UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND READINESS

NOV 16 2021

The Honorable Jack Reed
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

The Department's response to House Report 116-442, page 154, accompanying H.R. 6395, the William M. (Mac) Thornberry National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2021, and the Joint Explanatory Statement in the Conference Report (House Report 116-617), accompanying H.R. 6395, the William M. (Mac) Thornberry NDAA for FY 2021 (Public Law 116-283), page 1678, is enclosed. The Secretary of Defense is requested to provide a report on data related to military accessions standards and mental health care for individuals seeking accession into the Armed Forces, and the overall number of potential enlistees designated as military dependents who were disqualified for accession because of a mental health condition.

Approximately 50,000 applicants, both enlisted and officer, were disqualified for a mental health condition between FY 2015 and FY 2019. Of those disqualified, approximately 39 percent requested a waiver, and 55 percent of waivers requested were granted. On average, a larger proportion of enlisted applicants were granted a waiver (57percent) in comparison to officer applicants (48 percent). Among the nearly 37,000 enlisted applicants, 8 percent were identified as having been a dependent of an Active Duty or Reserve Component Service member. The percentage of these disqualified applicants who requested a waiver was higher than that of the overall population of enlisted applicants disqualified for a mental health condition; however, waiver approval was similar to that of the overall population.

Thank you for your continued support of our Service members. I am sending a similar letter to the House Armed Services Committee.

Sincerely,

Gilbert R. Cisneros, Jr.

Enclosure:
As stated

cc:
The Honorable James M. Inhofe
Ranking Member

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND
READINESS

NOV 16 2021

The Honorable Adam Smith
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

The Department's response to House Report 116-442, page 154, accompanying H.R. 6395, the William M. (Mac) Thornberry National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2021, and the Joint Explanatory Statement in the Conference Report (House Report 116-617), accompanying H.R. 6395, the William M. (Mac) Thornberry NDAA for FY 2021 (Public Law 116-283), page 1678, is enclosed. The Secretary of Defense is requested to provide a report on data related to military accessions standards and mental health care for individuals seeking accession into the Armed Forces, and the overall number of potential enlistees designated as military dependents who were disqualified for accession because of a mental health condition.

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Sincerely,

Gilbert R. Cisneros, Jr.

Enclosure:
As stated

cc:
The Honorable Mike D. Rogers
Ranking Member

REPORT TO ARMED SERVICES COMMITTEES OF THE SENATE AND HOUSE OF REPRESENTATIVES

Requested by: House Report 116-442, Page 154, and the Joint Explanatory Statement in the Conference Report (House Report 116-617), Page 1678, Accompanying H.R. 6395, the William M. (Mac) Thornberry National Defense Authorization Act for Fiscal Year 2021 (Public Law 116-283) on Reporting of Data Related to Accession Standards and Mental Health History and Report on Health Care Records of Dependents who Later Seek to Serve as a Member of the Armed Forces

November 2021

The estimated cost of report or study for the Department of Defense (DoD) is approximately $47,000 for the 2021 Fiscal Year. This includes $0.00 in expenses and $47,000 in DoD labor. Generated on October 19 RefID: 7-F17C21E

EXECUTIVE SUMMARY

This report is in response to House Report 116-442, page 154, accompanying H.R. 6395, the William M. (Mac) Thornberry National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2021, and the Joint Explanatory Statement in the Conference Report (House Report 116-617), accompanying H.R. 6395, the William M. (Mac) Thornberry NDAA for FY 2021 (Public Law 116-283), page 1678, which request a report on data related to military accession standards and mental health care for individuals seeking accession into the Armed Forces, and the overall number of potential enlistees designated as military dependents who were disqualified for accession because of a mental health condition.

It is Department of Defense (DoD) policy that any eligible individual that meets the high standards for military service without special accommodation be permitted to enter into military service. In support of sustaining a robust force for warfighting readiness, medical accessions standards are established to confirm that the individual accessing into the military is medically qualified, and will meet medical retention or deployment standards.

Applicants are medically evaluated and deemed qualified or disqualified for military service based on medical standards outlined in Department of Defense Instruction (DoDI) 6130.03, Volume 1, "Medical Standards for Military Service: Appointment, Enlistment, or Induction." Mental health standards are detailed in Section 5.28, "Learning, Psychiatric, and Behavioral Disorders" of the policy. Current standards reflect that mental health conditions do not uniformly impact the ability to serve. Similar to all other conditions outlined in DoDI 6130.03, Volume 1, an applicant may be considered for a medical waiver for any disqualifying condition in Section 5.28, at the discretion of the individual Military Department.

