



DoD INSTRUCTION 6000.19

MILITARY MEDICAL TREATMENT FACILITY SUPPORT OF MEDICAL READINESS SKILLS OF HEALTH CARE PROVIDERS

Originating Component: Office of the Under Secretary of Defense for Personnel and Readiness

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Purpose: In accordance with the authority in DoD Directive (DoDD) 5124.02, this issuance establishes policy, assigns responsibilities, and prescribes procedures for military medical treatment facility (MTF) support of the Military Departments in maintaining the:

- Readiness and core competencies of health care providers within the Military Services.
- Medical readiness of Service members.

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SECTION 1: GENERAL ISSUANCE INFORMATION

1.1. APPLICABILITY.

This issuance applies to OSD, the Military Departments, the Office of the Chairman of the Joint Chiefs of Staff (CJCS) 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.

1.2. POLICY.

It is DoD policy that:

a. The DoD will support the critical wartime medical readiness skills and core competencies of health care providers within the Military Services and achieve the highest level of medical readiness within the Military Services by:

- (1) Prioritizing medical services provided at MTFs.
- (2) Optimizing the authorized strengths for military and civilian medical personnel throughout the Military Health System (MHS).
- (3) Aligning and structuring the MHS, including the infrastructure of MTFs to support the readiness needs identified by the Military Departments.
- (4) Recruiting, training, and retaining the appropriate number of medical personnel to support mission requirements.
- (5) Establishing military-civilian training partnerships when skills cannot be maintained within MHS facilities.

b. The scope of authorized medical services, personnel end strengths, and MTF infrastructure of the direct care system is limited to those clinical and logistical capabilities which:

- (1) Are needed to maintain the critical wartime medical readiness skills and core competencies of healthcare providers within the Armed Forces and ensure the medical readiness of Service members.
- (2) Are vital to the provision of effective and timely health care during contingency operations.
- (3) Provide services that, if reduced, would not be available through the purchased care component of the TRICARE program.

(4) In foreign countries only, provide additional services to the extent necessary to ensure that covered beneficiaries in that country have access to a similar level of care available to covered beneficiaries in the United States.

c. Critical wartime medical readiness skills and core competencies are tied directly to medical functions of the deployed military medical force.

d. Civilian and contractor personnel providing primary care services in MTFs are used only to the extent that they are needed to:

(1) Maintain the critical wartime medical readiness skills of health care providers within the Military Services.

(2) Ensure the medical readiness of the Military Services.

(3) Provide services that, if reduced, will not be available through the purchased care component of the TRICARE program.

e. In managing direct care system civilian personnel authorization levels, compliance with Section 129c of Title 10, United States Code will be maintained.

f. Safety and Occupational Health services provided by MTFs pursuant to DoD Instruction 6055.01 are exempt from the provisions of this issuance.

SECTION 2: RESPONSIBILITIES

2.1. ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS (ASD(HA)).

Under the authority, direction, and control of the Under Secretary of Defense for Personnel and Readiness (USD(P&R)), the ASD(HA):

a. In coordination with the Secretaries of the Military Departments, develops policy for MTF support of the Military Departments in the maintenance of critical wartime medical skills.

b. In conjunction with the Secretaries of the Military Departments and the Director, Defense Health Agency (DHA), reviews at least every 2 years the MHS infrastructure, military and civilian authorized and actual personnel strength, and services delivered at military MTFs with respect to the MHS's ability to maintain wartime medical skills and medically ready Military Services.

c. Recommends to the USD(P&R) the following to maintain wartime medical skills and maximize the medical readiness of the Military Services:

(1) Changes in MHS infrastructure.

(2) In conjunction with the Secretaries of the Military Departments, adjustments in authorized strengths of military and civilian health care providers within MTFs.

(3) In conjunction with the CJCS and the Assistant Secretary of Defense for Manpower and Reserve Affairs (ASD(M&RA)), changes in the Active and Reserve Component distribution of medical authorizations.

d. Reviews requests by the Secretaries of the Military Departments to convert military medical positions to civilian medical positions consistent with applicable law and recommends for such conversions to the USD(P&R).

