FY2010 National Defense Authorization Act: Selected Military Personnel Policy Issues

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Summary

Military personnel issues typically generate significant interest from many Members of Congress and their staffs. Ongoing military operations in Iraq and Afghanistan, along with the emerging operational role of the Reserve Components, further heighten interest in a wide range of military personnel policies and issues.

The Congressional Research Service (CRS) selected a number of the military personnel issues considered in deliberations on the House-passed and Senate passed-versions of the National Defense Authorization Act for FY2010 (P.L. 111-84). This report provides a brief synopsis of sections that pertain to personnel policy. It includes background information and a discussion of the issue, along with a table that contains a comparison of the bill (H.R. 2647) passed by the House on June 25, 2009, the version of this bill passed by Senate on July 23, 2009, and the version signed into law on October 28, 2009. Where appropriate, other CRS products are identified to provide more detailed background information and analysis of the issue. For each issue, a CRS analyst is identified and contact information is provided. Note: some issues were addressed in the FY2009 National Defense Authorization Act and discussed in CRS Report RL34590, *FY2009 National Defense Authorization Act: Selected Military Personnel Policy Issues*, coordinated by (name redacted), concerning that legislation. Those issues that were previously considered in CRS Report RL34590 are designated with a "*****" in the relevant section titles of this report.

This report focuses exclusively on the annual defense authorization process. It does not include appropriations, veterans' affairs, tax implications of policy choices or any discussion of separately introduced legislation.

Contents

Tables

Contacts

Background

Each year, the Senate and House Armed Services Committees report their respective versions of the National Defense Authorization Act (NDAA). These bills contain numerous provisions that affect military personnel, retirees and their family members. Provisions in one version are often not included in another; are treated differently; or, in certain cases, are identical. Following passage of these bills by the respective legislative bodies, a Conference Committee is typically convened to resolve the various differences between the House and Senate versions.

In the course of a typical authorization cycle, congressional staffs receive many constituent requests for information on provisions contained in the annual NDAA. This report highlights those personnel-related issues that seem to generate the most intense congressional and constituent interest, and tracks their status in the FY2010 House and Senate versions of the NDAA. The National Defense Authorization Act for Fiscal Year 2010 began as H.R. 2647, introduced in the House on June 2, 2009, reported by the House Committee on Armed Services on June 18, 2009 (H.Rept. 111-166), and passed by the House on June 25, 2009. In the Senate, the National Defense Authorization Act for Fiscal Year 2010, S. 1390, was introduced and reported (S.Rept. 111-35) to the full Senate on July 2, 2009. On July 23, the Senate struck the text of the House-passed H.R. 2647 and inserted the language of S. 1390 as amended and passed H.R. 2647 by unanimous consent.[1] A conference report (H.Rept. 111-288) was filed on October 7. The conference report was passed by the House on October 8, by the Senate on October 22, and was signed into law on October 28, 2009 and became P.L. 111-84.

The entries under the headings "House-passed" and "Senate-passed" in the tables on following pages are based on language in these bills, unless otherwise indicated.

Where appropriate, other CRS products are identified to provide more detailed background information and analysis of the issue. For each issue, a CRS analyst is identified and contact information is provided. Note: some issues were addressed in the FY2009 National Defense Authorization Act and discussed in CRS Report RL34590, *FY2009 National Defense Authorization Act: Selected Military Personnel Policy Issues* concerning that legislation. Those issues that were previously considered are designated with a "*****" in the relevant section titles of this report.

[1] Senate, *Congressional Record*, July 29, 2009, pp. S8287-SS8289.

*Active Duty End Strengths

Background: The National Defense Authorization Act for Fiscal Year 2008 (P.L. 110-181) authorized the Army to grow by 65,000 and the Marine Corps by 27,000, to respective end strengths of 547,400 and 202,000 by FY2012. Successful recruiting efforts, aided by a downturn in the U.S. economy, enabled the Army and Marine Corps to achieve these new end strength targets three years earlier than originally projected. Even with these increases, the nation's armed forces, especially the Army and Marine Corps, continue to experience high deployment rates. With relatively stable operations in Iraq and a significant increase in the number of servicemembers deployed to Afghanistan during 2009, some members of Congress and a number of observers have recommended a further increase in end strength, especially for the Army.

House-passed	Senate-passed	P.L. 111-84
Section 401 authorizes a total baseline FY2010 end strength of 1,410,000 including 547,400 for the Army, 328,800 for the Navy, 202,100 for the Marine Corps, and 331,700 for the Air Force. Section 403 authorizes, for each of fiscal years (FYs) 2011 and 2012, an active-duty end strength for the Army at a number greater than the number otherwise authorized by law up to the FY2010 baseline plus 30,000.	Section 401 of the Senate bill is virtually identical to Section 401 of the House bill. Section 402 of the Senate bill authorizes the Secretary of Defense to establish an Army end strength larger than that established in law for FYs 2010, 2011 and 2012 up to 30,000 over the 2010 baseline.	Section 401 authorizes a total baseline FY2010 end strength of 1,425,000 including 562,400 for the Army, 328,800 for the Navy, 202,100 for the Marine Corps, and 331,700 for the Air Force. Section 403 authorizes the Secretary of Defense to temporarily increase the Army's end strength by 30,000 in FY 2011 and 2012.

Discussion: With increased concern over the "dwell time" provided to servicemembers between deployments and the projected end of the Army's Stop Loss program in January 2010, service end strengths remain a high visibility issue. Both 2010 national defense authorization bills provide the same increases to baseline end strength (please see table below) and also allow the Army temporary increases of 30,000 over the 2010 baseline in each of FYs 2011 and 2012. After the House and Senate bills were passed, the Administration proposed an additional Army active duty end strength increase of 15,000. The increase was approved by the Conference Committee and is reflected in the 562,400 figure above.

Table 1. Authorized Active Duty End Strengths

	2008 (P.L. 110-181)	2009 (P.L. 110-417)	2010 (P.L. 111-84)
Baseline Army	525,400	532,400	562,400
Baseline Navy	329,098	326,323	328,800
Baseline Marine Corps	189,000	194,000	202,100
Baseline Air Force	329,563	317,050	331,700
Baseline Subtotal	1,373,061	1,369,773	1,425,000
Temporary Army		22,000[a]	30,000[b]

	2008 (P.L. 110-181)	2009 (P.L. 110-417)	2010 (P.L. 111-84)
Temp. Marine Corps		13,000[a]	0
Temporary Subtotal		35,000	30,000
Grand Total	1,408,061	1,404,773	1,455,000

Note a: Temporary additional authority for 2009 and 2010 provided by Section 403 of P.L. 110-181.

