DoD Instruction 6430.02

Defense Medical Logistics Program

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Purpose: This issuance, in accordance with the authority in DoD Directive (DoDD) 5124.02:

- Establishes policy, assigns responsibilities, and provides direction for defense medical logistics (DML) strategies and programs pursuant to DoDDs 6200.04 and 5101.09E.
- Establishes the Defense Medical Materiel Standardization Program (DMMSP).
- Establishes the Defense Medical Logistics Proponent Committee (DMLPC).

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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 and the Joint Staff, the Combatant Commands, the Office of Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the DoD (referred to collectively in this issuance as the "DoD Components").

1.2. POLICY.

a. To support globally integrated health services, the Military Departments and Defense Agencies participate in and support collaborative DML programs and initiatives, which promote jointness, fiscal sustainability, and readiness.

b. Within reasonable limits of Military Service-unique missions, the Military Departments must adopt standardized medical materiel, business processes, enabling information technology (IT), and data standards that measurably improve joint interoperability and sustainability of medical capabilities.

c. In accordance with DoDD 5101.09E, the Military Departments and Defense Agencies jointly integrate and synchronize medical logistics (MEDLOG) support from supplier to customer throughout the full spectrum of military operations.

1.3. SUMMARY OF CHANGE 1. The changes to this issuance:

a. Update responsibilities for the Defense Health Agency (DHA) and Military Departments pursuant to changes in Public Law 114-328, which redefined roles and responsibilities of Military Departments and the DHA regarding the administration and management of military medical treatment facilities (MTFs).

b. Update organizational titles and references for accuracy.

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, the ASD(HA):

a. Develops policy and provides guidance and oversight, as necessary, to ensure the timely and successful implementation of this issuance.

b. Develops policies, procedures, and standards that govern the management of DoD health and medical programs, including, but not limited to medical materiel and force health protection and readiness to support Service members during military operations and MEDLOG emergency response.

c. Develops policies and standards to ensure effective and efficient results through the DoD Military Health System (MHS) enterprise processes for clinically-led medical materiel standardization.

2.2. DEPUTY ASSISTANT SECRETARY OF DEFENSE FOR HEALTH READINESS POLICY AND OVERSIGHT. Under the authority, direction, and control of the ASD(HA), the Deputy Assistant Secretary of Defense for Health Readiness Policy and Oversight:

a. Serves as the special advisor to the Defense Medical Logistics Supply Chain Council.

b. Coordinates with U.S. Federal and interagency partners in the planning and development of DoD policy for a MEDLOG emergency response.

c. Communicates with the appropriate MHS governance council to present and address DoD and interagency policy issues related to the Defense Medical Logistics Enterprise (DMLEnt).

d. Facilitates communication among the Joint Staff and Military Departments on policy issues related to MEDLOG.

e. Provides oversight of MEDLOG policies, planning, and programming for the DoD Defense Health Program (DHP) pandemic stockpiles in support of a medical response.

f. Provides oversight of policy compliance for the DMMSP.

g. Reviews, evaluates, and updates this issuance at least annually.

2.3. DIRECTOR, DHA. Under the authority, direction, and control of the Under Secretary of Defense for Personnel and Readiness, through the ASD(HA), the Director, DHA:

a. Manages the execution of ASD(HA) policy for DML programs and initiatives.

b. Develops technical and procedural guidance to execute DML programs.

c. Exercises management responsibility for MEDLOG shared services, functions, and activities and develops management models to most effectively and efficiently deliver MEDLOG product lines and reduce the cost of DoD health care.

d. Exercises oversight and provides program direction for DMLEnt information management (IM) and IT systems, programs, architecture, and services.

e. Administers a comprehensive, integrated, and collaborative program of strategy management and performance improvement.

f. Provides the necessary health IT to meet MEDLOG requirements to support both institutional direct care and deployed operations.

g. Manages the DMMSP.

h. Provides analytical support to the Military Departments in their management of allowance standards to:

(1) Promote materiel commonality.

(2) Improve the interoperability, interchangeability, and sustainability of medical capabilities provided to Combatant Commanders.

i. Appoints the chairperson and provides administrative support for the DMLPC.

j. Provides corporate management and compliance oversight of strategic initiatives related to medical equipment planning, procurement, and sustainment activities in support of MHS direct care MTFs.

k. Provides corporate management and compliance oversight of an enterprise approach to MEDLOG environmental services in support of MHS direct care MTFs.

l. Designates the DMLPC chairperson to serve as the IM functional proponent for the DML business area.

m. Coordinates the Military Departments' submission to the Defense Logistics Agency (DLA) medical contingency file (MCF).

n. Appoints an authorizing official in accordance with DoD Instruction (DoDI) 8510.01 for medical devices acquired using DHP funds and determined by the DHA to be subject to the Risk Management Framework for DoD IT.

o. In coordination with the Military Services and the Director, DLA, establishes metrics and standards, monitors execution performance, and reports DML program and initiative compliance to the MHS leadership for awareness and appropriate action.

p. In conjunction with the Director, DLA, integrates MHS and medical materiel logistics processes, systems data, and capabilities to achieve unity of effort, efficiency, and economy in providing effective force health protection and health care delivery support to the DoD.

q. Supports the availability of required medical and logistics data for use in the DLA's forecasting tool to achieve the single representation of DoD medical materiel contingency requirements (MMCR) pursuant to DoDD 5101.09E.

