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Limits on TRICARE for Reservists: Frequently Asked Questions

SUMMARY

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Between 2001 and 2007, more than 575,000 members of the reserve components were ordered to active duty in support of ongoing military operations, including major combat operations in Afghanistan (Operation Enduring Freedom), Iraq (Operation Iraqi Freedom). While on active duty, reservists and their family members have access to a wide range of health care services administered by the Department of Defense's (DOD) Military Health System (MHS). However, prior to 2005, chapter 55 of Title 10, U.S. Code, authorized little to no DOD health care services to nonactivated reservists or their family members.

In 2005, Congress began examining initial impacts of frequent mobilizations on reservists, their families, and their employers. Soon after, Congress enacted a series of new or expanded health care, transitional, and other personnel benefits to mitigate certain effects associated with reserve mobilizations. Two health care programs tailored for reservists were established:

- TRICARE Reserve Select (TRS)—a premium-based health plan option available to qualified members of the Selected Reserve and their family members; and
- TRICARE Retired Reserve (TRR)—a premium-based health plan option available to so-called *gray area* reservists—those who have retired but are too young to draw retired pay—and their family members.

Section 701 of the Ronald W. Reagan National Defense Authorization (NDAA) Act of Fiscal Year 2005 (P.L. 108-375) established TRS. Initially, TRS eligibility was limited to certain reservists who had served on continuous active duty in support of a contingency operation and signed a military service obligation agreement. Section 706 of the John Warner NDAA for FY2007 (P.L. 109-364) revised TRS by removing certain restrictions and expanding eligibility. The law also added a prohibition on members of the Selected Reserve and their family members from being eligible for TRS if they are also eligible for the Federal Employee Health Benefits (FEHB) program. Section 705 of the NDAA for FY2010 (P.L. 111-84) established TRR, which also prohibits retired reservists and their families from participating, if they are also eligible for the FEHB program. Both reserve plans mirror the benefits and cost sharing requirements established for TRICARE Select, a health plan option available to family members of active duty servicemembers and certain military retirees.

Congress has not explicitly addressed why the prohibition on TRS or TRR for FEHB-eligible reservists and their family members was established. Nevertheless, observers have noted several considerations in removing the statutory prohibition, including:

- potential impacts to the FEHB health insurance risk-pools;
- potential cost implications to federal mandatory and discretionary spending; and
- continuity of care for reservists transitioning between active and reserve status.

While Congress has considered various proposals to remove the statutory prohibitions on TRS or TRR eligibility, none have been enacted.

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Background

The Department of Defense (DOD) operates a Military Health System (MHS) that delivers certain health entitlements under Chapter 55 of Title 10, U.S. Code. The Defense Health Agency (DHA)—a component of the MHS—administers the TRICARE program, which offers health care services to approximately 9.5 million beneficiaries, composed of military personnel, retirees, and their families.[1] Beneficiaries may receive health care services in DOD-operated hospitals and clinics—known as military treatment facilities (MTFs)—or through participating civilian health care providers. DOD operates 723 MTFs in the United States and in overseas locations.[2] Each MTF provides a range of clinical services depending on its size, mission, and level of capabilities. Only active duty servicemembers are entitled to care in any MTF.[3] Dependents and retirees may receive care on a space-available basis that takes into account patient capacity, beneficiary category (e.g., servicemember, family member, retiree), and enrollment status.[4]

When care is not available at an MTF, beneficiaries may receive care from a civilian health care provider who participates in TRICARE. The three main health plan options offered to eligible beneficiaries include TRICARE Prime, TRICARE Select, and TRICARE for Life.[5]

TRICARE also offers premium-based health plan options for certain beneficiaries, such as qualified members of the Selected Reserve, retired reservists, young adults, and transitioning servicemembers.[6] Other TRICARE benefits include a pharmacy program, optional dental plans, and a vision plan for certain beneficiaries.[7]

This report answers frequently asked questions about TRICARE health plan options tailored for certain reservists, retired reservists, and their families (i.e., TRICARE Reserve Select and TRICARE Retired Reserve) and certain statutory prohibitions that limit their participation in the plans.

[1] Department of Defense, *Evaluation of the TRICARE Program: Fiscal Year 2019 Report to Congress*, April 8, 2019, p. 19, https://www.health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Health-Care-Program-Evaluation/Annual-Evaluation-of-the-TRICARE-Program.