Note b: Temporary additional authority for 2011 and 2012 provided by section 403 of P.L. 111-84.

The Congressional Budget Office (CBO) estimates the cost to DOD of the 2010 baseline increase to be $31 billion over the FY2010-FY2014 period. CBO further estimates that the 30,000 temporary increase in Army active-duty end strength in FY2011 and FY2012 authorized by Section 403 will raise costs for salaries and other expenses by roughly $2 billion in FY2011, $4 billion in FY2012, and $2 billion in FY2013.

References: Previously discussed in CRS Report RL34590, *FY2009 National Defense Authorization Act: Selected Military Personnel Policy Issues*, coordinated by (name redacted), page 5. See also CRS Report R40121, *U.S. Military Stop Loss Program: Key Questions and Answers*, by (name redacted).

CRS Point of Contact (POC): Charles Henning, x7-.....

*Military Pay Raise

Background: Ongoing military operations in Iraq and Afghanistan, highlighted by the significant increase in the number of servicemembers deployed to Afghanistan, continue to focus interest on the military pay raise. Title 37 U.S.C. 1009 provides a permanent formula for an automatic annual military pay raise that indexes the raise to the annual increase in the Employment Cost Index (ECI). The FY2010 President's Budget request for a 2.9%% military pay raise was consistent with this formula. However, Congress, in FYs 2004, 2005, 2006, 2008, and 2009 approved the pay raise as the ECI increase plus 0.5%. The FY2007 pay raise was equal to the ECI.

House-passed	Senate-passed	P.L. 111-84
Section 601 supports a 3.4% (0.5% above the President's Budget) across-the-board pay raise that would be effective January 1, 2010.	Section 601 also supports a 3.4% across-the-board pay raise effective January 1, 2010.	Section 601 provides a 3.4% across-the-board pay raise effective January 1, 2010.

Discussion: A military pay raise larger than the permanent formula is not uncommon. In addition to "across-the-board" pay raises for all military personnel, mid-year, "targeted" pay raises (targeted at specific grades and longevity) have also been authorized over the past several years. This year's proposed legislation includes no mention of targeted pay raises. The Congressional Budget Office (CBO) estimates the incremental cost of this larger raise would be about $350 million in FY2010 and $2.3 billion over the FY2010-FY2014 period.

Reference: Previously discussed in CRS Report RL34590, *FY2009 National Defense Authorization Act: Selected Military Personnel Policy Issues*, coordinated by (name redacted), page 6. See also CRS Report RL33446, *Military Pay and Benefits: Key Questions and Answers*, by (name redacted).

CRS Point of Contact (POC): Charles Henning, x7-.....

Expansion of Concurrent Receipt

Background: "Concurrent receipt" allows some military retirees to receive both military retirement benefits and disability compensation from the Department of Veterans Affairs (VA). This practice was forbidden by law until 2004. The first time concurrent receipt legislation was enacted was in FY2003, and successive legislation since then has extended concurrent receipt to additional populations and further modified the program. There are two common criteria that define eligibility for concurrent receipt: (1) all recipients must be military retirees and (2) they must also be eligible for VA disability compensation. Beyond these common criteria, there are separate and distinct components: (1) Combat-Related Special Compensation (CRSC) for those with service-verified combat disabilities and (2) Concurrent Retirement and Disability Payments (CRDP) for those with service-connected disabilities. A retiree cannot receive both CRSC and CRDP. At present, all disabled retirees with combat-related disabilities rated at 10% or greater are eligible for CRSC. However, two groups of retirees with service-connected disabilities are not currently eligible: (1) Chapter 61 retirees (a reference to the chapter of Title 10 that governs military disability retirement) who were determined to be unfit for continued military service and generally due to service-connected (CRDP) disabilities prior to completing 20 years of service, and (2) longevity retirees (those with 20 or more years of service) who have service-connected (CRDP) disabilities rated at 40% or less.

The President's FY2010 Budget request proposed a concurrent receipt expansion similar to that in H.R. 2647. The House report on the FY2010 NDAA (H.Rept. 111-166) did not initially include the provision. It was introduced separately as H.R. 2990, which passed the House on June 24, 2009. H.Res. 573, the rule which provided for consideration of H.R. 2647, added the text of H.R. 2990 to the end of H.R. 2647 where it appears as Division D.

House-passed	Senate-passed	P.L. 111-84
Section 121 of Division D includes a phased expansion of concurrent receipt eligibility that would provide CRDP to Chapter 61 military retirees. In 2010 this would include those with disabilities rated as either 90 or 100% disabled; in 2011 to those rated at 70 or 80%; in 2012 to those rated at 50 or 60%; in 2013 to those rated at 30 or 40%; in 2014 to all Chapter 61 retirees with a disability rating.	No similar provision.	The House-provision was not adopted. However, the Joint Explanatory Statement noted that, "The Administration's concurrent receipt proposal was not included in this bill as acceptable and specific offsets were not proposed by the Administration."

Discussion: The House version of this proposed expansion of concurrent receipt would have been effective on January 1, 2010, but was only funded for the first year. Many supporters of expanding concurrent receipt expressed concern with the House version due to its scope and implementation.

Reference: CRS Report R40589, *Concurrent Receipt: Background and Issues for Congress*, by (name redacted).

CRS Point of Contact (POC): Charles Henning, x7-.....

Tricare Standard Inpatient Cost-Share

Background: Prior to enactment of P.L. 111-84, 10 U.S.C. 1086(b)(3) required a copayment rate of 25% of the cost of inpatient care for retirees, "except that in no case may the charges for inpatient care for a patient exceed $535 per day during the period beginning on April 1, 2006, and ending on September 30, 2009." When the exception expired on September 30, 2009, DOD announced that the per diem rate would again increase to a rate equal to 25% of the cost of inpatient care. This would have increased the inpatient cost share for retirees younger than 65 and their family members to $645 a day, or 25% of total hospital charges, whichever was less.

House-passed	Senate-passed	P.L. 111-84
No similar provision.	Section. 706 expressed the sense of the Senate that in the past, the Department of Defense has proposed fee increases on certain military health care beneficiaries in order to cover the growing cost of health care, that the Department has additional options to constrain the growth of health care spending, and that it should consider such options rather than increasing certain fees.	Section 709 extends for 1 year the limitation on charges for inpatient care in a civilian hospital under TRICARE Standard.

Discussion: The Conference Committee adopted language to extend the existing freeze on inpatient copayment increases until September 30, 2010. This will preclude the Tricare Standard inpatient copay increase for retirees, family members, and survivors under age 65 by $110 per day, from $535 to $645. DOD did not actually implement the increase prior to enactment of P.L. 111-84 so no beneficiary should have been adversely affected in any way.

References: None.

