AMENDMENT TO RULES COMMITTEE PRINT 118–10
OFFERED BY MS. LEE OF NEVADA

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

SEC. 7. HEALTH CARE MARKET ANALYSIS FOR REMOTE INSTALLATIONS INSIDE THE CONTINENTAL UNITED STATES.

(a) ANALYSIS REQUIRED.—Not later than 180 days after the date of the enactment of this Act, the Director of the Defense Health Agency shall submit to the Committees on Armed Services of the House of Representatives and Senate an analysis of the health care market for remote military installations located inside the continental United States. For each remote military installation studied, the analysis shall take into consideration—

(1) the health care provided at military medical treatment facilities, including—

(A) wait times;

(B) average commuting demands;

(C) care available to members of the Armed Force and to dependents of such members;
(D) types of care available, including sub-
specialty care and women’s health care; and

(E) effects on health outcomes;

(2) the care available through private commer-
cial medical facilities, including elements specified in
subparagraphs (A) through (D) of paragraph (2);

(3) the impact of any health care shortages,
commuting demands, or wait times on military read-
iness;

(4) the future health care needs of members at
remote military installations, and dependents of such
members, based on expectations and plans for mis-
sions in the coming years; and

(5) options for meeting such existing and future
health care needs.

(b) Remote Military Installation Defined.—
In this section, the term “remote military installation”
means a military installation located in a community that
is designated as a health professional shortage area under
section 332 of the Public Health Service Act (42 U.S.C.
254).