

Senate and House Provisions for the FY 2017 National Defense Authorization Act

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Active Force Provisions

House (H.R. 4909)	Senate (S. 2943)	TMC Position
	Section 338 —STARBASE program. The committee recommends a provision that would continue funding for the STARBASE Program by up to \$25.0 million for fiscal year 2017.	Support Senate provision
Sec. 401—Active Duty end strength. Army end strength increased 5k (480k overall), Marine Corps increased 1k (185k), Navy decreased 4.5k (324.6k). Air Force increased 285 (321k)	Sec. 401—Active Duty end strength. Army end strength decreased 15k (460k overall), Marine Corps reduced 2k (182k), Navy decreased 6.3k (322.9k). Air Force decreased 3715 (317k)	Support House provision
Section 402—Revisions in Permanent Active Duty End Strength Minimum Levels. 480,000 as the minimum AD end strength for the Army, 324,615 as the minimum for the Navy, 185,000 as the minimum for the Marine Corps, and 321,000 as the minimum for the Air Force		Support House provision
	Section 503— Temporary Suspension of Officer Grade Strength Tables. Removes the limitations on the total number of commissioned officers authorized to serve on AD or on full-time reserve component duty in the pay grades of O–4 through O–6 as of the end of the FY for FY 2017 - 2021. Directs SecDef report on use/impact.	Support Senate provision
	Section 510— Extension of Force Management Authorities Allowing Enhanced Flexibility for Officer Personnel Management. Extends Temporary Early Retirement Authority through 12/31/25; extend through 12/31/25 authority for service secretaries to manage authorized officer personnel strength by shortening period of continuation of service by officers on AD, authorize involuntary early retirement for certain officers on AD, & to consider officers for involuntary	TMC supports extension of the voluntary separation and early retirement provisions for both officers and enlisted members.

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	discharge who are not eligible for retirement; provide voluntary separation pay and benefits; and extends authority for early retirement of up to 4 % of the authorized AD strength of officers in the grades of O-5 & O-6 w/o reduction in grade, ea FY	
<p>Section 522—Entitlement to Leave for Adoption or Birth of Child by Dual Military Couples. Provide one service member up to 21 days of leave under this subsection and the other service member up to 14 days of leave for the adoption of a child for dual-military couples of the Armed Forces.</p> <p>Section 529—Parental Leave for Members of the Armed Forces. authorizes 14 days of leave to a member of the Armed Forces who becomes a parent when that member’s spouse gives birth.</p>	<p>Section 532— Leave Matters. Authorizes up to 6 weeks of uncharged leave that may be taken by a servicemember who is the primary caregiver in the case of the birth of a child or the adoption of a child. In the case of leave taken following the birth of a child, the availability of primary caregiver leave would commence after completion of medical convalescent leave resulting from the birth of such child. Authorizes 21 days of uncharged leave for a birth parent or an adoptive parent who is the secondary caregiver. No leave can be granted that isn’t expressly authorized by law.</p>	<p>Support Senate provision. Leave matters should be the same for all seven uniformed services.*</p> <p>*AUSA supports the House provision.</p>
<p>Section 526—Annual Notice to Members of the Armed Forces Regarding Child Custody Protections Guaranteed by the Servicemembers Civil Relief Act. Requires the Secretaries to notify service members with dependents annually, and prior to deployment.</p>		<p>Support House provision</p>
	<p>Section 534— Reduction of Tenure on the Temporary Disability Retired List. Reduces the max tenure from 5 to 3 years, for members placed on TDRL on or after 1/1/2017</p>	<p>TMC opposes the Senate provision. Not all wounded, ill, and injured members’ condition is stabilized within 3 years.</p>
	<p>Section 536— Board for the Correction of Military Records and Discharge Review Board matters. Requires that a board convene to consider a claim for correction of military records by a former servicemember (1) who had been deployed in support of contingency operation and who was subsequently diagnosed as experiencing post-traumatic stress disorder (PTSD) or traumatic brain</p>	<p>Support Senate provision</p>

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	injury (TBI), or (2) who was diagnosed while serving in the military as experiencing a mental health disorder must include a clinical psychologist or psychiatrist, or a physician with training on mental health issues connected with PTSD or TBI. Also requires posting aggregate data on such cases on internet and posting aggregate data on similar cases considered by discharge review boards.	
	Section 536A—Treatment by Discharge Review Board of Claims Asserting PTSD or TBI in Connection with Combat or Sexual Trauma as Basis for Review of Discharge. Board shall review medical evidence of SecVA or a civilian health care provider that is presented by the former member and review the case with liberal consideration to the former member that PTSD or TVI potentially contributed to the circumstances resulting in the discharge of lesser characterization.	Support Senate provision
	Section 554. Medical Examination before Administrative Separation for Members with PTSD or TBI in Connection with Sexual Assault. Adds sexual assault as potential cause of PTSD/TBI for which the member must have a medical exam before administrative separation.	Support Senate provision
	Section 561— Limitation on Tuition Assistance for Off-Duty Training or Education. Limits the tuition assistance program for off-duty training and education to education programs likely to contribute to the professional development of the servicemember. (MCRMC recommendation)	Oppose Senate provision. TMC supports current Service rules on tuition assistance.
Section 563—Military-to-Mariner Transition. Require the SecDef and the Secretary of the department in which the Coast Guard is operating to jointly report on the steps taken to maximize Armed Forces service, training, and qualifications	Section 562— Modification of Program to Assist Members of the Armed Forces in Obtaining Professional Credentials. Assists members in obtaining professional credentials that were acquired during military service, but which were	Support both provisions

