SEC. ___. AVAILABILITY OF HEALTHCARE BENEFITS FOR RESIDENTS AT THE ARMED FORCES RETIREMENT HOME.

Section 1513 of the Armed Forces Retirement Home Act of 1991 (24 U.S.C. 413) is amended by adding at the end the following new subsection:

"(e) AVAILABILITY OF BENEFITS.—(1) Notwithstanding any other provision of law, for care provided to residents by the Armed Forces Retirement Home, a covered Secretary shall transfer to the Armed Forces Retirement Home Trust Fund amounts from trust or other funds administered by the covered Secretary and available for the purpose of providing medical and other care or related benefits for which residents are eligible.

"(2)(A) Amounts transferred under paragraph (1) shall be calculated based on a methodology determined to be acceptable to the covered Secretary.

"(B) In determining such methodology, the covered Secretary shall ensure that any additional administrative burden required of the Retirement Home is reasonable and compatible with its systems.

"(C) By June 30, 2021, and by March 31 thereafter if a change in calculation methodology is proposed for the succeeding fiscal year, the covered Secretary shall submit to Congress and the Chief Operating Officer a report detailing the methodology determined to be acceptable, a summary of any additional administrative burden required of the Retirement Home to comply with the methodology, an estimate of transfers for three years, and a summary of legislative or administrative changes necessary to carry out this subsection or which, if enacted, would increase the amount of such transfers.

"(3) The Chief Operating Officer shall include in each annual report required by section 3516 of title 31 a summary of amounts transferred from each covered Secretary for the year

covered by the report and information furnished by the Retirement Home to calculate such amounts.

"(4)(A) Initial transfers in accordance with this subsection shall be made by not later than September 30, 2021, and not less often than annually thereafter.

"(B) Nothing in this subsection shall be construed to require a transfer if a covered Secretary has not received timely and adequate information from the Retirement Home in accordance with the calculation methodology determined under paragraph (2). Upon receipt of such information, a covered Secretary shall ensure transfers are executed without undue delay.

"(5) In this subsection, the term 'covered Secretary' means each of the following:

"(1) The Secretary of Defense.

"(2) The Secretary of Veterans Affairs.".

[Please note: The "Changes to Existing Law" section below sets out in red-line format how the legislative text would amend existing law.]

Section-by-Section Analysis

This proposal would add a subsection to section 1513 of the Armed Forces Retirement Home Act of 1991 (24 U.S.C. 413) to better integrate Armed Forces Retirement Home (AFRH) resident access to earned health benefits, including TRICARE and Veterans Health Administration benefits, and address the AFRH's financial solvency by facilitating payment for health services that residents could otherwise obtain through these benefit programs.

The proposal would establish transfers of funds, not less than annually, from the Departments of Defense and Veterans Affairs to the AFRH Trust Fund from available trust or other funds administered by the respective Secretaries.

Amounts would be determined based on a calculation methodology acceptable to each Secretary, provided that any additional administrative burden required by AFRH to comply would be minimal. A report on the initial methodology determination, administrative burden, 3-year estimate of transfers, and a summary of legislative or administrative changes necessary to carry out the provision or which, if enacted, would increase the amount of such transfers, would be due to Congress and the AFRH Chief Operating Officer by June 30, 2021, and by March 30 whenever a change in methodology is proposed for the succeeding fiscal year.

The AFRH Chief Operating Officer would be directed to include in annual performance and accountability reports a summary of transfers received from each Department for that year and totals furnished to calculate the transfers.

The first transfers would be required by the end of FY 2021 (September 30, 2021) and not less often than annually thereafter.

Budget Implications: The resources impacted are reflected in the table below and are included within the (FY) 2021 President's Budget request.

RESOURCE IMPACT ($MILLIONS)									
Program	**FY 2021**	**FY 2022**	**FY 2023**	**FY 2024**	**FY 2025**	**Appropriation**	**Budget Activity**	**BLI/SAG**	**Program Element (for all RDT&E programs)**
Defense Health Program	4.0	4.0	4.0	4.0	4.0	DHP-CHS (0130D 030)	01		
Total	4.0	4.0	4.0	4.0	4.0				

Changes to Existing Law: This proposal would make the following changes to section 1513 of the Armed Forces Retirement Home Act of 1991 (24 U.S.C. 413):

§413. Services provided to residents

(a) Services provided.—Except as provided in subsections (b), (c), and (d), a resident of the Retirement Home shall receive the services authorized by the Chief Operating Officer.

