109TH CONGRESS 1ST SESSION

H. R. 602

To restore health care coverage to retired members of the uniformed services, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

February 2, 2005

Mr. VAN HOLLEN (for himself, Mr. Edwards, Mr. Miller of Florida, and Mr. Cunningham) introduced the following bill; which was referred to the Committee on Armed Services, and in addition to the Committees on Government Reform, Ways and Means, and Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To restore health care coverage to retired members of the uniformed services, 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 "Keep Our Promise to
- 5 America's Military Retirees Act".
- 6 SEC. 2. FINDINGS.
- 7 Congress finds the following:

- (1) No statutory health care program existed for members of the uniformed services who entered service prior to December 7, 1956, and retired after serving a minimum of 20 years.
 - (2) Recruiters, re-enlistment counselors, and officers at all levels of the uniformed services, and other government officials, as agents of the United States Government, used recruiting tactics that allowed members who entered the uniformed services prior to December 7, 1956, to believe they would be entitled to fully paid lifetime health care upon retirement.
 - (3) In the United States Court of Appeals for the Federal Circuit decision of November 18, 2002, in Schism v. United States (No. 99–1402), the Court said: "Accordingly, we must affirm the district court's judgment and can do no more than hope Congress will make good on the promises recruiters made in good faith to plaintiffs and others of the World War II and Korean War era—from 1941 to 1956, when Congress enacted its first health care insurance act for military members, excluding older retirees. . . . We cannot readily imagine more sympathetic plaintiffs than the retired officers of the World War II and Korean War era in-

1 volved in this case. They served their country for at 2 least 20 years with the understanding that when 3 they retired they and their dependents would receive full free health care for life. The promise of such 5 health care was made in good faith and relied upon. 6 Again, however, because no authority existed to 7 make such promises in the first place, and because Congress has never ratified or acquiesced to this 8 9 promise, we have no alternative but to uphold the 10 judgment against the retirees' breach-of-contract 11 claim. . . . Perhaps Congress will consider using its 12 legal power to address the moral claims raised by 13 Schism and Reinlie on their own behalf, and indi-14 rectly for other affected retirees.".

- (4) Only the United States Congress can make good on the promises recruiters made in good faith to plaintiffs and others of the World War II and Korean War era.
- (5) Statutes enacted in 1956 allowed those who entered service on or after December 7, 1956, and retired after serving a minimum of 20 years or by reason of a service-connected disability to medical and dental care in any facility of the uniformed services, subject to the availability of space and facilities and the capabilities of the medical and dental staff.

15

16

17

18

19

20

21

22

23

24

25

- 1 (6) Recruiters, re-enlistment counselors, and of-2 ficers at all levels of the uniformed services, and 3 other government officials, as agents of the United States Government, continued to allow members who 5 entered the uniformed services to believe they would 6 be entitled to fully paid lifetime health care upon re-7 tirement, despite enactment of statutes in 1956, 8 subsequent statutes, and the issuance of regulations 9 that defined and limited the availability of medical 10 care to retired members of the uniformed services.
 - (7) After 4 rounds of base closures between 1988 and 1995 and further drawdowns of remaining military medical treatment facilities, access to "space available" health care in a military medical treatment facility is difficult or virtually nonexistent for many military retirees.
 - (8) The failure to provide adequate health care upon retirement is preventing the retired members of the uniformed services from recommending, without reservation, that young men and women make a career of any military service.
 - (9) Although provisions in the Floyd D. Spence National Defense Authorization Act for Fiscal Year 2001 (as enacted into law by Public Law 106–398) extended coverage under the TRICARE program to

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

- 1 medicare eligible military retirees age 65 and older,
- 2 those provisions did not address the health care
- 3 needs of military retirees under the age of 65.
- 4 (10) The United States should make good on
- 5 the promises recruiters made in good faith in the
- 6 World War II and Korean War era and reestablish
- 7 high quality health care for all retired members of
- 8 the uniformed services.
- 9 SEC. 3. COVERAGE OF MILITARY RETIREES UNDER THE
- 10 FEDERAL EMPLOYEES HEALTH BENEFITS
- PROGRAM.
- 12 (a) Coverage for Retirees and Dependents.—
- 13 (1) Section 1108 of title 10, United States Code, is
- 14 amended to read as follows:
- 15 "§ 1108. Health care coverage through Federal Em-
- 16 ployees Health Benefits program
- 17 "(a) FEHBP OPTION.—The Secretary of Defense,
- 18 after consulting with the other administering Secretaries,
- 19 shall enter into an agreement with the Office of Personnel
- 20 Management to provide coverage to eligible beneficiaries
- 21 described in subsection (b) under the health benefits plans
- 22 offered through the Federal Employees Health Benefits
- 23 program under chapter 89 of title 5.
- 24 "(b) Eligible Beneficiaries; Coverage.—(1) An
- 25 eligible beneficiary under this subsection is—