[2] Ibid. Military treatment facilities (MTFs) include inpatient hospitals and medical centers, ambulatory care and occupational health clinics, and dental clinics.

[3] 10 U.S.C. §1074.

[4] DOD clarified the basic priorities for MTF care in 32 C.F.R. §199.17(d) and Department of Defense, Health Affairs Policy 11-005, *TRICARE Policy for Access to Care*, February 23, 2011.

[5] For more on the various TRICARE plans, see Question "6. What are the Different TRICARE Plans?" in CRS Report R45399, *Military Medical Care: Frequently Asked Questions*, by Bryce H. P. Mendez.

[6] For more on the Selected Reserve, see Question "2. What are the Different Categories of Reservists?" in CRS Report RL30802, *Reserve Component Personnel Issues: Questions and Answers*, by Lawrence Kapp and Barbara Salazar Torreon. *Transitioning servicemembers* include those involuntarily separated from military service (under honorable conditions), transitioning between the active and reserve components, or voluntarily separated under certain conditions. For more on transitioning servicemembers, see https://tricare.mil/tamp.

[7] For more on other TRICARE benefits, see Department of Defense, "Welcome to TRICARE: An Overview of Your TRICARE Benefit in the U.S.," January 2019, https://go.usa.gov/xVBaw.

Questions and Answers

1. What is TRICARE Reserve Select and TRICARE Retired Reserve?

TRICARE Reserve Select (TRS) is a premium-based health plan available worldwide for some members of the Selected Reserve and their families. TRS was established by Section 701 of the Ronald W. Reagan National Defense Authorization Act (NDAA) of Fiscal Year 2005 (P.L. 108-375).[8] TRICARE Retired Reserve (TRR) is a premium-based health plan available worldwide for qualified retired members of the reserve components. TRR was established by Section 705 of the NDAA for FY2010 (P.L. 111-84) as a TRICARE coverage option for so-called *gray area* reservists, defined as those who have retired but are too young to draw retired pay.[9]

The plans are similar to TRICARE Select (i.e., preferred provider option), which feature monthly premiums, annual deductibles, and fixed co-pays when receiving care from a network provider or paying a percentage of the allowable charge when receiving care from a TRICARE-authorized, nonnetwork provider.[10] Eligible beneficiaries residing outside of the United States are also eligible for TRS and TRR; however, the availability of network providers may be limited based on geographic location.[11]

By law, the Department of Defense (DOD) is required to subsidize the cost of TRS.[12] Servicemembers pay 28% of the cost of the program in the form of premiums.[13] For TRR, enrollees pay the full cost of the calculated premium as determined by the Secretary of Defense.[14] DOD does not subsidize the program costs for TRR. DOD annually updates the premiums for each program on an "appropriate actuarial basis."[15] Monthly TRS and TRR premiums for calendar years 2019 and 2020 are listed in **Table 1**.

[8] 10 U.S.C. §1076d. For more on TRICARE Select, see https://www.tricare.mil/select.

[9] 10 U.S.C. §1076e. Typically, reservists are eligible to draw retired pay at age 60 and become eligible for other TRICARE plan options. For more on military retirement, see CRS Report RL34751, *Military Retirement: Background and Recent Developments*, by Kristy N. Kamarck.

[10] For more on TRICARE Select premiums and cost sharing requirements, see https://tricare.mil/-/media/Files/TRICARE/Publications/Misc/Costs_Sheet_2019.pdf.

[11] TRICARE's network provider directories are publicly accessible at https://tricare.mil/networkproviders.

[12] 10 U.S.C. §1076d(d)(3). The congressional record and the committee and conference reports accompanying the enacting and amending legislation for TRS do not articulate why a premium payment is required (compared to active duty servicemembers who pay no premium for a TRICARE health plan), or why the reservists' share was set at 28% of the "total monthly amount determined on an appropriate actuarial basis as being reasonable for that coverage." The originating provision, Section 706 of the Senate-passed FY2005 NDAA (S. 2400), proposed a premium payment requirement of: (1) 28% for the participating reservist; (2) 72% for the reservist's civilian employer; and (3) 100% if the reservist was unemployed or lacked access to employer-sponsored health insurance. After conference, the House Armed Services Committee and Senate Armed Services Committee only included the premium payment requirement of 28% for the participating reservist and DOD would be required to cover the remaining cost to administer TRS.