CRS Point of Contact (POC): Don Jansen, x7-.....

Inclusion of Qualifying Service Since September 11, 2001, in Calculating Eligibility for Early Receipt of Reserve Retired Pay

Background: Active duty military personnel are eligible for full retirement benefits after 20 creditable years of active duty, regardless of their age. Reservists are also eligible to retire after 20 years of qualifying service, but until recently they could not receive retired pay or access to retiree health benefits until age 60. The National Defense Authorization Act for FY2008 (P.L. 110-181) contained a provision which permitted certain reservists to draw retired pay as early as age 50, while maintaining the age for access to the military health care system at 60. This provision reduced the age for receipt of retired pay for members of the Ready Reserve by three months for each aggregate of 90 days of specified duty performed. Specified duty includes active duty under any provision of law referred to in 10 USC 101(a)(13)(B), active duty under 10 USC 12301(d); or active service under 32 USC 502(f) if responding to a national emergency declared by the President or supported by federal funds. However, the provision only applied to duty performed after January 28, 2008 (the date of enactment of P.L. 110-181). Some have argued that this date unfairly excludes service performed prior to that date, particularly service performed after September 11, 2001, when reservists were heavily used in Iraq, Afghanistan, and other overseas locations.

House-passed	Senate-passed	P.L. 111-84
No similar provision.	Section 660 of the Senate bill would amend Section 12731(f)(2)(A) of Title 10 to include qualifying service performed since September 11, 2001, in calculating the eligibility of an individual to receive reserve retired pay prior to age 60.	No statutory language was included. However, the conference report states: "the conferees would support the provision provided that acceptable offsets are identified consistent with budgetary requirements of both the Senate and the House of Representatives."

Discussion: The Senate provision would have expanded the time frame in which qualifying duty performed by reservists could be counted towards early receipt of retired pay by including any such duty performed since September 11, 2001. Given the large number of reservists who performed qualifying duty between September 11, 2001, and January 28, 2008, this would have significantly increased the number of reservists eligible to receive retired pay prior to age 60. The Senate provision was not included in the final bill, although the conferees indicated they would support the provision if sufficient budgetary offsets were identified.

Reference(s): CRS Report RL30802, *Reserve Component Personnel Issues: Questions and Answers*, by (name redacted).

CRS Point of Contact (POC): (name redacted) at x7-.... or Charles Henning at x7-.....

Prohibition on Recruiting or Retaining Individuals Associated with Hate Groups

Background: While the Department of Defense and the Military Services have regulations prohibiting the recruiting or retention of those who participate in extremist activities,[2] critics have argued that the military has not effectively enforced these provisions, leading to the infiltration of violent extremists—including white supremacists—into the armed forces. Defense officials have stated that racist or extremist behaviors are not tolerated in the military.

House-passed	Senate-passed	P.L. 111-84
Section 524 would amend 10 USC 504 to specify that "A person associated or affiliated with a group associated with hate-related violence against groups or persons or the United States government, as determined by the Attorney General may not be recruited, enlisted, or retained in the armed forces." It prohibits recruiters from enlisting anyone associated with a hate group. It also requires the immediate discharge of military personnel found to be associated with a hate group, though it provides an exception for those who have renounced a previous association. Requires the Service Secretaries to submit an annual report to the House and Senate Armed Services Committees on the presence in the armed forces of persons associated with hate groups, the actions of the Secretary to discharge such members, and the actions of the Secretary of prevent such persons from enlisting.	No similar provision.	Section 516 requires the Secretary of Defense, in consultation with the Attorney General, to submit a report to the House and Senate Armed Services Committees on "any active participation by members of the Armed Forces in prohibited activities (as defined by subsection 3.5.8 of Department of Defense Directive 1325.6)" and "the policies of the Department of Defense to prevent individuals who are active participants in such activities from enlisting in the Armed Forces."

Discussion: The House provision would have statutorily prohibited the recruitment, enlistment, or retention of individuals who are associated with a "group associated with hate-related violence" or a "hate group." These terms were defined to encompass seven meanings, the broadest of which appears to be "groups or organizations engaged in criminal gang activity including drug and weapons trafficking and smuggling." The provision specified the evidence—such as tattoos, meeting attendance, online activity, and written material—which demonstrated hate group association. Those already in the military who had renounced a previous affiliation with a hate group would have been exempted from separation. There was no exemption for those

[2] DOD Directive 1325.6, 3.5.8; Army Regulation (AR) 600-20, 4-12; AR 601-210, 4-2(e)(i)(a)(9); Navy Regulations, Ch. 11, Art. 1167; Navy Recruiting Command Instruction 1130.8H, Vol I, Ch. 1, Sec. 4, p. 4; Air Force Instruction (AFI) 51-903, 5; AFI 36-2002, Att. 2; Marine Corps Order (MCO) 5370.4B; MCO P1100.72C, 3-85, 3-146 to 148.

seeking to join the military who have renounced a previous affiliation, which could have affected recruiting in neighborhoods where some form of criminal gang affiliation by teenagers is relatively common. The final bill does not incorporate the prohibitions of the House provision, but Section 716 does require a report from the Secretary of Defense on any active participation by military personnel in supremacist organizations or illegal discriminatory activities, and the policies in place to prevent such individuals from enlisting in the military.

Reference(s): None.

CRS Point of Contact (POC): (name redacted), x7-.... or Dave Burrelli at x7-.....

Earlier Tricare Prime Eligibility for Certain Reservists

Background: Since September 11, 2001, the United States has activated hundreds of thousands of reservists for service in the United States, Afghanistan, Iraq and elsewhere. In response to this, both Congress and the executive branch have taken a variety of actions to smooth the transition of reservists from civilian to military status and back. In 2003, Congress provided reservists with early access to Tricare Prime for reservists for up to 90 days prior to the projected date of activation if they had received "delayed-effective-date active-duty orders." "Delayed-effective-date active-duty orders" were defined as "an order to active duty for a period of more than 30 days in support of a contingency operation under a provision of law referred to in Section 101(a)(13)(B) of [Title 10] that provides for active duty service to begin under such order on a date after the date of the issuance of the order."

House-passed	Senate-passed	P.L. 111-84
Section 706 amends 10 USC 1074 to extend the period of early Tricare Prime coverage from a maximum of 90 days to a maximum of 180 days prior to the projected date of activation if they have received "delayed-effective- date active-duty orders" or if they have received official notification from their Service Secretary that such orders are forthcoming.	No similar provision	The House provision was adopted with a technical change.

Discussion: This provision will extend the period of early Tricare access to as much as 180 days prior to the projected activation date and provides such access upon "official notification" that orders are forthcoming. "Official notification" is defined as "a memorandum from the Secretary concerned that notifies a unit or a member of a reserve component of the armed forces that such unit or member shall receive a delayed-effective-date active-duty order."

