

110TH CONGRESS
1ST SESSION

H. R. 579

To amend title 10, United States Code, to prohibit certain increases in fees for military health care.

IN THE HOUSE OF REPRESENTATIVES

JANUARY 19, 2007

Mr. EDWARDS (for himself and Mr. JONES of North Carolina) introduced the following bill; which was referred to the Committee on Armed Services

A BILL

To amend title 10, United States Code, to prohibit certain increases in fees for military health care.

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

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Military Retirees
5 Health Care Protection Act”.

6 **SEC. 2. FINDINGS AND SENSE OF CONGRESS.**

7 (a) FINDINGS.—Congress finds the following:

8 (1) Career uniformed service members and their
9 families endured unique and extraordinary demands

1 and sacrifices during the course of a 20- to 30-year
2 career in protecting freedoms for all Americans.

3 (2) The extent of these demands and sacrifices
4 is never so evident as in wartime, not only in today's
5 Global War on Terrorism, but also during the last
6 6 decades of hot and cold wars when today's retired
7 service members were on continuous call to enter
8 into harm's way when and as needed.

9 (3) The demands and sacrifices are such that
10 few Americans are willing to accept them for a
11 multi-decade career.

12 (4) The primary offset for enduring the ex-
13 traordinary sacrifices inherent in a military career is
14 a system of extraordinary retirement benefits, in-
15 cluding health care coverage considerably better than
16 that afforded civilian workers, that a grateful Nation
17 provides for those who choose to subordinate much
18 of their personal life to the national interest for so
19 many years.

20 (5) Many private sector firms are curtailing
21 health benefits and shifting significantly higher costs
22 to their employees.

23 (6) One effect of such curtailment is that re-
24 tired service members who work for such employers

1 are turning to use of the TRICARE coverage they
2 earned by their military service.

3 (7) In some cases, civilian employers establish
4 financial incentives for TRICARE-eligible employees
5 to use TRICARE rather than the civilian employers'
6 coverage.

7 (8) While the Department of Defense has made
8 some efforts to constrain TRICARE program costs,
9 a large part of the Department's effort is to shift a
10 larger share of cost burdens to retired service mem-
11 bers.

12 (9) The cumulative increases in enrollment fees,
13 deductibles, and co-payments being proposed by the
14 Department of Defense far exceed the 33-percent
15 growth in military retired pay since the retired mem-
16 bers' fees were established 11 years ago.

17 (10) The beneficiary cost increases being pro-
18 posed by the Department of Defense fail to recog-
19 nize adequately that career service members paid
20 enormous in-kind premiums through their extended
21 service and sacrifice.

22 (11) A significant share of the Nation's health
23 care providers refuse to accept new TRICARE pa-
24 tients because TRICARE pays them significantly

1 less than commercial insurance programs and im-
2 poses unique administrative requirements.

3 (12) The significant majority of the savings the
4 Department of Defense associates with the proposed
5 fee increases is expected to come from deterring a
6 large portion of TRICARE beneficiaries from using
7 their earned military health benefits.

8 (13) The Department of Defense has chosen to
9 count the accrual deposit to the Department of De-
10 fense Medicare-Eligible Retiree Health Care Fund
11 against the Department of Defense's budget, con-
12 trary to the amendments made by section 725 of
13 Public Law 108-375.

14 (14) Department of Defense leaders have re-
15 ported to Congress that counting such deposits
16 against the Department of Defense's budget is im-
17 ping on other readiness needs, including weapons
18 programs, an inappropriate situation which section
19 725 of Public Law 108-375 was intended expressly
20 to prevent.

21 (b) SENSE OF CONGRESS.—It is the sense of Con-
22 gress that—

23 (1) the Department of Defense and the Nation
24 have a committed health benefits obligation to re-
25 tired uniformed service members that exceeds the

1 obligation of corporate employers to civilian employ-
2 ees; and

3 (2) the Department of Defense has many addi-
4 tional options to constrain the growth of health care
5 spending in ways that do not disadvantage bene-
6 ficiaries and should pursue any and all such options
7 rather than seeking large fee increases for bene-
8 ficiaries.

9 **SEC. 3. PROHIBITION ON INCREASES IN CERTAIN HEALTH**
10 **COSTS AND RESTRICTIONS ON HEALTH BEN-**
11 **EFIT ADJUSTMENTS FOR MEMBERS OF THE**
12 **UNIFORMED SERVICES.**

13 (a) PROHIBITION ON INCREASE IN CHARGES UNDER
14 CONTRACTS FOR MEDICAL CARE.—Section 1097(e) of
15 title 10, United States Code, is amended in the last sen-
16 tence—

17 (1) by striking “during the period beginning
18 on” and inserting “after”; and

19 (2) by striking “, and ending on September 30,
20 2007”.

21 (b) PROHIBITION ON INCREASE IN AMOUNT OF COST
22 SHARING REQUIREMENT UNDER PHARMACY BENEFITS
23 PROGRAM.—Section 1074g of title 10, United States
24 Code, is amended by adding at the end of subsection
25 (a)(6)(A) the following: “After September 30, 2007, the

1 dollar amount of a cost sharing requirement (whether es-
2 tablished as a percentage or a fixed dollar amount) may
3 not be increased.”.

4 (c) PROHIBITION ON INCREASE IN CHARGES FOR IN-
5 PATIENT CARE.—Section 1086(b)(3) of title 10, United
6 States Code, is amended by striking “during the period
7 beginning on April 1, 2006, and ending on September 30,
8 2007”.

9 (d) PROHIBITION ON INCREASE IN PREMIUMS
10 UNDER TRICARE COVERAGE FOR CERTAIN MEMBERS
11 IN THE SELECTED RESERVE.—Section 1076d(d)(3) of
12 title 10, United States Code, is amended by striking “Dur-
13 ing the period beginning on April 1, 2006, and ending on
14 September 30, 2007” and inserting “Beginning on April
15 1, 2006”.

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