[13] Ibid.

[14] 10 U.S.C. §1076e(d)(3).

[15] 10 U.S.C. §1076d(d)(3) and 10 U.S.C. §1076e(d)(3).

Table 1. Monthly TRS and TRR Premiums for Calendar Years 2019 and 2020

	Member-Only Coverage		Family Coverage	
TRICARE Plan	**2019**	**2020**	**2019**	**2020**
TRICARE Reserve Select	$42.83	$44.17	$218.01	$228.27
TRICARE Retired Reserve	$451.51	$444.37	$1,083.40	$1,066.26

Source: Department of Defense, Assistant Secretary of Defense (Health Affairs) Memorandum, *Memorandum to Establish 2020 Premium Rates for TRICARE Reserve Select, TRICARE Retired Reserve, TRICARE Young Adult, and the Continued Health Care Benefit Program*, June 6, 2019, https://www.health.mil/Reference-Center/Policies/2019/06/06/Memo-to-Establish-2020-Monthly-Premium-TRICARE-Rates.

DOD reports that at the end of FY2018, 383,683 beneficiaries were covered by TRS and 9,019 beneficiaries were covered by TRR.[16]

2. Who qualifies for TRS, and what are the statutory prohibitions on TRICARE Reserve Select eligibility for certain members of the reserve components?

Members of the Selected Reserve (i.e., drilling reservists) and their families qualify for TRS if the following criteria are met:

- the reservist is not on active duty orders;
- the reservist or their family members are not covered under the Transitional Assistance Management Program;[17] and
- the reservist or their family members are not eligible for the *Federal Employee Health Benefits* (FEHB) program.[18]

Prior to 2006, TRS availability was limited to members of the Selected Reserve (including family members) after serving on continuous active duty in support of a contingency operation for 90 or more days and signing an agreement to continue serving in the Selected Reserve for one or more years.[19] TRS coverage was also limited to the lesser of:

- one year (in cases where an activated reservist does not continuously serve on active duty for at least 90 days due to an "injury, illness, or disease incurred or aggravated while deployed");
- one year for each consecutive period of 90 days of continuous active duty service; or

[16] Department of Defense, *Evaluation of the TRICARE Program: Fiscal Year 2019 Report to Congress*, April 8, 2019, p. 154, https://health.mil/Reference-Center/Congressional-Testimonies/2018/04/05/TRICARE-Program-Effectiveness.

[17] The *Transition Assistance Management Program* (TAMP) provides 180 days of premium-free TRICARE Prime or TRICARE Select coverage to certain servicemembers and their families during transition periods from active duty. For more on TAMP, see https://www.tricare.mil/Plans/SpecialPrograms/TAMP.

[18] The Office of Personnel Management (OPM) administers the FEHB program. For additional information on the FEHB program, see CRS Report R43922, *Federal Employees Health Benefits (FEHB) Program: An Overview*, by Annie L. Mach and Ada S. Cornell; and the Office of Personnel Management, "Healthcare," https://www.opm.gov/healthcare-insurance/healthcare/.

[19] Section 701(a) of FY2005 (P.L. 108-375).

- the number of years agreed upon in the military service obligation agreement.[20]

Section 706 of the John Warner NDAA for FY2007 (P.L. 109-364) amended 10 U.S.C. §1076d to expand TRS eligibility, including removal of the military service obligation agreement, active duty service length, and period of coverage requirements. In revising TRS, the law also added a prohibition on members of the Selected Reserve and their family members from being eligible for TRS if they are also eligible for, or enrolled in, "a health benefits plan under Chapter 89 of Title 5," U.S. Code. This health benefit plan is known as the FEHB program.

3. Who is eligible for TRR, and what are the statutory prohibitions on TRICARE Retired Reserve eligibility for qualified retired reservists?

Retired members of the reserve components and their family members qualify for TRR if the following criteria are met:

- the retiree is qualified for *non-regular retirement* under chapter 1223 of Title 10, U.S. Code;[21]
- the retiree is under age 60;[22] and
- the retiree or their family members are not eligible for the FEHB program.