The Congressional Budget Office (CBO) estimated that this expanded authority will cost about $92 million in FY2010. In total, CBO estimated that the provision will cost $347 million over the FY2010-FY2014 period.

Reference(s): CRS Report RL33537, *Military Medical Care: Questions and Answers*, by (name r edacted).

CRS Point of Contact (POC): (name redacted), x7-.... or (name redacted), x7-.....

Post-Deployment Mental Health Screening

Background: Department of Veterans Affairs (VA) researchers have shown that the prevalence of new mental health diagnoses among OEF/OIF veterans using VA health care increased rapidly following the Iraq invasion. One recent study reported:

> Of 289,328 Iraq and Afghanistan veterans, 106,726(36.9%) received mental health diagnoses; 62,929 (21.8%) were diagnosed with posttraumatic stress disorder (PTSD) and 50,432 (17.4%) with depression. Adjusted 2-year prevalence rates of PTSD increased 4 to 7 times after the invasion of Iraq. Active duty veterans younger than 25 years had higher rates of PTSD and alcohol and drug use disorder diagnoses compared with active duty veterans older than 40 years.[3]

Addressing these needs has been area of high Congressional concern for several years.

House-passed	Senate-passed	P.L. 111-84
Section 709 would require DOD to conduct a demonstration project at two military installations to assess the feasibility and efficacy of providing service members returning from a deployment with in-person mental screenings by a mental health provider followed by a telephone contact from a case manager at 6, 12, 18, and 24 month intervals.	Section 711 would require the Secretary of Defense to issue guidance for the provision of a person-to-person mental health assessment for each service member deployed in connection with a contingency operation during the 60-day period prior to deployment, between 90 and 180 days after return from deployment, and then again at 6, 12, and 24 month intervals.	Section 708 requires the Secretary of Defense to issue guidance for the provision of a person-to-person mental health assessment for each service member deployed in connection with a contingency during the 60-day period before the date of deployment, between 90 and 180 days after return from deployment, and then again at 6, 12, and 24 months. The purpose of the mental health assessments is to identify post-traumatic stress disorder, suicidal tendencies, and other behavioral health conditions.

Discussion: Based upon deployment statistics and the timing of existing health assessment requirements, the CBO estimated that Senate Section 711 would result in an additional 150,000 mental health assessments annually for each of the next few years. CBO estimated that the total additional cost to DOD of Section 711 would be $45 million over the FY2010-FY2014 period. A cost estimate is not available for House Section 709.

Reference(s): Congressional Budget Office, *Cost Estimate for S. 1390, National Defense Authorization Act for Fiscal Year 2010, as reported by the Senate Committee on Armed Services on July 2, 2009*. July 14, 2009, p. 11, http://www.cbo.gov/ftpdocs/104xx/doc10459/s1390.pdf.

CRS Point of Contact (POC): Don Jansen, x7-.....

[3] Karen H. Seal, Thomas J. Metzler, and Kristian S. Gima, et al., "Trends and Risk Factors for Mental Health Diagnoses Among Iraq and Afghanistan Veterans Using Department of Veterans Affairs Health Care, 2002–2008," *American Journal of Public Health*, July 16, 2009, pp. 1651-1658.

Constructive Eligibility for Tricare Benefits for Individuals Otherwise Ineligible Under Retroactive Determination of Medicare Part A Entitlement

Background: 10 U.S.C. 1086(d) provides that a person who is entitled to Medicare Part A hospital insurance is not eligible for Tricare unless the individual is enrolled in the Medicare Part B. When a Tricare beneficiary becomes eligible for Medicare, Medicare becomes the primary payer and Tricare is the secondary payer. Retroactive Medicare eligibility determinations therefore cause DOD and Medicare to reprocess claims.

House-passed	Senate-passed	P.L. 111-84
No similar provision.	Section 703 would amend 10 USC 1086(d) to exempt Tricare beneficiaries under the age of 65 who become Medicare eligible due to a retroactive disability determination from the requirement to enroll in Medicare Part B for the retroactive months of entitlement to Medicare Part A in order to maintain Tricare coverage. Tricare would remain the first payer for any claims filed during the retroactive months.	The Senate provision was adopted as Section 706.

Discussion: CBO estimated that about 1,500 retroactive Medicare determinations are made for Tricare beneficiaries annually and that on average each determination is retroactive for two months. CBO estimated that Section 703 would require additional appropriations of about $4 million per year.

Reference(s): Congressional Budget Office, *Cost Estimate for S. 1390, National Defense Authorization Act for Fiscal Year 2010, as reported by the Senate Committee on Armed Services on July 2, 2009*. July 14, 2009, p. 11, http://www.cbo.gov/ftpdocs/104xx/doc10459/s1390.pdf

CRS Point of Contact (POC): Don Jansen, x7-.....

Tricare Coverage for Certain Members of the Retired Reserve Who Are Not Yet Age 60

Background: Under current law, reserve component members who have completed 20 years of service but have not yet reached the age of 60 (so called "grey-area" retirees), are not eligible for Tricare benefits. This has traditionally been the policy because the individuals in this category were "working-age" and were assumed to be able to obtain health insurance from their civilian employer.

House-passed	Senate-passed	P.L. 111-84
Section 704 would amend Chapter 55 of Title 10 of the United States Code by inserting a new section 1076e. The new section would extend Tricare standard coverage for certain members of the retired reserve who are qualified for a non-regular retirement but are not yet age 60. Eligible members would be required to pay premiums equal to the cost of coverage as determined by the Secretary of Defense on an appropriate actuarial basis.	Section 701 includes a similar provision.	Similar provision adopted as Section 704.

Discussion: This provision will extend eligibility for Tricare Standard to members of the Retired Reserve who are qualified for non-regular retirement but who are not yet age 60, and their dependents. Eligibility would terminate when the member becomes eligible for Tricare coverage as a retiree at age 60. Members would be responsible for paying a premium equal to the total cost of coverage as determined by the Secretary of Defense, based on actual program costs.

The Congressional Budget Office (CBO) estimated the net cost to the government of this new program will be "insignificant over the long-run." DOD will incur start-up costs estimated to total about $15 million over the FY2010-FY2011 period.

Reference(s): Congressional Budget Office, *Cost Estimate for H.R. 2647 National Defense Authorization Act for Fiscal Year 2010, as reported by the House Committee on Armed Services on June 18, 2009*. June 22, 2009. http://www.cbo.gov/ftpdocs/103xx/doc10341/hr2647.pdf

CRS Point of Contact (POC): Don Jansen, x7-.....

