



FY2023 NDAA: TRICARE for Reservists

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Background

Since September 11, 2001, Congress has enacted a number of [new or modified benefits](#) tailored for certain [Selected Reserve members](#) (i.e., drilling reservists) and their dependent family members. These benefits include expanded eligibility for health care benefits offered through the [TRICARE program](#). Most drilling reservists are eligible to enroll in a premium-based health plan called [TRICARE Reserve Select](#) (TRS).

TRS is structured similarly to [TRICARE Select](#) (i.e., a preferred provider option) and is available worldwide. The beneficiary costs of TRS include monthly premiums, annual deductibles, fixed co-pays when receiving care from [network providers](#), and a percentage of the allowable charges when receiving care from a TRICARE-authorized [non-network provider](#). In addition to TRS, drilling reservists and their dependent family members may be eligible for dental insurance through the [TRICARE Dental Program](#) (TDP) or vision insurance through the [Federal Employees Dental and Vision Insurance Program](#) (FEDVIP).

Reservists (including members of the National Guard) on federal active duty orders for more than 30 consecutive days receive identical health benefits as active duty servicemembers. These benefits include a premium-free health plan (i.e., [TRICARE Prime](#)) and premium-free dental and vision care. Once activated reservists complete an active duty period, they may be eligible for transitional health benefits as they return to a reserve status. **Table 1** lists the proposed and enacted reserve component-specific health care provisions included in the Fiscal Year 2023 (FY2023) National Defense Authorization Act (NDAA; P.L. 117-263).

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Table I. FY2023 NDAA Legislative Proposals

| House-Passed H.R. 7900 | Senate Armed Services Committee-Reported S. 4543 | Enacted Legislation (P.L. 117-263) |
|--|---|---|
| Section 703 would have amended 10 U.S.C. §1076a to establish a new dental plan under the TRICARE Dental Program (TDP) that may be offered to members of the Selected Reserve (i.e., drilling reservists) with no premium or cost-sharing requirements. | No similar provision. | Not adopted. |
| No similar provision. | Section 702 would have amended 10 U.S.C. §1145 to extend eligibility for the Transitional Assistance Management Program (TAMP) to members of the National Guard who are transitioning from periods of “active service of more than 30 days” ordered under 32 U.S.C. §502(f) in support of a national emergency declared by the President. | Section 702 adopts the Senate provision with an amendment that extends TAMP eligibility to members of the National Guard who are transitioning from periods of “active service of more than 30 days” ordered under 32 U.S.C. §502(f) in support of a national emergency declared by the President or by Congress. |
| No similar provision. | Section 705 would have authorized the Secretary of Defense to conduct a study on the feasibility and cost effects of extending eligibility for TRS and TDP to all members of the Selected Reserve, their dependents, and nondependent children under 26 years old. | Section 707 adopts the Senate provision. |
| Section 757 would have directed the Government Accountability Office to conduct a study of the barriers to reservists accessing services offered through the Exceptional Family Member Program and TRICARE’s Extended Care Health Option. | No similar provision. | Not adopted. |
| Section 4501 would have authorized \$100 million in FY2023 funding for the establishment of a new TDP dental plan. | No similar provision. | Not adopted. |

Source: CRS analysis of H.R. 7900, S. 4543, and P.L. 117-263.

Discussion

Certain [military service leaders](#) and [military service organizations advocate](#) for an expansion in TRICARE benefits for reservists to ensure continuity of care when transitioning between active and reserve status, and to assist with resolving deficient [medical readiness requirements](#). [Other observers](#) have noted potential challenges with DOD’s ability to sustain existing health benefits and increases in personnel costs associated with the addition or expansion of new benefits to a larger population.

The FY2023 NDAA includes provisions to expand and evaluate the feasibility of expanding eligibility of certain TRICARE benefits for drilling reservists and their dependent family members.

Health and Dental Benefits

Section 703 of the House bill would have amended [10 U.S.C. §1076a](#) to establish a new dental plan under TDP for Selected Reserve members. The new plan would have been administered in a similar manner as other [plans under TDP](#); however, there would have been no associated premium or cost-sharing requirements for enrolled reservists. Section 4501 would have authorized \$100 million in the FY2023 “In-House Care” line item of the Defense Health Program account for the establishment of the new dental plan. Both provisions were not adopted.

Section 707 of P.L. 117-263, which adopts Senate Section 705, authorizes the Secretary of Defense to conduct a study on the feasibility and potential cost effects of expanding eligibility for TRS and TDP to all Selected Reserve members, their dependent family members, and nondependent children under 26 years old. If the Secretary chooses to conduct the study, elements of the assessment are to include a discussion of

- cost-shifting between DOD, the Office of Personnel Management’s Federal Employees Health Benefits Program, Medicaid, and other health insurance payers;
- new costs or cost savings to DOD;
- resources necessary for implementation of expanded benefits; and
- impacts to recruitment and retention of reservists.

Within one year after enactment, the Secretary is required to brief the House and Senate Armed Services Committees on the study design and provide a report to the committees no later than two years after enactment.

Section 757 of the House bill would have directed the Government Accountability Office (GAO) to conduct a study of the barriers to reservists accessing medical and non-medical support services offered through the [Exceptional Family Member Program \(EFMP\)](#) and the [TRICARE’s Extended Care Health Option \(ECHO\)](#). The provision would have required GAO, no later than 180 days after enactment, to conduct the study and provide a report of their findings and recommendations to improve EFMP and ECHO for reservists. Though the provision was not adopted, the [Joint Explanatory Statement](#) directs the Secretary of Defense to brief the House and Senate Armed Services Committees on the “eligibility of reserve component members for such programs and to describe how eligible members may access the services provided by those programs.”

Transitional Health Benefits

Since 1992, Congress has periodically authorized the provision of temporary TRICARE coverage for servicemembers transitioning from active duty to reserve duty status, or who are involuntarily separated from active duty under honorable conditions. Congress codified this temporary coverage period, known as the “[Transition Assistance Management Program](#)” (TAMP), in [10 U.S.C. §1145](#). TAMP provides premium-free [TRICARE Prime](#) or [TRICARE Select](#) benefits to an eligible transitioning servicemember and their dependent family members for up to 180 days after their active duty status ends. In general, TAMP is available to activated reservists (including members of the National Guard on federal active duty, also known as *Title 10 orders*) when separating from a period of more than 30 consecutive days of active duty service in support of a preplanned mission, contingency operation, or the [whole of government response to the COVID-19 pandemic](#).

Section 702 of the enacted bill, which adopts Senate Section 702, amends [10 U.S.C. §1145](#) to extend TAMP eligibility to National Guard members who are separating from a period of more than 30 consecutive days of [full-time National Guard duty](#). The period of duty must be ordered under [32 U.S.C. §502\(f\)](#), federally funded, and in support of a national emergency declared by the President or Congress.

For more on TRICARE for reservists, see CRS Report R45399, *Military Medical Care: Frequently Asked Questions*, and CRS Report R45968, *Limits on TRICARE for Reservists: Frequently Asked Questions*.

Author Information

Bryce H. P. Mendez
Analyst in Defense Health Care Policy

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