



Department of Defense INSTRUCTION

NUMBER 5154.06

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Incorporating Change 1, Effective October 2, 2013

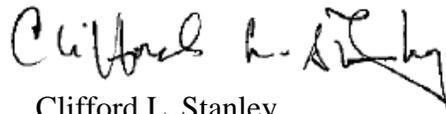
USD(P&R)

SUBJECT: Armed Services Medical Regulating

References: See Enclosure 1

1. PURPOSE. This Instruction reissues DoD Directive 5154.06 (Reference (a)) as a DoD Instruction in accordance with the authority in DoD Directive 5124.02 (Reference (b)) to establish policy, assign responsibilities, and prescribe procedures for the implementation of Armed Services medical regulating during peacetime and contingency operations (both military and Defense Support of Civil Authorities (DSCA) in accordance with DoD Directive 3025.18 (Reference (c))).
2. APPLICABILITY. This Instruction applies to:
 - a. OSD, the Military Departments (including the Coast Guard at all times, including when it is a Service in the Department of Homeland Security by agreement with that Department), the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Combatant Commands, the Office of the Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the DoD (hereinafter referred to collectively as the "DoD Components").
 - b. The Commissioned Corps of the Public Health Service, under agreement with the Department of Health and Human Services, and the Commissioned Corps of the National Oceanic and Atmospheric Administration, under agreement with the Department of Commerce.
 - c. The Department of Health and Human Services with respect to the medical regulation of patients as part of Emergency Support Function 8 (ESF #8) of the National Response Framework (Reference (d)).
 - d. The medical regulation of active duty personnel transported to facilities of the Department of Veterans Affairs.

3. POLICY. It is DoD policy that the ~~Commander~~, U.S. Transportation Command (~~CDR~~USTRANSCOM) shall be the single manager for implementing policy and standardizing procedures and information support system (ISS) requirements for global patient movement (PM).
4. RESPONSIBILITIES. See Enclosure 2.
5. RELEASABILITY. UNLIMITED. This Instruction is approved for public release and is available on the Internet from the DoD Issuances Website at <http://www.dtic.mil/whs/directives>.
6. EFFECTIVE DATE. This Instruction: ~~is effective upon its publication to the DoD Issuances Website.~~
- a. Is effective October 20, 2011.*
 - b. Must be reissued, cancelled, or certified current within 5 years of its publication to be considered current in accordance with DoD Instruction 5025.01 (Reference (e)).*
 - c. Will expire effective October 20, 2021 and be removed from the DoD Issuances Website if it hasn't been reissued or cancelled in accordance with Reference (e).*



Clifford L. Stanley
Under Secretary of Defense for
Personnel and Readiness

Enclosures

1. References
2. Responsibilities

Glossary

ENCLOSURE 1

REFERENCES

- (a) DoD Directive 5154.06, “Armed Services Medical Regulating,” January 12, 2005 (hereby cancelled)
- (b) DoD Directive 5124.02, “Under Secretary of Defense for Personnel and Readiness (USD(P&R)),” June 23, 2008
- (c) DoD Directive 3025.18, “Defense Support of Civil Authorities (DSCA),” December 29, 2010, *as amended*
- (d) Department of Homeland Security, “National Response Framework,” January 2008
- (*e*) *DoD Instruction 5025.01, “DoD Directives Program,” September 26, 2012, as amended*
- (*ef*) Sections 8111 and 8111A of title 38, United States Code
- (*fg*) Section 2641 of title 10, United States Code
- (*gh*) Joint Publication 1-02, “Department of Defense Dictionary of Military and Associated Terms,” current edition

ENCLOSURE 2

RESPONSIBILITIES

1. ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS (ASD(HA)). The ASD(HA), under the authority, direction, and control of the Under Secretary of Defense for Personnel and Readiness, shall:

a. In coordination with the Chairman of the Joint Chiefs of Staff, the Secretaries of the Military Departments, and the *Commander, U.S. Transportation Command (CDRUSTRANSCOM)*, develop medical regulating guidance (including movement of contaminated and mildly contagious patients and service animals) and issue guidance necessary to implement this Instruction.

b. Provide guidance, planning, and standard resource solutions to be purchased by the users (the Commanders of the geographic Combatant Commands (GCCs) and the Secretaries of Military Departments) for initiatives designed to provide automatic data processing support for patient regulating functions. Those steps shall ensure the compatibility with existing or planned DoD automated medical information systems, and those used or planned by Federal Departments for DSCA and humanitarian assistance and disaster relief missions.

2. HEADS OF THE DoD COMPONENTS. The Heads of the DoD Components shall ensure that activities under their respective authorities comply with global medical regulating procedures and quality care standards as established by CDRUSTRANSCOM.

3. COMMANDERS OF THE GCCs. The Commanders of the GCCs, in addition to the responsibilities in section 2 of this enclosure, shall assist the CDRUSTRANSCOM with intratheater medical regulating and management of the theater patient movement requirements centers (TPMRCs) in each of their respective theaters.