Chiropractic Health Care for Members on Active Duty

Background: Chiropractic is a health care approach that focuses on the relationship between the body's structure—mainly the spine—and its functioning. Although practitioners may use a variety of treatment approaches, they primarily perform adjustments to the spine or other parts of the body with the goal of correcting alignment problems and supporting the body's natural ability to heal itself. Research to expand the scientific understanding of chiropractic treatment is ongoing. Section 702 of the Floyd D. Spence National Defense Authorization Act for Fiscal Year 2001 (P.L. 106-398) established the Chiropractic Care Program, replacing the former Chiropractic Health Care Demonstration Program (CHCDP) that ended in Sept. 1999. Under this new program 60 military clinics and hospitals currently provide chiropractic care to active duty service members. The current Chiropractic Care Program is only available to active duty service members at designated military treatment facilities. A service member's primary care manager determines if chiropractic care is appropriate. Family members, retirees and their family members, unremarried former spouses and survivors are not eligible for chiropractic care. They may be referred to non-chiropractic health care services in the military health system (e.g., physical therapy or orthopedics) or may seek chiropractic care in the local community at their own expense.

House-passed	Senate-passed	P.L. 111-84
Section 702 would require the Secretary of Defense to provide chiropractic services and benefits as a permanent part of the Defense Health Program, including the Tricare program for all active duty service members. The Secretary would also be authorized to conduct one or more demonstration projects to provide chiropractic services to deployed members of the uniformed services.	No similar provision.	Section 725 requires the Secretary of Defense to provide for and report on clinical trials to be conducted by the National Institutes of Health or a similar independent academic institution to compare the outcomes of chiropractic treatment, used either exclusively or as an adjunct to other treatments, with conventional treatment, and to assess the effect of chiropractic treatment on certain service member groups.

Discussion: The Conference Committee substituted language to provide for additional research on the outcomes of chiropractic treatment for the House language that would have required increased chiropractic service availability under Tricare. Under Section 725, clinics currently providing chiropractic services would continue to do so.

Reference(s): None.

CRS Point of Contact (POC): Don Jansen, x7-.....

Dental Care for Survivors

Background: Under current law (10 U.S.C. 1076a(k)(3)) a dependent enrolled in the Tricare dental program is no longer eligible for coverage after the end of the three-year period beginning on the date of the death of the member upon which the dependent's eligibility was based. Unlike other survivor eligibility standards, exceptions are not provided for children until they reach age 21 or age 23 if enrolled in college.

House-passed	Senate-passed	P.L. 111-84
Section 703 would amend 10 U.S.C 1076a(k) to extend Tricare dental benefits to the survivors of members who die on active duty until they reach the age of 21, or, if they are still enrolled in college, age 23.	Section 702 is similar to the House provision.	Section 704 would amend 10 U.S.C 1076a(k) to extend Tricare dental benefits to the survivors of members who die on active duty until they reach the age of 21, or, if they are still enrolled in college, age 23.

Discussion: This provision is intended to expand survivor eligibility under the Tricare dental program so that it matches other Tricare survivor eligibility standards. CBO estimated this section would allow about 7,000 additional survivors to receive dental benefits through the Tricare program each year, at an annual cost of about $300 per person for an overall cost to DOD of $2 million per year.

Reference(s): Congressional Budget Office, *Cost Estimate for H.R. 2647 National Defense Authorization Act for Fiscal Year 2010, as reported by the House Committee on Armed Services on June 18, 2009*. June 22, 2009. http://www.cbo.gov/ftpdocs/103xx/doc10341/hr2647.pdf

CRS Point of Contact (POC): Don Jansen, x7-.....

Prohibition on Conversions of Military Medical Positions to Civilian and Dental Positions

Background: In previous years, the Defense Health Program appropriations request budgeted for savings to be achieved by converting military medical positions to civilian positions. H.Rept. 111-166 states without explanation that such conversions have had an adverse impact on the military health system. Section 721 of the National Defense Authorization Act for Fiscal Year 2008 (P.L. 110-181) prohibited such conversions and required that any unfilled positions slotted for conversion be restored to a military position. The Department of Defense budgeted for these restorations in its 2010 appropriations request.

House-passed	Senate-passed	P.L. 111-84
Section 701 provides that the Secretary of a military department may not convert any military medical or dental position to a civilian medical or dental position. In the case of any military medical or dental position that was converted to a civilian medical or dental position during the period beginning on October 1, 2004, and ending on September 30, 2008, if the position was not filled by a civilian by September 30, 2008, the Secretary of the military department concerned must restore the position to a military position that may be filled only by a member of the Armed Forces who is a health professional.	No similar provision.	Section 701 would extend the current prohibition on the conversion of military medical or dental positions in Section 721 of the National Defense Authorization Act for Fiscal Year 2008 (P.L. 110-181) until September 30, 2012.

Discussion: Section 701 of the House-passed bill would have extended a prohibition on conversions of military medical and dental positions to civilian positions indefinitely. The provision reenacts Section 721 of the National Defense Authorization Act for Fiscal Year 2008 (P.L. 110-181) but without an end date. The enacted provision extends the Section 721 provision until September 30, 2012. The Bush Administration had opposed prohibitions on conversions saying that they would eliminate the flexibility of the Secretary of Defense to use converted positions to enhance the strength of operating units and would have an adverse impact on all the services, especially the Army. Previous DOD budgets had recognized annual savings in excess of $200 million from conversions.

Reference(s): None.

CRS Point of Contact (POC): Don Jansen, x7-.....

Cooperative Health Care Agreements Between Military Installations and Non-Military Health Care Systems

Background: Congress has enacted several provisions over the years to allow for the establishment of cooperative health care arrangements between military installations and local and regional non-military health care systems. Section 721 of the Ronald W. Reagan National Defense Authorization Act for Fiscal Year 2005 (P.L. 108-375) required the Secretary of Defense to conduct a pilot program at two or more installations for the purpose of testing initiatives that build cooperative health care arrangements and agreements between military installations, and local and regional non-military health care systems.

Section 707 of the National Defense Authorization Act for Fiscal Year 2008 (P.L. 110-181) extended the pilot program through 2010 and pushed back the due date for a required final report describing the results of the program with recommendations for a model health care delivery system for other military installations until July 1, 2010.

DOD submitted an interim report on the two pilot programs it established under this authority to Congress on July 30, 2007.[4] This report provided an overview of a pilot project at Fort Drum, NY, and at Yuma, AZ, where there is a Marine Corps facility and an Army proving ground.

House-passed	Senate-passed	P.L. 111-84
Section 705 would authorize the Secretary of Defense to establish cooperative health care arrangements and agreements between military installations and local and regional non-military health care systems.	No similar provision.	Section 713 would authorize the Secretary of Defense to establish cooperative health care arrangements and agreements between military installations and local and regional non-military health care systems.

