

HR 2987

TRICARE Benefits Modernization Act of 2001

Congress: 107 (2001–2003, Ended)

Chamber: House

Policy Area: Armed Forces and National Security

Introduced: Oct 2, 2001

Current Status: Referred to the Subcommittee on Military Personnel.

Latest Action: Referred to the Subcommittee on Military Personnel. (Jan 22, 2002)

Official Text: <https://www.congress.gov/bill/107th-congress/house-bill/2987>

Sponsor

Name: Rep. Capuano, Michael E. [D-MA-8]

Party: Democratic • State: MA • Chamber: House

Cosponsors (1 total)

Cosponsor	Party / State	Role	Date Joined
Rep. Gekas, George W. [R-PA-17]	R · PA		Jun 26, 2002

Committee Activity

Committee	Chamber	Activity	Date
Armed Services Committee	House	Referred to	Jan 22, 2002

Subjects & Policy Tags

Policy Area:

Armed Forces and National Security

Related Bills

Bill	Relationship	Last Action
107 S 1402	Identical bill	Sep 4, 2001: Read twice and referred to the Committee on Armed Services.

TRICARE Benefits Modernization Act of 2001 - Directs the Secretary of Defense to: (1) terminate the individual case management program under the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); and (2) integrate its beneficiaries and services into the TRICARE program (a Department of Defense managed care program).

Makes limits on custodial care under the case management program inapplicable to domiciliary or custodial care incident to other authorized health care.

Requires the Secretary to provide long-term health care benefits under TRICARE so as to integrate such benefits with those provided under TRICARE on a less than long-term basis. Allows post-hospital extended care services in a skilled nursing facility to continue for as long as is medically necessary and appropriate.

Provides extended health care benefits for military dependents who have a serious physical disability or any extraordinary physical or psychological condition (currently limited to moderately or severely mentally retarded dependents). Outlines benefits provided and copayment requirements.

Allows a dependent, in order to receive outpatient mental health services under a TRICARE contract in excess of the amount available in that year, to convert any unused period of inpatient mental health benefit still available.

Makes a physician's determination that a service or supply is medically or psychologically necessary for a TRICARE patient conclusive, unless clearly erroneous. Prohibits such determinations from being subject to peer review.

Includes orthotic devices, hearing aids, and rehabilitative therapy among the TRICARE services authorized for military dependents. Outlines types of durable medical equipment authorized to be provided.

Actions Timeline

- **Jan 22, 2002:** Executive Comment Requested from DOD.
- **Jan 22, 2002:** Referred to the Subcommittee on Military Personnel.
- **Oct 2, 2001:** Introduced in House
- **Oct 2, 2001:** Introduced in House
- **Oct 2, 2001:** Referred to the House Committee on Armed Services.