2.2. DEPUTY ASSISTANT SECRETARY OF DEFENSE FOR HEALTH READINESS POLICY AND OVERSIGHT.

Under the authority, direction, and control of the USD(P&R), through the ASD(HA), the Deputy Assistant Secretary of Defense for Health Readiness Policy and Oversight:

a. Analyzes recommendations from the Director, DHA, regarding changes in direct care system capacity and infrastructure within the MHS and sends proposed policy changes to the ASD(HA).

b. In conjunction with the CJCS, annually reviews military manpower data provided by the Secretaries of the Military Departments, and sends the ASD(HA) recommendations in accordance with Paragraphs 3.4.a.(1) through (4).

- c. Evaluates the effectiveness of the clinical readiness assessment processes of the Military Departments and DHA to maintain critical wartime medical skills.
- d. Develops metrics to assess the effectiveness of this issuance within 1 year of the effective date of this issuance.
- e. Provides the ASD(HA) with recommendations to improve this issuance at least annually.

2.3. DEPUTY ASSISTANT SECRETARY OF DEFENSE FOR HEALTH SERVICES POLICY AND OVERSIGHT.

Under the authority, direction, and control of the USD(P&R), through the ASD(HA), the Deputy Assistant Secretary of Defense for Health Services Policy and Oversight:

- a. In coordination with the Secretaries of the Military Departments, assesses the effectiveness of the Health Professions Officer Special and Incentive Pay Program on accession and retention of wartime medical specialties identified in Section 708(d) of Public Law 114-328. Sends change recommendations to the ASD(HA) based on these assessments.
- b. In coordination with the Secretaries of the Military Departments and the Director, DHA, assesses the effectiveness of the graduate medical education and other DoD medical education and training programs in producing the appropriate mix of physicians and medical specialists needed for operational medical force readiness requirements.

2.4. DIRECTOR, DHA.

Under the authority, direction, and control of the USD(P&R), through the ASD(HA), the Director, DHA:

- a. Publishes procedural guidance necessary to implement this issuance.
- b. Coordinates with the Secretaries of the Military Departments to place medical personnel in DHA-administered MTFs to meet medical force readiness requirements.
- c. In conjunction with the Secretaries of the Military Departments, establishes military-civilian partnerships, DoD and Department of Veterans Affairs collaborations, and other like undertakings as necessary and appropriate. These partnerships provide venues and opportunities for military medical personnel to obtain and maintain currency in clinical knowledge, skills, and abilities (KSAs) associated with their medical specialty or community, at or above minimum established thresholds.
- d. Maintains a registry of partnerships established in Paragraph 2.4.c.
 - (1) Identifies to the Secretaries of the Military Departments and the ASD(HA) opportunities for streamlining and adding partnerships as needed.

(2) In conjunction with the Secretaries of the Military Departments, establishes performance metrics to assess partnerships.

e. As the integrator of the direct and purchased care components of the MHS, ensures health care services displaced from the direct care system are available in the TRICARE provider network.

f. In conjunction with the Secretaries of the Military Departments, provides annual recommendations to the ASD(HA) for optimizing the military MTF's contributions to health care provider's or Service member's readiness in accordance with Paragraph 3.4.b.(1). The Director, DHA will support and assist the Secretaries of the Military Departments for decisions under Military Department authority with respect to this paragraph.

g. Establishes system-wide standards and procedures for assigning primary care managers in the direct and purchased care components for non-active duty TRICARE Prime enrollees to achieve the end state directed by Section 725 of Public Law 114-328.

h. Validates processes for patient referrals to MTFs for specialty care associated with wartime medical skills readiness and core competencies of military health care providers.

i. Serves as the approval authority for initiation, renewal, or continuation of all contract clinics.

j. Approves exceptions for the use of contract health care providers who provide primary care services primarily to non-military patients in MTFs and associated sites in accordance with Paragraph 3.4.b.(3).

k. For direct care system civilian employees providing primary care services to non-military patients, develops and implements:

(1) A transition plan to review civilian employee vacancies that occur against the end-state required by Section 725 of Public Law 114-328.

(2) Standards and procedures to control approval to fill such vacant positions, including procedures to allow, subject to any applicable labor relations obligations, qualified employees not working in positions that remain authorized in accordance with Section 725 of Public Law 114-328 to fill vacancies that remain authorized before proceeding with a new hire.

2.5. ASSISTANT SECRETARY OF DEFENSE FOR MANPOWER AND RESERVE AFFAIRS.

Under the authority, direction, and control of the USD(P&R), the Assistant Secretary of Defense for Manpower and Reserve Affairs approves procedures for:

a. Monitoring compliance with wartime medical readiness skills maintenance among Reserve Component medical personnel.

b. Requiring Reserve Component medical personnel to meet the same clinical readiness standards as Active Component medical personnel prior to deployment.