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credit toward U.S. merchant mariner licenses and certifications and to promote awareness among Armed Forces personnel who serve in vessel operating positions of the requirements for post-service use of training, education, and practical experience from service in the Armed Forces	not necessarily obtained incident to the performance of their military duties. Eliminates the requirement that credentialing programs be accredited by third party accreditation bodies, and instead would require that credentialing programs meet certain other quality assurance benchmarks.	
	Section 563— Access to DoD Installations of Institutions of Higher Education Providing Certain Advising and Student Support Services. Requires SecDef to grant access to all DoD installations any institution of higher education that has a Voluntary Education Partnership Memorandum of Understanding with the Department for the purposes of student advising and support services.	TMC opposes the Senate provision in the belief that unfettered access to all areas of installations creates excessive opportunities for solicitation. TMC urges requiring a DoD report on the proposal rather than blanket legislative authorization.
	Section 564— Priority Processing of Applications for Transportation Worker Identification Credentials for Members Undergoing Discharge or Release from the Armed Forces. Requires SecDef and Secretary of Homeland Security to afford priority processing of applications by separating members.	Support Senate provision for honorably discharged personnel.
Section 569. Inclusion of Alcohol, Drug and other Substance Abuse Counseling in Preseparation Counseling.		Support House provision
Section 569A. Inclusion of Information in Transition Program. Requires information on deduction of VA disability compensation from voluntary separation pay.		Support House provision
Section 574. Elimination of Two-Year Eligibility Limitation for Noncompetitive Appointment of Spouses of Members of the Armed Forces. Eliminates 2-year post-PCS limit for appointment to federal civilian positions.	Section 1113—No Time Limitation for Appointment of Relocating Military Spouses. Specifies eligibility of spouses for non-competitive hiring into civilian positions entails no time limit after PCS.	Support both provisions

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	Section 574— One-Year Extension of Authorities Relating to the Transition and Support of Military Dependent Students to Local Educational Agencies.	Support Senate provision
	Section 575—GAO Analysis of Unsatisfactory Conditions and Overcrowding at Public Schools on Military Installations. Requires GAO report within 1 year of enactment.	Support Senate provision
	Section 580--GAO Report on Exceptional Family Member Programs. Report NLT 180 days after enactment on Service program effectiveness.	Support Senate provision
Section 592—Representation from Members of the Armed Forces on Boards, Councils, and Committees Making Recommendations Relating to Military Personnel Issues. Requires enlisted or retired enlisted members be represented on all such bodies.		Support House provision
Section 599A—Report on Availability of College Credit for Skills Acquired During Military Service. Report NLT 60 days after enactment on transfer of skills into equivalent college credits or technical certifications.		Support House provision
Section 599C. Report on Extending Protections for Student Loans for Active Duty Borrowers. Report NLT 180 days after enactment on efforts to inform active duty members regarding SCRA rights on student loans.		Support House provision
Section 599G—Extension of Suicide Prevention and Resilience Program. Extends program through Oct 1, 2018.		Support House provision
Section 601—Annual Adjustment of Monthly Basic Pay. Grants full comparability pay raise of 2.1%	Section 601— Fiscal Year 2017 Increase in Military Basic Pay. Authorizes a pay raise of 1.6%	Support House provision. Servicemembers deserve the same annual raises as the average American.
	Section 604— Reform of Basic Allowance for Housing. BAH = lesser of applicable rate or	Oppose the Senate provision, which would impose dramatic compensation cuts, in many cases over

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	<p>member’s actual cost, Dual military couples and roommates will get normal rate divided by number of BAH-eligible occupants (CONUS and overseas), Gives service secretaries option to pick rate applicable for geographic bachelors. Removes service authority to pay BAH for single E-5s and below on sea duty. Removes authority to pay difference between with and without dependent BAH to members in quarters who pay child support. Provisions take effect for members entering service or PCSing after Jan 1, 2018. Because this would replace current BAH statutes, it would eliminate the series of 1% annual BAH reductions and restore BAH to 100% of median housing cost by grade.</p>	<p>\$10,000-\$20,000 a year. It would discriminate severely against servicemembers who marry other servicemembers rather than civilians, and severely penalize servicemembers who take roommates as a way to save money. The new retirement system requires more savings from servicemembers, and this measure would punish them for pursuing one of their primary options to generate more savings.</p>
	<p>Section 622— Period for Relocation of Spouses and Dependents of Certain Members of the Armed Forces Undergoing a Permanent Change of Station. Authorizes relocation of family members and household goods up to 180 days before or 180 days after the member’s PCS date for reasons of employment, school, EFMP, illness, caregiving, or other reasons authorized by the commander. Policy will be equal for all services and may not be exercised more than three times for any member. Requires GAO report within one year after enactment assessing potential actions of DoD to enhance the stability of military families undergoing permanent changes of station, including impact of PCS moves on working spouses and children, and a comparison of amounts spent on recruiting and retention bonuses and special pays vs. amount spent on programs for military families and their support.</p>	<p>Support Senate provision</p>

