and postpartum mental health care for beneficiaries under the TRICARE program, including those who seek care at military medical treatment facilities and those who rely on civilian providers.

(D) An assessment of the ease or delay for beneficiaries under the TRICARE program in obtaining treatment for prenatal and postpartum mental health conditions, including—
(i) an assessment of wait times for
mental health treatment at each military
medical treatment facility; and
(ii) a description of the reasons such
beneficiaries may cease seeking such treat-
ment.

(E) A comparison of the rates of prenatal
or postpartum mental health conditions within
the military community to such rates in the ci-
vilian population, as reported by the Centers for
Disease Control and Prevention.

(F) An assessment of any effects of im-
plicit or explicit bias in prenatal and
postpartum mental health care under the
TRICARE program, or evidence of racial or so-
cioeconomic barriers to such care.

(b) REPORT.—Not later than one year after the date
of the enactment of this Act, the Comptroller General shall
submit to the Committees on Armed Services of the Sen-
ate and the House of Representatives a report on the find-
ings of the study conducted under subsection (a), includ-
ing—
(1) recommendations for actions to be taken by
the Secretary of Defense to improve prenatal and
postpartum mental health among members of the
Armed Forces and dependents of such members; and
(2) such other recommendations as the Com-
troller General determines appropriate.
(c) Definitions.—In this section, the terms “de-
pendent” and “TRICARE program” have the meanings
given those terms in section 1072 of title 10, United
States Code.

SEC. 750. PLAN FOR EVALUATION OF FLEXIBLE SPENDING
ACCOUNT OPTIONS FOR MEMBERS OF THE
UNIFORMED SERVICES AND THEIR FAMILIES.

(a) In General.—Not later than March 1, 2021, the
Secretary of Defense shall submit to the congressional de-
fense committees a plan to evaluate flexible spending ac-
count options that allow pre-tax payment of health and
dental insurance premiums, out-of-pocket health care ex-
penses, and dependent care expenses for members of the
uniformed services and their family members, including an
identification of any legislative or administrative barriers
to achieving the implementation of such options.

(b) Uniformed Services Defined.—In this sec-
tion, the term “uniformed services” has the meaning given
that term in section 101 of title 37, United States Code.
SEC. 751. ASSESSMENT OF RECEIPT BY CIVILIANS OF EMERGENCY MEDICAL TREATMENT AT MILITARY MEDICAL TREATMENT FACILITIES.

(a) ASSESSMENT.—Not later than one year after the date of the enactment of this Act, the Comptroller General of the United States shall complete an assessment of the provision by the Department of Defense of emergency medical treatment to civilians who are not covered beneficiaries at military medical treatment facilities during the period beginning on October 1, 2015, and ending on September 30, 2020.

(b) ELEMENTS OF ASSESSMENT.—The assessment completed under subsection (a) shall include, with respect to civilians who received emergency medical treatment at a military medical treatment facility during the period specified in such paragraph, the following:

(1) The total fees charged to such civilians for such treatment and the total fees collected.

(2) The amount of medical debt from such treatment that was garnished from such civilians, categorized by garnishment from Social Security benefits, tax refunds, wages, or other financial asset.

(3) The number of such civilians from whom medical debt from such treatment was garnished.

(4) The total fees for such treatment that were waived for such civilians.
(5) With respect to medical debt incurred by such civilians from such treatment—

(A) the amount of such debt that was collected by the Department of Defense;

(B) the amount of such debt still owed to the Department; and

(C) the amount of debt transferred from the Department of Defense to the Department of the Treasury for collection.

(6) The number of such civilians from whom such medical debt was collected who did not possess medical insurance at the time of such treatment.

(7) The number of such civilians from whom such medical debt was collected who collected Social Security benefits at the time of such treatment.

(8) The number of such civilians from whom such medical debt was collected who, at the time of such treatment, earned—

(A) less than the poverty line;

(B) less than 200 percent of the poverty line;

(C) less than 300 percent of the poverty line; and

(D) less than 400 percent of the poverty line.
(9) An assessment of the process through which military medical treatment facilities seek to recover unpaid medical debt from such civilians, including whether the Department of Defense contracts with private debt collectors to recover such unpaid medical debt.

(10) An assessment of the process, if any, through which such civilians can apply to have medical debt for such treatment waived, forgiven, canceled, or otherwise determined to not be a financial obligation of the civilian.

(11) Such other information as the Comptroller General determines appropriate.

(e) REPORT.—Not later than 180 days after the completion of the assessment under subsection (a), the Comptroller General shall submit to the Committees on Armed Services of the Senate and the House of Representatives a report containing the results of the assessment.

(d) DEFINITIONS.—In this section:

(1) CIVILIAN.—The term “civilian” means an individual who is not—

(A) a member of the Armed Forces;

(B) a contractor of the Department of Defense; or

(C) a civilian employee of the Department.
(2) COVERED BENEFICIARY.—The term “covered beneficiary” has the meaning given that term in section 1072(5) of title 10, United States Code.

(3) POVERTY LINE.—The term “poverty line” has the meaning given that term in section 673 of the Community Services Block Grant Act (42 U.S.C. 9902).