P.L. 111-84, which established TRR, incorporated a similar prohibition on qualified retired members of the reserve components and their family members from being eligible for TRR if they are eligible for the FEHB program.[23] For example, a reservist or qualified retired reservist who is also a civil service or U.S. Postal Service (USPS) employee, annuitant, or family member that is eligible for the FEHB program is barred from enrolling in TRS or TRR. This restriction does not apply to other TRICARE programs for which reservists or retired reservists may also be eligible under other criteria (e.g., TRICARE Prime, TRICARE Select, TRICARE for Life, TRICARE Dental Program, or the Transition Assistance Management Program).[24]

4. How many beneficiaries do the TRS eligibility restrictions affect?

In 2019, the Congressional Budget Office (CBO) estimated approximately 110,000 members of the Selected Reserve are prohibited from enrolling in TRS because they are eligible for FEHB.[25] This represents approximately 13.7% of the total Selected Reserve force.[26] CBO also estimated

[20] Ibid.

[21] Reserve component retirements are referred to as nonregular retirement. For more on nonregular retirement, see CRS Report RL34751, *Military Retirement: Background and Recent Developments*, by Kristy N. Kamarck.

[22] At age 60, a retired reservist may begin to collect retired pay and becomes eligible for TRICARE Prime and TRICARE Select, in lieu of TRR.

[23] 10 U.S.C. §1076e(a)(2).

[24] Reservists or retired reservists may be eligible for other TRICARE programs under other criteria, such as an order to federal active duty greater than 30 days, receiving retirement pay, or transitioning to/from federal active duty status. For more on other TRICARE programs, see https://tricare.mil/Plans/HealthPlans.

[25] Congressional Budget Office, *CBO Cost Estimate*, H.R. 2500 National Defense Authorization Act for Fiscal Year 2020, June 26, 2019, p. 7, https://www.cbo.gov/system/files/2019-06/hr2500.pdf.

[26] DOD estimates that there are 802,714 members in the Selected Reserve and 1.25 million Selected Reserve family

that about "one third would enroll in TRS if given the opportunity."[27] Neither DOD nor CBO has published any similar estimates for TRR.

5. Why did Congress enact these statutory prohibitions?

The congressional record, the committee and conference reports accompanying the enacting and amending legislation for TRS and TRR, do not articulate why the prohibitions are in place.[28] Nevertheless, observers have speculated that the prohibition may be related to potential increases in mandatory or discretionary costs associated with certain risk-pool adjustments to FEHB and expansion of the TRICARE program.[29]

As the House of Representatives considered the FY2007 NDAA, as reported by the House Armed Services Committee, the Office of Management and Budget issued a *Statement of Administration Policy* (SAP) that expressed cost concerns with the proposal to expand to TRS. The SAP noted:

> … the Administration strongly opposes Section 709, which expands TRICARE eligibility to all Selected Reserve members and their families and dramatically worsens the fiscal situation by increasing the government subsidy for non-mobilized reservists and their families at an estimated cost of $400 million in FY 2007 and $3.6 billion from FY 2007 through FY 2011. By FY 2011, it is estimated that the annual cost for this expanded benefit will reach $1.2 billion. It is critical for Congress to eliminate these unfunded expansions and work with the Administration to place the system on a sound fiscal foundation.[30]

6. What health insurance options are available to those prohibited from enrolling in TRS or TRR?

Reservists, qualified retired reservists, or their family members subject to the statutory prohibitions may obtain health insurance coverage, if eligible, through any of the following health insurance options:

- FEHB;
- Medicaid;
- private individual health insurance; or
- employer-sponsored insurance (e.g., personally or as offered through a spouse's employer).

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members. Department of Defense, *Evaluation of the TRICARE Program: Fiscal Year 2019 Report to Congress*, Access Cost, and Quality Data through Fiscal Year 2018, April 8, 2019, p. 157, https://health.mil/Reference-Center/Congressional-Testimonies/2019/04/08/TRICARE-Program-Effectiveness.

[27] Congressional Budget Office, *CBO Cost Estimate*, H.R. 2500 National Defense Authorization Act for Fiscal Year 2020, June 26, 2019, p. 7, https://www.cbo.gov/system/files/2019-06/hr2500.pdf.

[28] Committee and conference reports accompanying the FY2007 NDAA include: S.Rept. 109-254, H.Rept. 109-452, and H.Rept. 109-702. Committee and conference reports accompanying the FY2010 NDAA include: S.Rept. 111-35, H.Rept. 111-116, and H.Rept. 111-288.