2.6. SECRETARIES OF THE MILITARY DEPARTMENTS.

The Secretaries of the Military Departments:

a. Build medical forces to meet CJCS-validated requirements.

b. Approve Military Department-specific expeditionary KSAs established for each clinical specialty in accordance with Paragraph 3.4.c.(1).

c. Develop and maintain readiness for medical personnel through:

(1) Placement, primarily by assignment, of medical personnel at military MTFs in accordance with Military Department-determined clinical readiness requirements and the capabilities of the MTF to generate operational medical readiness established by the Director, DHA. If workload is insufficient to meet requirements, the Secretary of the Military Department concerned, will identify alternative training and clinical practice sites for uniformed medical and dental personnel, and may establish military-civilian training partnerships to provide such workload. The Secretary concerned will inform the Director, DHA of any such agreements. Direct care MTFs are the default choice for assignment, allocation, detail, or other utilization of military medical personnel for the purposes of generating operational medical readiness.

(2) Provision of venues and opportunities for military personnel to meet Military Department defined non-clinical readiness standards.

d. Implement a clinical readiness assessment process for wartime medical skills maintenance and provide an annual evaluation to the ASD(HA) in accordance with Paragraphs 3.4.c.(2) and 3.4.c.(3).

e. Approve additional medical, clinical, or logistical capabilities required at MTFs, developed in accordance with Paragraph 3.1.a.(5)(b), and submit these requirements to the ASD(HA).

2.7. CJCS.

The CJCS:

a. Validates medical requirements submitted by Combatant Commanders (CCDRs).

b. Provides joint medical force requirements to the Secretaries of the Military Departments, the ASD(HA), and the Director, DHA.

c. Assesses medical force structure ability to meet joint force requirements.

d. Collects and shares lessons learned with the Secretaries of the Military Departments, the ASD(HA), the Director, DHA, and the Director of the Joint Staff.

2.8. CCDRS.

The CCDRs:

a. Review operational plans annually to identify changes in requirements that would require revised joint medical capability support.

b. Validate and submit joint medical requirements annually to the CJCS.

SECTION 3: PROCEDURES

3.1. PRIORITIZING MEDICAL SERVICES AT MTFs.

a. The direct care system will provide the medical services listed in Paragraphs 3.1.a (1)-3.1.a (5). Services not in one of these categories may be provided only when additional capacity exists, and when provision of such services will not interfere with delivery of prioritized services. Prioritized services are:

(1) Evaluation and treatment of active component service members to maintain and restore readiness.

(2) Health readiness assessment and authorized medical readiness services for members of the Reserve Components.

(3) Evaluation and treatment of eligible beneficiaries, including family members and retirees, by military health care providers to maintain the operational medical skills of those providers.

(4) Primary care services to non-military patients by civilian or contractor personnel if:

(a) The primary care services support is necessary to maintain DoD graduate medical education or other DoD medical education and training programs; or

(b) The purchased care component of TRICARE is unable to meet patient primary care needs.

(5) Capabilities relating to the provision of health care that are necessary to accomplish operational requirements.

(a) These capabilities include:

1. Combat casualty care.

2. Medical response to and treatment of injuries sustained from chemical, biological, radiological, nuclear, or explosive incidents.

3. Diagnosis and treatment of infectious diseases.

4. Aerospace medicine.

5. Undersea medicine.

6. Diagnosis, treatment, and rehabilitation of specialized medical conditions.

7. Diagnosis and treatment of diseases and injuries that are not related to battle.

8. Humanitarian assistance.

(b) The Military Departments may define additional essential medical, clinical, and logistical capabilities vital to the provision of effective and timely health care during contingency operations. These capabilities may be at the unit or individual level.

b. The purchased care system, rather than the direct care system, will provide services that do not directly contribute to Military Department-defined military health care provider wartime skills maintenance or the medical readiness of Service members to the greatest extent feasible.