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House (H.R. 4909)	Senate (S. 2943)	TMC Position
<p>Section 625—Use of Member’s Current Pay Grade and Years of Service, Rather Than Final Retirement Pay Grade and Years of Service, in a Division of Property Involving Disposable Retired Pay. Applies only to divorces after enactment.</p>	<p>Section 642— Use of Member’s Current Pay Grade and Years of Service, Rather than Final Retirement Pay Grade and Years of Service, in a Division of Property Involving Disposable Retired Pay. Same language as House</p>	<p>Support both provisions. TMC believes this is a matter of fundamental equity to avoid according “windfall” retired pay benefits to which the former spouse made no contribution.</p>
<p>Section 631—Protection and Enhancement of Access to and Savings at Commissaries and Exchanges. authorizes the SecDef to develop and implement a comprehensive strategy to optimize practices across the defense commissary and exchange system that reduce the reliance of the system on appropriated funds without reducing the benefits to the patrons of the system or the revenue generated by non-appropriated fund entities or instrumentalities of the DoD for the MWR of members of the Armed Forces.</p>	<p>Section 661— Protection of Access and Savings at Commissaries and Exchanges. SecDef shall implement comprehensive strategy to optimize management practices across the commissary system and the exchange system to reduce reliance on appropriated funds without reducing benefits to commissary patrons or revenues generated by non-appropriated fund entities. Authorizes SecDef to carry out an alternative pricing program, evaluated against specific, measurable benchmarks and a documented baseline level of savings, within the defense commissary system to establish prices for goods and services in response to market conditions and customer demand. Authorize SecDef to convert the commissary system to a non-appropriated fund entity or instrumentality if the Secretary determines that the alternative pricing program met established benchmarks for success for at least 6 months.</p>	<p>Prefer House provision that requires additional oversight. TMC continues to have concerns about unintended consequences of implementing such drastic changes with little preparation or expertise. TMC urges Armed Services Committee leaders to continue to exercise close oversight and protection against potential adverse impacts on beneficiaries. TMC is particularly concerned about the new initiatives’ alteration of longstanding agreements with grocery industry partners who contribute tens of millions of dollars in in-kind support to commissaries, and the potential cost and benefit impact of losing that support.</p>
<p>Section 632—Acceptance of Military Star Card at Commissaries. Secdef to ensure acceptance.</p>		<p>Support House provision</p>
<p>Section 642—Statute of Limitations on Department of Defense Recovery of Amounts Owed to the United States by Members of the Uniformed Services, Including Retired and Former Members. Establishes a 10-year limitation on the collection of an overpayment of salaries and benefits or unpaid bills of service members. Also establishes a statute of limitations</p>		<p>Support House provision</p>

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House (H.R. 4909)	Senate (S. 2943)	TMC Position
that goes into effect 10 years after it is signed into law and would direct the DFAS to quantify the lost revenue for the CBO.		
Section 1076—Briefing on Protection of Personally Identifying Information of Members of the Armed Forces. Secdef to provide briefing to HASC/SASC NLT 90 days after enactment on current and planned initiatives, challenges, and trends related to fraudulent activity targeting members or families.		Support House provision
Section 1098I—Review of DoD Debt Collection Regulations. NLT 180 days after enactment, SecDef shall review and update DoD regulations to ensure compliance with Federal consumer protection law with respect to debt collection.		Support House provision
	Section 1110— Repeal of Certain Basis For Appointment of a Retired Member of the Armed Forces to DoD Position Within 180 Days Of Retirement. Eliminates authorization to hire retired military into civilian positions without requiring a 180-day wait between retirement and hiring.	TMC agrees hiring should be competitive rather than noncompetitive. However, TMC believes imposing a 180-day waiting period between retirement and civilian employment places military retirees at a distinct and inappropriate disadvantage in the hiring process.
	Section 1134— Limitation on Preference Eligible Hiring Preferences for Permanent Employees in the Competitive Service. Limits the application of points for veteran preference to the first federal civilian job.	TMC opposes this limitation on veteran preference.* *AUSA has no position at this time.
	Section 2813— Treatment of Insured Depository Institutions Operating on Land Leased from Military Installations. Authorizes the Secretary concerned to treat all Federal or State chartered insured depository institutions to be treated equally with regard to certain financial arrangements.	Support Senate provision, which would allow on-base banks the same favorable leasing arrangements as credit unions. Escalating lease fees are causing many on-base banks to close, which limits servicemembers' easy access to responsible lending and financial education and makes them more vulnerable to predatory lenders.

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Guard and Reserve Provisions

House (H.R. 4909)	Senate (S. 2943)	TMC Position
<p>Section 333—Report on Average Travel Costs of Members of the Reserve Components. Secdef to report to HASC/SASC NLT 180 days after enactment on travel expenses associated with performing active duty and inactive-duty training, including average annual cost for all travel expenses for Reserve component member.</p>		Support House provision
<p>Sec. 345—Study on space-available travel system. NLT 90 days after enactment Secdef to enter contract for independent study of system. Report 180 days after contract on current and projected capacity, efficiency, effects/feasibility of adding eligibility for SelRes members/families, gray area Reserves for international flights and their dependents, drilling reserves traveling to drill locations, and unremarried survivors of active /reserve component members. Also assess relative priority and data on travelers who sought but didn't obtain travel.</p>		Support House provision
<p>Section 411—End Strengths for Selected Reserve. ARNG increased 8k (350k overall), USAR increased 7k (205k), USNR increased 600(58k), USMCR reduced 400 (38.5k), ANG increased 200 (105.7k), USAFR decreased 200 (69k), USCGR unchanged (7k)</p>	<p>Section 411—End Strengths for Selected Reserve. ARNG decreased 7k (335k overall), USAR decreased 3k (195k), USNR increased 600(58k), USMCR reduced 400 (38.5k), ANG increased 200 (105.7k), USAFR decreased 200 (69k), USCGR unchanged (7k)</p>	Support House provision
<p>Section 416—Sense of Congress on Full-Time Support for the Army National Guard. Express a sense of Congress that an adequately supported, full-time support force consisting of active and reserve personnel and military technicians for the ARNG is essential to maintain ARNG readiness.</p>		Support House provision

