

Attachment 4
NDAA FY 2008 Section 711 Legislation

Public Law 110-181
110th Congress

SEC. 711. <<NOTE: 10 USC 1073 note. SURVEYS ON CONTINUED VIABILITY OF TRICARE STANDARD AND TRICARE EXTRA.

(a) Requirement for Surveys.--

(1) In general.--The Secretary of Defense shall conduct surveys of health care providers and beneficiaries who use TRICARE in the United States to determine, utilizing a reconciliation of the responses of providers and beneficiaries to such surveys, each of the following:

(A) How many health care providers in TRICARE Prime service areas selected under paragraph (3)(A) are accepting new patients under each of TRICARE Standard and TRICARE Extra.

(B) How many health care providers in geographic areas in which TRICARE Prime is not offered are accepting patients under each of TRICARE Standard and TRICARE Extra.

(C) The availability of mental health care providers in TRICARE Prime service areas selected under paragraph (3)(C) and in geographic areas in which TRICARE Prime is not offered.

(2) Benchmarks.--The Secretary shall establish for purposes of the surveys required by paragraph (1) benchmarks for primary care and specialty care providers, including mental health care providers, to be utilized to determine the adequacy of the availability of health care providers to beneficiaries eligible for TRICARE.

(3) Scope of surveys.--The Secretary shall carry out the surveys required by paragraph (1) as follows:

(A) In the case of the surveys required by subparagraph (A) of that paragraph, in at least 20 TRICARE Prime service areas in the United States in each of fiscal years 2008 through 2011.

(B) In the case of the surveys required by subparagraph (B) of that paragraph, in 20 geographic areas in which TRICARE Prime is not offered and in which significant numbers of beneficiaries who are members of the Selected Reserve reside.

(C) In the case of the surveys required by subparagraph (C) of that paragraph, in at least 40

geographic areas.

(4) Priority for surveys.--In prioritizing the areas which are to be surveyed under paragraph (1), the Secretary shall--

(A) consult with representatives of TRICARE beneficiaries and health care and mental health care providers to identify locations where TRICARE Standard beneficiaries are experiencing significant levels of access-to-care problems under TRICARE Standard or TRICARE Extra;

(B) give a high priority to surveying health care and mental health care providers in such areas; and

(C) give a high priority to surveying beneficiaries and providers located in geographic areas with high concentrations of members of the Selected Reserve.

(5) Information from providers.--The surveys required by paragraph (1) shall include questions seeking to determine from health care and mental health care providers the following:

(A) Whether the provider is aware of the TRICARE program.

(B) What percentage of the provider's current patient population uses any form of TRICARE.

(C) Whether the provider accepts patients for whom payment is made under the medicare program for health care and mental health care services.

(D) If the provider accepts patients referred to in subparagraph (C), whether the provider would accept additional such patients who are not in the provider's current patient population.

(6) Information from beneficiaries.--The surveys required by paragraph (1) shall include questions seeking information to determine from TRICARE beneficiaries whether they have difficulties in finding health care and mental health care providers willing to provide services under TRICARE Standard or TRICARE Extra.

(b) GAO Review.--

(1) Ongoing review.--The Comptroller General shall, on an ongoing basis, review--

(A) the processes, procedures, and analysis used by the Department of Defense to determine the adequacy of the number of health care and mental health care providers--

(i) that currently accept TRICARE Standard or TRICARE Extra beneficiaries as patients under TRICARE Standard in each TRICARE area as of the

date of completion of the review; and
(ii) that would accept TRICARE Standard or TRICARE Extra beneficiaries as new patients under TRICARE Standard or TRICARE Extra, as applicable, within a reasonable time after the date of completion of the review; and

(B) the actions taken by the Department of Defense to ensure ready access of TRICARE Standard beneficiaries to health care and mental health care under TRICARE Standard in each TRICARE area, including any pending or resolved requests for waiver of payment limits in order to improve access to health care or mental health care in a specific geographic area.

(2) Reports.--The Comptroller General shall submit to the Committees on Armed Services of the Senate and the House of Representatives on a bi-annual basis a report on the results of the review under paragraph (1). Each report shall include the following:

(A) An analysis of the adequacy of the surveys under subsection (a).

(B) An identification of any impediments to achieving adequacy of availability of health care and mental health care under TRICARE Standard or TRICARE Extra.

(C) An assessment of the adequacy of Department of Defense education programs to inform health care and mental health care providers about TRICARE Standard and TRICARE Extra.

(D) An assessment of the adequacy of Department of Defense initiatives to encourage health care and mental health care providers to accept patients under TRICARE Standard and TRICARE Extra.

(E) An assessment of the adequacy of information available to TRICARE Standard beneficiaries to facilitate access by such beneficiaries to health care and mental health care under TRICARE Standard and TRICARE Extra.

(F) An assessment of any need for adjustment of health care and mental health care provider payment rates to attract participation in TRICARE Standard by appropriate numbers of health care and mental health care providers.

(G) An assessment of the adequacy of Department of Defense programs to inform members of the Selected Reserve about the TRICARE Reserve Select program.

(H) An assessment of the ability of TRICARE Reserve

Select beneficiaries to receive care in their geographic area.

(c) Effective Date.--This section shall take effect on October 1, 2007.

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(d) Repeal of Superseded Requirements and Authority.--Section 723 of the National Defense Authorization Act for Fiscal Year 2004 (10 U.S.C. 1073 note) is repealed, effective as of October 1, 2007.

(e) Definitions.--In this section:

(1) The term ``TRICARE Extra" means the option of the TRICARE program under which TRICARE Standard beneficiaries may obtain discounts on cost-sharing as a result of using TRICARE network providers.

(2) The term ``TRICARE Prime" means the managed care option of the TRICARE program.

(3) The term ``TRICARE Prime service area" means a geographic area designated by the Department of Defense in which managed care support contractors develop a managed care network under TRICARE Prime.

(4) The term ``TRICARE Standard" means the option of the TRICARE program that is also known as the Civilian Health and Medical Program of the Uniformed Services, as defined in section 1072(4) of title 10, United States Code.

(5) The term ``TRICARE Reserve Select" means the option of the TRICARE program that allows members of the Selected Reserve to enroll in TRICARE Standard, pursuant to section 1076d of title 10, United States Code.

(6) The term ``member of the Selected Reserve" means a member of the Selected Reserve of the Ready Reserve of a reserve component of the Armed Forces.

(7) The term ``United States" means the United States (as defined in section 101(a) of title 10, United States Code), its possessions (as defined in such section), and the Commonwealth of Puerto Rico.