(b) Medical and dental care.—The Retirement Home shall provide for the overall health care needs of residents in a high quality and cost-effective manner, including on site primary care, medical care, and a continuum of long-term care services. The services provided residents of the Retirement Home shall include appropriate nonacute medical and dental services, pharmaceutical services, and transportation of residents, which shall be provided at no cost to residents. Secondary and tertiary hospital care for residents that is not available at a facility of the Retirement Home shall, to the extent available, be obtained by agreement with the Secretary of Veterans Affairs or the Secretary of Defense in a facility administered by such Secretary. Except as provided in subsection (d), the Retirement Home shall not be responsible for the costs incurred for such care by a resident of the Retirement Home who uses a private medical facility for such care. The Retirement Home may not construct an acute care facility.

(c) Availability of physicians and dentists.—

(1) In providing for the health care needs of residents at a facility of the Retirement Home under subsection (b), the Retirement Home shall have a physician and a dentist-

(A) available at the facility during the daily business hours of the facility; and

(B) available on an on-call basis at other times.

(2) The physicians and dentists required by this subsection shall have the skills and experience suited to residents of the facility served by the physicians and dentists.

(3) To ensure the availability of health care services for residents of a facility of the Retirement Home, the Chief Operating Officer, in consultation with the Medical Director, shall establish uniform standards, appropriate to the medical needs of the residents, for access to health care services during and after the daily business hours of the facility.

(d) Transportation to medical care outside Retirement Home facilities.—

(1) With respect to each facility of the Retirement Home, the Retirement Home shall provide daily scheduled transportation to nearby medical facilities used by residents of the facility. The Retirement Home may provide, based on a determination of medical need, unscheduled transportation for a resident of the facility to any medical facility located not more than 30 miles from the facility for the provision of necessary and urgent medical care for the resident.

(2) The Retirement Home may not collect a fee from a resident for transportation provided under this subsection.

(e) AVAILABILITY OF BENEFITS.—(1) Notwithstanding any other provision of law, for care provided to residents by the Armed Forces Retirement Home, a covered Secretary shall transfer to the Armed Forces Retirement Home Trust Fund amounts from trust or other funds administered by the covered Secretary and available for the purpose of providing medical and other care or related benefits for which residents are eligible.

(2)(A) Amounts transferred under paragraph (1) shall be calculated based on a methodology determined to be acceptable to the covered Secretary.

(B) In determining such methodology, the covered Secretary shall ensure that any additional administrative burden required of the Retirement Home is reasonable and compatible with its systems.

(C) By June 30, 2021, and by March 31 thereafter if a change in calculation methodology is proposed for the succeeding fiscal year, the covered Secretary shall submit to Congress and the Chief Operating Officer a report detailing the methodology determined to be acceptable, a summary of any additional administrative burden required of the Retirement Home to comply with the methodology, an estimate of transfers for three years, and a summary of legislative or administrative changes necessary to carry out this subsection or which, if enacted, would increase the amount of such transfers.

(3) The Chief Operating Officer shall include in each annual report required by section 3516 of title 31 a summary of amounts transferred from each covered Secretary for the year covered by the report and information furnished by the Retirement Home to calculate such amounts.

(4)(A) Initial transfers in accordance with this subsection shall be made by not later than September 30, 2021, and not less often than annually thereafter.

(B) Nothing in this subsection shall be construed to require a transfer if a covered Secretary has not received timely and adequate information from the Retirement Home in accordance with the calculation methodology determined under paragraph (2). Upon receipt of such information, a covered Secretary shall ensure transfers are executed without undue delay.

(5) In this subsection, the term ‘‘covered Secretary’’ means each of the following:

(1) The Secretary of Defense.

(2) The Secretary of Veterans Affairs.