r. Designates the co-chair for the Defense Medical Logistics Supply Chain Council pursuant to DoDI 5101.15.

s. Advises and assists appropriate DoD Components and the MHS to optimize medical materiel readiness to deploy medically ready forces and ready medical forces.

t. Identifies to the ASD(HA) other opportunities to improve efficiency, generate savings, or improve joint readiness through DML programs or shared services and recommends appropriate governance and oversight arrangements. As required, brings DML issues and recommendations beyond the authority of the DHA to MHS or DoD leadership for decision.

u. Through the Chairman of the Joint Chiefs of Staff, supports Combatant Commands through management of DML programs that measurably:

(1) Improve the quality and availability of authoritative MEDLOG data.

(2) Promote medical materiel standardization.

(3) Encourage joint efficiency and interoperability of MEDLOG processes, systems, and capabilities.

v. Develops, coordinates approval of, and implements support or service agreements as required with the Military Departments and other appropriate DoD Components or executive agencies necessary for effective performance of DHA functions and responsibilities.

w. Provides medical support to United States Northern Command pursuant to execution of an operational plan or order that synchronizes with DMLEnt concepts and capabilities.

x. Coordinates with and supports the United States Transportation Command for the acquisition and life cycle management of selected patient movement items equipment and materiel in accordance with DoDI 6000.11.

y. In coordination with the DoD Component heads and the Director, DLA, establishes a joint MEDLOG data management structure to improve interoperability, enforce data quality, and identify required interfaces across the DMLEnt.

z. Manages execution of DHP-funded medical materiel contingency programs (e.g., pandemic response stockpiles) to ensure preparedness and inventory of appropriate materiel.

2.4. DIRECTOR, DLA. Under the authority, direction, and control of the Under Secretary of Defense for Acquisition and Sustainment, through the Assistant Secretary of Defense for Sustainment, the Director, DLA:

a. As the DoD Executive Agent for Medical Materiel, provides acquisition strategies and programs, in accordance with DoDD 5136.13 and DoDI 8320.04, for medical materiel management that promote standardization of medical supplies and equipment.

b. Reports quarterly to the Under Secretary of Defense for Acquisition and Sustainment any deviations from the requirements of DoDI 5000.02 and Volume 1 of DoD Manual 4140.01.

c. In conjunction with the Director, DHA and the DoD Component heads, integrates MHS and medical materiel logistics processes, systems, data, and capabilities to achieve unity of effort, efficiency, and economy in providing effective force health protection and health care delivery support to the DoD.

d. In coordination with the DoD Component heads and the Director, DHA, establishes a joint MEDLOG data management structure to improve interoperability, enforce data quality, and identify required interfaces across the DMLEnt.

2.5. SECRETARIES OF THE MILITARY DEPARTMENTS. The Secretaries of the Military Departments:

a. Direct their Department to participate in collaborative DML medical materiel acquisition, life cycle management, and standardization programs.

b. Within reasonable limits of Military Service-unique missions, adopt standardized medical items and MEDLOG management processes and systems to improve MHS efficiency, reduce DoD costs, and promote joint commonality, interoperability, and sustainability in medical capabilities provided by the Military Services to the Combatant Commands.

c. Support the DMMSP through program participation and compliance with standardized products and optimum sourcing.

d. Purchase medical materiel to the extent practicable, using electronic commerce (eCommerce) and other enterprise medical materiel acquisition programs established by the DLA, limiting purchases using government credit cards and other local purchase methods.

e. Execute the delivery of MEDLOG product lines while adhering to Service-specific standards for financial audit readiness.

f. Designate an executive-level clinical champion within their respective Service headquarters function for medical materiel standardization and utilization.

g. Collaborate with the Director, DHA, as the MEDLOG shared service provider, to implement business process reengineering and develop metrics, standards, and reporting requirements for initiative progress and execution performance.

h. Comply with DHA guidance in the execution of MEDLOG product lines.

i. Provide constructive feedback to DHA to identify program implementation barriers and propose solutions.

SECTION 3: DMLENT

3.1. GENERAL. The MHS operates as an integrated, jointly interoperable, and interdependent DoD system for health to provide better care, better health, lower cost, and increased readiness to our Nation's military forces, their families, its retirees, and other designated beneficiaries.

a. MEDLOG operates as an integral function of the MHS to provide life-cycle management of the specialized medical products and logistics services required to support health readiness across the range of military operations.

b. The Military Departments and Defense Agencies collaborate within a formal DMLEnt governance framework to promote standardization of materiel, business processes, IT, and data necessary to achieve the jointness, fiscal sustainability, and readiness necessary to support globally integrated health services.

3.2. GOVERNANCE. The DMLEnt governance process:

a. Includes representation by the Director, DLA, as the DoD Executive Agent for Medical Materiel pursuant to DoDD 5101.09E, to facilitate partnership in development of medical materiel acquisition and distribution programs tailored for optimal global health service support.

b. Includes, as appropriate, representation by other government agencies to promote optimal government purchasing and facilitate MHS readiness to participate in a 'whole of government' response to humanitarian and disaster relief operations.

c. Establishes and monitors performance metrics for DML shared services and for programs and initiatives supporting DMLEnt objectives for materiel standardization, acquisition and sourcing optimization, data quality, and joint readiness.

d. Supports a comprehensive, integrated, and collaborative program of strategy management and performance improvement. See Paragraph 4.4. for further guidance on DML strategy and performance management.

e. Brings DML issues and recommendations that are beyond the authority of the DMLPC to its chartering defense health governance council for advice and assistance in achieving a resolution.