3.2. ADJUSTING AUTHORIZED STRENGTHS THROUGHOUT THE MHS.

a. Personnel working within the direct care component of the MHS must spend most of their effort on activities that contribute, directly or indirectly, to their own or another health care provider's wartime medical skills maintenance, or to the medical readiness of Active or Reserve Component Service members.

b. Civilian employees and contractor personnel will discontinue primary care for non-military patients subject to the ability of the purchased care component of TRICARE to meet the patient care needs. Personnel reductions are also subject to the requirements of Section 129c of Title 10, United States Code. This discontinuation will be on a rolling basis as provider vacancies occur or contract periods expire. Civilian employees and contractor personnel may continue to provide primary care to non-military patients if care of these patients is necessary to support DoD graduate medical education or other DoD medical education and training programs.

c. Authorizations for military personnel in the direct care component of the MHS should be associated with a wartime requirement, as verified by the Secretary of the Military Department concerned.

3.3. ALIGNING AND STRUCTURING THE MHS AND MTFs.

a. The primary purpose of military MTFs is to support the readiness of the Military Services. The infrastructure of MTFs (size, type and location of each MTF) must further this readiness objective. Each MTF must spend most of its resources supporting wartime skills, development and maintenance for military medical personnel, or the medical evaluation and treatment of Service members.

b. Consistent with the end state required by Section 725 of Public Law 114-328, exceptions are permitted only when there is inadequate health care capability or capacity in the purchased care components of TRICARE, or in a foreign country where there is inadequate access to a similar level of care as is available in the United States.

3.4. REVIEWS, REPORTS, AND ASSESSMENTS.

a. The Office of the Deputy Assistant Secretary of Defense for Health Readiness, Policy, and Oversight, in coordination with the Joint Staff, provides the ASD(HA) recommendations on:

(1) Staffing levels for trauma-related and other wartime medical specialties, as defined in the DoD Personnel Management Plan developed in response to Section 708(d) of Public Law 114-328.

(2) Health care provider readiness by specialty. This includes the total number of fully trained providers, those who have current privileges in their specialty (where applicable), have accomplished relevant workload for their expeditionary role, and those medically and administratively available for utilization in deployed or operational assignments.

(3) Individual expeditionary readiness for all medical personnel.

(4) Minimum joint medical staffing levels to meet DoD mission requirements.

b. DHA:

(1) Develops recommendations for:

(a) Adjustments in the authorized capacity to host MHS military and expeditionary civilian personnel to maintain wartime medical readiness skills. DHA will not direct a change in the structure of the chain of command within a Military Department or with respect to military medical personnel assigned to that command.

(b) In conjunction with the Military Departments, realignments and restructuring of infrastructure within the MHS to include deployable infrastructure within the MHS. If a recommendation to close or downsize a MTF is made, it will include the methodology and criteria used in accordance with Section 711 of Public Law 115-232.

(c) Changes in the type and scope of medical services provided at military MTFs in order to maintain wartime medical readiness skills and support the medical needs of the Military Services.

(2) In conjunction with the Military Departments, develops:

(a) Military health care provider FTE decrements for fitness, deployment, and readiness-related training requirements.

(b) Opportunities that support individual and collective clinical or medical leadership skills sustainment for military medical personnel.

(3) Establishes standards and procedures governing the use of contract health care providers.

(a) No new contracts for health care providers who provide primary care services primarily to non-military patients in MTFs and associated sites will be awarded or renewed, and no contract options will be exercised, unless an exception is approved by the Director, DHA.

(b) Exceptions will not be approved unless the health care provider positions in the contract are part of an approved transition plan to reach the end state required by Section 725 of Public Law 114-328 without unnecessary delay.

(c) The approval authority for exceptions may be delegated to the DHA Component Acquisition Executive.

(d) Contract health care providers may be used if necessary to maintain graduate medical education programs or other DoD medical education and training programs or to provide a referral base for specialty care services that cannot feasibly be referred from the purchased care component of the TRICARE program. However, the specialty care services must be required to maintain the wartime medical readiness skills of military health care providers.

(4) Establishes procedures at all military MTFs for members of the Reserve Components to receive all health readiness assessments and services.

(5) Develops metrics to assess the contributions to readiness provided by military MTFs with respect to maintaining, including:

(a) Critical wartime medical readiness skills and core competencies of health care providers.

(b) The medical readiness of the Military Services.

(6) Analyzes care provided by military MTFs and DHA-established partnerships with respect to clinical readiness support and sends change recommendations and opportunities to consolidate partnerships to the ASD(HA).