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House (H.R. 4909)	Senate (S. 2943)	TMC Position
<p>Section 511—Extension of Removal of Restrictions on the Transfer of Officers Between the Active and Inactive National Guard. Extends the authorization to allow officers to participate in the Inactive NG for 3 years, from December 31, 2016 until December 31, 2019. Gives NG more flexibility to access departing Active Component members during the drawdown and provides 5-year period to evaluate the benefits of Inactive NG transferability.</p>		Support House provision
<p>Section 512—Extension of Temporary Authority to Use Air Force Reserve Component Personnel to Provide Training and Instruction Regarding Pilot Training. Extends, for 1 year, the current temporary authority for the AF to allow no more than 50 Active G/R personnel and dual status military technicians to instruct and train AD and members of foreign military forces.</p>		Support House provision
<p>Section 513—Limitations on Ordering Selected Reserve to Active Duty for Preplanned Missions in Support of the Combatant Commands. Authorize SecDef to order forces to AD in year of execution if he identifies manpower and associated costs and provides a 30-day notice to the HASC/SASC.</p>		Support House provision
<p>Section 514—Exemption of Military Technicians (Dual Status) from Civilian Employee Furloughs.</p>		Support House provision
<p>Section 515. Electronic Tracking of Operational Active Duty Service Performed by Ready Reservists. SecDef shall establish system with tour calculator to specify early retirement credit authorized for each qualifying tour of active duty and cumulative credit.</p>		Support House provision

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House (H.R. 4909)	Senate (S. 2943)	TMC Position
	<p>Section 523— Rights and Protections Available to Military Technicians. Clarifies the employment rights and protections of military technicians such that when a military technician files an appeal of a personnel action that concerns an activity that occurs while the member is in a military status or concerns fitness for duty in the reserve components, current statutory limitations concerning such appeals will continue to apply. With respect to an appeal concerning any other activity occurring while the member is in a civilian status, the provisions of section 717 of the Civil Rights Act of 1991 (42 U.S.C. 2000e–16) shall apply.</p>	Support Senate provision
	<p>Section 524— Extension of suicide prevention and resilience programs for the National Guard and Reserves. Until October 1, 2022</p>	Support Senate provision
<p>Section 566—Direct Employment Pilot Program for Members of the National Guard and Reserve. Authorizes pilot program to enhance job placement and employment services to NG/R members. Requires report by 1/31/21.</p>		Support House provision
<p>Section 1069—Annual Report on Personnel, Training and Equipment Requirements for the Non-Federalized National Guard to Support Civilian Authorities in Prevent and Response to Domestic Disasters. Requires annual report by Chief, NGB, NLT Jan 31 of each year 2017-2021 setting out requirements for the next fiscal year. Reports to be prepared in consultation with governors and other appropriate civilian authorities and submitted to HASC/SASC, Secdef and Service secretaries, SecHS and NorthCom and Cyber Commander commanders.</p>		Support House provision

Retired Issues

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House (H.R. 1540)	Senate (S. 2943)	TMC Position
	<p>Section 631—Election Period of Members in the Service Academies and Inactive Reserves to Participate in the Modernized Retirement System. Cadets, midshipmen and senior ROTC students in that status on Jan 1, 2018 must make election within 30 days after starting to receive basic pay or at the end of the normal election period, whichever is later.</p>	Support Senate provision

Survivor Issues

House (H.R. 4909)	Senate (S. 2943)	TMC Position
<p>Section 599D—Exclusion of Certain Reimbursements of Medical Expenses and Other Payments from Determination of Annual Income with Respect to Pensions for Veterans and Survivor Spouses and Children of Veterans.</p>		Support House provision
<p>Section 599F. Servicemembers Group Life Insurance—Deletes paragraph stating spousal notification requirement that member has elected not to be insured, has elected less than maximum coverage, or has designated someone else as beneficiary is satisfied by good faith effort to provide required information at last address for spouse in service records and that failure to provide timely notification doesn't invalidate the election or beneficiary designation.</p>		Support House provision
<p>Section 623—Special Survivor Indemnity Allowance. Extends SSIA at \$310 per month through fiscal year 2018.</p>	<p>Section 643— Permanent extension of payment of SSIA under the survivor benefit plan. Extends SSIA at \$310 per month permanently.</p>	TMC is grateful to both chambers for not letting SSIA authority expire. However, TMC urges Committee leaders to seek House and Senate leadership support to provide non-HASC/SASC offsets to allow multi-year increases in SSIA amounts, in accordance with the originally expressed intent to continue increasing SSIA as a

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		means of phasing out the unfair SBP-DIC offset. TMC believes SSIA increases should not be funded by taking money from other military benefits (e.g., by raising pharmacy copayments). It should be the government's responsibility -- not military beneficiaries' -- to fund appropriate survivor compensation.
Section 624—Equal Benefits Under Survivor Benefit Plan for Survivors of Reserve Component Members who Die in the Line of Duty during Inactive-Duty Training. Equalizes SBP calculation rules with deaths on active duty.		Support House provision; TMC believes the current formula treats Reserve survivors unfairly. When the death is caused by service, survivor benefits should not be reduced simply because the member was on inactive-duty training.
	Section 641— Extension of Allowance Covering Monthly Premium for Servicemembers' Group Life Insurance While in Certain Overseas Areas to Cover Members in Any Combat Zone or Overseas Direct Support Area. Deletes limitation to OEF/OIF.	Support Senate provision.
	Section 644—Authority to Deduct SBP Premiums from Combat-Related Special Compensation When Retired Pay Not Sufficient.	Support Senate provision.
	Section 645 – Sense of Congress on options for Service Members to designate payment of the death gratuity to a trust for special needs individual. DoD should explore options.	Support Senate provision.