3.3. MEDICAL MATERIEL. DML programs and procedures must address attributes and characteristics of medical materiel that include:

a. A predominance of commercial items sourced through specialized commercial supplier networks and for which the MHS is nearly the exclusive user in the DoD.

b. Requirements that are inextricably woven among all medical functions under the accountability of health care professionals.

c. Statutory and regulatory standards (e.g., Food and Drug Administration (FDA) and Drug Enforcement Agency regulations) and the distribution practices and product identification taxonomies of supporting commercial supplier networks.

d. Demands driven primarily by health care activity rather than the density of end-items, weapons systems, or troop population.

e. Requirements for environmental protection in storage and in-transit to prevent deterioration and ensure clinical efficacy including the management of temperature sensitive medical products.

f. Requirements that are subject to rapid changes in technology and clinical practice and may vary significantly with the type and phase of military operations.

g. Requirements for medical materiel readiness that are subject to shelf-life expiry.

h. The protected status of medical materiel and MEDLOG personnel pursuant to the Geneva Conventions of 1949.

i. Criticality to medical outcomes with little tolerance for failure.

3.4. DML PRINCIPLES. DMLEnt acquisition and delivery solutions apply principles to optimize management of medical materiel and ensure effective, efficient, and agile support to globally integrated health services. These principles are listed in Table 1.

Table 1. DML Principles

Ends	Means
• Improved survivability, patient safety, and quality of care • Capability to rapidly respond to the needs of military health care • Availability of best-value products & services at the lowest delivered cost at the point of care • Minimal clinician time spent on logistics • Readiness for transition to war or other contingency • Minimal logistics footprint • 'Jointness' in MEDLOG management	• Apply best practices of the U.S. health sector • Enable direct MHS ordering and delivery from medical supplier networks • Maximize the use of electronic business • Apply clinically-driven selection of products • Adopt defense standard business processes and systems for peace & war • Maintain MHS partnership with the DoD Executive Agent for Medical Materiel

3.5. JOINT READINESS. The DMLEnt supports joint readiness and promotes unity of effort in MEDLOG programs and initiatives across the Military Departments and Defense Agencies to enable Combatant Commanders to rapidly integrate, synchronize, and sustain medical forces and execute assigned missions.

a. Consistent with DML principles and in accordance with DoDDs 6200.04 and 5101.09E, the Secretaries of the Military Departments support joint readiness by:

(1) Participating in and complying with DML programs and initiatives that promote joint materiel standardization and the availability of authoritative MEDLOG data across the enterprise.

(2) Providing Combatant Commanders with medical forces and capabilities that are jointly interoperable or interdependent within reasonable limits of Military Service-unique missions.

(3) Resourcing and executing the theater lead agent for medical materiel mission, when designated. This may include establishing a cost center with the supported Combatant Command to expedite initial contingency operations.

(4) Using standardized products, acquisition sources, and eCommerce tools.

(5) Using medical acquisition and delivery programs that are jointly integrated and synchronized from end-to-end.

(6) Applying common standards and procedures with the ability to tailor and sustain health service support to meet a wide variety of operational and strategic requirements.

(7) Enabling a consistent level of efficient and effective worldwide medical support throughout the full spectrum of military operations.

b. In accordance with DoDD 5136.13, the Director, DHA supports joint readiness by:

(1) Providing recommendations for joint medical research and development to reduce the logistics burden associated with globally integrated health services.

(2) Establishing data standards and supporting IT solutions to enable precision, agility, interoperability, and timeliness of MEDLOG support to operational medical forces.

(3) Managing DML shared services and programs to improve materiel standardization and the interoperability and sustainability of operational health service capabilities.

(4) Providing advice, assistance, and advocacy concerning the optimal employment of MEDLOG capabilities in support of operational requirements.

(5) Representing, in collaboration with the Military Departments and the DLA, an integrated DMLEnt perspective in DoD exercises and wargames.

(6) Maintaining effective partnership between the MHS and the DLA to ensure optimal supply chain strategies to support the medical materiel requirements of globally integrated health services.

(7) Advising the MHS leadership, in coordination with the DMLPC and through the designated defense health governance council, on DML performance, opportunities, and challenges to support joint readiness.

SECTION 4: DML SHARED SERVICE AND PROGRAM GUIDANCE

4.1. GENERAL. DML shared services and programs enable Military Departments and Defense Agencies to generate value as a collaborative enterprise for the benefit of the MHS and the DoD.

a. The Director, DHA exercises management responsibilities for DML shared services and programs pursuant to DoDD 5136.13 and measures and reports (as directed) their performance to MHS leadership through the defense health governance council designated by the ASD(HA).

b. The Director, DHA, in collaboration with the Secretaries of the Military Departments, identifies opportunities for DML shared services and programs to the ASD(HA).

(1) The ASD(HA) may direct further business case analysis to determine feasibility, resource requirements, and potential savings or value to joint readiness.

