



**OFFICE OF THE UNDER SECRETARY OF DEFENSE**

**4000 DEFENSE PENTAGON  
WASHINGTON, D.C. 20301-4000**

**PERSONNEL AND  
READINESS**

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

**OCT 28 2024**

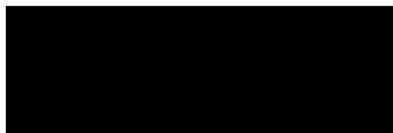
Dear Mr. Chairman:

The Department's response to section 545 of the National Defense Authorization Act for Fiscal Year 2024 (Public Law 118-31), "Improvements to Medical Standards for Accession to Certain Armed Forces," is enclosed.

The report describes recent updates to 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 Military Health System GENESIS.

Thank you for your continued strong support for the health and well-being of our Service members, veterans, and their families. I am sending a similar letter to the Senate Armed Services Committee.

Sincerely,



Ashish S. Vazirani  
Performing the Duties of the Under Secretary of  
Defense for Personnel and Readiness

Enclosure:  
As stated

cc:  
The Honorable Adam Smith  
Ranking Member



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PERSONNEL AND  
READINESS

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

OCT 28 2024

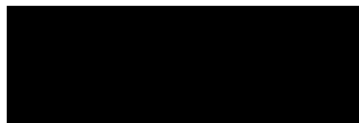
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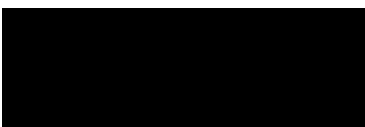
Sincerely,



Ashish S. Vazirani  
Performing the Duties of the Under Secretary of  
Defense for Personnel and Readiness

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**



## **Improvements to Medical Standards for Accession to Certain Armed Forces**

**October 2024**

The estimated cost of this report or study for the Department of Defense is approximately \$1,110 for the 2024 Fiscal Year. This includes \$0 in expenses and \$1,110 in DoD labor.

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## EXECUTIVE SUMMARY

This report is in response to section 545 of the National Defense Authorization Act for Fiscal Year 2024 (Public Law 118–31), requiring that within 1 year after the date of enactment and once 4 years thereafter, the Secretary of Defense:

- (1) conduct an assessment of the prescribed medical standards and medical screening processes required for the appointment of an individual as an officer, or enlistment of an individual as a member, in each covered Armed Force;
- (2) taking into account the findings of such assessment –
  - (A) update such standards and processes as may be necessary; and
  - (B) take such steps as may be necessary to improve the waiver process for individuals who do not meet such prescribed medical standards and
- (3) submit to the Committees on Armed Services of the House of Representatives and the Senate a report containing, with respect to the most recently conducted assessment under paragraph (1) –
  - (A) the findings of that assessment and a description of the actions carried out pursuant to paragraph (2); and
  - (B) recommendations by the Secretary for any legislative action the Secretary determines necessary to further improve such standards and processes.

The Accessions and Retention Medical Standards Working Group (ARMSWG) conducted a thorough review of Department of Defense Instruction (DoDI) 6130.03, Volume 1, “Medical Standards for Military Service: Appointment, Enlistment, or Induction,” informing the update to this policy published on November 16, 2022. That reissuance of DoDI 6130.03, Volume 1, included updates to medical standards and procedures for applicants. Most recently, all DoDI standards referencing a “history of” medical conditions were reviewed in 2024 for currency.

Changes to the waiver process will be considered in light of the multiple efforts currently underway. The primary outcomes of a recent evaluation of the impact of the Health Information Exchange (HIE) are the acknowledgement and resourcing of information technology solutions to integrate the United States Military Entrance Processing Command (USMEPCOM) systems with Military Health System (MHS) GENESIS electronic health record, as well as the development and deployment of tools to allow USMEPCOM medical personnel to quickly consolidate and distill an applicant’s medical information in order to more quickly make a qualification decision. In addition to the technological solutions currently in development, the Department has directed process improvements that have already seen decreases in applicant medical processing times (e.g., the Medical Accession Records Pilot (MARP)). These improvements aid the Military Service waiver process by narrowing the scope of review required by a Military Service waiver authority, resulting in faster waiver determinations.