Veterans/Other Provisions

House (H.R. 4909)	Senate (S. 2943)	TMC Position
Section 591—Burial of Cremated Remains in Arlington National Cemetery of Certain Persons Whose Service Is Deemed To Be Active Service. Requires the Secretary of the Army to ensure that the cremated remains of an individual, whose service has been determined to be Active Duty service, are eligible for		Support House provision

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House (H.R. 4909)	Senate (S. 2943)	TMC Position
<p>inurnment with military honors in Arlington National Cemetery. Requires the Secretary, NLT 180 days after enactment of this Act, to submit a report to the SASC and HASC and the SVAC and HVAC on the interment and inurnment capacity of Arlington National Cemetery.</p>		

Health Care Provisions

House (H.R. 4909)	Senate (S. 2943)	TMC Position
<p>Section 701—TRICARE Preferred and Other TRICARE Reform. Establishes TRICARE Preferred to replace Standard and Extra, with annual enrollment required as of Jan 1, 2018. Enrollment is for calendar year. MOSTLY Grandfathers members who entered before Jan 2018 under current system. For Jan 1, 2018 and later entrants in Preferred: Enroll. fee: \$300/\$600 AD & \$425/\$850 retired; Deductible: Zero; Cat. Cap \$1,000 AD & \$3,000 retired; Network provider visits: flat fee by type; Non-network provider visits: 20% AD & 25% ret. Network inpatient: \$60 AD & \$125 ret. Non-network inpatient: 20% AD & 25% ret. Annual adjustments to fees: COLA % Pre-2018 entrant enrollment fee: \$0AD; \$100/\$200 for retirees starting 2020, but not until at least 90 days after GAO report on access improvements. Chapter 61 retirees and survivors of AD deaths are exempt from enrollment fee. For Jan 1, 2018 and later entrants in Prime: Enroll. Fee: \$180/\$360 AD; \$325/\$650 ret.</p>	<p>Section 701— Reform of Health Care Plans Available under the TRICARE Program. Sets four programs as Prime, Choice (PPO), Supplemental, and TRICARE For Life. Requires annual enrollment for Prime, Choice and Supplemental. Annually adjusts enrollment fees by CPI for health care. Annually adjusts other flat fees by COLA. Catastrophic cap raised to \$1,500 for currently serving and \$4,000 for retired families, eff. Jan 1, 2018. Fees for Chapter 61 retirees and survivors of active duty deaths match those of active duty family members. Shifts coverage from fiscal year to calendar year basis. -Prime: Enrollment fee to rise 24% to \$350/\$700 as of Jan 1, 2018. Prime will only be offered in areas of MTFs. Referrals required, but no preauthorization for specialty care or urgent care. -Choice: Enrollment fee is zero for active duty family members; \$150/\$300 for retirees in 2018, rising annually to \$450/\$900 in 2023. Deductible raised to \$300/\$600 Jan 1, 2018 (\$100/\$200 for active duty family members E-4 and below). Provider visit copays changed to flat dollar amounts. Inpatient copay reduced to \$80/\$250 per</p>	<p>TMC believes no fee increases are appropriate until <i>after</i> improvements in care access and quality issues have been addressed.</p> <p>TMC believes both the Senate-proposed fees and House-proposed fees for new entrants are disproportionately high.</p> <p>TMC supports grandfathering provisions* in the House bill. TMC does not believe any enrollment fee is appropriate for TRICARE Standard, but the House 2020 enrollment fee provision is preferable to the Senate provision.</p> <p>TMC does not support charging enrollment fees for active duty servicemembers or their family members, as the House provision would do for entrants after Jan 1, 2018.</p> <p>TMC supports the Senate provision making it explicit there should be no enrollment fee for TFL beyond the Medicare Part B premium.</p> <p>TMC believes beneficiaries who live in areas</p>

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<p>Deductible: Network \$0; Non-network \$300/\$600 Cat. Cap \$1,000 AD & \$3,000 ret Provider visits: Zero AD; flat fee ret. Inpatient care: Zero AD; \$100/day ret Fees adjusted by COLA% SecDef to ensure nationwide portability. SecDef to submit to HASC/SASC implementation plan to improve access NLT Jun 1, 2017. Must ensure 85% of beneficiaries covered by Preferred network, establish access standards and compliance monitoring; establish provider to beneficiary ratios and monitoring; establish mechanisms to evaluate quality metrics. GAO report on implementation plan due Dec 1, 2017 and report by Sep 1, 2017 on network adequacy, access and beneficiary satisfaction.</p>	<p>admission (AD/retired) without deductible for network hospital. SecDef has authority to raise/lower/waive cost share for low- or high-value services. -Supplemental: For members with other health insurance. Reimburses what other insurance doesn't, up to what Choice would have paid. Enrollment fee is 50% of Choice. TRICARE For Life: Specifies there is no enrollment fee other than Part B premiums.</p>	<p>where TRICARE has not established a provider network should have a reduced fee structure.</p> <p>TMC believes the PPO network must be broader than the Prime network. It should not be limited to MTF localities, but include other areas where there are large populations of eligible beneficiaries.</p> <p>TMC believes retired members in areas where Prime is offered should be allowed to enroll in Prime, whether or not MTF care is available for them.</p> <p>TMC believes SecDef should have the authority to reduce or eliminate fees for high-value services, but Congress should reserve to itself authority to raise fees.</p> <p>TMC believes any annual adjustments for any TRICARE fee should be based on the same COLA mechanism as military retired pay, and none should be based any index of health cost growth. Fees should not grow faster than income does.</p> <p>*NMFA doesn't support the grandfathering aspect.</p>
	<p>Section 702—Modifications of Cost-Sharing Requirements for the TRICARE Pharmacy Benefits Program and Treatment of Certain Pharmaceutical Agents. Sets schedule of annual copay increases through 2025. Roughly doubles copays over that period and raises mail-order generic copay from zero to \$11 in 2020. SecDef has authority to adjust Rx copays after 2025. Keeps Rx copays at FY16 rate for chapter 61 retirees and survivors whose sponsors died on AD.</p>	<p>TMC does not support the proposed pharmacy copay increases in the Senate provision. TRICARE pharmacy copays already have been doubled and tripled over the past 5 years and already approach or exceed median copays for large civilian employer plans. TMC believes SecDef should have authority to reduce or eliminate copays for preferred medications, but that Congress should reserve to itself the authority to increase copays.</p>