[29] See Adam Stone, "Benefit Denied," *National Guard*, February 2018, pp. 22-26, http://www.nationalguardmagazine.com; or Federal Managers Association, "Fed Manager," *Bill would give reservist feds the choice to enroll in TRICARE*, February 5, 2019, https://www.fedmanager.com/columns/hear-it-from-fma/3260-bill-would-give-reservist-feds-the-choice-to-enroll-in-tricare.

[30] *Section 709* as identified in the SAP, would later be enacted as Section 706 of the FY2007 NDAA. Executive Office of the President, Office of Management and Budget, "Statement of Administration Policy," *H.R. 5512 – National Defense Authorization Act for Fiscal Year 2007*, May 11, 2006, p. 1.

Reservists serving in a *federal* active duty status for greater than 30 days are eligible to participate in TRICARE programs for active duty servicemembers, including TRICARE Prime.[31]

7. What are the premium rates for the FEHB program?

The FEHB program establishes several premium rates based on geographic location, coverage option, and federal employee category.[32] The monthly average premium rates (non-USPS employee and annuitant) for calendar year 2019 are listed in **Table 2**.

Table 2. Monthly FEHB Premium Rates for Calendar Year 2019

National Average—Non-USPS Employees and Annuitants

FEHB Coverage Option	Total Premium	Government Contribution	Employee Contribution
Self only	$692.68	$498.72	$193.96
Self plus one	$1,481.37	$1,066.59	$414.78
Self and family	$1,580.82	$1,138.19	$442.63

Source: Office of Personnel Management (OPM), "Healthcare Plan Information," *2019 Premiums*, accessed August 4, 2019, https://www.opm.gov/healthcare-insurance/healthcare/plan-information/premiums/.

Notes: *Non-USPS* are employees and annuitants of federal agencies other than the U.S. Postal Service. OPM national average data for U.S. Postal employees or those in a temporary continuance of coverage is not publicly available. For more on FEHB, see CRS Report R43922, *Federal Employees Health Benefits (FEHB) Program: An Overview*, by Annie L. Mach and Ada S. Cornell.

8. What are the potential implications of extending TRS or TRR eligibility to all members of the Selected Reserve and qualified retired reservists?

Parity in TRS or TRR Eligibility for Reservists

Reservists who are eligible for FEHB, for any reason, are disqualified from participation in TRS or TRR. Reservists not employed by the federal government (and not eligible for FEHB) may participate in TRS or TRR.

Certain military service organizations (MSOs) perceive and advocate that the removal of the statutory prohibition for TRS or TRR would create equality among all members of the Selected Reserves or qualified retired reservists.[33] These advocacy groups also note that in doing so, all

[31] With regard to members of the National Guard, TRICARE programs for active duty servicemembers are only available to those called to federal active duty. Those called to active duty in an exclusively state status are not eligible. For more on the various ways a reservist can be called to active duty, see CRS Report RL30802, Reserve Component Personnel Issues: Questions and Answers, by Lawrence Kapp and Barbara Salazar Torreon.

[32] The Office of Personnel Management establishes different premium rates for the following categories: U.S. Postal Service (USPS) employees, non-USPS employees, and temporary continuation of coverage (TCC) and former spouses.

[33] *Military service organizations* are typically private organizations that focus on certain military issues or activities. DOD refers to some of these organizations as *National Military Associations*. Department of Defense Instruction 5410.19, "Public Affairs Community Relations Policy Implementation," November 13, 2001, p. 24, https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/541019p.pdf. The Military Coalition (TMC), a group of 32 MSOs and veteran service organizations, lists TRS expansion to federal employees serving in the reserves as a "top 2019 legislative and policy oversight" priority. For more on TMC's 2019 health care priorities, see

members of the Selected Reserves would be able to access TRS as a "more affordable option" than FEHB, which has higher premiums and cost shares.[34]

In a 2018 report to Congress on reserve component health care, DOD states that reservists have "expressed strong feelings of discontent with the law that disqualifies Selected Reserve members from purchasing TRICARE Reserve Select (TRS) for themselves or for family members if they are eligible for, or enrolled in, the FEHB program."[35] DOD also noted in its report that reservists "would like Congress to repeal the FEHB exclusion and DOD fully supports its repeal;" however, DOD made no recommendation concerning this issue at the time it produced the report nor has it any time since.[36]