Approximately 50,000 applicants, both enlisted and officer, were disqualified for a mental health condition between FY 2015 and FY 2019. Of those disqualified, approximately 39 percent requested a waiver, and 55 percent of waivers requested were granted. On average, a larger proportion of enlisted applicants were granted a waiver (57 percent) in comparison to officer applicants (48 percent). Among the nearly 37,000 enlisted applicants, 8 percent were identified as having been a dependent of an Active Duty or reserve component service member. The percentage of these disqualified applicants who requested a waiver was higher than that of the overall population of enlisted applicants disqualified for a mental health condition; however, waiver approval was similar to that of the overall population.

Challenges and limitations associated with the use of International Classification of Diseases (ICD) codes to map applicant conditions to DoDI 6130.03, Volume 1, include data system limitations, as well as the accuracy and completeness of medical coding. Most notably, these challenges may contribute to an underestimation of enlistees who were military dependents. Further, during the surveillance period there was both a shift in coding (ICD-9 to ICD-10) and an update to policy, which may have potentially impacted overall coding accuracy. Although the effect of the shift in coding is likely negligible, there is not an exact one-to-one match between ICD-9 and ICD-10 codes for all diagnoses.

Finally, health information privacy and data system design are considered during analysis, which can affect data-sharing and detailed analysis, especially at the level of the individual. Consequently, medical history and the detailed nature of mental health conditions resulting in disqualification were not accessible for analysis. This analysis would require significant resources to perform manual medical and personnel chart reviews on a large sample size of randomly selected applicants; however, limited or no access to pre-application civilian medical data would create additional challenges and may result in an incomplete analysis.

INTRODUCTION

House Report 116-442 and the Joint Explanatory Statement in the Conference Report, accompanying H.R. 6395, the William M. (Mac) Thornberry NDAA for FY 2021, "Reporting of Data Related to Accession Standards and Mental Health History," and "Report on health care records of dependents who later seek to serve as a member of the Armed Forces," respectively, request a report on data related to military accession standards and mental health care for individuals seeking accession into the Armed Forces, and the overall number of potential enlistees designated as military dependents who were disqualified for accession because of a mental health condition as described below.

House Report 116-442

Reporting of Data Related to Accession Standards and Mental Health History

The committee is concerned about the potentially disqualifying nature of a history of mental health care for those seeking accession in the Armed Forces. At a time when the Armed Forces are working to eliminate persistent stigma against those seeking mental health care, it is imperative that accession standards be assessed to ensure they appropriately account for risk and do not adversely impact these efforts. The committee also notes the Secretary's recent public expression of concern regarding military accession standards to include medical criteria that may inappropriately disqualify recruits.

Therefore, the committee directs the Secretary of Defense, to submit a report to the committees on Armed Services of the Senate and the House of Representatives, not later than January 31, 2021, detailing for the preceding five years, and broken out by year and the nature of the condition: the number of recruits disqualified for a medical condition involving mental health; the number of waivers requested and the number provided for a mental health condition; the number of recruits discharged after a history of a medical condition relating to mental health which was not previously disclosed became apparent, and an indication of whether the condition impacted performance during training. The report should also specify the overall number of enlistees who were military dependents and the number of each of the above categories who were military dependents.

Conference Report 116-617

Report on health care records of dependents who later seek to serve as a member of the Armed Forces

The House bill contained a provision (sec. 750B) that would require the Secretary of Defense, within 180 days of the date of the enactment of this Act, to submit a report to the congressional defense committees on use by the military departments of health care records of individuals who are dependents or former dependents of servicemembers with respect to such individuals later serving or seeking to serve as members of the Armed Forces. The Senate amendment contained no similar provision.

The House recedes.

The conferees note that House Report accompanying H.R. 6395 (H. Rept. 116–442) of the National Defense Act for Fiscal Year 2021, page 154, directs the Secretary of Defense to provide a comprehensive report to the Committees on Armed Services of the Senate and the House of Representatives by January 31, 2021, that provides data related to military accession standards and mental health care for individuals seeking accession into the Armed Forces. This report would also specify the overall number of potential enlistees designated as military dependents who were disqualified for accession because of a mental health condition.

BACKGROUND

It is DoD policy that any eligible individual that meets the high standards for military service without special accommodation be permitted to enter into military service. Due to the uniqueness of military operations, the wide range of physical and mental demands, and potential exposure to harsh and remote environments, prospective applicants are required to satisfy medical standards for appointment, enlistment, or induction for military service. These medical accessions standards are established to confirm that the individual accessing into the military is medically qualified, and will meet medical retention or deployment standards.

