

118TH CONGRESS
1ST SESSION

H. R. 4221

To amend title 10, United States Code, to eliminate certain healthcare charges for members of the Selected Reserve eligible for TRICARE Reserve Select, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JUNE 20, 2023

Mr. KIM of New Jersey (for himself and Mr. KELLY of Mississippi) introduced the following bill; which was referred to the Committee on Armed Services

A BILL

To amend title 10, United States Code, to eliminate certain healthcare charges for members of the Selected Reserve eligible for TRICARE Reserve Select, 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,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Healthcare for Our
5 Troops Act”.

1 **SEC. 2. ELIMINATION OF CERTAIN HEALTHCARE CHARGES**
2 **FOR MEMBERS OF THE SELECTED RESERVE.**

3 (a) TRICARE RESERVE SELECT.—Section 1076d of
4 title 10, United States Code, is amended to read as fol-
5 lows:

6 **“§ 1076d. TRICARE program: TRICARE Reserve Se-**
7 **lect coverage for members of the Selected**
8 **Reserve**

9 “(a) MEMBERS OF SELECTED RESERVE.—(1) A
10 member of the Selected Reserve of the Ready Reserve of
11 a reserve component of the Armed Forces is eligible for
12 health benefits under TRICARE Reserve Select as pro-
13 vided in this section.

14 “(2) Eligibility for TRICARE Reserve Select cov-
15 erage of a member under this section shall terminate upon
16 the termination of the service of that member in the Se-
17 lected Reserve.

18 “(b) TRICARE RESERVE SELECT FAMILY COV-
19 ERAGE.—While a member of a reserve component is cov-
20 ered by TRICARE Reserve Select under subsection (a),
21 the members of the immediate family of such member are
22 eligible for TRICARE Reserve Select coverage as depend-
23 ents of the member. If a member of a reserve component
24 dies while in a period of coverage under this section, the
25 eligibility of the members of the immediate family of such
26 member for TRICARE Reserve Select coverage shall con-

1 tinue for six months beyond the date of death of the mem-
2 ber.

3 “(c) NO PREMIUMS FOR INDIVIDUAL COVERAGE.—

4 A member of a reserve component covered by TRICARE
5 Reserve Select individual coverage shall pay no premium
6 for such coverage.

7 “(d) PREMIUMS FOR FAMILY COVERAGE.—(1) A

8 member of a reserve component covered by TRICARE Re-
9 serve Select under this section shall pay a premium for
10 any member of the immediate family of such member cov-
11 ered under TRICARE Reserve Select family coverage.

12 Such premium shall apply instead of any enrollment fees
13 required under section 1075 of this title.

14 “(2) The Secretary of Defense shall prescribe for the

15 purposes of this section one premium for TRICARE Re-
16 serve Select family coverage of immediate family members
17 of members of the reserve components, that shall apply
18 uniformly to all such immediate family members.

19 “(3)(A) The monthly amount of the premium in ef-

20 fect for a month for TRICARE Reserve Select family cov-
21 erage under this section shall be the amount equal to 28
22 percent of the total monthly amount determined on an ap-
23 propriate actuarial basis as being reasonable for that cov-
24 erage.

1 “(B) The appropriate actuarial basis for purposes of
2 subparagraph (A) shall be determined, for each calendar
3 year after calendar year 2009, by utilizing the actual cost
4 of providing benefits under this section to members’ de-
5 pendants during the calendar years preceding such cal-
6 endar year.

7 “(4) The premiums for TRICARE Reserve Select
8 family coverage payable by a member of a reserve compo-
9 nent under this subsection may be deducted and withheld
10 from basic pay payable to the member under section 204
11 of title 37 or from compensation payable to the member
12 under section 206 of such title. The Secretary shall pre-
13 scribe the requirements and procedures applicable to the
14 payment of premiums.

