

[\[Categorical Listing\]](#) [\[Numerical Listing\]](#)

THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, DC 20301-1200

**3 FEB 1998**

**MEMORANDUM FOR:** ASSISTANT SECRETARY OF THE ARMY  
ASSISTANT SECRETARY OF THE NAVY  
ASSISTANT SECRETARY OF THE AIR FORCE

**SUBJECT:** Policy Memorandum for Management of Medical Licensure and Modification of Reporting Procedures Regarding the National Practitioner Data Bank (NPDB)

- Reference:**
- (a) [DoDI 6025.15, "Implementation of Department of Defense Participation in the National Practitioner Data Bank \(NPDB\)", November 9, 1992](#)
  - (b) [DoDD 6025.14, "Department of Defense Participation in the National Practitioner Data Bank", November 1, 1990](#)
  - (c) [ASD \(HA\) Memorandum, "Utilization Management \(UM\) Activities in the Direct Care System Under TRICARE", November 23, 1994](#)

While many states offer special types of licenses for our military healthcare providers and many jurisdictions have issued fee-waivers or other courtesies to our personnel, it remains DoD policy for all providers to maintain a current valid, and unrestricted license in at least one U.S. jurisdiction. An unrestricted license is defined as one that has no limitations with respect to practice location, or type, or scope of practice. An unrestricted license must allow the provider unabridged permission to practice in any civilian community in the jurisdiction of licensure without having to take any additional action on her/his license to document competency. This does not include state requirement to pay additional licensing or risk pool fees, obtain medical malpractice insurance, meet state residency requirements, or other administration actions.

Effective immediately, all DoD health care personnel as defined in DoD Directive 6025.6 must take action to ensure they possess current, valid and unrestricted licenses. Those providers with licenses under any type of limitation or restriction will have twelve months to correct this situation. Full, unrestricted licensure is to be obtained not later than 1 January 1999 or risk adverse administrative action or loss of special pays. (Providers with a special Oklahoma license first issued in 1988 or 1989 will be provided additional time as specified below).

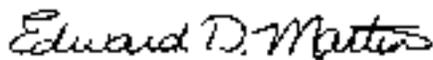
Each military treatment facility shall be the prime source to re-verify licensure on all providers who disclosed restrictions or limitations and shall continue to re-verify licensure with a biennial review. When speaking with licensure boards, the use of the terminology provided in the last two sentences of the first paragraph above is encouraged to ensure that no restrictions exist.

Those physicians who hold a Special Oklahoma license are to obtain full licensure not later than 30 April 1999. This may require successful completion of all three parts of the United States Medical Licensure Examination (USMLE). Failure of any portion of the USMLE during this time may be grounds for processing these individuals for administrative discharge.

Any change in privileging status as a result of rectifying license restrictions or limitations not imposed for reasons of professional incompetence or misconduct is for administrative purposes only and is not considered a reportable adverse action. No report to state or national authorities is required unless there is evidence of intentional deception, incompetence, or professional misconduct by the provider.

Finally, to strengthen the quality of our healthcare system and to bolster the confidence of our beneficiaries, the process used to review medical malpractice cases shall be refined to incorporate a second level review by an external civilian panel of medical experts for all cases judged to be "within the standard of care" by the individual Services. In those instances where there has been payment of a medical malpractice claim made under the Federal Tort Claims Act despite the fact that the individual Service's internal investigation found no deviation from the standard of care, the case shall be reviewed by an external panel of civilian medical experts. In all cases where a medical malpractice payment has been made and a specific provider has been identified, either in the internal investigation or the panel of civilian medical experts, as having failed to meet the requisite standard of care, that provider shall be reported to the NPDB unless specifically exempted by the applicable Surgeon General. This exemption authority cannot be delegated. All such exemptions shall be reported monthly to the ASD (HA).

This policy memorandum is not intended to be punitive. It is intended to ensure all licensed DoD providers hold the same credentials, competencies and qualifications as any other provider in a particular state and to bolster the public perception of competency. If you require further information, please contact Colonel William D. Strampel, via mail OASD (HA)/CS, 1200 Defense Pentagon, Room 3D372, Washington, DC 20301-1200, (703) 695-6802, email: wstrampe@ha.osd.mil.



Edward D. Martin, M.D.  
Acting Assistant Secretary of Defense

**HA Policy 98-017**

---

[\[Top\]](#)

Last update: 1/4/1999