Discussion: Cooperative arrangements between DOD and non-military health care systems may offer opportunities for improved access to care for Tricare beneficiaries and to leverage Federal health care resources in medically underserved areas by allowing support for hospitals and other facilities in areas that might not feasibly support both a military health care facility and other facilities. Unlike previous provisions, Section 713 is not-time limited. The enacted provision does not authorize health care services at military medical treatment facilities to anyone who is not otherwise eligible. The enacted provision also requires the Secretary of Defense to report on any agreement formed.

Reference(s): None.

CRS Point of Contact (POC): Don Jansen, x7-.....

[4] Available at: http://www.tricare.mil/planning/congress/downloads/20070830/2007%20Reports%20to%20Congress/131553-Update_to_Congress_on_the_Pilot_Program_for_Health_Care_Delivery_-_Coordinations_-_SIGNED.pdf.

*Sexual Assault

Background: DOD affords the victims of sexual assault the option of confidential reporting of assaults to specified individuals and services including medical care, counseling and victim advocacy, without initiating an investigation.

House-passed	Senate-passed	P.L. 111-84
Sec. 592 would require a Comptroller General report on the capacity of each military service to investigate and adjudicate allegations of sexual assault, a sexual assault prevention program developed by the Secretary of Defense, a report by the Secretary of Defense evaluating the availability of sexual assault forensic examinations in combat zones, and collection of statistical information on the issuance of military protective orders involving either the victim or alleged perpetrator of a sexual assault. The House Armed Services Committee Report (H.Rept. 111-116) notes that the committee is concerned that when a sexual assault report is made to certain individuals (e.g. commanders, law enforcement) by someone other than the victim, the report may trigger an investigation regardless of the victim's desire for confidentiality. The committee directs the Secretary of Defense to develop a procedure to provide the victim with confidentiality in cases where the assault is reported by someone other than the victim or other individuals covered under confidential reporting. The Committee also directs the Secretary to report on the availability and adequacy of proper care for victims of sexual assault.	Section 571would amend the due date of the report on sexual assault required by Section 776(e)(1) of the Ronald W. Reagan National Defense Authorization Act for Fiscal Year 2005 (P.L. 108-375) to December 1, 2009.	The House-provision was adopted as Section 767 with minor changes.

Discussion: This provision will require by October 28, 2010: (1) a Comptroller General report on the capacity of each military service to investigate and adjudicate allegations of sexual assault; (2) a sexual assault prevention program developed by the Secretary of Defense; (3) a report by the Secretary of Defense evaluating the availability of sexual assault forensic examinations in combat

zones; and (4) a collection of statistical information on the issuance of military protective orders involving either the victim or alleged perpetrator of a sexual assault.

Reference(s): CRS Report RL34590, *FY2009 National Defense Authorization Act: Selected Military Personnel Policy Issues*, coordinated by (name redacted), pp. 15-16.

CRS Point of Contact (POC): (name redacted), x7-.....

*Government Accountability Office Report on the Progress Made in Implementing Recommendations to Reduce Domestic Violence in Military Families

Background: On May 24, 2006, the U.S. Government Accountability Office (GAO) released a report entitled, "Progress Made in Implementing Recommendations to Reduce Domestic Violence, but Further Management Action Needed (GAO-06-540)." DOD concurred with many GAO recommendations in this report, but not all.

House-passed	Senate-passed	P.L. 111-84
Section 582 would require the Comptroller General to review and assess the progress of the Department of Defense in implementing the recommendations contained in GAO report GAO-06-540, and to submit a report containing the results of the review and assessment to the congressional defense committees.	No similar provision.	The House provision was adopted as Section 768 with changes. The Secretary of Defense, rather than the Comptroller General, is to submit the report.

Discussion: Issues affecting military families have been of particular interest to Congress. The review and assessment of recommendations concerning domestic violence affords both Congress and the DOD information concerning the status of this issue. Congress had previously tasked GAO with reporting on this topic. The conference report will require DOD to produce a report on this issue.

Reference(s): CRS Report RL34590, *FY2009 National Defense Authorization Act: Selected Military Personnel Policy Issues*, coordinated by (name redacted), page 21.

CRS Point of Contact (POC): (name redacted), x7-.....

*Internship Pilot Program for Military Spouses

Background: Many military spouses desire and seek employment. Obtaining such employment, much less a career, is often hampered by frequent moves. It has been suggested that some employers discriminate against military spouses in the hiring process because of their relatively high turnover.

House-passed	Senate-passed	P.L. 111-84
Section 581 establishes an internship pilot program and reporting requirement for certain military spouses to obtain federal employment that could lead to career portability and enhancement.	No similar provision.	The House provision was adopted as Section 764.

Discussion: This provision authorizes the Secretary of Defense to enter into agreements with the heads of other federal agencies that have established internship programs to reimburse the agency for costs associated with the first year of employment of an eligible military spouse who is selected to participate in the agency's internship program. All spouses would be eligible except for those that are legally separated, already on active duty, or retired from the military.

Reference(s): CRS Report RL34590, *FY2009 National Defense Authorization Act: Selected Military Personnel Policy Issues*, coordinated by (name redacted), page 10.

CRS Point of Contact (POC): (name redacted), x7-.....

Language and Cultural Training

Background: In recent years, both Congress and the Department of Defense have shown significant interest in increasing the ability of military personnel to operate in foreign countries by enhancing their cultural knowledge and foreign language proficiency. However, building these language and cultural skills has proven challenging due to the intensive study required for mastery and the competing demands of other training and operational requirements for currently serving personnel.

House-passed	Senate-passed	P.L. 111-84
Section 534 requires the Secretary of Defense to establish "at least three Language Training Centers at accredited universities, senior military colleges, or similar institutions of higher education to create the foundational critical and strategic language and regional area expertise...." Members of the armed forces, including reservists and ROTC candidates, and DOD civilian employees are authorized to participate. Language Training Centers must be established by October 1, 2010; program authority expires on September 30, 2015.	No similar legislative provision. However, the committee report (S.Rept. 111-35) included "Cultural and language proficiency" as an item of special interest and stated: "...the committee urges the Department to consider existing language and cultural curriculum at universities and colleges throughout the Nation as an opportunity to augment existing Department operated programs. The committee directs the Secretary of Defense to submit a report 180 days after the date of enactment of this Act on any plans to leverage these programs in a manner that compliments the Department's organic language and cultural training programs." (p. 131)	Section 529 permits the Secretary of Defense "to establish language training centers at accredited universities, senior military colleges, or other similar institutions of higher education for purposes of accelerating the development of foundational expertise in critical and strategic languages and regional area studies...." Members of the armed forces, including reservists and ROTC candidates, and DOD civilian employees are authorized to participate.