(2) Additional DML shared services or programs may be established by the ASD(HA) following business case analysis and the approval and required resourcing by MHS leadership.

4.2. DML SHARED SERVICES. Current DML shared services are:

a. The DMMSP. See Section 5 for guidance on the DMMSP.

b. Health IT to support functional and knowledge management requirements recognized and prioritized by the IM proponent for the DML business area. See Paragraph 4.5. for guidance on the IM for the DML business area.

4.3. DML PROGRAMS. The Military Departments and Defense Agencies will participate in DML programs through active staff coordination and by providing appropriate subject matter experts to standing and *ad hoc* working groups chartered by the DMLPC. Current DML programs are:

a. Strategy and Performance Management.

b. IM.

c. Medical Materiel Quality Programs.

d. Shelf Life Extension Program (SLEP).

e. MMCR.

f. Operational Medical Materiel Analysis Program (OMMAP).

g. Health Care Technology Management.

h. MHS Medical Materiel Contingency Programs.

i. Enterprise Data Management.

j. MEDLOG Environmental Services.

4.4. STRATEGY AND PERFORMANCE MANAGEMENT. The DHA will administer a comprehensive, integrated, and collaborative program of strategy management and performance improvement.

a. The DMLEnt strategy will be aligned with the MHS-wide strategic plan and other relevant strategic guidance.

b. The DMLPC provides guidance and oversight of the program and routinely assesses enterprise-wide strategy execution performance.

c. The DMLPC charters collaborative work groups, as required, to accomplish specific strategic initiatives to continuously and measurably improve DML business processes, close capability gaps, and promote joint readiness.

d. The Director, DHA advises the DMLPC and DMLEnt strategic initiative work groups, conducts environmental scans, and administers the enterprise strategy management system used to document DMLEnt strategy performance.

e. The DMLPC communicates to its stakeholders the alignment of DMLEnt strategy and its value contribution to the MHS quadruple aim. The intended outcome of the DML strategy management and performance improvement program is results-driven management focused on optimizing value for MHS customers and stakeholders.

4.5. IM. The Director, DHA, in accordance with DoDD 5136.13, provides program direction for DML IM in collaboration with the Director, DLA and the Secretaries of the Military Departments through the DMLPC and MHS governance process. Pursuant to DoDD 6200.04, the Military Departments employ flexible, scalable, and interoperable MEDLOG IM and IT systems to support medical operational requirements anywhere in the world.

a. The DMLPC Chair will serve as the IM process owner and functional lead/capability manager for developing institutional and operational DML IT capabilities.

b. The IM process owner facilitates development of business and readiness requirements necessary to sustain and modernize DML capabilities and enable all DML transactions to be efficiently executed, managed, and maintained in the DML family of systems. This includes development of necessary documentation of requirements, enterprise architecture, use-cases, concepts of operation, and program submissions.

c. The DMLPC validates, consolidates, and prioritizes DML capability requirements for submission to the IT solution developer for programming and solution delivery. This includes requirements passed to the Medical Logistics Information Technology Program Management Office/Joint Medical Logistics Functional Development Center as well as those passed to IT

development programs external to the DHA such as the Joint Operational Medicine Information Systems.

d. The execution of DML IM responsibilities includes governance of standards and processes for data management, data quality, and data sharing within an integrated DMLEnt.

e. The intended outcomes of the DML IM program are prioritized capability requirements for IT solutions that support the DMLEnt vision and strategy for effective, efficient, and adaptive MEDLOG support to an integrated, interoperable, and interdependent MHS.

4.6. MEDICAL MATERIEL QUALITY PROGRAMS. The Director, DHA, in coordination with the Secretaries of the Military Departments; the Director, DLA; and the FDA, administers or coordinates a comprehensive hazard alerts and recalls messaging program which includes message distribution, operational risk management determination, and subsequent actions, as required, to include a Service-level feedback loop to monitor compliance.

a. The Director, DHA, in coordination with the Director, DLA, monitors all medical and dental product quality deficiency reports and clinically adjudicates all Category I product quality deficiency reports submitted in accordance with DLA Regulation 4155.24.

b. The intended outcome of these DML medical materiel quality programs is a highly reliable and efficient closed-loop process for timely validation, distribution, disposition and appropriate documentation for all hazard alerts, and recalls that promotes patient and staff safety and the quality of care across the MHS.

4.7. SLEP. The Director, DHA, in coordination with the Secretaries of the Military Departments; the Director, DLA; and the FDA, administers a comprehensive SLEP to measurably defer DoD replacement costs for potency-dated pharmaceuticals in pre-positioned stockpiles.

a. The FDA conducts potency testing with a goal of extending product life beyond the original expiration date.

b. The DHA acts as the single interface between the FDA and DoD program participants, who submit candidate products for testing. Program participants fund the testing for their products, manage their portion of the program, and receive the benefit of deferred materiel replacement costs.

c. The SLEP enables the Secretaries of the Military Departments to provide adequate oversight, ensure effective inventory controls, and monitor stockpiles for shelf life extension opportunities. The intended outcome of the SLEP is measurable cost avoidance returned to DoD program participants and continued availability of potency dated contingency stocks. The program also enables DoD to develop and implement more efficient stockpile replenishment plans.

