

108TH CONGRESS
1ST SESSION

S. 852

To amend title 10, United States Code, to provide limited TRICARE program eligibility for members of the Ready Reserve of the Armed Forces, to provide financial support for continuation of health insurance for mobilized members of reserve components of the Armed Forces, and for other purposes.

IN THE SENATE OF THE UNITED STATES

APRIL 10, 2003

Mr. DEWINE (for himself, Mr. DASCHLE, Mr. SMITH, and Mr. LEAHY) introduced the following bill; which was read twice and referred to the Committee on Armed Services

A BILL

To amend title 10, United States Code, to provide limited TRICARE program eligibility for members of the Ready Reserve of the Armed Forces, to provide financial support for continuation of health insurance for mobilized members of reserve components of the Armed Forces, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “National Guard and
3 Reserve Comprehensive Health Benefits Act of 2003”.

4 **SEC. 2. TRICARE COVERAGE FOR MEMBERS OF THE READY**
5 **RESERVE.**

6 (a) ELIGIBILITY.—(1) Chapter 55 of title 10, United
7 States Code, is amended by inserting after section 1076a
8 the following new section:

9 **“§ 1076b. TRICARE program: coverage for members**
10 **of the Ready Reserve**

11 “(a) ELIGIBILITY.—Members of the Selected Reserve
12 of the Ready Reserve and members of the Individual
13 Ready Reserve described in subsection 10144(b) of this
14 title are eligible, subject to subsection (h)(1), to enroll in
15 the following TRICARE program options:

16 “(1) TRICARE Prime.

17 “(2) TRICARE Standard.

18 “(b) TYPES OF COVERAGE.—(1) A member eligible
19 under subsection (a) may enroll for either of the following
20 types of coverage:

21 “(A) Self alone coverage.

22 “(B) Self and family coverage.

23 “(2) An enrollment by a member for self and family
24 covers the member and the dependents of the member who
25 are described in subparagraph (A), (D), or (I) of section
26 1072(2) of this title.

1 “(c) OPEN ENROLLMENT PERIODS.—The Secretary
2 of Defense shall provide for at least one open enrollment
3 period each year. During an open enrollment period, a
4 member eligible under subsection (a) may enroll in the
5 TRICARE program or change or terminate an enrollment
6 in the TRICARE program.

7 “(d) SCOPE OF CARE.—(1) A member and the de-
8 pendants of a member enrolled in the TRICARE program
9 under this section shall be entitled to the same benefits
10 under this chapter as a member of the uniformed services
11 on active duty or a dependent of such a member, respec-
12 tively.

13 “(2) Section 1074(c) of this title shall apply with re-
14 spect to a member enrolled in the TRICARE program
15 under this section.

16 “(e) PREMIUMS.—(1) The Secretary of Defense shall
17 charge premiums for coverage pursuant to enrollments
18 under this section. The Secretary shall prescribe for each
19 of the TRICARE program options referred to in sub-
20 section (a) a premium for self alone coverage and a pre-
21 mium for self and family coverage.

22 “(2) The monthly amount of the premium in effect
23 for a month for a type of coverage under this section shall
24 be the amount equal to 28 percent of the total amount

1 determined by the Secretary on an appropriate actuarial
2 basis as being reasonable for the coverage.

3 “(3) The premiums payable by a member under this
4 subsection may be deducted and withheld from basic pay
5 payable to the member under section 204 of title 37 or
6 from compensation payable to the member under section
7 206 of such title. The Secretary shall prescribe the re-
8 quirements and procedures applicable to the payment of
9 premiums by members not entitled to such basic pay or
10 compensation.

11 “(4) Amounts collected as premiums under this sub-
12 section shall be credited to the appropriation available for
13 the Defense Health Program Account under section 1100
14 of this title, shall be merged with sums in such Account
15 that are available for the fiscal year in which collected,
16 and shall be available under subsection (b) of such section
17 for such fiscal year.

