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(Original Signature of Member)

116TH CONGRESS
2D SESSION

H. R. _____

To amend title 10, United States Code, to expand benefits available under the TRICARE Extended Health Care Option program, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

Mr. COLE introduced the following bill; which was referred to the Committee
on _____

A BILL

To amend title 10, United States Code, to expand benefits available under the TRICARE Extended Health Care Option program, 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 “TRICARE ECHO Im-
5 provement Act”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

1 (1) Active duty members of the uniformed serv-
2 ices encounter difficulties accessing Home and Com-
3 munity-Based Services (HCBS) waivers under Med-
4 icaid for the dependents of such members who have
5 intellectual or developmental disabilities.

6 (2) State residency requirements create barriers
7 to accessing such benefits for military families who
8 move across State lines and are required to reenroll
9 with each permanent change of station.

10 (3) Enrollment caps for such waivers create ad-
11 ditional barriers, and often result in waiting lists
12 due to the demand for such waivers, including, in
13 2017, an average 30-month wait time.

14 (4) The Military Compensation and Retirement
15 Modernization Commission concluded that “access to
16 HCBS waiver benefits is a substantial issue for mili-
17 tary families. . . Service members are required to re-
18 apply for benefits each time they move to a new
19 state. Many Service members encounter waiting lists
20 that exceed their time assigned to a location.”.

21 (5) In 2001, the TRICARE Extended Care
22 Health Option program (“ECHO program”) was es-
23 tablished as an alternative to HCBS waivers for
24 military families. The ECHO program provides addi-
25 tional medical and non-medical services not covered

1 by TRICARE to eligible military dependents with
2 special needs, for the purpose of assisting in the re-
3 duction of the disabling effects of the qualifying con-
4 dition of the dependent.

5 (6) The Military Compensation and Retirement
6 Modernization Commission concluded that, although
7 ECHO was created as an alternative to HCBS waiv-
8 er benefits, “ECHO benefits, as currently imple-
9 mented, are not robust enough to replace state waiv-
10 er programs when those programs are inaccessible.”

11 (7) Although the purpose of the ECHO pro-
12 gram is to provide supplemental services to depend-
13 ents with special needs, a 2014 study conducted by
14 the Manpower Data Center of the Department of
15 Defense found that only 37 percent of military fami-
16 lies that have a child with special needs were aware
17 of the program.

18 (8) The Conference Report accompanying the
19 National Defense Authorization Act for Fiscal Year
20 2010 stated that “expanding support for families
21 with special needs is a critical requirement for the
22 all-volunteer force.”

23 **SEC. 3. SENSE OF CONGRESS.**

24 It is the sense of Congress that military families de-
25 serve—

1 (1) equitable access to critical services that
2 minimize the debilitating effects of a disabling condi-
3 tion; and

4 (2) an evaluation of the effectiveness of current
5 services under the ECHO program.

6 **SEC. 4. EXPANSION OF BENEFITS AVAILABLE UNDER**
7 **TRICARE EXTENDED HEALTH CARE OPTION**
8 **PROGRAM.**

9 (a) EXTENDED BENEFITS FOR ELIGIBLE DEPEND-
10 ENTS.—Subsection (e) of section 1079 of title 10, United
11 States Code, is amended to read as follows:

12 “(e)(1) Extended benefits for eligible dependents
13 under subsection (d) may include comprehensive health
14 care services (including services necessary to maintain, or
15 minimize or prevent deterioration of, function of the pa-
16 tient) and case management services with respect to the
17 qualifying condition of such a dependent, and include, to
18 the extent such benefits are not provided under provisions
19 of this chapter other than under this section, the following:

20 “(A) Diagnosis and screening.

21 “(B) Inpatient, outpatient, and comprehensive
22 home health care supplies and services which may
23 include cost effective and medically appropriate serv-
24 ices other than part-time or intermittent services
25 (within the meaning of such terms as used in the

1 second sentence of section 1861(m) of the Social Se-
2 curity Act).

3 “(C) Rehabilitation and habilitation services
4 and devices.

