

(b) *Associates.* To protect the trainees against undesirable associates, no person who has been convicted of any felony shall be permitted to enlist into the program.

(c) *Control of alcoholic beverages.*

(1) Regulations pertaining to the sale of alcoholic beverages to trainees, including the prohibition of sales to minors, will be in conformity with applicable Federal, State, Territorial, or local laws or regulations.

(2) Establishments which do not comply with local laws governing the sale of alcoholic beverages to minors shall be placed off-limits.

(3) To facilitate compliance with such laws the identification cards of trainees will show clearly date of birth, age, or otherwise indicate that the trainee is a minor when such is the case.

(4) Soft drinks and other such refreshments will be within easy access of trainees in enlisted men's clubs.

§ 55.5 *Health—(a) Equality of treatment.* Medical treatment, including hospitalization and surgical care, shall be furnished to trainees in the same manner as furnished to members of the Armed Forces in general.

(b) *Medical care.* Trainees are entitled to be retained beyond their training period for the purpose of receiving hospitalization, or medical, surgical, or dental care occasioned by accidents or illness.

(c) *Inspections.* Quarters, food, and sanitary facilities shall be inspected frequently and regularly by the proper authorities to insure adequacy.

§ 55.6 *Safety—(a) Vehicle registration.* All motor vehicles belonging to trainees and operated on military installations shall be registered and their use thereon strictly supervised.

(b) *Supervision of recreational activities.* Recreational activities, such as swimming, shall be closely supervised. The opportunity to learn to swim should be afforded to all trainees.

§ 55.7 *Cooperation with the National Security Training Commission—(a) Visitations.* Subsection 262 (e), 69 Stat. 601, 50 U. S. C. 1013 charges the National Security Training Commission with advising the President and the Secretary of Defense and reporting an-

nually to the Congress with respect to the welfare of persons enlisted under section 262, 69 Stat. 600, 50 U. S. C. 1013 while performing the initial period of active duty for training. In order to carry out its statutory responsibilities:

(1) The Commission has established procedures under which Commissioners, or other qualified persons designated by them, will conduct periodic visitations to the training installations. While the Commission has no responsibility for military training itself, it will inquire into all other aspects of the program, including such matters as food, housing, recreation, health, safety, religious activity, morals, welfare, character guidance, information, and education.

(2) The Commission and its authorized representatives shall have access to all matters relating to the welfare of trainees in each of the training installations and should be authorized to talk freely to commanding officers, training personnel, and trainees.

(b) *Access to Commission.* No trainee shall be denied the right of direct and private access to the Commission and its representatives.

Part 56—Medical Care for Dependents of Members of the Uniformed Services [Added]

Sec.	General Information.
56.1	Purpose.
56.1-1	Scope.
56.1-2	Definition of terms used in this part.
56.1-3	Administration.
56.1-4	Determination of eligibility and identification of dependents.
56.2	Determination of dependents' eligibility.
56.2-1	Identification of dependents.
56.2-2	Determination of sources from which eligible dependents receive medical care.
56.3	Among uniformed services facilities.
56.3-1	Between civilian medical facilities and uniformed services facilities within continental United States, Alaska, Hawaii, and Puerto Rico.
56.3-2	Exceptions; emergency care and other circumstances.
56.3-3	Medical care for dependents at medical facilities of the uniformed services.
56.4	Authority for providing medical care to dependents.
56.4-1	Facilities available.
56.4-2	Medical care authorized.
56.4-3	Medical care not authorized.
56.4-4	Dental care.
56.4-5	

- Sec.
 56.4-6 Admission of dependents for medical care.
 56.4-7 Cross-utilization of service medical facilities.
 56.4-8 Charges for dependent medical care.
 56.5 Medical care in civilian facilities.
 56.5-1 Eligibility for civilian medical care.
 56.5-2 Medical and hospital care authorized from civilian sources.
 56.5-3 Terms of reference and rules for the provision of authorized medical care from civilian sources.
 56.5-4 Medical care not authorized.
 56.5-5 Admission of dependents for medical care to civilian sources.
 56.5-6 Charges.
 56.5-7 Administration.
 56.5-8 Hospitalization beyond period of 365 days.
 56.5-9 Government liability for payment of civilian medical care costs.
 56.6 Medical care in medical facilities not otherwise provided for.
 56.7 Medical care for members of the uniformed services.
 56.8 Medical care for retired members of the uniformed services.
 56.8-1 Retired members eligible for care.
 56.8-2 Ration allowance for retired enlisted members.
 56.8-3 Charges for officers' subsistence.
 56.9 Budgeting and accounting for medical and dental care furnished in facilities of the uniformed services.
 56.10 Implementation.
 56.11 Effective date.

AUTHORITY: §§ 56.1 to 56.11 issued under secs. 101-103, 201-204, 301-305, 70 Stat. 250-254; 37 U. S. C. 401-403, 411-414, 421-423, 404-405.

SOURCE: §§ 56.1 to 56.11 appear at 21 F. R. 8577, Nov. 8, 1956, except as otherwise noted.

§ 56.1 *General information.*

§ 56.1-1 *Purpose.* The purpose of this part is to prescribe policy for administering the Dependents' Medical Care Act.

§ 56.1-2 *Scope.* This part is applicable to the uniformed services.

§ 56.1-3 *Definition of terms used in this part.* (a) "Uniformed services" means the Army, the Navy, the Air Force, the Marine Corps, the Coast Guard, the Commissioned Corps of the Coast and Geodetic Survey, and the Commissioned Corps of the Public Health Service.

(b) "Member of a uniformed service" means a person appointed, enlisted, inducted or called, ordered or conscripted in a uniformed service who is serving on active duty or active duty for training

pursuant to a call or order that does not specify a period of thirty days or less.

(c) "Retired member of a uniformed service" means a member or former member of a uniformed service who is entitled to retired, retirement, or retainer or equivalent pay as a result of service in a uniformed service, other than a member or former member entitled to retired or retirement pay under Title III of the Army and Air Force Vitalization and Retirement Equalization Act of 1948 who has served less than eight years on full time duty in active military service other than active duty for training.

(d) "Dependent" means any person who bears to a member or retired member of a uniformed service, or to a person who died while a member or retired member of a uniformed service, any of the following relationships:

(1) The lawful wife;

(2) The unremarried widow;

(3) The lawful husband, if he is in fact dependent on the member or retired member for over one-half of his support;

(4) The unremarried widower, if he was in fact dependent upon the member or retired member at the time of her death for over one-half of his support because of a mental or physical incapacity;

(5) An unmarried legitimate child (including an adopted child or step-child), if such child has not passed his twenty-first birthday;

(6) A parent or parent-in-law, if the said parent or parent-in-law is, or was at the time of the member's or retired member's death, in fact dependent on said member or retired member for over one-half of his support and is, or was at the time of the member's or retired member's death, actually residing in the household of said member or retired member. For the purposes of this directive, the requirement of actually residing in the household shall be fulfilled when the parent or parent-in-law actually resides or was residing at the time of death of a member or retired member, in a dwelling place provided or maintained by said member or retired member; or

(7) An unmarried legitimate child (including an adopted child or step-child) who (i) has passed his twenty-first birthday, if the child is incapable of

self-support because of a mental or physical incapacity that existed prior to his reaching the age of twenty-one and is, or was at the time of the member's or retired member's death, in fact dependent on him for over one-half of his support, or (ii) has not passed his twenty-third birthday and is enrolled in a full-time course of study in an institution of higher learning as approved by the Secretary of Defense or Secretary of Health, Education, and Welfare and is, or was at the time of the member's or the retired member's death, in fact dependent on him for over one-half of his support.

CODIFICATION: In paragraph (d), subparagraph (6) was amended to read as set forth above, 22 F. R. 2942, Apr. 26, 1957.

(e) "Dependents eligible for civilian medical care" means the lawful wife or the dependent lawful husband (spouses) and children who are dependents of members of the uniformed services.