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House (H.R. 4909)	Senate (S. 2943)	TMC Position
<p>Section 703—Military Medical Treatment Facilities. Establishes the requirements for military medical treatment facilities in order to support medical readiness of the Armed Forces and the readiness of medical personnel. Requires SecDef, in collaboration with the Secretaries of the military departments, to submit an updated MHS Modernization Study report to the congressional defense committees NLT 270 days after enactment. Also requires the Secretary to submit to the congressional defense committees, NLT 2 years after enactment, an implementation plan to restructure or realign the military medical treatment facilities in accordance with section 1073d of title 10, USC.</p>	<p>Section 735— Adjustment of Medical Services, Personnel Authorized Strengths, and Infrastructure in Military Health System to Maintain Readiness and Core Competencies of Health Care Providers. Requires SecDef to implement measures, within 180 days of date of enactment, to maintain the critical wartime medical readiness skills and core competencies of health care providers within the Armed Forces. Secretary will modify MTF services so only services provided are those directly required to maintain wartime readiness skills and ensure medical readiness of Armed Forces. Reduce authorized strengths to manning levels required to maintain wartime readiness skills and ensure Armed Forces medical readiness. Reduce or eliminate infrastructure, including at MTFs, that doesn't meet those requirements, and ensure that any lost services can be provided through the private sector. The provision would require the Secretary to implement a measure to ensure the military Services do not substitute a medical specialty required for medical force readiness with another medical specialty. GAO report due 18 mos after enactment.</p>	<p>TMC appreciates the importance of focusing on readiness, but believes it is particularly essential to ensure improvements in care access and quality are focused on MTFs, because the most significant problems have occurred in delivery of MTF care.</p>
<p>Section 704—Access to Urgent Care Under TRICARE Program. Requires the SecDef NLT 1 year after enactment, to ensure urgent care is available through 11:00 p.m. at MTFs the Secretary determines to be appropriate. No preauthorization is needed for urgent care. Secdef to ensure nurse advice line directs beneficiaries to most appropriate level of care.</p>		<p>Support House provision.</p>
	<p>Section 704— Coverage of Medically Necessary Food and Vitamins for Digestive and Inherited Metabolic Disorders under the TRICARE</p>	<p>Support Senate provision.</p>

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House (H.R. 4909)	Senate (S. 2943)	TMC Position
	Program. Including equipment and supplies necessary to administer that food, and vitamins for digestive disorders and inherited metabolic disorders.	
Section 705—Access to Primary Care Clinics at Military Medical Treatment Facilities. Requires SecDef to expand the primary care clinic hours at MTFs during the week and on weekends beyond the standard business hours of the installation. Secdef to determine hours.		Support House provision
	Section 705— Enhancement of Use of Telehealth Services in Military Health System. Secdef to incorporate telehealth services and reduce or eliminate copays for those services within one year after enactment. Report due to Congress NLT 3 years after enactment on program effectiveness and beneficiary satisfaction.	Support Senate provision
Section 706—Incentives for Value-Based Health. Authorizes SecDef to develop and implement value-based incentive programs as part of contracts to improve care quality and health and experience of beneficiaries. Secdef to provide HASC/SASC briefing NLT 60 days before contract modification and annual briefing on value-based performance.		Support House provision
Section 707—Improvements to Military-Civilian Partnerships to Increase Access to Health Care and Readiness. Secdef may enter into military-civilian partnerships to deliver health care to beneficiaries in a more effective, efficient, or economical manner; to provide members of the Armed Forces w/add'l training opportunities to maintain readiness requirements for military health care providers. Secdef shall evaluate partnerships on biennial basis.		Support House provision

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House (H.R. 4909)	Senate (S. 2943)	TMC Position
	<p>Section 707— Pilot Program to Provide Health Insurance to Members of the Reserve Components of the Armed Forces. Secdef authorized to conduct up to 5-year pilot program offering FEHBP option for G/R. Excludes members already eligible for FEHBP. Covered member to pay 28% of total annual premium. Eligibility limited to Selected Reserve.</p>	<p>Support authority in Senate provision, but TMC does not support elimination of TRICARE Reserve Select, which provides lower-cost coverage than FEHBP.</p>
<p>Section 708—Joint Trauma System. Requires SecDef to submit to the HASC and SASC an implementation plan to establish a Joint Trauma System as an enduring organization within the DHA.</p>		<p>Support House provision</p>
	<p>Section 708— Pilot Program on Treatment of Members of the Armed Forces for Post-Traumatic Stress Disorder Related to Military Sexual Trauma. 3-yr pilot awarding competitive grants to community partners to provide intensive outpatient programs to treat members of the Armed Forces suffering from PTSD resulting from sexual trauma.</p>	<p>Support Senate provision</p>
<p>Section 709—Joint Trauma Education and Training Directorate. Requires SecDef to assess the number of traumatologists needed to meet the requirements of the combatant commanders and to establish a Joint Trauma Education and Training Directorate to create enduring partnerships with civilian trauma centers. These military trauma surgeons and physicians, along with the clinical support teams, would be embedded within civilian trauma centers to maintain professional readiness to treat critically injured patients. Also requires the Secretary to submit an implementation plan to the HASC and SASC NLT July 1, 2017.</p>		<p>Support House provision</p>