Each year, approximately 265,000 individuals apply for military service and receive a pre-accession medical examination. The U.S. Military Entrance Processing Command (USMEPCOM) oversees the medical screening of enlisted applicants, while the Department of Defense Medical Examination Review Board (DoDMERB) oversees the medical screening of certain officer applicants. Both enlisted and officer applicants are medically evaluated and deemed qualified or disqualified for military service based on medical standards outlined in DoDI 6130.03, Volume 1, "Medical Standards for Military Service: Appointment, Enlistment, or Induction."

Accessions medical standards provided in DoDI 6130.03, Volume 1, are developed in consultation with Service medical consultants and subject matter experts that represent the full spectrum of specialist communities. Leveraging the full body of evidence across each medical functional domain, these standards are specific to the needs of the Department and reflect "stability" in relation to the demands of military service.

Mental health standards for appointment, enlistment, or induction are detailed in DoDI 6130.03, Volume 1, Section 5.28, "Learning, Psychiatric, and Behavioral Disorders." These standards are intended to disqualify the mental health conditions that have an increased risk of interfering with successful performance of military service. Further, like all other conditions outlined in DoDI 6130.03, Volume 1, an applicant may be considered for a medical waiver for any disqualifying condition in Section 5.28, at the discretion of the individual Military Department.

RESULTS

The following results describe disqualifications and waivers associated with mental health conditions and provide the number of enlisted and officer applicants disqualified for a mental health condition, as well as the number of waivers requested and granted for disqualifying mental health conditions from FY 2015-2019.

Enlisted Applicants

Evaluation of enlisted applicants was coordinated with the Accession Medical Standards Analysis and Research Activity (AMSARA). Denied accessions due to mental health disorder disqualifications were identified using available tri-Military Department electronic data sources. The eligible population included all individuals that applied for enlistment to the Army, Navy, Marine Corps, or Air Force and received a medical examination at a Military Entrance Processing Station (MEPS) between FY 2015-2019. Mental health medical disqualifications were identified from USMEPCOM applicant data using ICD-9 codes 290-319 and ICD-10 codes F01-99 codes in addition to ICD-9/10 codes listed in the DoDI 6130.03, Section 5.28, "Learning, Psychiatric, and Behavioral Disorders," or its reference table. Applicants identified as having prior service in any U.S. military component were excluded. Enlisted recruits include person's recently recruited and awaiting initial training or still undergoing such training.

The number of disqualifications, waivers requested, and waivers granted for enlisted applicants from FY 2015-2019 is provided in Table 1. Approximately 16 percent of all enlisted applicants were disqualified for any medical condition. On average, 7,411 enlisted applicants (2.8 percent) were disqualified per year for a medical condition involving mental health, which comprised about 18 percent of the disqualified applicant population. The percentage of disqualified applicants who requested a waiver ranged between 34 percent and 47 percent. Waiver approval was relatively consistent from year to year, ranging from 54 percent to 63 percent. Most recently, in FY 2019, of the 6,317 enlisted recruits who were disqualified, 47 percent requested a waiver, and 54 percent of those applicants were granted a waiver.

Table 1. Number of enlisted applicants disqualified for a mental health condition, and the number of waivers requested and granted for mental health conditions.

FY	Disqualifications	Waivers Requested	Waivers Granted
2019	6,317	2,951	1,579
2018	7,948	2,665	1,433
2017	7,886	2,898	1,819
2016	7,386	2,734	1,655
2015	7,518	2,831	1,659

Enlistees who were Military Dependents

The military dependent status of a recruit does not factor into the accessions or medical waiver process. Applicants for enlistment are assessed on their own merits; military dependent status is not collected or tracked by the Recruit district, medical examiner or waiver authority, nor is it a data or metric reported as part of the military entrance physical. Evaluation of the dependent enlisted applicant population was coordinated with AMSARA. For the purpose of

this analysis, 'enlistees who were military dependents' were defined as individuals with a designated dependent status as children of Service members at any time prior to enlistment, and did not include spouse enlistees who were military dependents. Using the enlisted applicant population, AMSARA identified applicants that were a child dependent of an active duty or reserve component Service member through Direct Care (DC) medical billing records from FY 2001-2020. AMSARA then assessed medical waivers associated with mental health conditions for these recruits/applicants using available tri-Military Department electronic data sources.

The number of disqualifications, waivers requested, and waivers granted for enlisted applicants from FY 2015-2019 who were military dependents are provided in Table 2. Roughly 8 percent of all enlisted applicants with a mental health disqualification were identified as a military dependent with an average of 576 dependent enlisted applicants per year. The percentage of these disqualified applicants who requested a waiver ranged between 45 percent and 52 percent which is higher than that of the overall population of enlisted applicants disqualified for a mental health condition. Waiver approval among the previously dependent population gradually decreased over time, from 67 percent to 54 percent but was similar to that of the overall population.