4.8. MMCR. The Director, DHA, in collaboration with the Secretaries of the Military Departments and the Director, DLA, provides coordination and analytical support for the identification, standardization, and submission of MMCR to the DLA for strategic sourcing. MMCR are those materiel requirements necessary to build, deploy, and sustain health readiness capabilities in support of globally integrated health services. This includes medical materiel (supplies and equipment) required for any of the purposes listed in Table 2.

Table 2. MMCR

• Service medical assemblages or unit allowance standards • Population-based, force health protection requirements • Deployment of health readiness capabilities, to include filling unit or assemblage shortages • Sustainment of health readiness operations • Large-scale health threats, such as pandemic disease or Consequence Management • Combatant Command specific requirements not otherwise captured

a. The Director, DHA, in collaboration with the Secretaries of the Military Departments and the Director, DLA, coordinates a program to measurably improve medical materiel readiness through continuous improvement of business processes and data quality in the identification, requirement forecasting, and management of MMCR.

(1) Through the DMMSP, the Director, DHA provides management and compliance oversight for medical materiel standardization and maintains the repository of products selected or recommended for standardization across the MHS. See Section 5 for guidance on the DMMSP.

(2) Within the reasonable limits of Service-unique missions, the Secretaries of the Military Departments incorporate standardized medical items for medical assemblages, force health protection, and medical unit allowance standards.

(3) To the greatest extent possible, the Secretaries of the Military Departments apply a common, joint process for modeling MMCR based on the anticipated frequency and distribution of patient conditions, standardized clinical treatment briefs, and shared authoritative data.

(4) The Director, DHA coordinates the Secretaries of the Military Departments' MMCR submission to the DLA MCF for its use in planning and programming contingency programs and managing contingency contracts.

(5) The Director, DHA provides analysis, recommendations, and reporting regarding the standardization and sustainability of MMCR (i.e., the alignment of assemblage allowance standards with catalog records managed by theater lead agents, the MCF, and contingency contracts managed by the DLA).

(6) The Director, DHA, in coordination with the Secretaries of the Military Departments, the Secretary of Health and Human Services, and other government agencies, as appropriate,

identifies MMCR necessary for the MHS to respond to large-scale health threats. See Paragraph 4.11. for guidance on MHS medical materiel contingency programs.

b. The intended outcomes of the DML program for MMCR are measurable improvements in the accuracy and standardization of DoD requirements, better coverage by DLA contingency contracts, and reduction in the overall DoD cost of maintaining medical materiel readiness.

4.9. OMMAP. The Director, DHA will provide analytical support to the Secretaries of the Military Departments in their management of medical assemblage allowance standards for their respective operational medical platforms to promote materiel commonality and improve the interoperability, interchangeability, and sustainability of medical capabilities provided to Combatant Commanders.

a. The Director, DHA conducts continuous analysis to determine assemblage commonality at the component level of detail, particularly across assemblages designed to provide similar clinical capabilities, (e.g., first responder, forward resuscitative surgery, theater hospitalization).

b. The Director, DHA will provide liaison and coordination with combat and materiel developers to assist the Secretaries of the Military Departments in selecting medical materiel solutions that have been standardized, that are already in use by one or more Military Services, or that have significant demands in the Direct Care System.

c. In coordination with the Director, DLA, the Director, DHA provides analysis on the sustainability of those assemblages upon deployment based on the alignment of allowance standards with contingency contracts as well as stock records of organizations providing theater MEDLOG support.

d. The intended outcome of the OMMAP is measurable improvement in joint readiness by providing the Secretaries of the Military Departments and the Director, DHA with timely and precise information for materiel standardization and compliance reporting.

4.10. HEALTH CARE TECHNOLOGY MANAGEMENT. The Director, DHA provides enterprise management and compliance oversight of strategic initiatives related to medical equipment planning, procurement, and sustainment activities in support of institutional MTFs of the MHS.

a. Health care technology management will encompass medical equipment used for patient diagnosis, monitoring, or treatment in health care delivery across the MHS. Medical equipment often incorporates computing capability and the capacity for interfacing with information networks. Medical equipment items and systems are considered medical devices in the management of acquisition, life cycle management, and compliance with FDA standards.

(1) The Director, DHA administers collaborative assessments of requirements and opportunities in the life cycle management of health care technology. The technology assessments provide a means for validating Health Care Technology Management business processes including, but not limited to, major medical technology investments using DHP funds. The threshold and criteria for DHA assessments are set by the ASD(HA).

(2) Through the DMMSP, the Director, DHA provides management and compliance oversight for medical equipment standardization for operational deployable medical capabilities as well as the DHP direct care system. See Paragraph 5.3. for further guidance on the standardization of medical equipment under the DMMSP.

(3) The Director, DHA, in coordination with the Secretaries of the Military Departments, establishes standards for identification of medical equipment for use in DoD systems for property accountability, to include common nomenclature and incorporation of the unique device identifier mandated by the FDA.

(4) The Director, DHA, in coordination with the Secretaries of the Military Departments, establishes MHS standards and functional requirements for the interface of medical equipment to the DoD electronic health record.

(5) The Director, DHA, in collaboration with the Secretaries of the Military Departments, identifies opportunities and strategies to reduce contract maintenance costs for medical equipment, including the consolidation of requirements for maintenance contracts and combined biomedical equipment technician training.