(7) In conjunction with the Military Departments:

(a) Develops clinical skills assessments for medical personnel assigned to military MTFs and partnership programs, and provides training and retraining opportunities as needed for each wartime medical specialty.

(b) Assesses the wartime medical readiness skills and core competencies of military health care providers assigned to military MTFs and DHA-established partnership programs in accordance with Military Department-defined requirements at least annually. Provides the results to the ASD(HA) and the Secretary of the appropriate Military Department.

(8) Maintains a registry of all military-civilian partnerships, DoD and Department of Veterans Affairs collaborations, and other like undertakings established by the Director, DHA or the Secretaries of the Military Departments that are intended to provide venues and opportunities for military medical personnel to obtain and maintain currency in clinical skills. All partnerships will include a provision for capturing and reporting workload. Workload capture and reporting will be automated whenever possible.

(9) Assesses the effectiveness of processes for referral of specialty care associated with critical wartime medical readiness skills and core competencies of military health care providers to the military MTFs from the TRICARE provider network.

(10) Uses the planning, programming and budgeting process to provide accurate requirements for health readiness services for military members of the Active and Reserve Components.

c. The Military Departments:

(1) Establish expeditionary KSAs for health care providers, which must be:

(a) Distinct from the minimum requirements for an individual to be designated as fully qualified to hold a particular medical specialty by the Secretary of the Military Department concerned.

(b) Unable to be met in a just-in-time manner immediately before assignment to the operational force.

(c) Reviewed in accordance with Military Department procedures.

(d) Incorporated into any established joint clinical readiness metrics.

(e) Provided to the ASD(HA) annually or when revised.

(2) Implement a clinical readiness assessment process for each of their respective Departments.

(a) For privileged health care providers, the assessment must include the provider having privileges appropriate for the Military Department-defined requirements of that specialty. Additional assessments must be evidence-based.

(b) For all medical personnel, the assessment must identify those medical readiness skills that will be acquired in a just-in-time manner immediately before assignment to the operational force.

(3) Report the following to the ASD(HA) and ASD(M&RA) on an annual basis:

(a) Wartime medical personnel shortages, by specialty and component, that cannot be resolved through accession and personnel management processes.

(b) Military medical positions recommended for conversion to civilian medical positions or elimination.

(4) Report through the Defense Readiness Reporting System to the Assistant Secretary of Defense for Readiness, the medical personnel available for deployment, by specialty and component.

(5) Report to the ASD(HA) and Director, DHA any military-civilian partnerships established in accordance with Paragraph 2.6.c.(1).

(6) Analyzes care provided by Military Department-established partnerships with respect to clinical readiness support, and sends change recommendations to the ASD(HA) at least annually.

(7) Develops KSA assessments for medical personnel assigned to Military Department-established partnerships, and provides training and retraining opportunities as needed for each wartime medical special

GLOSSARY

G.1. ACRONYMS.

ACRONYM	MEANING
ASD(HA)	Assistant Secretary of Defense for Health Affairs
CCDR	Combatant Commander
CJCS	Chairman of the Joint Chiefs of Staff
DHA	Defense Health Agency
DoDD	DoD directive
KSA	knowledge, skills, and abilities
MHS	Military Health System
MTF	medical treatment facility
USD(P&R)	Under Secretary of Defense for Personnel and Readiness

G.2. DEFINITIONS.

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

TERM	DEFINITION
authorized strength	The total number of authorized military and civilian personnel positions identified on the manning document for an MTF. For military positions, authorized means the Secretary of the appropriate Military Department has agreed to commit an authorized position, as defined by subtitle A of Part 1 of Chapter 1 of Section 101 of Title 10, United States Code against the manning document. For civilian positions, authorized means the Secretary of the appropriate Military Department or the Director, DHA, has determined a required position on the manning document must be funded for effective operation of the MTF.
beneficiaries	Individuals eligible for health care services in accordance with Chapter 55 of Title 10, United States Code.
civilian employees providing primary care services	Any non-military health care provider who has patients empaneled to himself or herself and serves as the manager for clinical care of those patients. This includes physicians, nurse practitioners, and physician assistants practicing in the fields of