1	"(A) a member or former member of the uni-
2	formed services described in section 1074(b) of this
3	title;
4	"(B) an individual who is an unremarried
5	former spouse of a member or former member de-
6	scribed in section $1072(2)(F)$ or $1072(2)(G)$;
7	"(C) an individual who is—
8	"(i) a dependent of a deceased member or
9	former member described in section 1076(b) or
10	1076(a)(2)(B) of this title or of a member who
11	died while on active duty for a period of more
12	than 30 days; and
13	"(ii) a member of family as defined in sec-
14	tion 8901(5) of title 5; or
15	"(D) an individual who is—
16	"(i) a dependent of a living member or
17	former member described in section 1076(b)(1)
18	of this title; and
19	"(ii) a member of family as defined in sec-
20	tion 8901(5) of title 5.
21	"(2) Eligible beneficiaries may enroll in a Federal
22	Employees Health Benefit plan under chapter 89 of title
23	5 under this section for self-only coverage or for self and
24	family coverage which includes any dependent of the mem-

- 1 ber or former member who is a family member for pur-
- 2 poses of such chapter.
- 3 "(3) A person eligible for coverage under this sub-
- 4 section shall not be required to satisfy any eligibility cri-
- 5 teria specified in chapter 89 of title 5 (except as provided
- 6 in paragraph (1)(C) or (1)(D)) as a condition for enroll-
- 7 ment in health benefits plans offered through the Federal
- 8 Employees Health Benefits program under this section.
- 9 "(4) For purposes of determining whether an indi-
- 10 vidual is a member of family under paragraph (5) of sec-
- 11 tion 8901 of title 5 for purposes of paragraph (1)(C) or
- 12 (1)(D), a member or former member described in section
- 13 1076(b) or 1076(a)(2)(B) of this title shall be deemed to
- 14 be an employee under such section.
- 15 "(5) An eligible beneficiary who enrolls in the Federal
- 16 Employees Health Benefits program under this section
- 17 shall not be eligible to receive health care under section
- 18 1086 or section 1097. Such a beneficiary may continue
- 19 to receive health care in a military medical treatment facil-
- 20 ity, in which case the treatment facility shall be reim-
- 21 bursed by the Federal Employees Health Benefits pro-
- 22 gram for health care services or drugs received by the ben-
- 23 eficiary.
- 24 "(c) Change of Health Benefits Plan.—An eli-
- 25 gible beneficiary enrolled in a Federal Employees Health

- 1 Benefits plan under this section may change health bene-
- 2 fits plans and coverage in the same manner as any other
- 3 Federal Employees Health Benefits program beneficiary
- 4 may change such plans.
- 5 "(d) Government Contributions.—The amount
- 6 of the Government contribution for an eligible beneficiary
- 7 who enrolls in a health benefits plan under chapter 89 of
- 8 title 5 in accordance with this section may not exceed the
- 9 amount of the Government contribution which would be
- 10 payable if the electing beneficiary were an employee (as
- 11 defined for purposes of such chapter) enrolled in the same
- 12 health benefits plan and level of benefits.
- 13 "(e) Separate Risk Pools.—The Director of the
- 14 Office of Personnel Management shall require health bene-
- 15 fits plans under chapter 89 of title 5 to maintain a sepa-
- 16 rate risk pool for purposes of establishing premium rates
- 17 for eligible beneficiaries who enroll in such a plan in ac-
- 18 cordance with this section.
- 19 "(f) Reimbursement for Expenses for Health
- 20 Care Services Normally Provided by the Depart-
- 21 MENT OF DEFENSE UNDER TRICARE STANDARD.—The
- 22 Secretary of Defense shall develop and implement a sys-
- 23 tem to reimburse an eligible beneficiary who enrolls in a
- 24 health benefits plan under chapter 89 of title 5 in accord-
- 25 ance with this section for health care costs incurred by