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

22 “(e) COST-SHARING AMOUNTS.—

23 “(1) NETWORK INDIVIDUAL COVERAGE.—Ex-
24 cept as provided in paragraph (2), a beneficiary cov-
25 ered by TRICARE Reserve Select individual cov-

1 erage shall pay no charge for any healthcare service
2 to which the beneficiary is entitled pursuant to such
3 coverage.

4 “(2) OUT-OF-NETWORK INDIVIDUAL COV-
5 ERAGE.—With respect to out-of-network healthcare
6 services, a beneficiary covered by TRICARE Reserve
7 Select individual coverage shall be subject to the
8 same out-of-network cost-sharing requirements as
9 those to which beneficiaries described in section
10 1075(e)(1) of this title in the active-duty family
11 member category are subject to for the cor-
12 responding year.

13 “(3) FAMILY COVERAGE.—A beneficiary cov-
14 ered by TRICARE Reserve Select family coverage
15 shall be subject to the same cost-sharing require-
16 ments as those to which beneficiaries described in
17 section 1075(e)(1) of this title in the active-duty
18 family member category are subject to for the cor-
19 responding year.

20 “(f) REGULATIONS.—The Secretary of Defense, in
21 consultation with the other administering Secretaries,
22 shall prescribe regulations for the administration of this
23 section.

24 “(g) DEFINITIONS.—In this section:

1 “(1) The terms ‘active-duty family member cat-
2 egory’, ‘network’, and ‘out-of-network’ have the
3 meanings given such terms in section 1075(h) of
4 this title.

5 “(2) The term ‘immediate family’, with respect
6 to a member of a reserve component, means any de-
7 pendents of the member described in subparagraph
8 (A), (D), or (I) of section 1072(2) of this title.

9 “(3) The term ‘TRICARE Reserve Select’
10 means—

11 “(A) medical care at facilities of the uni-
12 formed services to which a dependent described
13 in section 1076(a)(2) of this title is entitled;
14 and

15 “(B) health benefits under the TRICARE
16 Select self-managed, preferred provider network
17 option under section 1075 of this title made
18 available to beneficiaries by reason of this sec-
19 tion and subject to the cost-sharing require-
20 ments set forth in subsection (e) of this section.

21 “(4) The term ‘TRICARE Reserve Select fam-
22 ily coverage’ means the coverage under TRICARE
23 Reserve Select of any members of the immediate
24 family of a member of the Selected Reserve of the

1 Ready Reserve of a reserve component, as described
2 in subsection (b).

3 “(5) The term ‘TRICARE Reserve Select indi-
4 vidual coverage’ means the coverage under
5 TRICARE Reserve Select of a member of the Se-
6 lected Reserve of the Ready Reserve of a reserve
7 component, as described in subsection (a).”.

8 (b) TRICARE DENTAL FOR SELECTED RESERVE.—
9 Section 1076a of title 10, United States Code, is amend-
10 ed—

11 (1) in subsection (a)—

12 (A) in the heading of paragraph (1), by
13 striking “SELECTED RESERVE AND”; and

14 (B) by adding at the end the following new
15 paragraph:

16 “(5) PLAN FOR SELECTED RESERVE.—A dental
17 benefits plan for members of the Selected Reserve of
18 the Ready Reserve.”;

19 (2) in subsection (d)—

20 (A) by redesignating paragraph (3) as
21 paragraph (4); and

22 (B) by inserting after paragraph (2) the
23 following new paragraph:

1 “(3) NO PREMIUM PLANS.—(A) The dental in-
2 surance plan established under subsection (a)(5) is
3 a no premium plan.

4 “(B) Members enrolled in a no premium plan
5 may not be charged a premium for benefits provided
6 under the plan.”;

7 (3) in subsection (e)(2)(A), by striking “a mem-
8 ber of the Selected Reserve of the Ready Reserve
9 or”;

10 (4) by redesignating subsections (f) through (l)
11 as subsections (g) through (m), respectively;

12 (5) by inserting after subsection (e) the fol-
13 lowing new subsection (f):

14 “(f) COPAYMENTS UNDER NO PREMIUM PLANS.—A
15 member who receives dental care under a no premium plan
16 referred to in subsection (d)(3) shall pay no charge for
17 any care described in subsection (c).”; and

18 (6) in subsection (i), as redesignated by para-
19 graph (4), by striking “subsection (k)(2)” and in-
20 serting “subsection (l)(2)”.