(6) The Secretaries of the Military Departments participate in and support the management of health care technology by:

(a) Providing appropriate subject matter expertise and facility access for technology assessments.

(b) Providing accurate data reflecting their requirements for medical equipment.

(c) Complying with standards for item identification.

(d) Participating in DHA initiatives for the acquisition and sustainment of medical equipment.

(7) The Secretaries of the Military Departments will ensure all medical devices acquired for use in patient care have FDA premarket approval or clearance, unless a compliant product that can meet the clinical requirement is not available from any manufacturer and FDA requirements for its use are met.

b. The intended outcomes of health care technology management are availability of the appropriate medical equipment for health services, its safe and reliable operation, measurable cost avoidance in its acquisition, life cycle operation, and sustainment, measurable improvements in equipment standardization, property accountability, enhanced cyber security, and compliance with DoD and FDA standards for device identification. Medical device lifecycle management must include planning and programming to attain and maintain device compliance with applicable cybersecurity guidance.

4.11. MHS MEDICAL MATERIEL CONTINGENCY PROGRAMS. The Director, DHA will manage execution of DoD policy and programs established by the ASD(HA) in accordance with DoDI 6055.17 and the National Strategy for Pandemic Influenza for health protection and

medical countermeasures to protect the force and contain the effects of large-scale population health threats such as pandemic disease and weapons of mass destruction.

a. MHS medical materiel contingency programs will stockpile or establish contingency contracts for selected materiel such as anti-viral medication, agents that inhibit radiation uptake, and personal protective equipment. In coordination with:

(1) The Joint Staff Surgeon, Combatant Commanders, Secretary of Health and Human Services, and the Secretaries of the Military Departments, the Director, DHA coordinates development of DoD medical countermeasure requirements for strategic stockpiles and specific operational requirements.

(2) The Secretaries of the Military Departments and the Director, DLA, the Director, DHA establishes data standards for identification of DoD medical countermeasure requirements and materiel stockpiles to facilitate materiel standardization, asset visibility, and materiel acquisition.

(3) The Secretaries of the Military Departments and the Director, DLA, the Director, DHA calculates the life cycle sustainment costs of medical countermeasures in MHS stockpiles for programming in the DHP. Also, the Director, DHA manages SLEP participation for MHS stockpiles in close coordination with the Military Departments and DLA.

b. The intended outcomes of MHS medical materiel contingency programs are measurable levels of MHS preparedness to respond to strategic health risks, timely and accurate visibility of MHS medical countermeasure assets, and cost avoidance in sustainment MHS stockpiles through SLEP participation.

4.12. ENTERPRISE DATA MANAGEMENT. The Director, DHA, in accordance with DoDD 5136.13, exercises oversight and provides program direction for IM and IT systems, programs, and services. In execution of IM responsibilities, the Director, DHA will, in collaboration with the Secretaries of the Military Departments and the Director, DLA, develop business processes, responsibilities, and functional requirements for management of MEDLOG data that enables precise, reliable, and timely information sharing across the DoD medical enterprise and with authorized users within the broader DoD information environment.

a. Management of MEDLOG data includes facilitating and executing data governance, developing and implementing data standards, proactively managing data quality, and developing appropriately secured data sharing within an integrated, interoperable, and interdependent DMLEnt that will:

(1) Support the tailored vendor relationships established by the DLA for direct electronic data interchange between MHS customers and contracted medical commercial supplier networks.

(2) Facilitate the maintenance, sharing, and use of enterprise master data and elimination of 'islands of data' within both institutional and operational elements of the DMLEnt.

(3) Enable the responsive and efficient fulfillment of customer needs from the optimal source with the right product at the right time to all institutional and operational environments.

(4) Enable Combatant Commanders to quickly and efficiently receive and establish sustainment of medical capabilities provided by the Secretaries of the Military Departments to execute assigned missions.

(5) Support the entry and life cycle management of national stock numbers for MMCR and medical items sourced through wholesale supply levels.

(6) Support the registry of medical items in the DoD Item Unique Identification Registry and its use as the authoritative data source for unique item identification in DML systems and business processes in accordance with DoDI 8320.04.

(7) Incorporate product identification and classification taxonomies that enable efficient analysis, categorization, and equivalency determination of demands and requirements in support of medical materiel standardization and order fulfillment activities.

(8) Support the availability of accurate and timely medical and logistics data required for use in the DLA's forecasting tool to achieve the single representation of DoD MMCR in accordance with DoDD 5101.09E.

(9) Comply with architecture guidance issued by the DoD Chief Information Officer.

(10) Support the availability of accurate enterprise MEDLOG data necessary to facilitate the transition to, and maintenance of, the DoD electronic health record.

b. The intended outcome of MEDLOG data management are the availability of precise, reliable, and timely information across the DMLEnt enabling effective, efficient, and agile support to health services delivered through both direct care and operational capabilities of the MHS.

4.13. MEDLOG ENVIRONMENTAL SERVICES.

a. The Director, DHA will provide corporate management and compliance oversight of an enterprise approach to MEDLOG services management in support of MTFs. These include, but are not limited to, specialized logistics services such as health care environmental cleaning (housekeeping), linen management, regulated medical waste disposal, medical gas management, and transportation (medical fleet and medical freight management).

b. In collaboration with the Secretaries of the Military Departments, the Director, DHA will lead dedicated panels of subject matter experts to find opportunities to standardize services, methods of performance measurement, and acquisition strategies to include:

(1) Development of governing policy, guidance, process, procedures, execution timelines, and scope of service.