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House (H.R. 4909)	Senate (S. 2943)	TMC Position
<p>Section 710—Improvements to Access to Health Care in Military Medical Treatment Facilities. Requires SecDef to ensure military medical treatment facilities implement and consistently practice the following requirements: first call resolution, standardized appointment scheduling, increased provider productivity, and managed appointment utilization through maximizing use of telehealth and secure messaging. Secdef to develop metrics including satisfaction surveys and implement productivity standards for measuring productivity of providers and optimal number of appointments required to maintain access. Requires SecDef to implement requirement by 2/1/17 and provide briefing to HASC and SASC NLT 3/1/17.</p>	<p>Section 732— Standardized System for Scheduling Medical Appointments at Military Treatment Facilities. Requires SecDef to implement, by January 1, 2018, a standardized medical appointment scheduling system at MTFs. Each military treatment facility would make available a centralized appointment system that allows beneficiaries to make appointments, either by telephone or by an internet-connected device, including by smartphone application, through an online scheduling system available 24/7. The online system would be able to send automated email and text message reminders to patients.</p>	<p>Support both House and Senate provisions, especially the additional specifics included in the Senate provision. TMC appreciates the priority placed on this by both Committees, as MTF care delivery has been the greatest source of frustration for beneficiaries.</p>
<p>Section 711—Adoption of Core Quality Performance Metrics. Requires SecDef to adopt NLT 180 days after enactment the core quality performance measures agreed upon by a collaborative group of Federal agencies, health plans, national physician organizations, employers, and consumers. The core quality measures would be used to evaluate performance of the MHS and TRICARE.</p>	<p>Section 722— Accountability for the Performance of the Military Health Care System of Certain Positions in the System. Requires SecDef and the secretaries of the military departments, within 180 days of the date of enactment of this Act, to incorporate performance accountability measures into the annual performance reviews of certain leadership positions in the military health care system.</p>	<p>Support both House and Senate provisions</p>
<p>Section 712—Study on Improving Continuity of Health Care Coverage for Reserve Components. Requires SecDef to study the options for providing health care coverage that improves continuity of care for current/former members of the Selected Reserve, including options for FEHBP, paying stipend to continuing OHI coverage, inclusion in normal TRICARE and submit a report NLT 180 after enactment.</p>		<p>Support House provision</p>

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House (H.R. 4909)	Senate (S. 2943)	TMC Position
<p>Section 721—Provision of Hearing Aids to Dependents of Retired Members. Authorizes SecDef to sell hearing aids at cost to dependents of retired members of the uniformed services.</p>		Support House provision
<p>Section 722—Extended TRICARE Program Coverage for Certain Members of the National Guard and Dependents During Certain Disaster Response Duty. (If it immediately follows a period of full-time Guard duty)</p>		Support House provision
	<p>Section 723— Selection of Commanders and Directors of Military Treatment Facilities and Tours of Duty of Commanders. requires SecDef to develop common qualifications and core competencies required for selection of commanders or directors of military medical treatment facilities, and requires 4 yr minimum tour of duty.</p>	<p>Support Senate provision*</p> <p>*AUSA doesn't support legislating tour lengths.</p>
	<p>Section 726— Acquisition of Medical Support Contracts for TRICARE Program. SecDef must conduct a new competition of all medical support contracts, except overseas, beginning NLT January 1, 2018, upon expiration of each such contract. Purpose is to improve access, outcomes, quality and patient satisfaction and lower per capita costs. Extension options can't be exercised if it delays award of new contract. Contracts to be recompeted annually and be automatically renewable for up to 10 years unless either party gives notice 180 days before termination. Contracts to be value-based with incentives for contractors and beneficiaries to achieve high-value care. GAO report by 1/1/19.</p>	<p>TMC supports ensuring the contracting process promotes use of the latest innovations, technology, and quality measures, but it also must protect the principles of continuity of care and consistency of the benefit across locations and providers.</p>
	<p>Section 727— Authority to Enter into Health Care Contracts with Certain Entities to Provide Care under the TRICARE Program. Secdef may contract to provide TRICARE, including behavioral health care, with VA or tribal organizations.</p>	Support Senate provision

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House (H.R. 4909)	Senate (S. 2943)	TMC Position
	<p>Section 728— Improvement of Health Outcomes and Control of Costs of Health Care under TRICARE Program through Programs to Involve Covered Beneficiaries. NLT Jan 1, 2018, SecDef to implement programs to encourage beneficiaries to share more responsibility for the improvement in their health outcomes through participation in medical and lifestyle intervention and chronic care management programs. Also authorizes MTFs to charge no show fees for missed appointments by beneficiaries other than AD members. Regulations due Jan 1, 2017. Implementation report due to Congress NLT Jan 1, 2020.</p>	<p>TMC supports most elements of the Senate provision, but believes it is premature to impose no-show fees in MTFs. Many recorded no-shows are not the fault of the beneficiary, but result from cumbersome/balky systems and procedures that make it difficult for beneficiaries to cancel/change appointments. In other cases, appointments have been recorded as no-shows when the patient arrived but did not have required documents because of other program failures over which the beneficiary had no control. TMC recommends the conferees substitute a requirement for DoD to report on reasons for no-shows and the degree to which the reason was not the patient's fault.</p>
	<p>Section 729— Establishment of Centers of Excellence for Specialty Care in the Military Health System. Requires SecDef to establish regional centers of excellence for the provision of specialty care to covered beneficiaries at major medical centers of DoD.</p>	<p>TMC supports the Senate provision, but referral of beneficiaries to such centers must take into account what is geographically or otherwise practical and reasonable for the affected beneficiary, especially in the case of family members.</p>
	<p>Section 730— Program to Eliminate Variability in Health Outcomes and Improve Quality of Health Care Services Delivered in Military Treatment Facilities. Begin conducting baseline assessment for implementation of best practices in treating at least 3 diseases/conditions at up to 5 MTFs NLT Jan 1, 2018 and complete it by Jul 1, 2018. Implement best practices at test site and identify best practices for up to 12 additional diseases/conditions NLT 6 months after completion of baseline assessment. Then incorporate best practices at all MTFs within 180 additional days.</p>	<p>Support Senate provision</p>
<p>Section 732. Requirement to Review and Monitor Prescribing Practices at MTFs of pharmaceutical agents for PTSD. NLT 180</p>		<p>Support House provision</p>

