AMENDMENT TO RULES COMMITTEE PRINT

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OFFERED BY MR. HORSFORD OF NEVADA

Add at the end of subtitle D of title VII the following new section:

SEC. 782. PILOT PROGRAMS OF DEFENSE HEALTH AGENCY RELATING TO SEXUAL HEALTH.

(a) Telehealth Pilot Program on Sexual Health.—

(1) Establishment.—The Director of the Defense Health Agency shall carry out a five-year telehealth pilot program for sexual health (in this subsection referred to as the “telehealth pilot program”).

(2) Eligibility.—An individual is eligible to participate in the telehealth pilot program if the individual is a member of the uniformed services on active duty enrolled in TRICARE Prime, without regard to whether a health care professional has referred the individual for such participation.

(3) Applications.—

(A) In general.—Eligible individuals seeking to participate in the telehealth pilot
program shall submit to the Director an application for participation at such time, in such form, and containing such information as the Director may prescribe.

(B) **ONLINE ACCESSIBILITY.**—Any application form under subparagraph (A) shall be accessible online.

(4) **NUMBER OF PARTICIPANTS.**—In selecting participants for the telehealth pilot program from among eligible individuals who have submitted an application in accordance with paragraph (3), the Director may establish a cap limiting the number of such participants only if—

(A) the Director determines that such limited participation is necessary as a result of limited provider availability; and

(B) not later than 30 days after making such determination, the Director submits to the congressional defense committees a report that includes—

(i) a description of the limited provider availability upon which the Director has based such determination;

(ii) an identification of the total number of eligible individuals who have sub-
mitted an application in accordance with paragraph (3); and

(iii) an estimated timeline for lifting the cap established.

(5) Telehealth Screenings.—

(A) In General.—Under the telehealth pilot program, the Director shall furnish to any eligible individual who elects to participate in such program a telehealth screening. During such screening, a health care provider shall—

(i) conduct a remote assessment with respect to the individual’s sexual health, including any medication conditions related to the individual’s sexual health

(ii) provide comprehensive counseling on the full range of methods of contraception available to the individual, in accordance with the clinical practice guidelines established under section 718 of the National Defense Authorization Act for Fiscal Year 2016 (Public Law 114–92; 129 Stat. 686; 10 U.S.C. 1074d note);

(iii) as applicable, diagnose the individual or, pursuant to subparagraph (B), order appropriate follow-up diagnostic
services as necessary as a result of the assessment under clause (i); and

(iv) prescribe such prescription medications, including contraceptives or Pre-Exposure Prophylaxis, as may be determined necessary by the provider as a result of such assessment.

(B) LABORATORY DIAGNOSTIC SERVICES.—In diagnosing an individual under subparagraph (A)(iii), a health care provider may furnish to the individual such laboratory diagnostic services as may be necessary for the diagnosis (including mail-order laboratory diagnostic services).

(C) PRESCRIPTIONS.—The Director shall ensure that prescriptions under subparagraph (A)(iv) may be filled through either military medical treatment facility pharmacies or the national mail-order pharmacy program under the TRICARE program.

(6) FOLLOW-UP REMOTE APPOINTMENTS.—If a health care provider prescribes medications to an individual pursuant to a screening under the telehelath pilot program, that health care provider shall conduct such follow-up remote appointments as may be
necessary to monitor the health of the individual following fulfilment of the prescription.

(7) COORDINATION WITH FACILITIES.—The Director shall coordinate with each military commander or director of a military medical treatment facility to facilitate the provision through the facility of laboratory and other services necessary for the furnishment of screenings and the fulfilment of prescriptions under the telehealth pilot program.

(8) CONTRACT AUTHORITY.—In carrying out the telehealth pilot program, the Director may enter into contracts under such program with providers of mail-order laboratory services and providers of mail-order contraceptives or Pre-Exposure Prophylaxis for the furnishment of laboratory services or the fulfilment of prescriptions under paragraph (5).

(9) REPORTS.—Not later than one year after the date of the enactment of this Act, and annually thereafter for five years, the Secretary of Defense shall submit to the congressional defense committees a report on the status and effects of the telehealth pilot program. Each such report shall include, with respect to the year covered by the report, the following:
(A) The number of health care providers who have furnished services under the telehealth pilot program, disaggregated by whether the provider is a TRICARE network provider.

(B) The average wait time for screenings under the telehealth pilot program.

(C) Any effect of the telehealth pilot program with respect to the Defense Health Agency.

(D) Such other information relating to the status or effect of the telehealth pilot program as may be determined relevant by the Secretary.

(b) PILOT PROGRAM ON REQUIRED SEXUAL HEALTH SCREENINGS.—

(1) IN GENERAL.—The Director of the Defense Health Agency shall carry out a five-year pilot program to require certain sexual health screenings (in this subsection referred to as the “pilot program”).

(2) SEXUAL HEALTH SCREENINGS.—

(A) IN GENERAL.—Under the pilot program, the Director shall ensure that, during the period in which the pilot program is carried out, each covered member completes a sexual health
screening on an annual basis and prior to any
deployment of the covered member.

(B) NOTICE REQUIREMENT.—The Director
shall ensure that, prior to a covered member re-
ceiving a sexual health screening under the pilot
program, the covered member is provided no-
tice, and submits an acknowledgment, that the
results of such screening shall be subject to the
confidentiality provisions under paragraph (3).

(C) OPTION FOR FOLLOW-UP APPOINT-
MENT.—Following the provision of a sexual
health screening to a covered member under the
pilot program, the covered member may elect to
receive a follow-up appointment related to such
screening. Any such follow-up appointment shall
be conducted by the provider specified in para-
graph (4) responsible for reviewing the results
of the screening.

(3) CONFIDENTIALITY.—

(A) TRANSMISSION OF RESULTS OUTSIDE
CHAIN OF COMMAND.—Except as provided in
subparagraph (B), the results of a sexual health
screening furnished to a covered member under
the pilot program shall be transmitted for re-
view to the provider specified in paragraph (4)
at the military medical treatment facility nearest to the location at which the screening was furnished. Such results may not be transmitted to or otherwise accessed by the following:

(i) Any individual in the chain of command of the covered member.

(ii) The primary health care provider for the unit of the covered member.

(B) Exception at election of member.—The results of a sexual health screening furnished to a covered member under the pilot program may be transmitted for review to, or otherwise accessed by, the primary health care provider for the unit of the covered member at the election of the covered member.

(C) Severability of results.—If a sexual health screening under the pilot program is furnished as part of a periodic health assessment (or other similar assessment) provided to a covered member, the results of such screening shall be separated from the other results of the assessment for purposes of separate transmission and review in accordance with subparagraph (A).
(4) Sexual health or infectious disease health care providers.—The Director shall ensure that at each military medical treatment facility there is a health care provider with a specialty in sexual health or infectious diseases who shall review screening results under the pilot program.

(5) Reports.—Not later than one year after the date of the enactment of this Act, and annually thereafter for five years, the Secretary of Defense shall submit to the congressional defense committees a report on the status and effects of the pilot program.

d) Definitions.—In this section:

(1) The term “covered member” means a member of a uniformed service described in section 1074(a)(2) of title 10, United States Code.

(2) The term “military medical treatment facility” means a facility specified in section 1073d of title 10, United States Code.

(3) The terms “TRICARE Prime” and “TRICARE program” have the meaning given those terms in section 1072 of such title.