(f) "Secretary of a uniformed service" means the Secretary of the Army, Navy (for the Navy and Marine Corps), or Air Force, or for the other uniformed services (Coast Guard, Public Health Service, Coast and Geodetic Survey), the Secretary of Health, Education, and Welfare. The latter may delegate his duties and responsibilities in relation to dependent medical care to The Surgeon General of the Public Health Service.

(g) "Continental United States" means the 48 States and the District of Columbia.

(h) "Executive agent" means the party who acts for the uniformed services in negotiating and administering contracts for medical (physicians) and hospital services under the policy guidance of the Department of Defense.

(i) "Contractor" means the legal entity with which the Government enters into a contract for the purpose of implementing the Dependents' Medical Care Act, such as a state medical society, an insurance company, Blue Shield or Blue Cross.

(j) Miscellaneous medical and technical terminology:

(1) "Diagnosis": A determination of the existence and nature, or absence, of disease or injury by history with physical and mental findings, including physical examinations and the utilization of medically accepted diagnostic procedures,

e. g., laboratory tests and pathology and X-ray examinations.

(2) "Outpatient care": The medical services which are normally performed in the home, a physician's office, or the outpatient department of a hospital, clinic or dispensary.

(3) *Maternity and infant care.* Medical and surgical care for the mother incident to pregnancy including prenatal care, delivery, post-natal care, including care of the infant, and treatment of complications of pregnancy.

(4) "Domiciliary care": Care which is normally given in a nursing home, convalescent home, or similar institution to a patient who requires personal care rather than active and definitive treatment in a hospital for an acute medical or surgical condition. It includes but is not limited to nursing care required as a result of old age or chronic disease.

(5) "Chronic disease": This term shall be construed to include non-acute conditions and disabilities in which the prognosis indicates long continued duration of the ailment.

(6) "Nervous and mental disorders": This term means those conditions classified as neuroses, psychoneuroses, psychopathies, or psychoses.

(7) "Dental care as a necessary adjunct to medical or surgical treatment": Dental care determined by the cognizant physician and dentist to be required for the proper treatment of a medical or surgical condition.

(8) "Adjuncts to medical care": Prosthetic devices and prosthetic appliances such as hearing aids, spectacles, orthopedic footwear, and similar medical supports, or aids.

(9) "Adjuncts to dental care": Removable or fixed prosthetic or fixed prosthodontic restorations and similar dental supports or aids.

CODIFICATION: In § 56.1-3, paragraph (j) was amended in the following respects, 23 F. R. 7535, Sept. 27, 1958:

1. Subparagraph (3) was amended to read as set forth above.

2. Subparagraph (5) was deleted, and former subparagraphs (6), (7), (8), (9) and (10) were redesignated subparagraphs (5), (6), (7), (8) and (9), respectively.

§ 56.1-4 *Administration.* (a) The Secretary of Defense has jurisdiction over the Army, Navy, Air Force, Marine Corps, and the Coast Guard when operating as a service with the Navy.

(b) The Secretary of Health, Education, and Welfare has jurisdiction over the Public Health Service and for medical care purposes over the Coast and Geodetic Survey, and the Coast Guard when not in service with the Navy.

§ 56.2 *Determination of eligibility and identification of dependents.*

§ 56.2-1 *Determination of dependents' eligibility.* (a) The uniformed services will require dependents (or their sponsors) who request medical care to furnish proof of their eligibility for such care. In order to develop uniformity in the criteria utilized by the uniformed services to determine dependents eligible for medical care, the uniformed services will utilize, as soon as practicable, DD Form 1172,¹ "Application for Uniformed Services Identification and Privilege Card." Implementation and use of this form shall be completed not later than December 31, 1957. Pending use of this DD Form, existing procedures for determining dependents' eligibility for medical care, employed by the respective services, will be continued. Modifications of DD Forms 1172 and 1173 may be made, subject to the approval of the Office, Secretary of Defense.

[Paragraph (a) amended, 22 F. R. 6409, Aug. 10, 1957]

Prior Amendments

1957: 22 F. R. 2942, Apr. 26.

(b) The Secretaries of the uniformed services and their designees are hereby authorized to make determinations of dependency for purposes of this part.

§ 56.2-2 *Identification of dependents.*

(a) Upon an affirmative determination by the Secretary of a uniformed service or his designee that a dependent is eligible for medical care, such dependent will be issued a "Uniformed Services Identification and Privilege Card", DD Form 1173.¹ The DD Form 1173 will serve as the primary means of identifying dependents eligible for medical care.

(b) The administrative provisions governing the application for the DD Form 1173 and its issuance to dependents of members and dependents of retired members of the uniformed services and dependents of persons who died while a member or a retired member of a uniformed service will be as prescribed by the Secretary of the uniformed service concerned. However, such regulations

for active duty members with dependents will include but not be limited to provisions for the following:

(1) *Issuance.* Application for, and issuance of, DD Form 1173 will be accomplished at the following times:

(i) Upon entry on active duty for a period in excess of 30 days.

(ii) Upon re-enlistment.

(iii) Upon change in dependency status stated on current authorization card.

(iv) Upon certification of loss.

(v) Upon retirement or death.

(2) *Surrender.* The DD Form 1173 shall be surrendered:

(i) Whenever a new card is issued except to replace loss.

(ii) Upon expiration date.

(iii) Whenever the cardholder becomes ineligible.

(iv) Upon death, retirement or release of member to inactive duty.

(3) *Expiration date.* The DD Form 1173 shall be effective for the contracted period of service of the sponsor upon whom the entitlement is based in the case of dependents of the uniformed services, or in the case of minors the 21st birthday if it occurs prior to the termination of the service of the sponsor, except that for entitlement to medical care, the provisions of paragraph (d) (7) of § 56.1-3 will apply. The departments will insure that sponsors are directed to notify the appropriate authority immediately upon any change in status that would terminate or modify the right to any of the benefits for which the card may be used.

(4) *Dependents listed.* Each dependent, ten years or over, entitled to medical care, will be issued DD Form 1173. Certification of minor dependents, under ten years of age, for eligibility for medical care will be the responsibility of the dependent, accompanying parent, member or acting guardian.

(5) *Entitlement to care in civilian facilities.* All DD Forms 1173 will contain an appropriate notation as to those dependents who have entitlement to medical care at both medical facilities of the uniformed services and civilian medical facilities. Thus, each card covering a dependent eligible for civilian medical care (see § 56.1-3 (e)) will have a notation thereon showing that care in civilian facilities is authorized even though

¹ Filed as part of original document.

the situations in which such care may be obtained at Government expense are limited. For example, such a dependent residing with the sponsor, or living in an area to which the sponsor is assigned, and whose freedom of choice has been restricted pursuant to § 56.3-2 shall not be entitled generally to receive medical care in civilian facilities at Government expense, but shall be so entitled only in the case of an emergency and under other circumstances outlined in this part or in the joint regulations.

(c) The original issuance and use of the DD Form 1173 will be accomplished by all the uniformed services as soon as practicable, but in no event later than 31 December 1957.

CODIFICATION: §56.2-2 was amended in the following respects:

1. Paragraph (a) was amended to read as set forth above, 22 F. R. 1035, Feb. 20, 1957.

2. Paragraph (b) was amended as follows:

a. In subparagraph (2), subdivision (iii) was amended to read as set forth above, 22 F. R. 1035, Feb. 20, 1957.

b. Subparagraph (3) was amended to read as set forth above, 22 F. R. 1035, Feb. 20, 1957.

c. Subparagraph (4) was amended, 22 F. R. 1035, Feb. 20, 1957, and was subsequently further amended to read as set forth above, 22 F. R. 1806, Mar. 20, 1957.

d. Subparagraph (5) was deleted and former subparagraph (6) was redesignated subparagraph (5), 22 F. R. 1036, Feb. 20, 1957. Subsequently, subparagraph (5) as redesignated was amended to read as set forth above, 23 F. R. 7535, Sept. 27, 1958.

3. In paragraph (c), the date "30 June 1957" was changed to "31 December 1957", 22 F. R. 2942, Apr. 26, 1957.

§ 56.3 Determination of sources from which eligible dependents receive medical care.

§ 56.3-1 Among uniformed services facilities. Normally, a dependent requesting care at a uniformed services facility will be expected to use the facilities servicing the area in which the dependent resides.