Table 2. Number of enlistee applicants who were military dependents, disqualified for a mental health condition, and the number of waivers requested and granted for mental health conditions.

FY	Disqualifications	Waivers Requested	Waivers Granted
2019	604	315	169
2018	686	312	169
2017	599	304	189
2016	510	248	163
2015	483	250	167

Officer Applicants

Collection of officer applicant data was coordinated with the DoDMERB, which completes the entrance physicals for applicants to Military Service Academies, Reserve Officers' Training Corps, Health Professions Scholarship Programs, and a portion of direct officer applicants. Officer applicants who received a commission physical through a MEPS or a military medical treatment facility (MTF) were not included in this data.

Using similar case criteria as AMSARA, DoDMERB assessed medical waivers associated with mental health conditions for officer recruits/applicants using available tri-Military Department electronic data sources. Military dependent data was not available for the officer population. Similar to enlisted applicants, the military dependent status of an officer applicant does not factor into the medical accessions or medical waiver process. Military dependent status is not collected or tracked by the medical examiner or waiver authority, nor is it a metric reported as part of the military entrance physical.

All applicants receiving a physical through DoDMERB are reviewed for the presence or absence of a disqualifying medical condition. Some commission programs obtain a physical on all applicants, but have a limited number of appointments available, which are merit-based upon academics, testing scores, extracurricular activities, and other achievements. These programs

might only request a medical waiver review be conducted for applicants who meet the competitive merit-based criteria for an appointment.

The number of disqualifications, waivers submitted, and waivers granted for officer recruits from FY 2015-2019 is provided in Table 3. On average, 2,520 officer recruits were disqualified per year for a medical condition involving mental health. The percentage of disqualified applicants who were submitted for a waiver ranged between 29 percent and 47 percent, and waiver approval ranged between 42 percent and 53 percent. Most recently, in FY 2019, of the 3,372 officer recruits who were disqualified, 29 percent were submitted for a waiver, and 42 percent of those applicants were granted a waiver.

Table 3. Number of officer recruits/applicants disqualified for a mental health condition, and the number of waivers requested and granted for mental health conditions.

FY	Disqualifications	Waivers Requested	Waivers Granted
2019	3,372	969	406
2018	2,888	1,015	499
2017	2,440	1,152	543
2016	2,116	986	507
2015	1,782	821	436

Comparison between Enlisted and Officer Applicants

Nearly 50,000 recruit applicants were disqualified for a mental health condition between FY 2015-2019. Of those disqualified, approximately 38 percent were submitted for a waiver, and 55 percent of waivers requested were granted. On average, a larger proportion of enlisted recruit applicants were granted a waiver (58 percent) in comparison to officer applicants (48 percent). Approximately 8 perfect of enlisted recruit applicants disqualified for a mental health condition between FY2015-2019 were identified as having been a military dependent.

CHALLENGES & LIMITATIONS

Data collection and analysis

There are inherent challenges and limitations associated with the use of ICD codes to assess health status. For accessions analysis, ICD codes are leveraged to capture mental health disqualifications that describe clinical characteristics, which may differ from the ICD diagnostic criteria. Consequently, results may be affected by data system limitations, accuracy, and completeness of medical coding. Further, the surveillance period of analysis includes the shift in use from ICD-9 codes to ICD-10 codes, which occurred on October 1, 2015. Analysis performed from FY 2016-2019 leveraged ICD-10 codes, whereas the FY 2015 data employed ICD-9 codes. Although the effect of the shift in coding is likely negligible, there is not an exact one-to-one match between ICD-9 and ICD-10 codes for all diagnoses, and ICD-10 documentation is sometimes considered more specific and detailed.

Although disqualifying conditions for appointment, enlistment, or induction are standardized in DoDI 6130.03, Volume 1, the management, recording, and reporting of data and information is not standardized. Business practices, tools, and standard operating procedures may vary across the Services. This analysis attempts to mitigate these challenges using a similar case criteria applied to enlisted and officer recruits from centralized data sources accessible to AMSARA and DoDMERB.

To identify enlistees who were military dependents, as described above, AMSARA identified applicants that were a child dependent of an active duty or reserve component Service member through DC medical billing records, which includes encounters only by providers and facilities that are directly managed by the MTFs. Data from Purchase Care (PC) (medical care provided by civilian providers, medical groups, hospitals, and clinics) encounters was not included in the analysis due to data access limitations and data system restrictions. The inability to include PC data may result in an underestimation of enlistees who were military dependents, as children of Service members who received care in the PC system only would not be identified as a dependent.

