



PERSONNEL AND
READINESS

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

MAR - 7 2024

The Honorable Mike D. Rogers
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

The Department's response to House Report 118-125, page 201, accompanying H.R. 2670, the National Defense Authorization Act for Fiscal Year 2024, "Military Medical Standards for Accession," is enclosed.

The report describes the process undertaken to review Department of Defense Instruction 6130.03, Volume 1, "Medical Standards for Military Service: Appointment, Enlistment, or Induction," May 6, 2018, as amended. Additionally, the report summarizes efforts currently underway to improve the accessions and waiver processes, including the use of MHS GENESIS.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Ashish S. Vazirani".

Ashish S. Vazirani
Acting

Enclosure:
As stated

cc:
The Honorable Adam Smith
Ranking Member



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MAR - 7 2024

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

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Ashish S. Vazirani
Acting

Enclosure:
As stated

cc:
The Honorable Roger F. Wicker
Ranking Member

Report to the Committees on Armed Services of the Senate and the House of Representatives



Military Medical Standards for Accession

March 2024

The estimated cost of this report or study for the Department of Defense is approximately \$8,400 for the 2024 Fiscal Year. This includes \$0 in expenses and \$8,400 in DoD labor.

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EXECUTIVE SUMMARY

This report is in response to House Report 118–125, page 201, accompanying H.R. 2670, the National Defense Authorization Act for Fiscal Year 2024, which requests that the Secretary of Defense review Department of Defense Instruction (DoDI) 6130.03, Volume 1, “Medical Standards for Military Service: Appointment, Enlistment, or Induction,” and provide a report on medical standards. Specifically, the report requests recommendations on which disqualifying medical conditions could be removed based on current best medical practice; how to modify common disqualifying conditions to decrease the percentage of applicants medically disqualified; and recommendations on changes to the waiver process to increase efficiency and decrease roadblocks for applicants.

DoDI 6130.03 ,Volume 1 was reviewed by the Accessions and Retention Medical Standards Working Group (ARMSWG) during 2021 to 2022, taking approximately 12 months to review the entirety of the issuance. Revisions identified by this review were published on November 16, 2022, and included updates to medical standards and procedures for applicants.

Any changes to the waiver process will be considered in light of the multiple efforts currently underway, including changes directed by the Department. Changes will also focus on the short-, mid-, and long-term staffing solutions at the United States Military Processing Command (USMEPCOM). The Deputy Secretary of Defense has also established a Task Force to evaluate the impact of the Health Information Exchange (HIE) implementation which will inform additional changes, as necessary.

INTRODUCTION

Military service requires unique medical qualifications due to the nature of military operations, the wide range of demands, the exposure to harsh and remote environments, and many other factors. Medical accession standards seek to ensure that, on the day a Service member begins his or her military service, the Service member is medically qualified and can be expected to continue to meet medical retention or deployment standards.

The Department of Defense (DoD) has established Department-wide accession and retention standards in DoDI 6130.03. The issuance is comprised of two volumes; Volume 1 addresses accessions while Volume 2 addresses retention. Volume 1 assigns responsibilities and prescribes procedures for physical and medical standards for appointment, enlistment, or induction into the Military Services, including the United States Coast Guard (USCG), the Reserve Components, and the Merchant Marine Academy. In accordance with the issuance process, the policy is reviewed for currency on a regular basis. Revisions to the issuance are fully coordinated through the DoD issuance process, in accordance with DoDI 5025.01, “DoD Issuances Program,” August 1, 2016. The current version of DoDI 6130.03, Volume 1 was published on March 30, 2018, with subsequent changes published on September 4, 2020; April 30, 2021; June 6, 2022; and November 16, 2022.

The reviews conducted by the Department focus on oversight and revision of DoD policy for accession and retention medical standards, ensuring that personnel can perform their assigned

duties, assuring a cost-efficient force of healthy members in service, capable of completing training, functioning throughout their initial military commitment, and maintaining worldwide deployability. The Department brings together experts from the medical and personnel communities, and when needed, obtains input from other DoD experts. The Department avails itself of the full spectrum of DoD medical specialists who are familiar with the unique demands of military service and remain current in, and in many cases, establish the body of evidence necessary to develop appropriate medical standards. Additionally, DoD consults with the civilian medical community as appropriate, to ensure the medical standards in DoDI 6130.03 meet the needs of the Department. It is also leverages the work of the Medical Standards Analytics and Research program (MSAR) which provides accession and retention related operational analysis and research performed in support of life-cycle medical standards.

Standards are established in the context of a screening examination to qualify individuals based on established criteria. Screening standards often include criteria that is more specific than mere presence of a diagnosis. During the accessions process, applicants are required to provide their full medical history along with pertinent documentation prior to an entrance physical examination.

If an applicant is disqualified for accession based on a medical standard, the Military Services may approve a waiver to allow entrance despite the disqualification. Service medical waiver authorities can request specialty consultations and review detailed medical records to inform their waiver decision, considering the medical disqualification in light of the needs of the individual service. Additionally, each medical standard is associated with an internal administrative code; the code allows the MSAR team to track the performance and outcomes of individuals who receive medical disqualifications. This outcomes analysis provides DoD-specific insight to inform the ARMSWG policy development.

RECOMMENDATIONS FOR DELETION OR MODIFICATION

The establishment of the Medical Accession Records Pilot (MARP) and findings derived from the pilot will be used to inform policy with respect to needed changes. A majority of the changes implemented in the MARP pertain to the recency of various medical conditions, particularly with respect to certain conditions that may have occurred in early childhood. Data gleaned from the MARP will be used to inform policy. In addition to the MARP, the Department has begun a review of DoDI 6130.03, Volume 1, in accordance with established processes.

RECOMMENDATIONS FOR WAIVER PROCESS CHANGES

DoDI 6130.03, Volume 1 authorizes the Military Services to waive applicants who are disqualified based on DoD medical standards. To inform their waiver decision, Military Service medical waiver authorities can request and review detailed medical records and consults, and non-medical factors considering the needs of the individual service.

The use of MHS GENESIS during the accessions process also allows for additional information to be available through the use of a HIE. However, the increased volume of

additional information available through the use of MHS GENESIS has generated additional challenges.

To more fully understand the impact of MHS GENESIS on the workload of the accession process and applicant wait times, the Department will evaluate the impact of the HIE implementation to date and determine whether any additional actions are necessary.

Additionally, to meet the increasing demands during the accessions and waiver process, USMEPCOM has also identified the need for increases in personnel. In addition to identifying the need for medical providers and technicians, USMEPCOM is also in the process of onboarding specialist positions to provide internal consultations, particularly for behavioral health. Additionally, USMEPCOM has expanded the use of natural language processing across their enterprise as a tool to streamline the review of applicant's medical records.

The outcomes of the previously described efforts will help to identify multiple courses of action to improve the waiver process.

CONCLUSION

DoDI 6130.03, Volume 1 was recently revised after a comprehensive review of the issuance was conducted. The revisions included updates to medical standards and procedures for applicants.

Future changes to the medical standards will also be informed by the recent efforts to improve the accessions process, including the use of MHS GENESIS and the MARP.