119TH CONGRESS

2D SESSION

S. _____

To amend title 10, United States Code, to require the TRICARE program to comply with federal health insurance market reform standards, eliminate arbitrary administrative benefit exclusions, align military healthcare with national clinical consensus standards, and for other purposes.

SECTION 1. SHORT TITLE.

This Act may be cited as the "Military Health Care Accountability and Parity Act of 2026".

SEC. 2. EQUAL APPLICATION OF FEDERAL HEALTH INSURANCE MARKET REFORM AND PARITY STANDARDS TO THE TRICARE PROGRAM.

(a) **PURPOSE.-** The purpose of this section is to eliminate administrative loopholes and historical statutory exemptions that allow the Military Health System to restrict medically necessary care, enforce non-clinical setting exclusions, or deny evidence-based benefits below commercial market standards.

(b) **PARITY AND MARKET REFORM MANDATE.**- Section 1079 of title 10, United States Code, is amended by adding at the end the following new subsection:

(q) **COMPLIANCE WITH FEDERAL HEALTH MARKET AND PARITY STANDARDS-**

(1) **IN GENERAL.**- Notwithstanding any other provision of law regarding the grandfathered, demonstration, or exempt status of the TRICARE program under section 1251 of the Patient Protection and Affordable Care Act (42 U.S.C. 18011) or title XXVII of the Public Health Service Act (42 U.S.C. 300gg et seq.), the Secretary of Defense shall ensure that all health benefit plans offered under the TRICARE program comply with- (A) federal statutory market reform requirements, including external independent clinical appeals, non-quantitative treatment limitation (NQTL) parity rules, and essential health benefit protections; and (B) updated clinical consensus recommendations established by independent national scientific bodies, including the National Academies of Sciences, Engineering, and Medicine (NASEM).

(2) **PROHIBITION ON ARBITRARY CARE-SETTING AND ADMINISTRATIVE EXCLUSIONS**.- The Secretary may not deny, restrict, or eliminate coverage or provider reimbursement for any medically necessary healthcare, behavioral health, or developmental intervention authorized under this chapter solely on the basis of- (A) the geographic, educational, or community setting in which the medically necessary care is delivered; or (B) administrative, non-clinical classifications or demonstration program parameters that conflict with established diagnostic standards.

(3)**PERMANENT BENEFIT INTEGRATION.**- Any health, medical, or behavioral care service offered under a temporary or pilot demonstration program for more than 5 consecutive fiscal years shall be automatically

integrated as a standard, permanent benefit under the TRICARE Basic program, subject to standard external appeal mechanisms and clinical necessity guidelines.

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