§ 56.3-2 Between civilian medical facilities and uniformed services facilities within continental United States, Alaska, Hawaii and Puerto Rico. (a) Dependents eligible for civilian medical care who are not residing with their sponsors, or in an area to which their sponsor is assigned, shall have free choice between uniformed services medical facilities and civilian medical facilities.

(b) Outpatient medical care at Government expense for dependents eligible

for civilian medical care is not authorized from civilian sources, except that certain specified treatment for such dependents who are not hospitalized, will be authorized when in accordance with § 56.5-2 (f), or § 56.5-3 (d) (1) or (2).

(c) Dependents eligible for civilian medical care who reside with their sponsors, or in an area to which their sponsor is assigned, shall have free choice between uniformed services medical facilities and civilian medical facilities except that the Secretary of a uniformed service with the approval of the Secretary of Defense or the Secretary of Health, Education, and Welfare, as appropriate, may require such dependents in a prescribed area to seek medical care in a uniformed services medical facility if he finds that:

[Paragraphs (a), (b) and (c) amended, 23 F. R. 7535, Sept. 27, 1958]

(d) When necessary restrictions on freedom of choice for a particular medical facility are imposed, the Secretary of a uniformed service may prescribe a local geographic area which the medical facility concerned shall serve normally. In determining the boundaries of the geographic area, consideration shall be given to normal commuting time, distance, and unusual geographic and transportation factors such as toll bridges or ferries which would increase unreasonably the time and expense of travel. It shall be the responsibility of the Secretary of a uniformed service, when imposing necessary restrictions upon the freedom of choice of a dependent, to ensure liaison and coordination among all uniformed services and civilian medical facilities in and adjacent to the geographical area in which restrictions have been imposed. When any restrictions on freedom of choice have been imposed or removed, the Executive Agent shall be so advised.

(e) In lieu of the restrictions described in paragraphs (c) and (d) of this section, the Secretary of Defense may specify a date as of which the restrictions described below will be effective. On and after the specified date, a restriction on freedom of choice shall be effective as to dependents in continental United States, Puerto Rico, Hawaii, and Alaska, who are eligible for civilian medical care, who reside with their sponsors, or in an area to which their sponsor is assigned, who require care authorized under this part from civilian

sources but have not commenced receiving such care from civilian sources on the aforesaid specified date (or, in the case of a maternity patient, whose care by her civilian physician on that date has not reached the second trimester), and who reside in an area where adequate medical facilities of a uniformed service are available for such dependents. No restriction on freedom of choice will be imposed on such dependents residing in areas where adequate medical facilities of a uniformed service are not available. However, in order that the restriction may be appropriately administered, each dependent who resides with the sponsor, or in an area to which the sponsor is assigned, and who requires care authorized under this part from civilian sources but has not commenced receiving such care from civilian sources on the specified date (or, in the case of a maternity patient, whose care by her civilian physician on that date has not reached the second trimester), will be required to contact a uniformed services installation. For those residing in areas where an adequate medical facility of a uniformed service is not available, DD Form 1251, "Medicare Permit", authorizing care from civilian sources at Government expense will be issued. Such a permit may also be issued to a dependent residing with the sponsor, or residing in an area to which the sponsor is assigned, where adequate medical facilities of a uniformed service are normally available if it is found that the uniformed services medical facility involved temporarily lacks capacity to care for that dependent. The permit, issued in the manner described above, shall be evidence of entitlement of the dependent to care authorized under this Directive from civilian sources at Government expense. In determining whether a dependent covered under this paragraph is residing in an area where adequate medical facilities of a uniformed service are available, the criteria outlined in paragraphs (c) and (d) of this section shall apply. Detailed procedures concerning the format of the permit and the manner in which it is to be issued may be set forth in the Joint Regulations. Spouses and children are considered to be residing with their sponsor if they reside in the area to which the sponsor is assigned, in the area of his permanent duty station, or the home port or home yard of

a ship, even though the sponsor may be temporarily away, by reason of temporary duty with his unit or ship, from the area to which he is assigned, the permanent duty station or his home port or home yard respectively or by reason of the sponsor's absence on individual temporary duty or temporary additional duty order.

CODIFICATION: Paragraph (e) was added, 23 F.R. 7535, Sept. 27, 1958, and subsequently amended to read as set forth above, 24 F.R. 6330, Aug. 7, 1959.

§ 56.3-3 Exceptions; emergency care and other circumstances.

(a) Any restrictions on freedom of choice and the requirement for the permit described in § 56.3-2(e) shall be waived:

(1) When circumstances indicate that it was necessary for the eligible dependent to obtain authorized medical care from civilian facilities due to a bona fide emergency, e.g. serious injury following an accident or illness or sudden onset requiring immediate treatment authorized to be obtained from civilian sources at the nearest available medical facility to preserve life, health, or to prevent undue suffering; or

(2) During the period of absence on a trip of the eligible dependent from the area to which the sponsor is assigned. This exception is not to be used to circumvent the restrictions imposed on freedom of choice.

(b) Additionally, the restrictions initially imposed by the Secretary of Defense on a specified date pursuant to § 56.3-2(e) and the requirement for a permit described therein shall be waived with regard to any eligible dependent who has commenced receiving care authorized under this Directive from civilian sources prior to that specified date (except that, for maternity patients, care in the second trimester by her civilian physician on that date must have commenced prior thereto). The dependent involved will be entitled to complete any care which was authorized under this part prior to the date specified by the Secretary of Defense and which has been commenced in accordance with the preceding sentence.

[24 F.R. 6330, Aug. 7, 1959]

Prior Amendments

1958: 23 F.R. 7535, Sept. 27.

§ 56.4 *Medical care for dependents at medical facilities of the uniformed services.*

§ 56.4-1 *Authority for providing medical care to dependents.* Whenever requested, medical care shall be given dependents of members and dependents of retired members of the uniformed services, and dependents of persons who died while a member or a retired member of a uniformed service, in medical facilities of the uniformed services subject to the availability of space and facilities, and the capabilities of the professional staff. Determinations made by the medical officer in charge of the medical facility, or by his designee, as to availability of space, facilities, and the capabilities of the professional staff, shall be conclusive. The furnishing of medical care to dependents shall not interfere with the primary mission of those facilities.

§ 56.4-2 *Facilities available.* In making the determination of the availability of medical facilities at a specific location, the following criteria shall be applied:

(a) Mission of the uniformed services medical facility.

(b) Adequacy of professional care available for diagnosis and treatment.

(c) Maximum number of patients who can be treated without sacrificing high professional medical standards.

(d) Optimum utilization of facilities of the uniformed services.

§ 56.4-3 *Medical care authorized.* (a) Medical care of dependents in the facilities of the uniformed services shall be limited to the following:

(1) Diagnosis.

(2) Treatment of acute medical conditions, including acute exacerbations or acute complications of chronic diseases.

(3) Treatment of surgical conditions.

(4) Treatment of contagious diseases.

(5) Immunization.

(6) Obstetrical and infant care.

(b) Treatment may be provided for acute emergencies of any nature which are a threat to the life, health, or well-being of the patient including acute emotional disorders. Hospitalization is authorized at Government expense for such emergencies only pending completion of arrangements for care elsewhere unless the illness or condition also qualifies for care under paragraph (a) (1), (2), (3),

(4) or (6) of § 56.4-3. With special exceptions as authorized by the Surgeon General of a uniformed service, additional care in a hospital of the uniformed services on a space available basis may be provided in accordance with paragraph (b) of § 56.4-4.

(c) When a hospitalized patient requires care beyond the capabilities of the medical facility the procurement from civilian sources of the necessary supplemental material, and professional and personal services required for the proper care and treatment of the patient in a medical facility of a uniformed service is authorized. This authorization applies after the admission of a patient when the patient's condition so requires.

§ 56.4-4 *Medical care not authorized.* Dependents shall not be provided:

(a) Hospitalization at medical facilities of the uniformed services for the following:

(1) Chronic diseases. (See paragraph (j) (6) of § 56.1-3 and paragraph (a) (2) of § 56.4-3.)

