



## THE ASSISTANT SECRETARY OF DEFENSE

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WASHINGTON, DC 20301-1200

MAR 26 2013

### HEALTH AFFAIRS

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (MANPOWER  
AND RESERVE AFFAIRS)  
ASSISTANT SECRETARY OF THE NAVY (MANPOWER  
AND RESERVE AFFAIRS)  
ASSISTANT SECRETARY OF THE AIR FORCE (MANPOWER  
AND RESERVE AFFAIRS)

SUBJECT: Clarification Regarding the use of Secretarial Designee Program Authority to  
Provide Support to the Laboratory Response Network

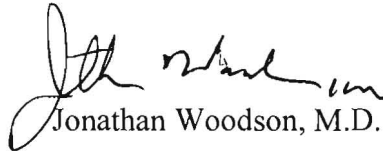
Department of Defense (DoD) laboratories participating in the Centers for Disease Control and Prevention-sponsored Laboratory Response Network (LRN) do so with the approval and support of their respective Military Department Surgeons General. Paragraph 4.g. of DoD Instruction (DoDI) 6200.03, "Public Health Emergency Management within the Department of Defense," March 5, 2010, (Incorporating Change 1, June 1, 2012), authorizes DoD laboratories that participate in the LRN to provide diagnostic services for non-DoD health beneficiaries. The basis for this limited authorization is Title 10, United States Code, Section 1074(c), which is also implemented by DoDI 6025.23, "Health Care Eligibility Under the Secretarial Designee Program and Related Special Authorities," September 16, 2011. The policy prescribed by DoDI 6025.23 is that "the use of regulatory authority to establish DoD health care eligibility for individuals without a specific statutory entitlement or eligibility shall be used very sparingly, and only when it serves a compelling DoD mission interest." Further, such support shall generally be provided on a reimbursable basis, unless non-reimbursable care is specifically authorized.

DoDI 6200.03 provides minimal guidance for implementation of the use of the Secretarial Designee Program authority, which may lead to Military Department differences in how the authority is applied. For that reason, this memorandum provides guidance necessary for achieving uniform implementation.

Consistent with the guidance in DoDI 6200.03 and DoDI 6025.23, DoD laboratories that are members of, or participate in, the LRN (i.e., DoD laboratories participating at the Sentinel, Reference, or National laboratory level of the LRN) are authorized, in relation to actual or potential public health emergencies, to accept specimens from non-DoD health care beneficiaries for analysis using LRN protocols and tests. However, DoD laboratories will ensure that any referral of specimens is in accordance with the procedures and mission of the LRN and will not accept the referral of specimens for routine, clinical diagnostic purposes from non-DoD health care beneficiaries. Further, the authority to support DoD's LRN-related activities must be implemented with controls to ensure that laboratories do not incur a significant increase in the incremental costs of their laboratory operations. Laboratory support beyond this limited scope is to be conducted on a reimbursable basis and, as may be necessary in a given case, such support

will transition to support operations conducted in accordance with DoD Directive 3025.18, "Defense Support of Civil Authorities (DSCA)," December 29, 2010, (Incorporating Change 1, September 21, 2012).

For LRN support beyond this limited scope, coordination is required with the Director, Force Health Protection and Readiness Programs, Office of the Assistant Secretary of Defense for Health Affairs, who will in turn coordinate with the Program Director, Health and Medical Policy, Office of the Deputy Assistant Secretary of Defense for Homeland Defense Integration and Defense Support of Civil Authorities, Office of the Assistant Secretary of Defense for Homeland Defense and Americas' Security Affairs, to ensure the appropriate response. The points of contact for this issue are Captain (CAPT) D.W. Chen and Mr. Dan Harms. CAPT Chen may be reached at (703) 681-8227, or [D.W.Chen@ha.osd.mil](mailto:D.W.Chen@ha.osd.mil), and Mr. Harms may be reached at (703) 681-8314, or [Dan.Harms@tma.osd.mil](mailto:Dan.Harms@tma.osd.mil).



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