- 1 the beneficiary that are not paid under the health benefits
- 2 plan but would have been paid by the Department of De-
- 3 fense under TRICARE Standard.".
- 4 (2) The item relating to section 1108 at the begin-
- 5 ning of such chapter is amended to read as follows:
 - "1108. Health care coverage through Federal Employees Health Benefits program.".
- 6 (b) Effective Date.—The amendments made by
- 7 this section shall take effect on October 1, 2005.
- 8 SEC. 4. REIMBURSEMENT FOR TRICARE PHARMACY BENE-
- 9 FITS AT TRICARE NETWORK PHARMACY LEV-
- 10 ELS TO CERTAIN MILITARY RETIREES AND
- 11 DEPENDENTS IN HARDSHIP CASES.
- 12 (a) IN GENERAL.—In the case of an eligible person
- 13 who has a certification described in subsection (b), the
- 14 Secretary shall reimburse such person for pharmacy bene-
- 15 fits received from a pharmacy that is not a TRICARE
- 16 network pharmacy in the same manner and in the same
- 17 amounts as the Secretary would reimburse such person
- 18 for such benefits received from a pharmacy that is a
- 19 TRICARE network pharmacy.
- 20 (b) Certification.—The certification referred to in
- 21 subsection (a) is a certification from an eligible person's
- 22 physician—

1	(1) stating that the person does not have access
2	to a TRICARE network pharmacy due to physical or
3	medical constraints; and
4	(2) meeting such other criteria as the Secretary
5	of Defense considers appropriate.
6	(c) Eligible Person.—In this section, an eligible
7	person is an eligible beneficiary as described in section
8	1108(b) of title 10, United States Code who has another
9	insurance plan or program that provides primary coverage
10	for health benefits.
11	SEC. 5. WAIVER OF MEDICARE PART B PREMIUM FOR CER-
12	TAIN MILITARY RETIREES.
13	(a) In General.—Section 1839 of the Social Secu-
14	rity Act (42 U.S.C. 1395r) is amended—
15	(1) in subsection $(a)(2)$, by striking "The
16	monthly premium" and inserting "Except as pro-
17	vided in subsection (j), the monthly premium"; and
18	(2) by adding at the end the following new sub-
19	section:
20	"(j)(1) The amount of the monthly premium for an
21	eligible individual enrolled under this part is equal to \$0.
22	"(2) For purposes of paragraph (1), the term 'eligible
23	individual' means—
24	"(A) an individual who is entitled to retired or
25	retainer pay based upon service in the uniformed

- 1 services (as defined in section 101 of title 10, United
- 2 States Code) that began before December 7, 1956;
- 3 "(B) the spouse (as determined under section
- 4 7703 of the Internal Revenue Code of 1986) of an
- 5 individual described in subparagraph (A); and
- 6 "(C) the widow or widower, as the case may be,
- of an individual described in subparagraph (A).
- 8 "(3) With respect to years beginning after the date
- 9 of the enactment of this subsection, the monthly premium
- 10 rate calculated under subsection (a)(3) for individuals en-
- 11 rolled under this part who are not eligible individuals
- 12 under this subsection shall be determined without regard
- 13 to benefits and administrative costs attributable to such
- 14 eligible individuals during such years.".
- 15 (b) Conforming Amendment.—Section 1839(i) of
- 16 the Social Security Act (42 U.S.C. 1395r(i)) is amended
- 17 by adding at the end the following new paragraph:
- 18 "(7) Inapplicability to certain military
- 19 RETIREES.—This subsection shall not apply to eligi-
- ble individuals (as defined in subsection (j)(2)).".
- 21 (c) Effective Date.—(1) The amendments made
- 22 by this section shall apply to premiums for months begin-
- 23 ning with January 2005.
- 24 (2) The Secretary of Health and Human Services
- 25 shall use the rebate methodology established pursuant to

- 1 section 625(a)(2) of the Medicare Prescription Drug, Im-
- 2 provement, and Modernization Act of 2003 (Public Law
- 3 108–173, 117 Stat. 2318) to provide rebates to eligible
- 4 individuals (as defined in subsection (j)(2) of section 1839
- 5 of the Social Security Act, as added by subsection (a))
- 6 of any premium or premium penalty paid under such sec-
- 7 tion for months beginning on or after January 1, 2005.

 \bigcirc