(2) Nervous and mental disorders. (See paragraph (j) (7) of § 56.1-3.)

(3) Medical or surgical care that is desired or requested by the patient which, in the opinion of cognizant medical authority is not medically indicated; e. g., surgery solely for cosmetic purposes.

[Subparagraph (3) amended, 23 F. R. 7535, Sept. 27, 1958]

(4) Domiciliary Care. (See paragraph (j) (4) of § 56.1-3.)

(b) However, in special and unusual cases, exceptions may be made by a Surgeon General of the uniformed services and hospitalization may be provided for such disorders or diseases as set forth in paragraph (a) (1) and (2) of this section. In no instance, may the period of hospitalization exceed 12 months.

(c) Artificial limbs, artificial eyes, hearing aids, orthopedic footwear and spectacles, except that outside the continental limits of the United States and at remote stations within the continental limits of the United States, as designated by the Secretary of the uniformed service concerned and approved by the Secretary of Defense where adequate civilian facilities are not available, those items, if available from Government stocks, may be provided to dependents at invoice cost to the Government.

(d) Ambulance service, except in acute emergency as determined by the medical officer in charge.

(e) Home calls, except in special cases where it is determined by the cognizant medical authority to be medically necessary.

§ 56.4-5 *Dental care.* (a) Dental care for dependents is not authorized except:

(1) Emergency dental care to relieve pain and suffering, but not to include any permanent restorative dentistry or dental prosthesis;

(2) Dental care as a necessary adjunct to medical or surgical treatment. (See paragraph (j) (8) of § 56.1-3; and

(3) Outside continental United States, and in remote areas within continental United States as designated by the Secretary of a uniformed service and approved by the Secretary of Defense where adequate civilian dental facilities are not available.

§ 56.4-6 *Admission of dependents for medical care.* (a) As indicated in § 56.2-2, the DD Form 1173 will serve as the primary means of identifying dependents eligible for medical care. However, pending use of DD Form 1173, existing methods and procedures for identifying dependents eligible for medical care may be continued within each of the respective services with such immediate modifications of established procedures as are required to permit all eligible dependents access to medical care.

(b) Procedures for admission of dependents requesting medical care at uniformed services medical facilities prior to 1 January 1957 will be as currently established by the admitting facility.

(c) Procedures for admission of dependents requesting medical care at uniformed services medical facilities after 31 December 1957 will be as follows:

(1) Identification will be by means of a DD Form 1173. Uniformed services medical facilities may prescribe such additional local procedures as necessary. However, these procedures should not complicate, delay or preclude treatment of an eligible dependent nor discriminate against the dependent of members of other services.

(2) Under emergency conditions and similar circumstances, the admitting authority may waive the requirement of producing DD Form 1173. However, in

each such instance at uniformed services medical facilities certification will be required attesting to the dependent's eligibility for medical care. This certification will be executed by either the dependent, the member, retired member, parent or guardian as appropriate.

CODIFICATION: § 56.4-6 was amended in the following respects, 22 F. R. 2942, Apr. 26, 1957:

1. In paragraph (b), the date "1 July 1957" was changed to "1 January 1957".

2. In paragraph (c), the date "30 June 1957" was changed to "31 December 1957".

§ 56.4-7 *Cross-utilization of service medical facilities.* To provide effective cross-utilization of medical facilities of the uniformed services, eligible dependents, regardless of service affiliation, shall be given equal opportunity for medical care. Such dependents may request and be furnished medical care at the medical facility of the uniformed service serving the area in which they reside or in the medical facility of the sponsor's own uniformed service depending upon the capability of the medical facilities concerned. In areas where medical facilities of two or more uniformed services are available, the appropriate officials of each service, with due consideration for the relative size and capabilities of the medical facilities, shall participate jointly in determining the capabilities and establishing areas of medical responsibility. Delineation of such areas shall be published jointly and will include zones in which dependents are permitted to use either the facilities of the sponsor's own service or the facilities which have medical responsibility for the area in which the dependent resides. In addition, commanders of uniformed services hospitals will establish necessary liaison and coordination with the representatives of the local medical society and the civilian hospital facilities as appropriate, to ensure to the maximum extent possible, the smooth referral of excess dependent patient loads to civilian medical facilities when such referrals appear desirable.

[23 F. R. 4410, June 19, 1958]

§ 56.4-8 *Charges for dependent medical care.* When medical care is provided dependents in facilities of the uniformed services, the patient shall pay the following charges:

(a) *Inpatient care.* The per diem rate of charge for inpatient care provided dependents is \$1.75 which includes cost of subsistence.

(b) *Outpatient care.* As a restraint on excessive demands for medical care, uniform minimal charges may be imposed for outpatient care only after a special finding by the Secretary of Defense after consultation with the Secretary of Health, Education and Welfare that such charges are necessary. The Secretaries of the uniformed services shall have continuing responsibility for determining the nature and extent of possible abuses of outpatient care in uniformed services medical facilities and shall so advise the Secretary of Defense when their findings are in the affirmative.

§ 56.5 *Medical care in civilian facilities.*

§ 56.5-1 *Eligibility for civilian medical care.* Under the provisions of this section, wives, dependent husbands and children who are dependents of members of the uniformed services are eligible to receive at Government expense specified medical or dental care from civilian sources.

[23 F. R. 7466, Sept. 25, 1958]

§ 56.5-2 *Medical and hospital care authorized from civilian sources.* Medical and surgical care from civilian sources is authorized for spouses and children who are dependents of members of the uniformed services for the following:

(a) Treatment of acute medical conditions, including acute exacerbations or acute complications of chronic diseases only during hospitalization except as otherwise provided in this part.

(b) Treatment of acute surgical conditions only during hospitalization except as otherwise provided in this part.

[Paragraph (b) amended, 23 F. R. 7536, Sept. 27, 1958]

(c) Treatment of contagious diseases during hospitalization.

(d) Complete obstetrical and maternity care.

(e) Three hundred sixty-five days' hospitalization in semi-private accommodations for each admission, including all necessary services and supplies furnished by the hospital during hospitalization.

(f) Services required of a physician or surgeon prior to and following hospitalization for a bodily injury or surgical operation.

(g) The commanding officer of a uniformed services hospital or the Surgeon

General of a uniformed service having jurisdiction over a hospital may authorize transfer of any patient, hospitalized in a civilian hospital under paragraphs (a) to (f) of this section, to that uniformed services medical facility on the basis of space, facility, and personnel availability. (See § 56.4-2 and § 56.4-3) In such case transfer to a uniformed service hospital at Government expense is authorized.

[Paragraph (g) amended, 23 F. R. 7536, Sept. 27, 1958]

(h) Diagnostic tests and procedures including laboratory tests and pathology and X-ray examinations, when ordered by the attending physician, only during hospitalization, except as otherwise provided in this part.

(i) Dental care which is a necessary adjunct to medical or surgical treatment rendered in a hospital to a dependent who is a hospital inpatient. Such dental care shall not include removable or fixed prosthodontic restorations, orthodontia, restorative dentistry, and prolonged periodontal treatment.

[Paragraph (i) amended, 22 F. R. 8814, Nov. 1, 1957]

§ 56.5-3 *Terms of reference and rules for the provision of authorized medical care from civilian sources—(a) Applicable terms—*

(1) *Hospital.* The word "hospital" shall mean only an institution which is operated in accordance with the laws of the jurisdiction in which it is located pertaining to institutions identified as hospitals, is primarily engaged in providing diagnostic and therapeutic facilities for surgical and medical diagnosis, treatment and care of injured and sick persons by or under the supervision of staff physicians or surgeons, and continuously provides 24-hour nursing service by registered graduate nurses. It shall specifically exclude any institution which is primarily a place of rest, a place for the aged, a place for the treatment of drug addiction or alcoholism, a nursing home, a convalescent home, or a facility operated by the Federal Government or any agency thereof, except Freedmen's Hospital, Washington, D. C. If the experience of the Executive Agent indicates that the care provided in a hospital is substandard, or charges of a hospital are excessive, Government approval of its use in the future may be withdrawn and payment of charges by

the Government denied for patients admitted subsequent to the withdrawal of approval unless the case is certified as an emergency by the attending physician or surgeon.