Cost Implications

While expanding TRS or TRR eligibility would have certain cost implications for DOD, there are also cost considerations for other federal agencies that fund FEHB benefits for their respective federal employees. In June 2019, CBO published a cost estimate of a proposal to remove the TRS prohibition starting in 2030—Section 703 of the FY2020 NDAA (H.R. 2500; as reported by the House Armed Services Committee). Overall, there would be an estimated savings to the federal government.[37] However, given certain statutory or House pay-as-you-go (PAYGO) rules, increases in mandatory spending must be offset by "direct spending cuts, revenue increases, or a combination of the two," rather than by savings in discretionary spending.[38] CBO estimates that expanding TRS eligibility would produce an increase in mandatory costs, noting that:

> Because members of the Selected Reserve are younger and healthier than the average federal employee, reservists and their family members who discontinue FEHB coverage would cause an increase in premiums for all remaining FEHB beneficiaries, including federal retirees and active postal employees, whose premiums are paid from mandatory accounts. When implemented, CBO estimates this section would increase direct spending by about $40 million each year beginning in 2030.[39]

Concurrently, CBO also estimates there would also be savings in discretionary spending, greater than the increase in mandatory costs:

> On net, CBO estimates section 703 would eventually reduce discretionary costs to the government by about $250 million per year beginning in 2030 because the cost of TRS is less than the government's share of the premium for FEHB. Section 703 would also affect spending for other FEHB beneficiaries.[40]

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http://www.themilitarycoalition.org/health-care-committee-goals.html.

[34] Enlisted Association of the National Guard of the United States, "2018 Legislative Request," *Expand TRICARE Reserve Select Coverage*, September 1, 2017, https://eangus.org/wp-content/uploads/sites/1/2017/09/TRS-1.pdf.

[35] Department of Defense, *Assessment of Transition to TRICARE Program by Families of Members of Reserve Components Called to Active Duty and Continuity of Health Care Coverage for Selected Reserve,* December 12, 2018, p. 8.

[36] Ibid, pp. 8 and 53.

[37] Congressional Budget Office, *Cost Estimate: H.R. 2500, National Defense Authorization Act for Fiscal Year 2020*, As reported by the House Committee on Armed Services on June 19, 2019, June 26, 2019, pp. 7 and 13, https://www.cbo.gov/system/files/2019-06/hr2500.pdf.

[38] CRS Report R41510, *Budget Enforcement Procedures: House Pay-As-You-Go (PAYGO) Rule,* by Bill Heniff Jr.

[39] Ibid.

[40] Ibid.

Beneficiary Satisfaction

DOD asserts that reservists and their spouses "show satisfaction with the TRICARE program in general, and TRS in particular."[41] Beneficiaries enrolled in TRS are reportedly satisfied with their TRICARE plan and the quality of health care provided. For example, DOD observed in the 2014 *Survey of Reserve Component Spouses* that 48% found "no difference" between TRS and civilian health insurance plans. DOD also observed that 32% of survey participants believed that TRS provides "better" or "much better" health care than civilian health plans.[42] Similar results can be found in certain MSO-conducted surveys of beneficiaries.[43]

While many TRS enrollees express a general satisfaction with their TRICARE plan, some beneficiaries have described certain challenges, such as:

- difficulty in finding health care providers and facilities that accept TRICARE;
- maintaining continuity of care for a family member when a reservist is activated and ordered to active duty; and
- having to reenroll in TRS after a reservist transitions from active duty to the Selected Reserve.[44]

9. Has Congress previously considered extending TRS or TRR eligibility?

Since the creation of TRS and TRR, Congress has considered a number of proposals to eliminate the statutory prohibitions described above (see **Table 3**). To date, none of the proposals have been enacted.

[41] Department of Defense, *Assessment of Transition to TRICARE Program by Families of Members of Reserve Components Called to Active Duty and Continuity of Health Care Coverage for Selected Reserve*, December 12, 2018, p. 83, https://health.mil/Reference-Center/Congressional-Testimonies/2018/12/12/Assessment-of-Transition-to-TRICARE-Program-by-Families-of-Members-of-Reserve-Components.

[42] Ibid, p. 85.