(2) Development of standardized performance work statement and quality assurance plan templates.

(3) Management of performance work statement life cycles to include budget forecasts and requirements.

(4) Coordination with contract activities to promote consistent acquisition strategies across Military Departments.

(5) Working through acquisition and contract barriers and risks to achieve program objectives.

(6) Performance monitoring and metrics.

(7) Management of waivers and exemptions to established standards.

c. The intended outcomes of the MEDLOG environmental services program are enterprise acquisition strategies, standards, and metrics for defining the levels and the quality of these services and measurable cost avoidance to the DoD.

SECTION 5: DMMSP

5.1. GENERAL. The Director, DHA will manage the DMMSP as a shared service to aggressively pursue medical supply chain efficiencies and cost avoidance through clinically driven medical materiel standardization and optimum purchasing strategies.

a. The DMMSP will serve as a comprehensive, clinically-led program intended to support the materiel requirements of the MHS, improve readiness, reduce the cost of DoD health care, and standardize medical products to reduce variation.

b. In accordance with Federal Acquisition Regulation 6.302-1(b)(4), DMMSP formal standardization actions may support determinations on behalf of the Director, DHA, where only specified makes and models of medical materiel and parts will satisfy MHS requirement for additional units or replacement items.

5.2. DMMSP STRUCTURE. The Director, DHA, in collaboration with the Secretaries of the Military Departments and the Director, DLA, provides MHS-wide management and compliance oversight for business process and initiatives that improve materiel standardization, product sourcing, and materiel cost across the MHS in coordination with the Director, DLA and in compliance with the Federal Acquisition Regulations and Defense Federal Acquisition Regulation Supplement.

a. Elements of the DMMSP will include:

(1) A designated DHA headquarters-level clinical champion provides program advocacy for clinical leadership in standardization actions and accountability for standardization compliance. The DMMSP is an MHS clinical program supported by logistics rather than a logistics program imposed on clinicians.

(2) Regional DHA Defense medical materiel enterprise standardization offices execute medical materiel standardization actions in collaboration with clinical subject matter experts representing the component Military Services. The Secretary of the lead Military Department for each medical materiel enterprise standardization office appoints a senior designated logistician and a senior designated clinician.

(3) A reference list of products, administered by the DHA, that have been standardized through the DMMSP or other accepted joint clinically driven standardization process, including the Joint Deployment Formulary (JDF). See Paragraph 5.4. for guidance on the JDF. Items in this repository are referred to as clinically-derived standardized products.

(4) A reference list of products, administered by the DHA, that have been recommended for use by an accepted joint process (e.g., The Committee on Tactical Combat Casualty Care) but not yet adopted as standardized items in the DMMSP. Items in this repository are referred to as clinically-derived recommended products.

(5) Acquisition strategies that leverage regional standardization actions to enable DLA to obtain committed volume incentive pricing for medical supplies.

(6) Acquisition and life cycle strategies that promote consolidated or shared purchases of medical equipment based upon requirements and spend plans developed by the Director, DHA and the Secretaries of the Military Departments, including requirements for the initial outfitting of new medical facilities. See Paragraph 5.3. for guidance on the standardization of medical equipment.

(7) Analytical support to the Military Departments in their management of medical allowance standards to promote materiel commonality across the Military Departments in medical sets as well as submissions to the MCF. See Paragraph 4.9. for guidance on analytic support provided by the OMMAP.

(8) Coordinated efforts to align products used by the MHS with optimal sources and pricing.

b. The Director, DHA will select medical materiel products for use in MTFs while the Secretaries of the Military Departments select products to meet allowance standard requirements for their respective medical assemblages and medical units. In selecting medical materiel items, the Secretaries of the Military Departments:

(1) Designate an executive-level clinical champion within the respective medical departments to promote medical materiel standardization and materiel utilization.

(2) Within reasonable limits of Service-unique missions, select clinically derived standardized products and clinically derived recommended products for use in operational medical allowance standards and to the extent possible minimize variation in products used in direct care and operational platforms.

(3) Participate in selection of products for standardization action, incentive pricing, or reduction in national stock numbers and stock keeping units and in the development of strategies for enterprise purchasing of "non-distributed" products such as orthopedic implants, external fixators, and cardiac catheters.

(4) Promptly implement approved standardized actions, coordinating product conversion and necessary training.

(5) Implement guidance and procedures to ensure all government purchase card and other local purchases for medical supplies and equipment are recorded in the organization's MEDLOG system.

c. To the extent possible, DMMSP performance metrics will be captured for analysis and reporting with minimum manual manipulation or computation within standard DML systems and displayed in a "performance dashboard" accessible to authorized users.

d. The Director, DHA will monitor, analyze, and make recommendations regarding DMMSP performance with respect to both direct care MTFs and operational platforms of the MHS. The

Director, DHA reports DMMSP performance to MHS leadership through the Defense Health Governance Council designated by the ASD(HA).