(2) *Semi-private accommodations.* The term "semi-private accommodations" signifies the presence of 2, 3, or 4 beds in a room in which a patient is hospitalized. Private accommodations means one bed in a room.

(3) *Ward accommodations.* The term "ward accommodations" signifies the presence of 5 or more beds in a room in which the patient is hospitalized. Where ward accommodations are furnished under the circumstances described herein, a portion of the cost will be borne by the Government in accordance with paragraph (a) of § 56.5-6. Ward facilities may be used for pediatric cases whenever this is the normal medical practice. Further, when the attending physician admits his patient to a hospital in which all semi-private accommodations are occupied, care furnished therein shall be considered authorized care, but the patient should be transferred to a semi-private accommodation as soon as possible. Finally, when the patient is admitted to an otherwise eligible institution which furnishes only ward accommodations, care furnished therein shall be considered authorized care.

(4) *Necessary services and supplies.* Those services and supplies ordered by the attending physician which are customarily provided and charged for by the hospital.

(5) *Physician or surgeon.* A person who is legally qualified to prescribe and administer all drugs and to perform all surgical procedures.

(6) *Dentist.* A person who is legally qualified to prescribe and administer all drugs and perform all procedures related to the teeth, jaws, and to structure contiguous to one or the other.

(7) *Local schedule of allowances.* Professional fees for payment of physician's services applicable to a local area negotiated with the physicians' representatives and approved by the Executive Agent for the Department of Defense and Department of Health, Education, and Welfare.

CODIFICATION: Paragraph (a) was amended as follows:

1. Subparagraph (1) was amended to read as set forth above, 22 F. R. 7139, Sept. 6, 1957.

2. Former subparagraph (3) was redesignated subparagraph (4) and a new subparagraph (3) added, 22 F. R. 9741, Dec. 6, 1957.

3. Former subparagraph (4) was redesignated subparagraph (5), 22 F. R. 9741, Dec. 6, 1957.

4. Former subparagraph (5) was redesignated subparagraph (6) and a new subparagraph (5) added, 22 F. R. 8814, Nov. 1, 1957. Subsequently, existing subparagraph (5) was redesignated subparagraph (6) and subparagraph (6) as redesignated was further redesignated subparagraph (7), 22 F. R. 9741, Dec. 6, 1957.

(b) *Hospital care.* (1) Hospital care under this section is defined as inpatient care for 18 consecutive hours or more, except for shorter periods of hospitalization for surgical procedures, treatment of fractures or other bodily injuries, or in instances in which death occurs in a lesser period of time.

(2) Hospital care shall include board and room and necessary services and supplies up to a maximum of 365 days for each admission.

(c) *Nursing care.* If, while receiving authorized hospital care, private-duty nursing care is required for proper care and treatment, and if the patient's attending physician certifies to such a requirement, a portion of the cost will be borne by the Government in accordance with § 56.5-6 (d).

(d) *Professional services—(1) Professional services related to hospitalization.*

(i) The payment of physicians' fees according to the local schedules of allowances, including those of necessary consultants, for treatment of medical and surgical conditions during a period of hospitalization is authorized. The attending physician shall certify as to the requirement for a consultant's services.

(i) The payment of physicians' fees according to the local schedules of allowances, including those of necessary consultants, for treatment of medical and surgical conditions during a period of hospitalization is authorized.

(ii) All diagnostic and therapeutic tests and procedures authorized by the attending physician and accomplished during a period of hospitalization are authorized for payments by the Government.

(iii) The approved local schedules of allowances payable to a physician or surgeon for treatment in a hospital of a bodily injury or for a surgical procedure shall include pre-hospitalization care

and normal after-care following a period of hospitalization.

(iv) Those surgical procedures that are legitimately cared for by a dentist (e. g., cleft lip, cleft palate, etc.) may be treated by a dentist who is a member of the staff of a hospital and normally performs these surgical procedures in that hospital. The removal of teeth, gingivectomies, and alveolectomies are not authorized surgical procedures under the Program unless they meet the criteria of adjunctive dental care as defined in this Directive. When authorized surgical treatment is performed by a dentist, other procedures, diagnostic tests, services, and supplies authorized or ordered by him may be paid to the same extent as if a physician or surgeon authorized or ordered them under this Directive.

(2) *Obstetrical and maternity services.* (i) Complete obstetrical and maternity services shall include prenatal care, delivery, and postnatal care in a hospital, office, or home. Payments for prenatal care, delivery, and post-partum care shall be made to the physician performing the respective service in accordance with the local schedule of allowances.

Allowances are authorized for laboratory tests, pathology or radiology examinations, and other procedures performed or authorized by the attending physician in the management of the pregnancy. In instances of home or office confinements, payments are not authorized for the purchase or rental of beds, bassinets, or similar equipment, nor for services of private duty nurses. (See paragraph (f) of § 56.5-6.)

(ii) Where a consultant's services are required for proper care and treatment of the patient, such care is authorized.

(iii) Necessary or required infant care shall be provided during the period of hospitalization following delivery. If the infant require further hospitalization following delivery, such care is authorized as a continuation of the original admission. Also, in the case of a home or office delivery, necessary or required infant care may be provided on an outpatient basis for a period not to exceed 10 days following the date of delivery.

(3) *Other professional services.*
[Deleted]

CODIFICATION: Paragraph (d) was amended in the following respects:

1. Subparagraph (1) was amended as follows:

a. Subdivision (1) was amended to read as set forth above, 23 F. R. 7466, Sept. 25, 1958.

b. Former subdivision (iv) was redesignated subdivision (v) and a new subdivision (iv) added, 22 F. R. 8814, Nov. 1, 1957. Subsequently, subdivision (v) as redesignated was deleted, 23 F. R. 7466, Sept. 25, 1958.

2. Subparagraph (2) was amended as follows:

a. Subdivision (ii) was amended to read as set forth above, 23 F. R. 7466, Sept. 25, 1958.

b. Subdivision (iii) was amended to read as set forth above, 23 F. R. 7536, Sept. 27, 1958.

3. Subparagraph (3) was amended, 22 F. R. 8814, Nov. 1, 1957, and subsequently deleted, 23 F. R. 7536, Sept. 27, 1958.

(e) *Supporting services.* Wherever the attending physician authorizes the services of a physical therapist or of an anesthetist who is other than a physician in rendering authorized care to an eligible dependent, and certifies as to the necessity therefor, the services may be paid for hereunder.

[Paragraph (3) added, 23 F. R. 7466, Sept. 25, 1958]

§ 56.5-4 *Medical care not authorized.* Medical care specified in this section shall not be authorized for any of the following:

(a) Chronic diseases. (See paragraph (j) (6) of § 56.1-3 and paragraph (a) of § 56.5-2.)

(b) Nervous and mental disorders (see § 56.1-3 (j) (6)), including acute emotional disorders, except that care of this type may be furnished to a dependent requiring same during the period of hospitalization of that dependent for a condition that does qualify as authorized care under § 56.5-2.

(c) Medical or surgical care that is desired or requested by the patient which in the opinion of the cognizant medical authority can be planned, subsequently scheduled, and effectively treated at a later date without detriment to the patient; e. g., diagnostic surveys, cosmetic surgery, reconstructive surgery, tonsillectomies, uncomplicated hernias, and interval appendectomies.

[Paragraphs (b) and (c) amended, 23 F. R. 7536, Sept. 27, 1958]

(d) Domiciliary care. (See paragraph (j) (4) of § 56.1-3.)

(e) Treatments or procedures normally considered to be outpatient care.

(f) Ambulance service, except as provided in paragraph (d) of § 56.5-5 and paragraph (g) of § 56.5-2.