21 (c) IMPROVEMENTS TO COVERAGE FOR CERTAIN RE-
22 TIREES.—

23 (1) ADJUSTMENT OF ELIGIBILITY.—Section
24 1074(b)(2) of title 10, United States Code, is
25 amended to read as follows:

1 “(2) Paragraph (1) does not apply to a member or
2 former member entitled to retired pay for non-regular
3 service under chapter 1223 of this title who is under 60
4 years of age unless such member or former member is in
5 receipt of such pay (or would be in receipt of such pay
6 but for section 5304 or 5305 of title 38).”.

7 (2) TRICARE RETIRED RESERVE.—Section
8 1076e(a)(1) of title 10, United States Code, is
9 amended by striking “but is not age 60” and insert-
10 ing “but is not age 60 and is not in receipt of such
11 retired pay (or would be in receipt of such pay but
12 for section 5304 or 5305 of title 38)”.

13 (d) CONFORMING AMENDMENTS TO TRICARE SE-
14 LECT.—Section 1075 of title 10, United States Code, is
15 amended—

16 (1) by amending subsection (c)(3) to read as
17 follows:

18 “(3) With respect to beneficiaries in the reserve
19 and young adult category—

20 “(A) for beneficiaries covered by section
21 1076e or 1110b of this title, the cost-sharing
22 requirements shall be calculated pursuant to
23 subsection (d)(1) as if the beneficiary were in
24 the active-duty family member category or the
25 retired category, as applicable, except that the

1 premiums calculated pursuant to section 1076e
2 or 1110b of this title shall apply instead of any
3 enrollment fee required under this section; and

4 “(B) for beneficiaries covered by section
5 1076d of this title, the cost-sharing require-
6 ments shall be calculated pursuant to section
7 (e) of such section.”.

8 (e) APPLICABILITY.—This section shall apply with re-
9 spect to the provision of healthcare under the TRICARE
10 program beginning on the date that is one year after the
11 date of the enactment of this Act.

12 **SEC. 3. FORMS AND STUDY RELATING TO IMPROVED COV-**
13 **ERAGE FOR MEMBERS OF THE SELECTED RE-**
14 **SERVE.**

15 (a) FORMS.—Not later than 180 days after the date
16 of the enactment of this Act, the Secretary of Defense
17 shall develop forms to be used by civilian healthcare pro-
18 viders under the purchased care component of the
19 TRICARE Program for medical and dental care for mem-
20 bers of the Selected Reserve eligible for TRICARE Re-
21 serve Select. Such forms shall include opportunities for the
22 healthcare provider to indicate, with respect to the mem-
23 ber, the following information:

24 (1) Medical Readiness Classification.

25 (2) Dental Readiness Classification.

1 (3) Fitness for deployment.

2 (4) Any other information the Secretary deter-
3 mines necessary.

4 (b) STUDY.—

5 (1) IN GENERAL.—The Secretary of Defense
6 shall conduct a study on—

7 (A) the phasing out of mass medical events
8 and periodic health assessments for members of
9 the Selected Reserve eligible for TRICARE Re-
10 serve Select; and

11 (B) the replacement of such events and
12 processes with the new TRICARE Reserve Se-
13 lect coverage model under section 1076d of title
14 10, United States Code (as amended by section
15 1), and the use of forms by civilian healthcare
16 providers as specified in subsection (a).

17 (2) FINDINGS.—Not later than 180 days after
18 the date of the enactment of this Act, the Secretary
19 shall submit to the Committees on Armed Services
20 of the House of Representatives and the Senate a
21 report containing the findings of the study under
22 paragraph (1).

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