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House (H.R. 4909)	Senate (S. 2943)	TMC Position
<p>days after enactment, Secdef to conduct review of practices, implement process to monitor prescribing of Rx agents discouraged from use under VA/DoD clinical practice guidelines for PTSD and submit plan to address any deviations.</p>		
	<p>Section 731— Establishment of Advisory Committees for Military Treatment Facilities. Each advisory committee would include six eligible beneficiaries: two Active-Duty members; two Active-Duty family members; and two retirees.</p>	<p>Support Senate provision. TMC believes advisory committees should broadly reflect the beneficiary population.</p>
<p>Section 733. Use of Mefloquine for Malaria. SecDef to ensure mefloquine is limited to members with intolerance for other meds that are prescribed only by medical provider on individual basis and members are counseled on potential side effects. Secdef to develop standardized process NLT 180 days after enactment and conduct annual review.</p>		<p>Support House provision</p>
<p>Section 734. Applied Behavior Analysis. From date of enactment through Dec 31, 2018 SecDef shall restore ABA provider reimbursement rates that are not less than those in effect on Mar 31, 2016. Secdef will then conduct analysis of data gathered during demonstration to set future rates and review commercial insurance claims and submit analysis to HASC/SASC. Provides \$32M in funding taken from O&M. Expresses sense of Congress that TRICARE coverage should ensure appropriate and equitable access to treatment by all beneficiaries.</p>	<p>Section 758— Maintenance of Certain Reimbursement Rates for Care and Services to Treat Autism Spectrum Disorder under Demonstration Program. Reinstate the reimbursement rates in effect on March 1, 2016, for the provision of applied behavior analysis therapy and preserve those rates throughout the duration of the Comprehensive Autism Care Demonstration program</p>	<p>Support both provisions</p>
	<p>Section 734— Improvement and Maintenance of Combat Casualty Care and Trauma Care Skills of Health Care Providers of DoD. Requires SecDef to implement measures to improve combat casualty care and trauma care skills for health care</p>	<p>Support Senate provision</p>

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House (H.R. 4909)	Senate (S. 2943)	TMC Position
	<p>providers by 1/1/18. (1) Review combat casualty care and wartime trauma systems from January 1, 2001 to the present time; (2) expand military-civilian trauma training sites to provide enhanced training for integrated combat trauma teams; (3) establish a personnel management plan for important wartime medical specialties; (4) develop standardized tactical combat casualty care instructions and training for all servicemembers; (5) develop a comprehensive trauma care registry; (6) develop quality of care outcome measures for combat casualty care; and (7) conduct research to understand better the causes of morbidity and mortality of servicemembers in combat.</p>	
	<p>Section 736— Establishment of High Performance Military-Civilian Integrated Health Delivery Systems. Requires SecDef, by 1/1/18, to establish high performance military-civilian integrated health delivery systems through partnerships with other health systems, including local or regional health systems in the private sector and the VHA. Secdef shall develop value-based methods to reimburse partners for care delivered.</p>	<p>Support Senate provision</p>
	<p>Section 737— Contracts with Private Sector Entities to Provide Certain Health Care Services at MTFs. Requires centrally managed, performance-based contracts w/ private sector entities to augment care at MTF sites with limited or restricted ability to provide services such as primary care or expanded-hours urgent care.</p>	<p>Support Senate provision</p>
	<p>Section 739— Reduction of Administrative Requirements Relating to Automatic Renewal of Enrollments in TRICARE Prime. Removes requirement to mail an enrollment renewal letter to all beneficiaries enrolled in TRICARE Prime.</p>	<p>TMC believes it is essential to continue notification of beneficiaries regarding upcoming automatic enrollment renewals. Notification by electronic means is reasonable and standard practice in the private sector.</p>

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House (H.R. 4909)	Senate (S. 2943)	TMC Position
Section 746—Study on Display of Wait Times at Urgent Care Clinics, Pharmacies, and Emergency Rooms of Military Medical Treatment Facilities. Report NLT 3/1/17.	Section 733— Display of Wait Times at Urgent Care Clinics, Emergency Departments, and Pharmacies of MTFs. Requires display NLT Jan 1, 2018, with wait times to be updated every 30 mins.	Support Senate provision. This technology is readily available and the practice is common in civilian care. The issue does not require study.
Section 747—Report on Feasibility of Including Acupuncture and Chiropractic Services for Retirees Under TRICARE Program. Due to HASC/SASC NLT 11/1/16.		Support House provision
	Section 751— Pilot Program on Expansion of use of Physician Assistants to Provide Mental Health Care to Members of the Armed Forces. To start NLT one year after enactment.	Support Senate provision
	Section 760—Assessment of Transition to Active Duty TRICARE Program by Families of Members Called to Active Duty. Assessment of the difficulties transitioning from civilian care when the member is not in such an AD status to health benefits under the TRICARE program. Expands authority to eliminate balance billing.	Support Senate provision
	Section 761—Requirement to Review and Monitor Prescribing Practices at MTFs of Pharmaceutical Agents for Treatment of PTSD. Implement plan within 180 days of enactment.	Support Senate provision
	Section 762—Report on Plan to Improve TRICARE Pediatric Care Services for Children. SecDef provide plan within 180 days of enactment to align care with best practices, develop uniform definition of “pediatric medical necessity”; improve access, coordination and outcomes, improve quality and access to behavioral healthcare, and mitigate adverse impacts of PCS moves and other factors.	Support Senate provision
	Section 763—GAO Report On Health Care Delivery and Waste in Military Health System. Report due 1 year after enactment.	Support Senate provision