§ 56.5-5 *Admission of dependents for medical care to civilian sources.* Dependents requesting medical care from civilian sources will be required to observe the following procedures:

Prior to 1 January 1958, identification will be established by the best available means, including the DD Form 720, "Dependent's Identification Card," or DD Forms 1173 which have been issued, and such other means of identification currently provided by the uniformed services. In addition, dependents or their parent, sponsor or guardian, as appropriate, will be required to execute a certification form to be prescribed by the Executive Agent and made available to the source of medical care. This form will serve the purpose of assisting both in the identification of dependents and the ultimate billing made by civilian physicians, surgeons, and civilian medical facilities. In developing this form, the Executive Agent will insure that it will include appropriate provision for:

- (1) Identification of the patient.
- (2) Identification of sponsor member or uniformed service on active duty.
- (3) Certification of the dependent, accompanying parent, member or acting guardian as to the eligibility of the dependent for care under P. L. 569—84th Congress.
- (4) Diagnoses, medical services furnished and charges.
- (5) Certification by the source of medical care that services were provided in accordance with P. L. 569—84th Congress.

(b) *After 31 December 1957.* (1) Identification will be by means of the DD Form 1173 and, in addition, execution of the form described in paragraph (a) of this section will also be required.

(2) Under emergency conditions and similar circumstances, the admitting authority may waive the requirement of producing a DD Form—1173. However, in each instance of this nature, the form prescribed by the Executive Agent and referred to in paragraph (a) of this section will be executed.

(c) On and after the effective date specified by the Secretary of Defense pursuant to § 56.3-2 (e), an eligible dependent who is residing with the sponsor, or in the area to which the sponsor is assigned, and who has not commenced receiving care from civilian sources prior

to that date (or, in the case of a maternity patient, whose care from her civilian physician on that date has not reached the second trimester), in addition to complying with paragraphs (a) and (b) of this section, will be required to present a Certificate of Authorization to the attending physician and the hospital, when both are involved, and to the appropriate party when only one is involved, for attachment to the claim form. Sources of civilian care other than the hospital or the attending physician may, in lieu of attaching a Certificate of Authorization to the claim form, accept a statement from the person signing the certification in accordance with paragraph (a) of this section that a Certificate of Authorization has been furnished to the attending physician (identifying him by name) or to the hospital (identifying it by name). The certificate shall be obtained from uniformed services installations and shall cover only care authorized to be obtained from civilian sources under this part. A statement by the person signing the certification in accordance with paragraph (a) of this section that the patient is not residing with the sponsor, or in the area to which the sponsor is assigned, may be accepted by the source of care unless that source has actual knowledge to the contrary. The requirement for the certificate shall be waived in the case of an emergency, and in other circumstances outlined in § 56.3-3. A statement from the attending physician on the claim form that the case is an emergency (see § 56.3-3 (a) (1)) will be sufficient to justify an exception. Also, a statement by the person signing the certification in accordance with paragraph (a) of this section that the patient is away on a trip from the area to which the sponsor is assigned will be sufficient to justify an exception, unless the source of care has actual knowledge to the contrary. Where representations are made by the source of civilian medical care that it was not aware of the requirements contained in this paragraph and that it furnished care authorized under this part to a person claiming to be a spouse or child eligible for civilian medical care, and possessing a valid DD Form 1173, then the matter will be brought to the attention of the uniformed service concerned for determination whether a Certificate of Authorization can be issued. If it is determined by the uniform service concerned that the Certificate cannot be

furnished, then the matter will be brought to the attention of the member concerned as an unpaid debt. In special circumstances, and where the source of civilian care shows that collection has not been possible, then the Executive Agent or his designee may authorize payment to be made to that source, provided the claim covers care authorized under this part and was otherwise executed in accordance with all requirements except those set forth above concerning the Certificate of Authorization.

(d) In cases of spouses and children receiving treatment in a civilian medical facility at Government expense at the time entitlement to receive medical care from civilian sources ceases (by reason of release from active duty, or otherwise), the Government's responsibility ceases, insofar as the source of civilian care is concerned, as of the date of receipt of knowledge by the source of care that the dependent's entitlement to medical care from civilian sources has terminated or the normal expiration date on the DD Form 1173, whichever is earlier. In any case, the Government's responsibility ceases, insofar as the dependent or member is concerned, as of the date the dependent ceases to be entitled to receive care (by reason of release of the member from active duty, or otherwise) from civilian sources at Government expense. (See § 56.2-2 (b) (5).) Notwithstanding the foregoing, the Government will be responsible for paying for care rendered to patients covered by paragraph (c) of this section, only if the conditions set forth in that paragraph are met.

(e) Spouses and children of members of the uniformed services receiving treatment in a civilian medical facility at Government expense at the time of death of the member, or such spouses and children requiring care in a civilian facility as a result of being in the same accident or the same episode which proved fatal to the member, if continued hospitalization is required, shall be transferred to a uniformed services medical facility as soon as the physical condition of the patient permits. If such a transfer is made, it will be accomplished at Government expense. The cost of medical and hospital care authorized from civilian sources (See § 56.5-2) which was furnished to the dependent during the period of hospitalization in the civilian facility shall be borne by the Government subject to the charges pro-

vided in § 56.5-6, but not after the date on which feasible arrangements for transfer have been made. Additionally, a dependent wife who is eligible for civilian medical care (See § 56.1-3(e)), whose husband dies while on active duty, and who is pregnant at the time of his death, may receive at Government expense from civilian sources obstetrical and maternity care authorized under this Directive to include, where applicable, antepartum care, delivery, and postpartum care. Postpartum care authorized elsewhere in this Directive is authorized for a child born under these circumstances. Restrictions on freedom of choice described in § 56.3-2 shall not apply to dependents covered by the two preceding sentences in this paragraph.

CODIFICATION: § 56.5-5 was amended in the following respects, 22 F. R. 2942, Apr. 26, 1957:

1. In paragraph (a), the sentence beginning "Prior to 1 July 1957" and ending "by the uniformed services" was amended to read as set forth above.

2. In the headnote to paragraph (b), the date "30 June 1957" was changed to "31 December 1957".

3. Former paragraphs (c) and (d) were redesignated paragraphs (d) and (e), respectively, a new paragraph (c) was added, and paragraph (d) as redesignated was amended to read as set forth above, 23 F. R. 7536, Sept. 27, 1958.

4. Paragraph (e) as redesignated was amended to read as set forth above, 24 F. R. 6330, Aug. 7, 1959.

§ 56.5-6 *Charges.* (a) When the entire period of hospitalization has been in other than private accommodations, the patient shall pay to the hospital the greater of subparagraph (1) or (2) of this paragraph.

(1) The first twenty-five dollars (\$25.00) of the expense incurred.

(2) An amount determined by multiplying the number of days of hospitalization by the per diem rate established in paragraph (a) of § 56.4-8.

(b) If hospital care in a private room is obtained by the patient because it is required for the proper care and treatment, and if the patient's attending physician so certifies, the amount of private room charges less the patient's payment set forth below will be paid by the Government. The patient will be required to pay to the hospital the greater of subparagraph (1) or (2) in addition to subparagraph (3) of this paragraph.

(1) The first twenty-five dollars (\$25.00) of the expense incurred.

(2) An amount determined by multiplying the number of days of hospitalization by the per diem rate established in paragraph (a) of § 56.4-8.

(3) Twenty-five percent (25%) of the difference between private room charges and weighted average cost of semi-private room charges, when private room charges are more costly.

NOTE: For hospitals having only private rooms, the term "weighted average cost of semi-private room charges" is defined as 90 percent of the daily hospital charges for the room furnished the dependent or \$15.00 per day, whichever is lesser.

(c) If hospital care in a private room is provided at the specific request or desire of the patient or of the sponsor, the patient will be required to pay to the hospital the greater of subparagraph (1) or (2), and in addition subparagraph (3) of this paragraph.

(1) The first twenty-five dollars (\$25.00) of the expense incurred.

(2) An amount determined by multiplying the number of days of hospitalization by the established per diem rate.

(3) The difference between private room charges and weighted average cost of semi-private room charges, when private room charges are more costly.

(d) If hospital care in a private room is provided in a hospital which has only private rooms, the Government will pay 90 percent of the daily hospital charges for the room provided the dependent, or \$15.00 per day, whichever is the lesser. The patient will be required to pay the hospital the greater of (1) or (2) and, in addition, (3) below:

(1) The first twenty-five dollars (\$25.00) of the expense incurred.