TERM	DEFINITION
	family medicine, general medicine, internal medicine, pediatrics, and, in certain cases, gynecology.
contract clinics	Treatment facilities that are physically separate from an inpatient military MTF; staffed exclusively or primarily by contractor personnel; dedicated to treating DoD beneficiaries unless primarily serving Service members; and operated in effect as an extension of an MTF.
contract health providers	Medical and dental personnel who are authorized to provide health care services in military MTFs or contract clinics by way of a personal services contract pursuant to Section 1091 of Title 10, United States Code or a non-personal services contract.
clinical readiness	Clinical practice that is relevant to a provider or provider team's ability to perform their assigned deployed role. This would include MTF-based practice as well as clinical experience gained through partnerships. Also included are relevant medical education, licensure, and privileging for providers and team members.
deployed	Relocated from a person's regular, fixed duty location to a temporary duty location that is in support of a DoD-supported operation.
direct care	Medical care provided to Service members and beneficiaries from healthcare facilities and medical support organizations owned by the DoD.
end state required by Section 725 of Public Law 114-328	Authorized medical services, personnel strengths, and MTF infrastructure of the direct care system are limited to those needed to maintain the critical wartime medical readiness skills and core competencies of healthcare providers within the DoD and ensure the medical readiness of Service members.
expeditionary readiness	Possession of the appropriate KSAs required to perform duties of a Service member's assigned specialty in a deployed or operational setting.
health care provider	Defined in Joint Publication 4-02.
just-in-time manner	Six weeks or fewer.
MHS	All DoD medical and dental programs, personnel, facilities, and other assets operating pursuant to Chapter 55 of Title 10,

TERM	DEFINITION
	United States Code, by which the DoD provides: Health care services and support to the Military Services during the range of military operations; and health care services and support to Service members, their family members, and others entitled to DoD medical care, in accordance with DoDD 5136.01.
medical readiness	Applied to medical personnel this includes all of the clinical and non-clinical individual and team requirements necessary to accomplish the deployed mission.
medical personnel	A Service member, civilian employee, or contracted individual, whose primary duty involves the delivery or direct support of the delivery of medical or dental care.
military health care provider	Service personnel who are authorized to perform health care functions. This includes members of the Active and Reserve Components.
non-military patients	Persons authorized to receive care in accordance with Chapter 55 of Title 10, United States Code, who are not currently a member of the Military Services (any component). This includes family members of active duty military personnel, persons who have retired from the Military Services, and family members of persons who have retired from the Military Services.
primary care	The provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community. Within the direct care system, all patients are empaneled to a specific provider responsible for the overall management of his or her health care.
privileged health care provider	A health care professional who, in accordance with the regulations of a Military Department or the DHA, is granted clinical practice privileges to provide health care services in a MTF, in accordance with DHA Procedures Manual 6025.13. Privileged providers include physicians, physician assistants, nurse practitioners, and certain other medical professionals with credentials that allow independent diagnosis or treatment of specific medical conditions.
purchased care	Medical care provided by civilian providers, including individuals, groups, hospitals, and clinics, who have agreed to accept TRICARE beneficiaries. Providers in the purchased care system generally

TERM	DEFINITION
	deliver healthcare at negotiated rates, adhere to provider agreements, and follow other requirements of the managed care program.
wartime medical skills	Specific abilities required by medical personnel that are essential to the success of the medical mission during deployed operations.
wartime medical specialties	Medical specialties identified in the DoD Personnel Management Plan for Trauma-Related and Other Wartime Medical Specialties, developed in response to Section 708(d) of Public Law 114-328. These include emergency medical services and pre-hospital care; trauma surgery; critical care medicine; anesthesiology; emergency medicine; and other wartime specialties as determined by the Secretary of Defense.

REFERENCES

- Defense Health Agency Procedures Manual 6025.13, “Clinical Quality Management in the Military Health System,” August 29, 2019.
- DoD Directive 5124.02, “Under Secretary of Defense for Personnel and Readiness (USD(P&R)),” June 23, 2008
- DoD Directive 5136.01, “Assistant Secretary of Defense for Health Affairs (ASD(HA)),” September 30, 2013, as amended
- DoD Instruction 6055.01, “DoD Safety and Occupational Health (SOH) Program,” October 14, 2014, as amended.
- Joint Publication 4-02, “Joint Health Services,” December 11, 2017, as amended
- Public Law 114-328, “National Defense Authorization Act for Fiscal Year 2017,” December 23, 2016
- Public Law 115-232, “National Defense Authorization Act for Fiscal Year 2019,” August 13, 2018
- United States Code, Title 10