18 “(f) OTHER CHARGES.—A person who receives
19 health care pursuant to an enrollment in a TRICARE pro-
20 gram option under this section, including a member who
21 receives such health care, shall be subject to the same
22 deductibles, copayments, and other nonpremium charges
23 for health care as apply under this chapter for health care
24 provided under the same TRICARE program option to de-

1 pendants described in subparagraph (A), (D), or (I) of sec-
2 tion 1072(2) of this title.

3 “(g) TERMINATION OF ENROLLMENT.—(1) A mem-
4 ber enrolled in the TRICARE program under this section
5 may terminate the enrollment only during an open enroll-
6 ment period provided under subsection (c), except as pro-
7 vided in subsection (h)(2).

8 “(2) An enrollment of a member for self alone or for
9 self and family under this section shall terminate on the
10 first day of the first month beginning after the date on
11 which the member ceases to be eligible under subsection
12 (a).

13 “(3) The enrollment of a member under this section
14 may be terminated on the basis of failure to pay the pre-
15 mium charged the member under this section.

16 “(h) RELATIONSHIP TO TRANSITION TRICARE COV-
17 ERAGE UPON SEPARATION FROM ACTIVE DUTY.—(1) A
18 member may not enroll in the TRICARE program under
19 this section while entitled to transitional health care under
20 subsection (a) of section 1145 of this title or while author-
21 ized to receive health care under subsection (c) of such
22 section.

23 “(2) A member who enrolls in the TRICARE pro-
24 gram under this section within 90 days after the date of
25 the termination of the member’s entitlement or eligibility

1 to receive health care under subsection (a) or (c) of section
2 1145 of this title may terminate the enrollment at any
3 time within one year after the date of the enrollment.

4 “(i) REGULATIONS.—The Secretary of Defense, in
5 consultation with the other administering Secretaries,
6 shall prescribe regulations for the administration of this
7 section.”.

8 (2) The table of sections at the beginning of such
9 chapter is amended by inserting after the item relating
10 to section 1076a the following new item:

“1076b. TRICARE program: coverage for members of the Ready Reserve.”.

11 (b) DEFINITIONS.—(1) Section 1072 of title 10,
12 United States Code, is amended by adding at the end the
13 following new paragraphs:

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

16 “(11) The term ‘TRICARE Standard’ means
17 the option of the TRICARE program that is also
18 known as the Civilian Health and Medical Program
19 of the Uniformed Services”.

20 (2) Section 1097a(f) of such title is amended by
21 striking “DEFINITIONS.—In this section:” and all that fol-
22 lows through “(2) The term” and inserting “CATCHMENT
23 AREA DEFINED.—In this section, the term”.

24 (c) PERIOD FOR IMPLEMENTATION.—Section 1076b
25 of title 10, United States Code (as added by subsection

1 (a)), shall apply with respect to months that begin on or
 2 after the date that is 180 days after the date of the enact-
 3 ment of this Act.

4 **SEC. 3. ALLOWANCE FOR CONTINUATION OF NON-TRICARE**
 5 **HEALTH BENEFITS COVERAGE FOR CERTAIN**
 6 **MOBILIZED RESERVES.**

7 (a) PAYMENT OF PREMIUMS.—(1) Chapter 55 of title
 8 10, United States Code, is amended by inserting after sec-
 9 tion 1078a the following new section:

10 **“§ 1078b. Continuation of non-TRICARE health bene-**
 11 **fits plan coverage for certain Reserves**
 12 **called or ordered to active duty and their**
 13 **dependents**

14 “(a) PAYMENT OF PREMIUMS.—The Secretary con-
 15 cerned shall pay the applicable premium to continue in
 16 force any qualified health benefits plan coverage for an
 17 eligible reserve component member for the benefits cov-
 18 erage continuation period if timely elected by the member
 19 in accordance with regulations prescribed under sub-
 20 section (j).

21 “(b) ELIGIBLE MEMBER.—A member of a reserve
 22 component is eligible for payment of the applicable pre-
 23 mium for continuation of qualified health benefits plan
 24 coverage under subsection (a) while serving on active duty
 25 pursuant to a call or order issued under a provision of

1 law referred to in section 101(a)(13)(B) of this title dur-
2 ing a war or national emergency declared by the President
3 or Congress.