[43] For example, a 2016 survey of reservists conducted by the Reserve Officers Association, Enlisted Association of the National Guard of the United States, and the National Guard Association of the United States found that approximately 67% of reservists rated health care through TRS as "Good," "Very Good," or "Excellent." The associations noted receiving 301 total responses to the survey administered among reserve component members. U.S. Congress, Senate Committee on Armed Services, Subcommittee on Personnel, *The Enlisted Association of the National Guard of the United States Statement for the Record*, Hearing on Military Personnel Posture, 114th Cong., 2nd sess., March 8, 2016, p. 20, https://www.armed-services.senate.gov/imo/media/doc/Bousum_03-08-16.pdf.

[44] For more beneficiary challenges with TRS, see Department of Defense, *Assessment of Transition to TRICARE Program by Families of Members of Reserve Components Called to Active Duty and Continuity of Health Care Coverage for Selected Reserve*, December 12, 2018, https://health.mil/Reference-Center/Congressional-Testimonies/2018/12/12/Assessment-of-Transition-to-TRICARE-Program-by-Families-of-Members-of-Reserve-Components.

Table 3. Legislative Proposals to Remove the Statutory Prohibition on TRICARE Reserve Select or TRICARE Retired Reserve Eligibility for Certain Members of the Reserve Component

109th-116th Congresses (2005-Present)

Congress	Bill or Amendment Number	Bill or Amendment Title
116th	H.R. 2500	Sec. 703. Modification of eligibility for TRICARE Reserve Select for certain members of the Selected Reserve in the National Defense Authorization Act (NDAA) for Fiscal Year 2020.
116th	H.R. 613	TRICARE Reserve Select Improvement Act.
116th	S. 164	TRICARE Reserve Improvement Act.
115th	H.R. 5121	To amend Title 10, United States Code, to remove the prohibition on eligibility for TRICARE Reserve Select of members of the reserve components of the Armed Forces who are eligible to enroll in a health benefits plan under Chapter 89 of Title 5, United States Code.
115th	H.R. 2810	Sec. 701. Continued Access to Medical Care at Facilities of the Uniformed Services for certain members of the Reserve Components in the NDAA for FY2018.
115th	S. 1086	A bill to amend Title 10, United States Code, to remove the prohibition on eligibility for TRICARE Reserve Select of members of the reserve components of the Armed Forces who are eligible to enroll in a health benefits plan under Chapter 89 of Title 5, United States Code.
115th	S. 766	A bill to amend Titles 10 and 32, United States Code, to improve and enhance authorities relating to the employment, use, status, and benefits of military technicians (dual status), and for other purposes.
115th	H.R. 1777	To amend Titles 10 and 32, United States Code, to improve and enhance authorities relating to the employment, use, status, and benefits of military technicians (dual status), and for other purposes.
114th	S. 2943	Sec. 701. TRICARE Select and other TRICARE reform in the NDAA; Sec. 712 Continuity of health care coverage for Reserve Components; and Sec. 748 Assessment of transition to TRICARE program by families of members of reserve components called to active duty and elimination of certain charges for such families for FY2017.
114th	S. 2913	National Guard 12304b Benefits Parity Act.
114th	S. 1356	Sec. 703. Expansion of continued health benefits coverage to include discharged and released members of the Selected Reserve in the NDAA for FY2016.
113th	S. 2312	National Guard Technician Equity Act
112th	H.R. 4310	Sec. 701. Extension of TRICARE Standard coverage and TRICARE dental program for members of the Selected Reserve who are involuntarily separated in the NDAA for FY2013.
110th	S.Amdt. 2868 to H.R. 1585	To provide for a continuation of eligibility for TRICARE Standard coverage for certain members of the Selected Reserve.
109th	S. 3550	A bill to allow members of the Selected Reserve enrolled in the TRICARE program to pay premiums with pre-tax dollars.
109th	S.Amdt. 1363 to S. 1042	To expand the eligibility of members of the Selected Reserve under the TRICARE program.

109th	S.Amdt. 4365 to S. 2766	To reduce the eligibility age for receipt of nonregular military service retired pay for members of the Ready Reserve in active federal status or on active duty for significant periods and to expand eligibility of members of the Selected Reserve for coverage under the TRICARE program.

Source: Congress.gov, August 2019.

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Disclaimer