112TH CONGRESS 1ST SESSION

H.R. 1092

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

IN THE HOUSE OF REPRESENTATIVES

March 15, 2011

Mr. Jones (for himself and Mr. Boren) 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 endure unique and extraordinary demands

- and sacrifices during the course of a decades-long
 career protecting freedoms for all Americans.
 - (2) The extent of these demands and sacrifices is never so evident as in wartime, not only in today's Global War on Terrorism, but also during the last 6 decades of hot and cold wars when today's retired service members were on continuous call to enter into harm's way when and as needed.
 - (3) The demands and sacrifices are such that few Americans are willing to accept them for a multi-decade career.
 - (4) The primary offset for enduring the extraordinary sacrifices inherent in a military career is a system of extraordinary retirement benefits, including health care coverage considerably better than that afforded civilian workers, that a grateful Nation provides for those who choose to subordinate much of their personal life to the national interest for so many years.
 - (5) Many private sector firms are curtailing health benefits and shifting significantly higher costs to their employees.
 - (6) One effect of such curtailment is that retired service members who work for such employers

- increasingly depend on the TRICARE coverage they
 earned by their military service.
- 3 (7) While the Department of Defense has made 4 some efforts to constrain TRICARE program costs, 5 a large part of the Department's effort has been 6 aimed at shifting a larger share of cost burdens to 7 retired service members.
 - (8) The beneficiary cost increases proposed by the Department of Defense fail to recognize adequately that career service members paid enormous in-kind premiums through their extended service and sacrifice.
 - (9) A significant share of the Nation's health care providers refuse to accept new TRICARE patients because TRICARE pays them significantly less than commercial insurance programs and imposes unique administrative requirements.
 - (10) The Department of Defense has chosen to count the accrual deposit to the Department of Defense Medicare-Eligible Retiree Health Care Fund against the budget of the Department of Defense, contrary to the amendments made by section 725 of Public Law 108–375.
- 24 (11) Leaders of the Department of Defense 25 have reported to Congress that counting such depos-

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1	its against the budget of the Department of Defense
2	is impinging on other readiness needs, including
3	weapons programs, an inappropriate situation which
4	section 725 of Public Law $108-375$ was intended ex-
5	pressly to prevent.
6	(b) Sense of Congress.—It is the sense of Con-
7	gress that—
8	(1) the Department of Defense and the Nation
9	have a committed health benefits obligation to re-
10	tired uniformed service members that exceeds the
11	obligation of corporate employers to civilian employ-
12	ees; and
13	(2) the Department of Defense has many addi-
14	tional options to constrain the growth of health care
15	spending in ways that do not disadvantage bene-
16	ficiaries and should pursue any and all such options
17	rather than seeking large fee increases for bene-
18	ficiaries.
19	SEC. 3. PROHIBITION ON INCREASES OF CERTAIN HEALTH
20	COSTS AND RESTRICTIONS ON HEALTH BEN-
21	EFIT ADJUSTMENTS FOR MEMBERS AND RE-
22	TIREES OF THE UNIFORMED SERVICES AND
23	THEIR DEPENDENTS.
24	(a) Prohibition on Increase in Charges Under
25	CONTRACTS FOR MEDICAL CARE.—Section 1097(e) of

- 1 title 10, United States Code, is amended in the last sen-
- 2 tence—
- 3 (1) by striking "during the period beginning
- 4 on" and inserting "after"; and
- 5 (2) by striking ", and ending on September 30,
- 6 2011".
- 7 (b) Prohibition on Increase in Amount of Cost
- 8 Sharing Requirement Under Pharmacy Benefits
- 9 Program.—Section 1074g(a)(6)(A) of title 10, United
- 10 States Code, is amended by adding at the end the fol-
- 11 lowing: "After September 30, 2011, the dollar amount of
- 12 a cost sharing requirement (whether established as a per-
- 13 centage or a fixed dollar amount) may not be increased.".
- (c) Prohibition on Increase in Charges for In-
- 15 PATIENT CARE.—Section 1086(b)(3) of title 10, United
- 16 States Code, is amended by striking "during the period
- 17 beginning on April 1, 2006, and ending on September 30,
- 18 2011".
- 19 (d) Prohibition on Increase in Premiums
- 20 Under TRICARE Coverage for Certain Members
- 21 IN THE SELECTED RESERVE.—Section 1076d(d)(3) of
- 22 title 10, United States Code, is amended to read as fol-
- 23 lows:
- 24 "(3) Beginning on October 1, 2011, the month-
- 25 ly amount of the premium for TRICARE Standard

- 1 coverage under this section may not be increased to
- 2 be more than the amount in effect for the month of
- 3 September 2011.".
- 4 (e) Prohibition on Increase in Premiums
- 5 Under TRICARE Coverage for Certain Members
- 6 OF THE RETIRED RESERVE.—Section 1076e(d) of title
- 7 10, United States Code, is amended by adding at the end
- 8 the following new paragraph:
- 9 "(6) Beginning on October 1, 2011, the monthly
- 10 amount of the premium for TRICARE Standard coverage
- 11 under this section may not be increased to be more than
- 12 the amount in effect for the month of September 2011.".

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