Currently no additional legislative action is recommended. The existing authorities and review process is sufficient to manage and improve medical accession standards and waiver processes.

## 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 member begins his or her military service, the 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 U.S. Coast Guard, 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.” The current version of Volume 1 has been amended on September 4, 2020; April 30, 2021; June 6, 2022; November 16, 2022, and May 28, 2024. Beginning in 2024, Volume 1 was reviewed for currency of those conditions citing a “history of” a medical condition.

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. The Department is also leveraging 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 the 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, based on a medical standard, the Military Departments 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.

## **ASSESSMENT OF MEDICAL STANDARDS AND MEDICAL SCREENING PROCESSES**

### **Medical Standards**

In June 2022, the MARP was initiated and USMEPCOM began to assess applicants for military service using revised timeline limitations for 38 disqualifying medical conditions listed in DoDI 6130.03. The initial phase of the pilot took place from June 15, 2022 through December 31, 2022. The MARP was subsequently extended until the publication of the next iteration of DoDI 6130.03, Volume 1. Findings derived from this pilot will inform policy with respect to needed changes.

Additionally, the impact of the HIE implementation on accession was evaluated, which will inform additional changes, as necessary. As a result of the HIE implementation review the Military Services and the Office of the Under Secretary of Defense for Personnel and Readiness were directed to review accession standards and to adopt additional MARP conditions to reduce the time required for enlistments and enable more applicants to be accessed without additional documentation or a waiver. Beginning in 2024, DoDI 6130.03, Volume 1 was reviewed for currency of those conditions citing a “history of” a medical condition and during this review additional MARP conditions were identified. That process is currently underway.

### **Medical Screening Processes**

The use of MHS GENESIS during the accessions process has allowed for additional information to be available using a HIE. However, the increased volume of additional information available using MHS GENESIS has generated additional challenges. To overcome increased records review requirements, a Natural Language Processing capability was developed to sift through multiple medical records to highlight potentially disqualifying medical conditions that USMEPCOM providers can focus on, while simultaneously sifting out non-disqualifying medical information. This tool has been deployed across all Military Entrance Processing Stations and is being further developed with enhanced artificial intelligence capabilities.

Additionally, to meet the increasing demands during the accession medical evaluation process, USMEPCOM identified that one of the primary reasons applicants are disqualified is due to mental health/behavioral health (MH/BH) reasons. DoDI 6130.03, Volume 1, authorizes the Military Services to approve waivers for 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.

Often, the Military Service waiver authority will require a MH/BH medical consultation before they can determine an applicant’s suitability for military service. For this reason, USMEPCOM has hired MH/BH specialists capable of conducting telehealth consultations and

providing their recommendation to the Military Service waiver authority in a timelier manner; thereby reducing applicant wait time and increasing processing capabilities for the Military Service concerned.

At this time the existing review processes described in this report are sufficient to manage and improve medical accession standards and waiver processes and no legislative changes are requested.

## **CONCLUSION**

DoDI 6130.03, Volume 1, was recently revised after a comprehensive review. The revisions were informed by ongoing efforts to examine accession standards, including the revised timelines used in the MARP and the ongoing engagement with the Military Services and MSAR. The revisions included updates to medical standards and procedures for applicants. The proposed revisions will be reviewed, coordinated, and published (as approved), through the DoD issuance process.

The medical evaluation and waiver processes are being continually improved using HIE, the integration of Natural Language Processing, and the increase in MH/BH specialists. Future changes, to both the medical standards and the waiver process, will continue to be informed by the recent efforts to improve the accessions process, including the use of MHS GENESIS and the outcomes of the MARP analyses.