4. CDRUSTRANSCOM. The CDRUSTRANSCOM, through the Chairman of the Joint Chiefs of Staff and in addition to the responsibilities in section 2 of this enclosure, shall:

a. In coordination with the ASD(HA), the Secretaries of the Military Departments, and the Commanders of the GCCs, serve as single manager for the implementation of policy and standardization of procedures and ISSs for medical regulating of uniformed services patients. Establish procedures, as necessary, to ensure the efficient global PM of uniformed services patients (including movement of contaminated and mildly contagious patients and service animals) consistent with the policies of this Instruction and guidance issued by the ASD(HA) pursuant to paragraph 1.a. of this enclosure. These procedures will be in compliance with obligations under the World Health Organization International Health Regulations and other applicable international agreements.

- b. In coordination with the ASD(HA), establish a global network system to assist in the command and control of intertheater medical regulating and PM and provide the ability to locate and track uniformed services' patients being medically evacuated in both peace and contingency (military and DSCA) operations.
- c. Exercise authority, direction, and control over the Global Patient Movement Requirements Center (GPMRC).
- d. In coordination with the GCC Commanders, be responsible for intratheater medical regulating and for the TPMRCs in each of their respective theaters.
- e. In contingency operations, have the authority to regulate uniformed services patients from the supported combat theater directly into the theater medical treatment facilities (MTFs) of other GCCs or the continental United States (CONUS). Such regulation shall be based on the medical capability and bed availability information released by the respective GCC's TPMRC or Command Surgeon; or by the Military Services, for use by the ~~U.S. Transportation Command (USTRANSCOM)~~.
- f. With and through the USTRANSCOM Surgeon's Office, have the authority in peacetime to regulate uniformed services patients to and within CONUS. During contingency operations the authority extends to both military and DSCA operations. Should the GPMRC be unable to carry out this task for any reason, the CDRUSTRANSCOM may direct a GCC's TPMRC to assume the role of overall regulator.
- g. Have the authority, consistent with sections 8111 and 8111A of title 38, United States Code (U.S.C.) and section 2641 of title 10, U.S.C. (References (ef) and (fg)), to regulate uniformed services and certain VA beneficiaries to medical facilities of the VA.
- h. When supporting the Department of Health and Human Services consistent with ESF #8 of Reference (d), have the authority and responsibility for regulating and tracking patients transported on DoD-controlled assets to National Disaster Medical System (NDMS) Federal Coordination Centers and Primary Receiving Centers.

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

ASD(HA)	Assistant Secretary of Defense for Health Affairs
CDRUSTRANSCOM CONUS	Commander, United States Transportation Command continental United States
DSCA	Defense Support of Civilian Authorities
ESF	Emergency Support Function
GCC GPMRC	geographic Combatant Command Global Patient Movement Requirements Center
ISS	information support system
MTF	medical treatment facility
NDMS	National Disaster Medical System
PM	patient movement
TPMRC	Theater Patient Movement Requirements Center
U.S.C. USTRANSCOM	United States Code United States Transportation Command
VA	Department of Veterans Affairs

PART II. DEFINITIONS

Unless otherwise noted, these terms and their definitions are for the purpose of this Instruction.

ESF. Defined in Joint Publication 1-02 (Reference (*gh*)).

GPMRC. The GPMRC is a joint activity reporting directly to USTRANSCOM. The GPMRC provides medical regulating services, including clinical validation, limited patient in transit visibility, and evacuation requirements planning for intertheater PM and intratheater PM for CONUS. The GPMRC coordinates with supporting resource providers to identify available assets and communicates transport to bed plans to Service components, or other agencies, to execute the mission.

intertheater PM. Defined in Reference (~~gh~~).

intratheater PM. Defined in Reference (~~gh~~).

ISS. The entire infrastructure, organization, personnel, and components for the collection, processing, storage, transmission, display, dissemination, and disposition of global PM information.

medical regulating. A process that selects destination MTFs for patients being medically evacuated. It provides identification of and assignment to MTFs capable of providing required definitive, recuperative, or restorative care to eligible beneficiaries.

MTF. Defined in Reference (~~gh~~).

NDMS. Defined in Reference (~~gh~~).

PM. The act or process of moving a sick, injured, wounded, or other person to obtain medical, dental, or other treatment. Decisions made in this process involve coordination among the referring MTF, the receiving MTF, the PM requirements centers (global and theater), and movement control agencies. PM may include dedicated and designated assets, use of multimodal uniformed services assets, and commercial assets if authorized.

TPMRC. The facility responsible for theater-wide PM (e.g., medical regulating and PM scheduling) and for coordinating with theater MTFs to allocate the proper treatment assets required for supporting its role. The primary role of the TPMRC is to devise theater plans and schedules and monitor their execution. The TPMRC is responsible to the GCC for all aspects of PM management for missions originating from, transiting through, or terminating in the GCC area of responsibility.

VA beneficiaries. Health care beneficiaries identified by References (~~ef~~) or (~~fg~~), or other applicable authority identified by the ASD(HA).