(2) An amount determined by multiplying the number of days of hospitalization by the established per diem rate. (See paragraph (a) of § 56.4-8.)

(3) Ten percent (10%) of the daily hospital charges for the private room provided the dependent or the total daily hospital charges for such room, less \$15.00 per day, whichever is the greater.

(e) If while receiving authorized hospital care, private-duty nursing care is required for proper care and treatment, and if the patient's attending physician so certifies, 75 per cent of the charges in excess of \$100.00 for such private-

duty nursing care will be paid by the Government.

(f) All admissions to a hospital of an obstetrical patient as an inpatient for care required in direct connection with the pregnancy, including direct complications thereof, rendered during the period of pregnancy up to and including delivery and postpartum inpatient care following delivery, or immediate postpartum inpatient care for patients delivered outside the hospital, shall be considered as one admission for the purpose of determining charges to the dependent. Admission for a non-obstetrical diagnosis in the course of a pregnancy would require the patient to pay the charges for a separate admission. Patients who are delivered in a home or office shall pay the first \$15.00 of charges in connection with the delivery, if not subsequently hospitalized.

(g) Patients who previously were admitted to a hospital for authorized care, who paid at least \$25.00 of the hospital charges for that admission and who are readmitted to a civilian hospital within 14 days following discharge from the previous admission for authorized treatment of the original condition for which initially hospitalized, or direct complications thereof, will not be required to pay the first twenty-five dollars (\$25.00) of subsequent hospitalizations, but will be required to pay an amount determined by multiplying the number of days of the current hospitalization by the established per diem rate (See paragraph (a) of § 56.4-8), plus any additional charges that might be specified elsewhere herein. Hospitals will be responsible for obtaining from the patient, physician, sponsor, or other hospital(s) satisfactory evidence that the patient is entitled to the lesser charge.

(h) When a patient who is in an inpatient status is transferred to another hospital to obtain as an inpatient necessary treatment not available in the first hospital and no break in hospitalization occurs except for time in transit, it shall be considered one admission for the purpose of payment of charges by the patient in accordance with this section.

CODIFICATION: § 56.5-6, appearing at 21 F. R. 8581, Nov. 8, 1956, was subsequently amended in the following respects:

1. In paragraph (b), subparagraph (3) was amended and a note added, 22 F. R. 9741, Dec. 6, 1957. Subsequently, subparagraph

(3) and the note were further amended to read as set forth above, 23 F. R. 7466, Sept. 25, 1958.

2. In paragraph (c), subparagraph (3) was amended to read as set forth above, 23 F. R. 7466, Sept. 25, 1958.

3. Former paragraph (d) was redesignated paragraph (e) and a new paragraph (d) added, 22 F. R. 9741, Dec. 6, 1958.

4. Former paragraph (e) was amended, 22 F. R. 786, Feb. 8, 1957, and subsequently redesignated paragraph (f), 22 F. R. 9741, Dec. 6, 1957. Subsequently, paragraph (f) as redesignated was deleted, 23 F. R. 7536, Sept. 27, 1958.

5. Former paragraph (f) was redesignated paragraph (g), 22 F. R. 9741, and was subsequently again designated paragraph (f), 22 F. R. 7536, Sept. 27, 1958.

6. Former paragraph (g) was redesignated paragraph (i) and a new paragraph (h) added, 22 F. R. 9741, Dec. 6, 1957. Subsequently, existing paragraphs (h) and (i) were redesignated paragraphs (g) and (h), respectively, 22 F. R. 7536, Sept. 27, 1958.

§ 56.5-7 *Administration.* (a) The Secretary of the Army, acting as Executive Agent for the Secretary of Defense, shall contract for medical care within the continental United States, Alaska, Hawaii and Puerto Rico in accordance with the Armed Services Procurement Regulations with authority to redelegate such responsibilities within the Department of the Army. The Department of the Army personnel authorization and funds will be increased by the Office of the Secretary of Defense, upon justification, to provide for the personnel required for the dependent medical care program and to carry out the responsibilities of the Executive Agent. The Secretary of the Army shall be responsible for the provision of personnel, space, equipment, facilities and supplies, including related budgeting, funding, administrative control of funds, facility control, training, manpower control and utilization, personnel administration, security administration and other administrative provisions and services necessary to carry out assigned missions as Executive Agent. The Executive Agent's authority does not extend to the conduct of the medical care program in medical facilities of the uniformed services.

(b) The Executive Agent shall be responsible within the continental United States, Alaska, Hawaii and Puerto Rico for the following:

(1) Preparation of the terms and placement of the contract or contracts to be established to include but not limited to:

(i) Local schedules of allowances to be used in full payment of bills presented by physicians and surgeons.

(ii) A provision for review and, if necessary, an adjustment of administrative payments not later than 120 days after the first year the plan or plans have been in effect and each year thereafter.

(iii) Determination of administrative responsibilities of the contractors and methods of determining administrative costs.

(iv) Adequate procedures for paying claims for authorized care provided to eligible dependents by physicians, treatment facilities, dentists, private-duty nurses, physical therapists and anesthesiologists.

NOTE: Claims may be paid under a contract or by appropriate arrangements such as direct billings between the Government and claimants. Detailed procedures may be covered in the Joint Regulations or in contracts.

[Subdivision (1v) amended, 23 F. R. 7466, Sept. 25, 1958]

(2) Administration of the contract:
(i) Liaison activities with the contractor.

(ii) Payment of bills.

(iii) The development of any budgetary information required by the uniformed services as prescribed by the Joint Regulations.

(iv) Audit.

(v) Preparation of such statistical information as may be necessary including that for the annual report of the Secretary of Defense to Congress.

(vi) The Executive Agent's responsibility shall not include as a matter of routine a detailed supervision of civilian medical procedures or a detailed inspection of civilian medical facilities.

(vii) The Executive Agent shall be responsible for the processing of complaints with reference to civilian medical care and hospitalization.

(viii) Contractors shall have detailed responsibility for resolving medical disputes through local grievance committees composed of civilian physicians.

(c) Care in civilian facilities outside continental United States, Alaska, Hawaii and Puerto Rico:

(1) In areas other than the continental United States, Alaska, Hawaii and Puerto Rico in which medical facilities

of the uniformed services are either non-existent or incapable of providing adequate medical care for the spouses and children who are dependents of active duty members of the uniformed services residing in the area, authorized medical care as defined in this part may be provided from acceptable local sources.

(2) The Secretary of a uniformed service is authorized, with authority to redelegate such responsibilities as appropriate, to contract or provide for payment for authorized medical care in such areas. The responsibilities of the uniformed services, where appropriate, shall be the same as those listed for the Executive Agent in paragraph (b) of this section.

(d) A Secretary of a uniformed service shall be responsible for the following:

(1) Initial eligibility determinations and means of identification of the dependent for medical care as prescribed in §§ 56.2-1—56.2-2.

(2) Budgeting and funding for that portion of the total cost including administrative expenses which is properly attributable to his service.

(3) Reimbursement in accordance with cross-servicing agreements for care contracted by one service for dependents of another service. Any amounts received through such reimbursement shall be deposited to the credit of the appropriation supporting such contracts for medical care.

(4) Furnishing such information as required by the Executive Agent for the performance of his duties, including such data as the Executive Agent may require on dependent medical care from sources overseas other than uniformed services facilities.

§ 56.5-8 *Hospitalization beyond period of 365 days.* When a spouse or child, who is a dependant, requires a period of hospitalization in excess of 365 days, the hospital shall notify the contractor who shall forward a copy of this notification to the Executive Agent or his representative. This notification normally will be submitted not later than 300 days after admission of the patient. Advance notice will permit arrangements to be made for proper transfer of the patient to a hospital of the uniformed service if this is determined to be feasible. If such a transfer is made, it will be accomplished at Government

expense. When transfer is not feasible, continuation of care in the civilian hospital at the expense of the Government may be authorized subject to the joint regulations.