Discussion: Where the House provision would have required the establishment of at least three language training centers, Section 729 of the final bill simply permits the Secretary of Defense to establish such centers. Under Section 729, a language training center would have to include the following: 1) programs to provide that military personnel and DOD civilians who graduate from the institution of higher education concerned include individuals with beginning through advanced skills in the languages or area studies covered; 2) programs of language proficiency training for military personnel and DOD civilians in critical and strategic languages tailored to meet operational needs; 3) alternative language training delivery systems; 4) programs on critical and strategic language that can be incorporated into ROTC programs; 5) training and education programs to expand the pool of qualified instructors in critical and strategic languages and area studies; 6) program to encourage native and heritage speakers of critical and strategic languages to serve in the Department of Defense or the Civilian Linguist Reserve Corps. The Language Training Centers are also authorized to partner with local educational agencies to help develop critical and strategic language skills among elementary and secondary school students who may pursue a military career. Section 529 also specifies certain reporting requirements if any language training centers are established.

Reference(s): None.

CRS Point of Contact (POC): (name redacted), x7-.....

*Survivor Benefit Plan Offset and Dependency and Indemnity Compensation

Background: A Survivor Benefit Plan (SBP)-eligible spouse who is also eligible for Dependency and Indemnity Compensation (DIC) will have his or her SBP annuity reduced or offset on a dollar-for-dollar basis by DIC. Last year, for certain beneficiaries, Congress created a new survivor indemnity allowance to be paid to survivors of members who are entitled to retired pay, or would be entitled to reserve component retired pay but for the fact that they (the members) were not yet 60 years of age, effective October 1, 2008. This amount was $50 a month in FY2009 and increases each year since then by in $10 increments until FY2013; it was later extended to 2017.

House-passed	Senate-passed	P.L. 111-84
No similar provision.	Sec. 652 would repeal the SBP/DIC offset proactively. This Senate language prohibits the recoupment of amounts refunded to survivors due to the original offset. Additionally, this language would repeal the optional annuity for children by those affected by this offset.	Provision not adopted.

Discussion: The Senate language would have allowed eligible surviving spouses to receive both SBP and DIC benefits.

Reference(s): CRS Report RL34590, *FY2009 National Defense Authorization Act: Selected Military Personnel Policy Issues*, coordinated by (name redacted), pp. 19-20.

CRS Point of Contact (POC): (name redacted), x7-.....

Supplemental Assistance Allowance

Background: Under P.L. 106-398, Congress established a "Supplemental Subsistence Allowance for Low-Income Members with Dependents." This provision was intended to provide an allowance to military families in lieu of benefits under the Department of Agriculture's Supplemental Nutrition Assistance Program (SNAP), commonly known as the Food Stamp Program. The original amount authorized was up to $500 a month.

House-passed	Senate-passed	P.L. 111-84
No similar provision.	Sec. 603 increases the allowance amount up to $1,100 a month. In addition, the Secretary of Defense is instructed to report on a plan for eliminating the need for military families to rely on SNAP.	Section 602 increases the allowance to $1,100 a month.

Discussion: The increased allowance will provide additional funds to military families otherwise eligible for SNAP and recognizes increases in subsistence costs.

Reference(s): None.

CRS Point of Contact (POC): (name redacted), x7-.....

Retroactive Award of Army Combat Action Badge

Background: In World War II, (on October 7, 1943), the Army created the Combat Infantryman Badge (CID) and the Expert Infantryman Badge (EIB) in recognition of the services and sacrifices of infantrymen. These badges recognize those, mostly frontline, infantry members who "saw the face of battle." These awards were made retroactive to December 6, 1941. Among Army personnel, these awards are highly coveted. Due to the nature of warfare in Iraq and Afghanistan, the lack of a discernible front line meant that other Army personnel were exposed to many of these same services and sacrifices. On May 2, 2005, the Army approved the Combat Action Badge for members who personally engaged, or were engaged by, the enemy, and not eligible for the CID or EIB. This award was made retroactive to September 18, 2001, the date former-President Bush issued a "Declaration of National Emergency by Reason of Certain Terrorist Attacks."

House-passed	Senate-passed	P.L. 111-84
Section 575 of the House bill would allow the Combat Action Badge to be awarded to eligible Army personnel for services between December 7, 1941, the beginning of U.S. involvement in World War II, and September 18, 2001.	No similar provision.	Provision not adopted.

Discussion: The House bill would have provided for the retroactive award of the Combat Action Badge.

Reference(s): None.

CRS POC: (name redacted), x7-.....

Civilian Employer-sponsored Health Care for Retired Military Employees

Background: Section 707 of the John Warner National Defense Authorization Act for Fiscal Year 2007 (P.L. 109-364, October 17, 2006) amended Chapter 55 of Title 10 United States Code to add a new section 1097c, prohibiting employers from offering their employees financial or other incentives such as Tricare supplemental insurance to use Tricare rather than the employer's group health plan. The legislation mirrored a similar prohibition applicable to the Medicare program. As with Medicare, employers can continue to offer "cafeteria benefit plans." The legislation was intended to address employer shifting of health-care costs to Tricare. After enactment, many Tricare beneficiaries no longer were offered Tricare supplements as an employer-sponsored benefit. Insurance companies that marketed such supplemental plans were also impacted by the provision. There also is some question as to whether loss of employer-provided Tricare supplemental insurance may have led Tricare beneficiaries to move from Tricare Standard to Tricare Prime and the budgetary consequences to the Defense Health Program of such an enrollment shift. On March 28, 2008, DOD published a proposed rule[5] to implement the section 1097c provisions, however, the rule has not yet gone final. On December 31, 2008, DOD published a notice[6] of a proposed information collection that would require each employer that offers a Tricare supplemental insurance plan to certify that the employer did not provide any payment for the Tricare supplemental insurance nor receive any direct or indirect consideration for offering the benefit. An employer offering such a benefit would be required to complete the certification and to keep it on file for so long as the employer offers the supplemental plan.

House-passed	Senate-passed	P.L. 111-84
No similar provision.	Sec. 705 requires the Comptroller General to report, no later than March 31, 2010, on the implementation of these requirements with respect to the relationship between Tricare and certain civilian employer-sponsored group health plans.	Section 727 requires the Secretary of Defense to report on the implementation of section 1097c of title 10, United States Code. The conferees express concern that the Secretary of Defense has not yet promulgated implementing regulations for section 1097c of title 10, United States Code, which was effective on January 1, 2008.

