

(2) by inserting after subsection (d) the following new subsection (e):

“(e) **AUTHORITY FOR MULTIPLE NETWORKS IN THE SAME GEOGRAPHIC AREA.**—(1) The Secretary may establish a system of multiple networks of providers under TRICARE Prime in the same geographic area or areas.

Requirements.

“(2) Under a system established under paragraph (1), the Secretary may require a covered beneficiary enrolling in TRICARE Prime to enroll in a specific provider network established pursuant to such system, in which case any provider not in that specific provider network shall be deemed an out-of-network provider with respect to the covered beneficiary (regardless of whether the provider is in a different TRICARE Prime provider network) for purposes of this section or any other provision of law limiting the coverage or provision of health care services to those provided by network providers under the TRICARE program.”

**SEC. 704. SELF-INITIATED REFERRAL PROCESS FOR MENTAL HEALTH EVALUATIONS OF MEMBERS OF THE ARMED FORCES.**

Section 1090a of title 10, United States Code, is amended—

(1) in subsection (c), by inserting “or is required to make such a referral pursuant to the process described in subsection (e)(1)(A)” after “mental health evaluation”;

(2) by redesignating subsection (e) as subsection (g); and

(3) by inserting after subsection (d) the following new subsections:

“(e) **SELF-INITIATED REFERRAL PROCESS.**—(1) The regulations required by subsection (a) shall, with respect to a member of the armed forces—

“(A) provide for a self-initiated process that enables the member to trigger a referral for a mental health evaluation by requesting such a referral from a commanding officer or supervisor who is in a grade above E-5;

“(B) ensure the function of the process described in subparagraph (A) by—

Requirement.

“(i) requiring the commanding officer or supervisor of the member to refer the member to a mental health provider for a mental health evaluation as soon as practicable following the request of the member (including by providing to the mental health provider the name and contact information of the member and providing to the member the date, time, and place of the scheduled mental health evaluation); and

“(ii) ensure the member may request a referral pursuant to subparagraph (A) on any basis (including on the basis of a concern relating to fitness for duty, occupational requirements, safety issues, significant changes in performance, or behavioral changes that may be attributable to possible changes in mental status); and

“(C) ensure that the process described in subparagraph (A)—

“(i) reduces stigma in accordance with subsection (b), including by treating referrals for mental health evaluations made pursuant to such process in a manner similar to referrals for other medical services, to the maximum extent practicable; and

“(ii) protects the confidentiality of the member to the maximum extent practicable, in accordance with requirements for the confidentiality of health information under the Health Insurance Portability and Accountability Act of 1996 (Public Law 104–191) and applicable privacy laws.

“(2) In making a referral for an evaluation of a member of the armed forces triggered by a request made pursuant to the process described in paragraph (1)(A), if the member has made such a request on the basis of a concern that the member is a potential or imminent danger to self or others, the commanding officer or supervisor of the member shall observe the following principles:

“(A) With respect to safety, if the commander or supervisor determines the member is exhibiting dangerous behavior, the first priority of the commander or supervisor shall be to ensure that precautions are taken to protect the safety of the member, and others, prior to the arrival of the member at the location of the evaluation.

Determination.

“(B) With respect to communication, prior to such arrival, the commander or supervisor shall communicate to the provider to which the member is being referred (in a manner and to an extent consistent with paragraph (1)(C)(ii)), information on the circumstances and observations that led to—

“(i) the member requesting the referral; and

“(ii) the commander or supervisor making such referral based on the request.

“(f) ANNUAL TRAINING REQUIREMENT.—On an annual basis, each Secretary concerned shall provide to the members of the Armed Forces under the jurisdiction of such Secretary a training on how to recognize personnel who may require mental health evaluations on the basis of the individual being an imminent danger to self or others, as demonstrated by the behavior or apparent mental state of the individual.”

**SEC. 705. MODIFICATIONS TO PILOT PROGRAM ON HEALTH CARE ASSISTANCE SYSTEM.**

Section 731(d) of the National Defense Authorization Act for Fiscal Year 2018 (10 U.S.C. 1075 note) is amended—

(1) in the matter preceding paragraph (1), by striking “January 1, 2021” and inserting “November 1, 2022”;

(2) in paragraph (1), by striking “; and” and inserting a semicolon;

(3) in paragraph (2), by striking the period and inserting “; and”; and

(4) by adding at the end the following new paragraph: “(3) input from covered beneficiaries who have participated in the pilot program regarding their satisfaction with, and any benefits attained from, such participation.”

**SEC. 706. MODIFICATION OF PILOT PROGRAM ON RECEIPT OF NON-GENERIC PRESCRIPTION MAINTENANCE MEDICATIONS UNDER TRICARE PHARMACY BENEFITS PROGRAM.**

Section 706 of the William M. (Mac) Thornberry National Defense Authorization Act for Fiscal Year 2021 (Public Law 116–283) is amended—

(1) in subsection (a)(1), by striking “may carry out” and inserting “shall carry out”;

10 USC 1074g note.