Additional data requests, which were not accessible by DoDMERB or AMSARA or the Services, include: (1) the number of recruits discharged after a history of a medical condition relating to mental health, which was not previously disclosed became apparent; (2) an indication of whether the condition impacted performance during training; and (3) the nature of the mental health condition.

Disqualification coding can be general, and does not always provide the specific details of mental health disorders, which include the inability to distinguish between current conditions and medical history. Health information privacy, which includes Health Insurance Portability and Accountability Act, Protected Health Information, and Personally Identifiable Information, and data system design is considered during the analysis, and can limit the ability for data and information sharing and analysis across Components, especially at the level of the individual. As described above, ICD codes are leveraged to capture mental health disqualifications that describe clinical characteristics, which is separate from a primary diagnosis in a medical billing record.

Disqualification coding can be very general, mapping applicants to conditions, and not providing specific details of mental health conditions. Consequently, neither the history of a mental health condition nor the nature of the mental health condition are easily identifiable via a quantitative review of medical billing records. Similarly, detailed information to identify the impact of a mental health condition on performance during training is not available for a binary (Yes/No) assessment. Disenrollment from training due to a disqualifying condition is labeled more generally, and includes: Initially Not Physically Qualified (INPQ-9); Not Physically Qualified due to pre-existing conditions (NEPQ-9); or Not Physically Qualified (NPQ-9), and these NPQ labels are not linked to a specific physical or mental condition.

Thus, the data and information to accurately assess a previous mental health condition, the impact of the condition during training, and the nature of the condition are not readily available, and would require significant dedication of resources. Briefly, this study would require both quantitative and qualitative analysis, manually reviewing medical and personnel records to identify whether a discharge was directly related to a previous mental health condition, a history of a mental health condition, the impact of the mental health condition during training, and the nature of the mental health condition. Although this analysis could be performed on a set of randomly sampled recruits, the sample size would need to be large enough to enable accurate interpretation of results. Notwithstanding, limited or no access to pre-application civilian medical data create additional challenges for a thorough review, and may result in an incomplete analysis.

Policy changes

DoDI 6130.03 was revised and reissued during the surveillance period (published in May 2018) to respond to medical advancements and feedback on the existing standards, resulting in changes to the mental health accession standards. Although the effect of the policy changes is likely negligible, in specific situations this may result in a slight increase/decrease of results. For example, in the 2018 update, the standards for Attention Deficit Hyperactivity Disorder (ADHD) were modified and disqualification was changed from ADHD with a history of prescribed medication past the 14th birthday, to ADHD with a history of prescribed medication in the previous 24 months.

Effects of Coding and Policy Changes on Analysis

The surveillance period encountered two distinct changes, coding and policy, which affect analysis of accession standards as described above. Estimating the size (magnitude) and direction (increase or decrease) is a complex task, often requiring additional data sampling and analysis. Although this level of data is not available, the effect of the two changes, ICD code changes, and DoDI changes would likely have minimum impact on the results given that the combined mental health ICD codes are presented in this report.

CONCLUSION

Mental health standards for appointment, enlistment, or induction are detailed in DoDI 6130.03, Volume 1, Section 5.28, "Learning, Psychiatric, and Behavioral Disorders." These standards are intended to disqualify the mental health conditions that have an increased risk of interfering with successful performance of military service. Further, like all other conditions outlined in DoDI 6130.03, Volume 1, an applicant may be considered for a medical waiver for any disqualifying condition in Section 5.28, at the discretion of the individual Military Department.

Approximately 50,000 applicants were disqualified for a mental health condition between FY 2015-2019. Of those disqualified, approximately 38 percent requested a waiver, and 55 percent of waivers requested were granted. On average, a larger proportion of enlisted applicants were granted a waiver (58 percent) in comparison to officer applicants (48 percent).

Challenges and limitations associated with the analysis include the use of ICD codes to assess health status. Results may be affected by data system limitations, accuracy, and completeness of medical coding. Health information privacy and data system design is considered during analysis, which can affect data-sharing and detailed analysis, especially at the level of the individual. Significant resources are required to elucidate the history and detailed nature of mental health conditions resulting in disqualification via quantitative and qualitative analysis through manual medical and personnel chart reviews on a large sample size of randomly selected applicants. Notwithstanding, limited or no access to pre-application civilian medical data create additional challenges for a thorough review, and may result in an incomplete analysis. Although the medical and personnel chart review was unable to be performed, the detailed analysis presented in this report sufficiently addresses the request associated with potentially disqualifying nature of a history of mental health care for those seeking accession in the Armed Forces.