Discussion: Section 727 requires the Secretary of Defense to submit to the armed services committees a report on the implementation of the requirements of Section 1097c of title 10, United States Code, relating to the relationship between the Tricare program and employer-sponsored group health plans no later than March 31, 2010.

Reference(s): None.

CRS Point of Contact (POC): Don Jansen, x7-.....

[5] Department of Defense, "Tricare; Relationship between the Tricare Program and Employer-Sponsored Group Health Plans," 73 *Federal Register* 16612, March 28, 2008.

[6] Department of Defense, "Proposed Collection; Comment Requst," 73 *Federal Register* 80368, December 31, 2008.

Plan to Increase the Behavioral Health Capabilities of the Department of Defense

Background:. In February 2009, DOD reported to Congress on the status of mental health provider staffing.[7] DOD reported that it had contracted with the Center for Naval Analyses (CNA) to conduct a validation of a 20+ factor model for evaluating the department's mental health provider needs. When released, this report should help determine the nature and extent of any current shortage of mental health providers. Military mental health providers include psychiatrists, doctoral-level psychologists, licensed clinical psychologists, and licensed clinical social workers.

House-passed	Senate-passed	P.L. 111-84
No similar provision.	Section 722 would require the Secretary of Defense to develop and implement a plan to significantly increase the number of DOD military and civilian behavioral health personnel.	Section 714 requires the Secretary of each military department to increase the number of active-duty mental health personnel authorized for each department; requires the Secretary of Defense to report on the appropriate number of mental health personnel required to meet mental health care; requires the Secretary to develop and implement a plan to significantly increase the number of DOD military and civilian mental health personnel; and requires the Secretary to assess establishing one or more military mental health specialties.

Discussion: The enacted provision requires the service secretaries to increase the number of active duty mental health personnel authorized by a formula provided in the section. The Secretary of Defense is also required to submit to the congressional defense committees a report on the appropriate number of mental health personnel required to meet the mental health care needs of service members, retirees, and dependents, by October 28, 2010, and to develop and implement a plan to significantly increase the number of military and civilian mental health personnel of the Department of Defense by September 30, 2013.

Reference(s): None.

CRS Point of Contact (POC): Don Jansen, x7-.....

[7] Assistant Secretary of Defense (Health Affairs), Report to Congress in Response to H.Rept. 110-146 for the National Defense Authorization Act for Fiscal Year 2008, on Traumatic Brain Injury and H.Rept. 110-279 for Department of Defense Appropriations Act for Fiscal Year 2008, on Post-Traumatic Stress Disorder, February 10, 2009, pp. 12-14, http://www.tricare.mil/planning/congress/downloads/PTSD_09.pdf.

Suicide Among Members of the Individual Ready Reserve

Background: Typically, most service members incur an 8-year military service obligation as part of their original enlistment contract. Service members typically serve two to four years on active duty, and then are transferred to the Individual Ready Reserve (IRR) to fulfill the remainder of their obligation. IRR members generally are required to keep their Services informed of any change in their medical status that might render them unfit to serve. Many members of the IRR may have been deployed in contingency operations while on active duty. Some may be recalled to active duty at a future date. There has been concern that some IRR members do not have access to appropriate mental health care.

House-passed	Senate-passed	P.L. 111-84
Section 710A would require a "counseling call" to all IRR members by appropriately trained personnel not less than once every 90 days, as long as they are in the IRR, to determine the "emotional, psychological, medical, and career needs and concerns of the covered member."	No similar provision.	The provision was not adopted.

Discussion: P.L. 111-84 did adopt a provision (Section 795) that would expand suicide prevention efforts within the Yellow Ribbon Reintegration Program, a program to provide community healing and suicide prevention services for National Guard and Reserve members. In addition, as discussed above in the section titled "Post-Deployment Mental Health Screening," Section 708 of P.L. 111-84 requires both pre- and post-deployment person-to-person mental health assessments for service members.

Reference(s): None.

CRS Point of Contact (POC): Don Jansen, x7-.....

Reform and Improvement of the Tricare Program

Background: S.Rept. 111-35 notes that the Senate Armed Services Committee is aware that "the cost of the Defense Health Program will be a focus of the 2010 Quadrennial Defense Review and believes that such focus is appropriate." Of greater concern to the Committee, however, is that:

> ...satisfaction with Tricare is declining. Too much attention has been paid to increasing out-of-pocket payments by retirees, and not enough to repairing persistent operational problems that prevent beneficiaries from getting the care that they need, such as the lack of availability of Tricare providers and cumbersome requirements for preauthorization and referral to specialty care. Moreover, the fundamental goal of Tricare to maximize use of military hospitals and clinics is not being achieved, as more and more care is being purchased in the private sector. Problems with access to care in both military facilities and from civilian providers needlessly compound the difficulties that military families face during extended periods of deployment.[8]

DOD reports customer satisfaction trends in its annual evaluations of the Tricare program.[9]

House-passed	Senate-passed	P.L. 111-84
Section 713 would require the Secretary of Defense to submit a report on the health care needs of military family members, and require the Secretary of the Army to establish a pilot program focused on the needs of military children and adolescents.	Sec. 559 and 560 would require the Secretary to develop and implement a plan to expand to increase access to mental health care for family members of the National Guard and reserve deployed overseas. Sec. 704 directs the Secretary of Defense, in consultation with the Secretaries of Health and Human Services and Homeland Security to undertake actions to reform and improve the Tricare program.	Sec. 721 requires the Secretary of Defense to submit a report on the health care needs of military family members and to undertake actions to enhance the capability of the military health system and improve the Tricare program to include addressing access issues for National Guard and reserve members and their families and those beneficiaries living in rural areas. The conferees note that private sector care, which was originally intended to be and is still described by the DOD as a program to fill gaps in the direct care system, now accounts for nearly 70% of DOD health care expenditures.

Discussion: The enacted provision requires the Secretary of Defense to submit a report on the health care needs of military family members and to undertake actions to enhance the capability of the military health system and improve the Tricare program, to include addressing access issues for National Guard and other reserve members and their families and those beneficiaries living in rural areas. Section 721 also requires the Secretary to submit reports on the progress made and future plans for improvement of the military health system, including the submission of

[8] U.S. Congress, Senate Committee on Armed Services, 111th Cong., 1st Sess., S.Rept. 111-35 (Washington: GPO, 2009), p. 142.

[9] Department of Defense, *Evaluation of the Tricare Program FY 2009*, April 6, 2009, p. 48, http://www.tricare.mil/planning/congress/downloads/TRICARE%20Program%20Effectiveness%20(FY09).pdf.

a report together with budget materials submitted to Congress in support of the DOD budget for FY2012.

Reference(s): None.

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