[23 F. R. 7466, Sept. 25, 1958]

§ 56.5-9 *Government liability for payment of civilian medical care costs.* As prescribed in § 56.2, the uniformed services shall provide dependents with means of identification. When spouses and children of members of the uniformed services are provided civilian medical care, it is expected that the attending physician and medical facility will use reasonable care and precaution in identifying them. When medical care has been provided in good faith by the attending physician and medical facility and it is subsequently determined that the persons concerned were not in fact entitled to medical care at Government expense under Public Law 569, collection and other legal action shall be taken only against the sponsor or individual who was not entitled to the medical care. Where fraud is involved, the matter may be referred to the Attorney General of the United States with recommendation for prosecution. Notwithstanding the foregoing, the Government will be responsible for paying for care rendered to patients covered by § 56.5-5 (c), only if the conditions set forth in that paragraph are met.

[23 F. R. 7536, Sept. 27, 1958]

§ 56.6 *Medical care in medical facilities not otherwise provided for.* (a) When dependents eligible for civilian medical care receive medical care authorized by this part, on an emergency basis, in a medical facility which is not included in the definition of a hospital as provided for in paragraph (a) (1) of § 56.5-3 or is not a uniformed services medical facility, the dependent will pay the charges listed in § 56.5-6 and the Government will pay the difference between the amount payable by the dependent and the reimbursable cost. Payments by the Government for such care rendered in Federal medical facilities other than those of a uniformed service will be on a reimbursable basis between the Executive Agent and the Department or agency concerned. This paragraph does not apply to paragraph (c) of this section.

(b) When dependents receive medical care authorized by this part in the governmental facilities of a foreign government (not civilian), the dependent will pay the charges listed in § 56.5-6 and the difference between the total cost and the amount paid by the dependent will be paid by the United States Government. In instances where a reciprocal agreement between a foreign government and the United States is in effect, which provides for no charge or a lesser charge to the dependent than those listed in § 56.5-6, such charges, if any, under the reciprocal agreement shall prevail.

(c) This part does not affect dependents' medical care furnished under the provisions of section 105 of Public Law 153, 83rd Congress, as amended by section 107 of Public Law 453, 83rd Congress, which authorizes medical and dental care for eligible dependents of military personnel in Canal Zone Government medical facilities.

§ 56.7 *Medical care for members of the uniformed services.* Persons in the uniformed services on active duty or active duty for training are entitled to and shall be provided medical and dental care and adjuncts thereto. Under ordinary circumstances such members will receive medical care at the medical facility of the uniformed service which serves the organization to which the member is assigned. A member who is away from his duty station or is on duty where there is no medical facility of his own service available, may receive care at the nearest available medical facility of the uniformed services. Commissioned officers and warrant officers on active duty or active duty for training shall pay an amount equal to the portion of the charge established under paragraph (a) of § 56.4-8 that is attributable to subsistence when hospitalized in a medical facility of the uniformed services. Nothing in this part shall affect the existing provision for providing medical care to members of the uniformed services through civilian or other sources.

§ 56.8 *Medical care for retired members of the uniformed services.*

§ 56.8-1 *Retired members eligible for care.* Retired members shall be furnished required medical and dental care and adjuncts thereto to the same extent as provided for active duty members in

any medical facility of a uniformed service, subject to mission requirements and the availability of space, facilities and capabilities of the medical staff as determined by the cognizant medical authority in charge of the medical facility. Nothing in this part is intended to change or modify the provisions of Executive Order 10122, 14 April 1950, as amended by Executive Order 10400, 27 September 1952.

§ 56.8-2 *Ration allowance for retired enlisted members.* Retired enlisted personnel, including members of the Fleet Reserve, and the Fleet Marine Corps Reserve, shall not be charged for subsistence when hospitalized in a medical facility of a uniformed service.

§ 56.8-3 *Charges for officers' subsistence.* Retired commissioned officers and retired warrant officers shall pay an amount equal to the portion of the charge established under paragraph (a) of § 56.4-8 that is attributable to subsistence when hospitalized in a medical facility of the uniformed services.

§ 56.9 *Budgeting and accounting for medical and dental care furnished in facilities of the uniformed services.* The Secretaries of the uniformed services shall budget for supporting the maintenance and operation and/or subsistence of their service medical facilities for the medical and dental care of their members, retired members and dependents furnished in the medical facilities of their respective service. The Secretaries of the uniformed services shall also budget for reimbursement for the medical and dental care of their members, retired members and dependents receiving inpatient care in facilities of another uniformed service. Reimbursement shall be made between departments (Army, Navy, Air Force, and United States Public Health Service) for inpatient care furnished by one service for members, retired members, and dependents of another service at rates to be prescribed by the Bureau of the Budget to reflect the average cost of providing such care. Any amounts received through reimbursements or through local collection for subsistence and/or medical care in facilities of the uniformed services shall be deposited to the credit of the appropriation(s) supporting the operation and maintenance of the service medical facility furnishing care.

§ 56.10 *Implementation.* Joint implementation in accordance with this part, covering care of dependents, shall be accomplished as appropriate by the uniformed services.

§ 56.11 *Effective date.* This part is effective for planning purposes immediately and for implementation on 7 December 1956.

Part 57—Recruiting Policy for Secondary Schools [Added]

Sec.

57.1 Purpose.

57.2 Policy.

AUTHORITY: §§ 57.1 and 57.2 issued under R. S. 161, sec. 202, 61 Stat. 500, as amended; 5 U. S. C. 22, 171a.

SOURCE: §§ 57.1 and 57.2 appear at 21 F. R. 8395, Nov. 2, 1956.

§ 57.1 *Purpose.* The purpose of this part is to provide the Military Departments with policy guidance for both active and reserve recruiting elements in dealing with secondary school authorities.

§ 57.2 *Policy.* (a) Students in secondary schools will be encouraged by recruiters to stay in school and graduate.

(b) Students enrolled in secondary schools will not be accepted for active duty enlistment without prior notice to the school and without parents' consent.

(c) When desired by local school authorities, joint arrangements with school authorities for in-school student time will be made by one representative selected by the military recruiting elements of the Military Departments in each community.

(d) Secondary schools are to be encouraged and given every assistance in teaching the vocational-career opportunities of the Armed Forces at the same time other occupational opportunities are taught in schools.

(e) All contacts with school authorities soliciting their cooperation on military career programs will be jointly arranged by the recruiting services to the greatest practical extent.

(f) The National Guard, Air National Guard and Coast Guard, as appropriate, will be encouraged to participate in this secondary school program.

Part 58—Appointment of Doctors of Osteopathy as Medical Officers [Added]

Sec.

58.1 Purpose.

58.2 Policy.

AUTHORITY: §§ 58.1 and 58.2 issued under sec. 201, 70 Stat. 119, as amended; 10 U. S. C. App. 91a.

SOURCE: §§ 58.1 and 58.2 appear at 21 F. R. 8625, Nov. 9, 1956.

§ 58.1 *Purpose.* The purpose of this part is to implement the provisions of Public Law 763, 84th Congress (70 Stat. 608), relating to the appointment of doctors of osteopathy as medical officers.

§ 58.2 *Policy.* In the interest of obtaining maximum uniformity, the following criteria are established for the appointment of doctors of osteopathy as medical officers:

(a) To be eligible for appointment as Medical Corps officers in the Army and Navy or designated as medical officers in the Air Force, a doctor of osteopathy must:

- (1) Be a citizen of the United States;
- (2) Be a graduate of a college of osteopathy whose graduates are eligible for licensure to practice medicine or surgery in a majority of the States, and be licensed to practice medicine, surgery, or osteopathy in one of the States or Territories of the United States or in the District of Columbia;

(3) Possess such qualifications as the Secretary concerned may prescribe for his service, after considering the recommendations for such appointment by the Surgeon General of the Army or the Air Force or the Chief of the Bureau of Medicine and Surgery of the Navy;

(4) Have completed a minimum of (3) years college work prior to entrance into a college of osteopathy;

(5) Have completed a four-year course with a degree of Doctor of Osteopathy from a school of osteopathy approved by the American Osteopathic Association; and

(6) Have had subsequent to graduation from an approved school of osteopathy 12 months or more of intern or residency training approved by the American Osteopathic Association.