

109TH CONGRESS
2^D SESSION

H. R. 4949

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

IN THE HOUSE OF REPRESENTATIVES

MARCH 14, 2006

Mr. EDWARDS (for himself, Mr. JONES of North Carolina, Mrs. CHRISTENSEN, Mr. LARSON of Connecticut, Mr. BARTLETT of Maryland, Mr. MCGOVERN, Mr. BOUCHER, Mr. SCOTT of Virginia, Mr. BISHOP of Georgia, Mr. ALLEN, Mrs. MCCARTHY, Ms. BORDALLO, Mr. BERRY, Mr. DEFAZIO, Mr. FORD, Mr. BISHOP of New York, Mr. VAN HOLLEN, Mr. ABERCROMBIE, Mr. RYAN of Ohio, Mr. HONDA, Mr. ROTHMAN, Mr. TAYLOR of Mississippi, Mrs. CAPPS, Mr. LARSEN of Washington, Mr. JEFFERSON, Mrs. MALONEY, Mrs. DRAKE, Mr. LYNCH, Mr. GENE GREEN of Texas, Mr. BLUMENAUER, Mr. HINCHEY, Mr. FILNER, Mr. CHANDLER, Mr. CLEAVER, Mr. GINGREY, Mr. BARROW, Mr. FRANK of Massachusetts, Mr. FARR, Mr. GOODE, Mr. SIMMONS, Mr. BONNER, Mrs. DAVIS of California, Ms. HERSETH, Mr. GORDON, Mr. MCCOTTER, Mr. HIGGINS, Mr. PAYNE, and Mr. BILIRAKIS) introduced the following bill; which was referred to the Committee on Armed Services

A BILL

To amend title 10, United States Code, to prohibit 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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Military Retirees’
3 Health Care Protection Act”.

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

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

6 (1) Career uniformed service members and their
7 families endured unique and extraordinary demands
8 and sacrifices over the course of a 20- to 30-year ca-
9 reer in protecting freedoms for all Americans.

10 (2) The extent of these demands and sacrifices
11 are never so evident as in wartime—not only in to-
12 day’s Global War on Terrorism, but also over the
13 last six decades of hot and cold wars when today’s
14 retired service members were on continuous call to
15 enter into harm’s way when and as needed.

16 (3) The demands and sacrifices are such that
17 few Americans are willing to accept them for a
18 multi-decade career.

19 (4) The primary offset for enduring the ex-
20 traordinary sacrifices inherent in a military career is
21 a system of extraordinary retirement benefits, in-
22 cluding health care coverage considerably better than
23 that afforded civilian workers, that a grateful Nation
24 provides for those who choose to subordinate much
25 of their personal life to the national interest for so
26 many years.

1 (5) Many private sector firms are curtailing
2 health benefits and shifting significantly higher costs
3 to their employees.

4 (6) One effect of such curtailment is that re-
5 tired members who work for such employers are
6 turning to use of the TRICARE coverage they
7 earned by their military service.

8 (7) In some cases, civilian employers establish
9 financial incentives for TRICARE-eligible employees
10 to use TRICARE rather than the civilian employers'
11 coverage.

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

17 (9) The cumulative increases in enrollment fees,
18 deductibles, and co-payments being proposed by the
19 Department of Defense far exceed the 31-percent
20 growth in military retired pay since the retired mem-
21 bers' fees were established 10 years ago.

22 (10) The beneficiary cost increases being pro-
23 posed by the Department of Defense fail to recog-
24 nize adequately that career service members paid

1 enormous in-kind premiums through their extended
2 service and sacrifice.

3 (11) A significant share of the Nation's health
4 care providers refuse to accept new TRICARE pa-
5 tients because TRICARE pays them significantly
6 less than commercial insurance programs and im-
7 poses unique administrative requirements.

8 (12) The significant majority of the savings the
9 Department of Defense associates with the proposed
10 fee increases is expected to come from deterring a
11 large portion of TRICARE beneficiaries from using
12 their earned military health benefits.

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

19 (14) Department of Defense leaders have re-
20 ported to Congress that counting such deposits
21 against the Department of Defense's budget is im-
22 ping on other readiness needs, including weapons
23 programs—an inappropriate situation which section
24 725 of Public Law 108-375 was intended expressly
25 to prevent.

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

3 (1) the Department of Defense and the Nation
4 have a committed health benefits obligation to re-
5 tired uniformed service members that exceeds the
6 obligation of corporate employers to civilian employ-
7 ees; and

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

14 **SEC. 3. PROHIBITION ON INCREASES IN CERTAIN HEALTH**
15 **COSTS FOR MEMBERS OF THE UNIFORMED**
16 **SERVICES.**

17 (a) PROHIBITION ON INCREASE IN CHARGES UNDER
18 CONTRACTS FOR MEDICAL CARE.—Section 1097(e) of
19 title 10, United States Code, is amended by adding at the
20 end the following: “A premium, deductible, copayment, or
21 other charge prescribed by the Secretary under this sub-
22 section may not be increased after December 31, 2005.”.

23 (b) PROHIBITION ON INCREASE IN AMOUNT OF COST
24 SHARING REQUIREMENT UNDER PHARMACY BENEFITS
25 PROGRAM.—Section 1074g of title 10, United States

1 Code, is amended by adding at the end of subsection
2 (a)(6)(A) the following: “After December 31, 2005, the
3 dollar amount of a cost sharing requirement (whether es-
4 tablished as a percentage or a fixed dollar amount) may
5 not be increased.”.

6 (c) PROHIBITION ON INCREASE IN CHARGES FOR IN-
7 PATIENT CARE.—Section 1086(b)(3) of title 10, United
8 States Code, is amended by inserting after “charges for
9 inpatient care” the following: “, except that in no case
10 may the charges for inpatient care for a patient exceed
11 \$535 per day.”.

12 (d) PROHIBITION ON INCREASE IN PREMIUMS
13 UNDER TRICARE COVERAGE FOR CERTAIN MEMBERS
14 IN THE SELECTED RESERVE.—Section 1076d(d)(3) of
15 title 10, United States Code, is amended by adding at the
16 end the following: “After December 31, 2005, the monthly
17 amount of the premium may not be increased above the
18 amount in effect for the month of December 2005.”.

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