4 “(c) QUALIFIED HEALTH BENEFITS PLAN COV-
5 ERAGE.—For the purposes of this section, health benefits
6 plan coverage for a member called or ordered to active
7 duty is qualified health benefits plan coverage if—

8 “(1) the coverage was in force on the date on
9 which the Secretary notified the member that
10 issuance of the call or order was pending or, if no
11 such notification was provided, the date of the call
12 or order;

13 “(2) on such date, the coverage applied to the
14 member and dependents of the member described in
15 subparagraph (A), (D), or (I) of section 1072(2) of
16 this title; and

17 “(3) the coverage has not lapsed.

18 “(d) APPLICABLE PREMIUM.—The applicable pre-
19 mium payable under this section for continuation of health
20 benefits plan coverage in the case of a member is the
21 amount of the premium payable by the member for the
22 coverage of the member and dependents.

23 “(e) MAXIMUM AMOUNT.—The total amount that
24 may be paid for the applicable premium of a health bene-

1 fits plan for a member under this section in a fiscal year
 2 may not exceed the amount determined by multiplying—

3 “(1) the sum of one plus the number of the
 4 member’s dependents covered by the health benefits
 5 plan, by

6 “(2) the per capita cost of providing TRICARE
 7 coverage and benefits for dependents under this
 8 chapter for such fiscal year, as determined by the
 9 Secretary of Defense.

10 “(f) BENEFITS COVERAGE CONTINUATION PE-
 11 RIOD.—The benefits coverage continuation period under
 12 this section for qualified health benefits plan coverage in
 13 the case of a member called or ordered to active duty is
 14 the period that—

15 “(1) begins on the date of the call or order; and

16 “(2) ends on the earlier of the date on which—

17 “(A) the member’s eligibility for transi-
 18 tional health care under section 1145(a) of this
 19 title terminates under paragraph (3) of such
 20 section; or

21 “(B) the member elects to terminate the
 22 continued qualified health benefits plan cov-
 23 erage of the dependents of the member.

24 “(g) EXTENSION OF PERIOD OF COBRA COV-
 25 ERAGE.—Notwithstanding any other provision of law—

1 “(1) any period of coverage under a COBRA
2 continuation provision (as defined in section
3 9832(d)(1) of the Internal Revenue Code of 1986)
4 for a member under this section shall be deemed to
5 be equal to the benefits coverage continuation period
6 for such member under this section; and

7 “(2) with respect to the election of any period
8 of coverage under a COBRA continuation provision
9 (as so defined), rules similar to the rules under sec-
10 tion 4980B(f)(5)(C) of such Code shall apply.

11 “(h) NONDUPLICATION OF BENEFITS.—A dependent
12 of a member who is eligible for benefits under qualified
13 health benefits plan coverage paid on behalf of a member
14 by the Secretary concerned under this section is not eligi-
15 ble for benefits under the TRICARE program during a
16 period of the coverage for which so paid.

17 “(i) REVOCABILITY OF ELECTION.—A member who
18 makes an election under subsection (a) may revoke the
19 election. Upon such a revocation, the member’s depend-
20 ents shall become eligible for benefits under the
21 TRICARE program as provided for under this chapter.

22 “(j) REGULATIONS.—The Secretary of Defense shall
23 prescribe regulations for carrying out this section. The
24 regulations shall include such requirements for making an

1 election of payment of applicable premiums as the Sec-
2 retary considers appropriate.”.

3 (2) The table of sections at the beginning of such
4 chapter is amended by inserting after the item relating
5 to section 1078a the following new item:

“1078b. Continuation of non-TRICARE health benefits plan coverage for cer-
tain Reserves called or ordered to active duty and their depend-
ents.”.

6 (b) APPLICABILITY.—Section 1078b of title 10,
7 United States Code (as added by subsection (a)), shall
8 apply with respect to calls or orders of members of reserve
9 components of the Armed Forces to active duty as de-
10 scribed in subsection (b) of such section, that are issued
11 by the Secretary of a military department on or after the
12 date of the enactment of this Act.

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