



PERSONNEL AND
READINESS

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

FEB 29 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 199, accompanying H.R. 2670, the National Defense Authorization Act for Fiscal Year 2024, "Medical Examination Requirements for Service Academy Applicants in the Northern Mariana Islands," is enclosed.

The report provides requested information regarding the Department of Defense Medical Examination Review Board (DoDMERB) process of providing initial medical examinations (IMEs) to applicants to the Military Service Academies, Senior Reserve Officers' Training Corps programs, and several other commissioning programs via a medical services contract. These IMEs are free to applicants in the continental United States (CONUS), Puerto Rico, Guam, and the U.S. Virgin Islands. Applicants from other overseas locations can: 1) travel to the covered sites to obtain their IME; 2) utilize an outside the continental United States military medical treatment facility at no cost; or 3) obtain a suitable private examination at their own expense with appropriate instructions and documents provided by DoDMERB. However, travel and lodging are at their own expense since the DoDMERB does not cover these costs for either applicants in the CONUS or overseas. The DoDMERB medical services contractor has established three new IME sub-contract sites on the Northern Mariana Islands.

Thank you for your continued strong support for the health and well-being of our Service members.

Sincerely,



Ashish S. Vazirani
Acting

Enclosure:
As stated

cc:
The Honorable Adam Smith
Ranking Member

Report to the Committee on Armed Services of the House of Representatives



Medical Examination Requirements for Service Academy Applicants in the Northern Mariana Islands

February 2024

The estimated cost of this report or study for the Department of Defense (DoD) is approximately
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EXECUTIVE SUMMARY

Commissioning program applicants from the Northern Mariana Islands (NMI) have three screening locations for local access to obtain the accession medical screening examination as of December 2023. There is no funding allocated to the Department of Defense Medical Examination Review Board (DoDMERB) to pay for or reimburse privately obtained physical examinations, nor is there funding allocated to DoDMERB to pay for or reimburse travel, lodging or related expenses for applicants. No statutory requirement or departmental instruction requires or authorizes such expenses to be paid for by DoDMERB.

BACKGROUND

The DoDMERB is the Division of the Defense Health Agency that executes accession medical screening examinations and determines the medical qualification status of applicants to the Military Service Academies, Senior Reserve Officers' Training Corps (SROTC) programs, and several other commissioning programs. The screening examinations and qualification determinations are conducted in accordance with Department of Defense Instruction 6130.03, Volume 1, "Medical Standards for Military Service: Appointment, Enlistment, or Induction," May 6, 2018, as amended.

DoDMERB screens over 30,000 applicants annually, with roughly 1 percent (350+) obtaining their examinations outside the medical contractor's catchment area, collectively called "overseas" locations. There are approximately seven applicants per year from the NMI submitted to DoDMERB for initial medical examination (IME).

DoDMERB executes these IMEs, at no expense to the applicant, through a General Services Administration administered medical services contract [DoDMERB Civilian Medical Examination Contract, currently held by CivTeam, 701 Market Street Suite 3500, Philadelphia, PA 19106] with 450+ IME sites throughout the 50 U.S. States and territories to include Puerto Rico, U.S. Virgin Islands, Guam, American Samoa and, as of December 2023, NMI. Service locations are generally aligned to the locations of SROTC programs (colleges and universities) and metropolitan areas around the country. The specific number and location of sites are determined by the Department. Service location changes are informed by demand, changing demographics, applicant safety (high crime areas) and other variables. These general service locations are generally within a maximum 50-mile transit for most applicants.

There are approximately 350+ applicants annually residing in overseas locations that are outside of the vendor's catchment globally. DoDMERB provides "overseas" applicants with substantial information on the application process and a documentation package (DD Form 2807-2, DD Form 2808, instructions) for such applicants to pursue private clinical examinations at their own expense. The applicants send those documents to DoDMERB for adjudication. DoDMERB does not fund these examinations or associated costs, including travel, lodging, etc. Additionally, such applicants can utilize overseas U.S. military medical treatment facilities (MTFs) at no cost to the applicant for the DoDMERB examination where available. To our knowledge, there has never been a departmental policy, instruction, directive, or statutory requirement for such costs to be paid by DoDMERB either directly to healthcare providers

overseas or as reimbursement to the applicant. As such, DoDMERB has neither funding nor staffing to support the execution of such direct costs or reimbursements. Additionally, DoDMERB has no staffing to support direct healthcare facility locating and appointing as the medical contractor within its catchment fully executes this function.

DISCUSSION

The long-standing DoDMERB business model utilizing the medical contractor was established to:

1. Provide the greatest level of convenient access for the greatest number of applicants,
2. Provide a medical screening and qualification process that is responsive and tailored to the needs of the various commissioning programs, and
3. Minimize the cost to the Government while ensuring a high-quality medical examination and associated medical services.

Applicants outside the medical contractor's catchment (350+ “overseas” applicants annually) are few and arise from various locations globally. Some applicants can pursue an examination through an MTF at no cost other than transportation (i.e., Europe, Japan, Guam, etc.), while others, with limited success, have leveraged medical facilities at U.S. Embassies abroad. Others go to a local physician to get the IME at their own expense using the DoDMERB application package. To require the medical contractor to establish IME sites globally would require restructuring and re-competition of the DoDMERB medical contract. Additionally, clinics and providers (even within the United States) who conduct few DoDMERB examinations regularly generally provide a lower quality exam with missing elements or other issues requiring remediation. Sending an applicant to one of these locations has often resulted in additional costs to the government while inconveniencing the applicant. As such, the business model strikes a balance between convenience for the applicants and sufficient throughput for quality purposes. Lastly, the business arrangements that must be made between the medical contractor and any potential IME site become increasingly difficult and potentially more costly when only a small number of applicants per year are to be served.

The DoDMERB medical services contractor has recently established IME and optometric screening sub-contract sites in NMI.

CONCLUSION

As of December 2023, applicants from NMI have access to three local IME service locations at no cost to them. Consistent with all other applicants, any local travel and lodging costs will be at the applicants’ expense.