5 “(D) Institutional care in private nonprofit,
6 public, and State institutions and facilities and, if
7 appropriate, transportation to and from such institu-
8 tions and facilities.

9 “(E) Custodial care, notwithstanding the prohi-
10 bition in section 1077(b)(1) of this title.

11 “(F) In accordance with paragraph (2), respite
12 care for the primary caregiver of the eligible depend-
13 ent.

14 “(G) In accordance with paragraph (3), service
15 and modification of durable equipment and assistive
16 technology devices.

17 “(H) Special education.

18 “(I) Vocational training, which may be fur-
19 nished to an eligible dependent in the residence of
20 the eligible dependent or at a facility in which such
21 training is provided.

22 “(J) In accordance with paragraph (4), adapta-
23 tions to the private residence and vehicle of the eligi-
24 ble dependent.

1 “(K) Such other services and supplies as deter-
2 mined appropriate by the Secretary, notwithstanding
3 the limitations in subsection (a)(12).

4 “(2) Respite care under paragraph (1)(F) shall be
5 provided subject to the following conditions:

6 “(A) Such respite care shall be limited to 50
7 hours in each month.

8 “(B) Unused hours of respite care may not be
9 carried over to another month.

10 “(C) Such respite care may be provided to an
11 eligible beneficiary regardless of whether the eligible
12 beneficiary is receiving another benefit under this
13 subsection.

14 “(3)(A) Service and modification of durable equip-
15 ment and assistive technology devices under paragraph
16 (1)(G) may be provided only upon determination by the
17 Secretary that the service or modification is necessary for
18 the use of such equipment or device by the eligible depend-
19 ent.

20 “(B) Service and modification of durable equipment
21 and assistive technology devices under such paragraph
22 may not be provided—

23 “(i) in the case of misuse, loss, or theft of the
24 equipment or device; or

1 “(ii) for a deluxe, luxury, or immaterial feature
2 of the equipment or device, as determined by the
3 Secretary.

4 “(C) Service and modification of durable equipment
5 and assistive technology devices under such paragraph
6 may include training of the eligible dependent and imme-
7 diate family members of the eligible dependent on the use
8 of the equipment or device.

9 “(4)(A) Adaptations to the private residence and ve-
10 hicle of the eligible dependent under paragraph (1)(J) may
11 be provided if such adaptations—

12 “(i) are determined to be medically necessary
13 by the provider responsible for the care of the eligi-
14 ble dependent with respect to the qualifying condi-
15 tion; and

16 “(ii) are necessary to assist in—

17 “(I) the reduction of the disabling effects
18 of the qualifying condition; or

19 “(II) maintenance of the present
20 functionality of the eligible dependent.

21 “(B) With respect to a vehicle, adaptations may be
22 provided under such paragraph if the vehicle is the pri-
23 mary means of transportation of the eligible dependent.”.

1 **SEC. 5. ADDITIONAL REQUIREMENTS IN OFFICE OF SPE-**
2 **CIAL NEEDS ANNUAL REPORT.**

3 Section 1781e(g)(2) of title 10, United States Code,
4 is amended—

5 (1) by redesignating subparagraph (C) as sub-
6 paragraph (D); and

7 (2) by inserting after subparagraph (B) the fol-
8 lowing new subparagraph (C):

9 “(C) With respect to the Extended Care Health
10 Option program under section 1079(d) of this title—

11 “(i) the utilization rates of services under
12 such program by eligible dependents (as such
13 term is defined in such section) during the prior
14 year;

15 “(ii) a description of gaps in such services,
16 as ascertained by the Secretary from informa-
17 tion provided by families of eligible dependents;

18 “(iii) an assessment of factors that prevent
19 knowledge of and access to such program, in-
20 cluding a discussion of actions the Secretary
21 may take to address these factors; and

22 “(iv) an assessment of the average wait
23 time for an eligible dependent enrolled in the
24 program to access alternative health coverage
25 for a qualifying condition (as such term is de-
26 fined in such section), including a discussion of

1 any adverse health outcomes associated with
2 such wait.”.

3 **SEC. 6. EFFECTIVE DATE.**

4 The amendments made by this Act shall take effect
5 October 1, 2020.