5.3. STANDARDIZATION OF MEDICAL EQUIPMENT. The Director, DHA, in collaboration with the Secretaries of the Military Departments; the Director, DLA; and, when appropriate, other government agencies, will plan and synchronize acquisition strategies to promote the joint standardization of equipment used in operational units as well as direct care MTFs. To the extent possible, the Secretaries of the Military Departments and the Director, DHA will:

a. Synchronize their planning and execution of equipment life cycle modernization.

b. Standardize equipment specifications and essential characteristics.

c. Aggregate their equipment requirements to maximize MHS purchasing power.

5.4. JDF. The Director, DHA, in collaboration with the Secretaries of the Military Departments, and Combatant Commanders, maintains the JDF and administers the processes for the Military Departments to add or update items and for adjudication of disputes regarding JDF approval.

a. The JDF serves as baseline listing of pharmaceutical items for support during the first 30 days of contingency operations.

b. The JDF promotes the standardization and sustainability of pharmaceutical items as components of medical assemblages and in planning and preparation for early sustainment of deployed forces.

c. The JDF may be accessed within the Medical Contingency Requirements Workflow application on the DLA Troop Support Medical Supply Chain DMMonline website. Access may be requested at: https://www.medical.dla.mil/Portal/.

GLOSSARY

G.1. ACRONYMS.

ASD(HA)	Assistant Secretary of Defense for Health Affairs
DHA	Defense Health Agency
DHP	Defense Health Program
DLA	Defense Logistics Agency
DML	defense medical logistics
DMLEnt	Defense Medical Logistics Enterprise
DMLPC	Defense Medical Logistics Proponent Committee
DMMSP	Defense Medical Materiel Standardization Program
DoDD	DoD directive
DoDI	DoD instruction
eCommerce	electronic commerce
FDA	Food and Drug Administration
IM	information management
IT	information technology
JDF	Joint Deployment Formulary
MCF	medical contingency file
MEDLOG	medical logistics
MHS	Military Health System
MMCR	medical materiel contingency requirements
MTF	military medical treatment facility
OMMAP	Operational Medical Materiel Analysis Program
SLEP	Shelf Life Extension Program

G.2. DEFINITIONS. Unless otherwise noted, these terms and their definitions are for the purpose of this issuance.

agility. Ability to think, plan, communicate, and act in a manner that allows effective and efficient (timely) adaptation to an unfolding situation. Agility is reflected in how well logistics operations respond in an environment of unpredictability.

authoritative data. A data structure and value domain set that is readily available to provide common domains of data values to different databases,

authoritative data source. A data source whose products have undergone producer data verification, validation, and certification activities.

clinically-derived recommended products. Medical materiel items that have been recommended for MHS use by an accepted joint process, for example, the Committee on Tactical Combat Casualty Care, but not yet adopted as standardized items in the DMMSP.

clinically-derived standardized products. Medical materiel items that have been standardized for MHS use through the DMMSP or other accepted joint clinically driven standardization process, including the JDF.

commonality. Defined in DoD Dictionary of Military and Associated Terms.

DHP. Defined in DoDD 5136.13 as DHP appropriation.

DML. The application of DoD standard MEDLOG business processes, information systems, and collaborative management to provide the life cycle management of specialized medical products and services required to deliver military healthcare across the range of military operations.

DMLEnt. The coalition of MEDLOG organizations and activities of the Military Departments and the Defense Agencies that provides focus, collaboration, teamwork, and a shared sense of purpose and vision for meeting the needs of military health care across the full range of military operations.

DMLEnt governance. The leadership framework comprised of collaborative forums that channel authorities of the separate services and defense agencies to make decisions based on shared DMLEnt vision, strategy, objectives, and priorities.

DML programs. Formally organized procedures, processes, and responsibilities administered by the DHA in collaboration with the Military Departments that support the Military Services in execution of common functions and activities to improve DMLEnt performance and promote joint readiness.

eCommerce. The use of electronic data interchange standards to exchange transactions with commercial supplier networks. The DLA medical prime vendor program and the electronic catalog use eCommerce.

efficiency. The ability to deliver required supplies/services to the customer at the lowest total delivered cost or the ability to provide required support with the smallest logistics footprint.

enterprise master data. The single source of basic business data used across all systems, applications, and processes across the DMLEnt and other authorized users within the DoD information environment. Includes data related to materiel, vendors, contract and price, and customers.

interoperability. Defined in DoD Dictionary of Military and Associated Terms.

JDF. A reference list of pharmaceutical items for support during the first 30 days of contingency operations. The JDF promotes the standardization and sustainability of pharmaceutical items as components of medical assemblages and in planning and preparation for early sustainment of deployed forces.

joint readiness. The Combatant Commander's ability to integrate, synchronize, and sustain Ready Medical Forces and Medically Ready Forces to execute his or her assigned mission.

MCF. A detailed representation of DoD medical contingency requirements used by the Military Services and the DLA to conduct strategic assessments of materiel availability to assess risk, plan sourcing, and program for readiness programs. The MCF contains time phased requirements at the line item (national stock numbers or part number) level of detail.

medical countermeasures. Medical and select non-medical materiel, including personal protective equipment, required to protect or impair the effects of major population health threats such as pandemic disease and weapons of mass destruction.

MEDLOG. A health service support function of the MHS that provides the ability to organize and provide life-cycle management of specialized medical products and logistics services required to support health readiness requirements across the range of military operations. MEDLOG subfunctions include medical materiel (CL VIIIA) management (supplies, gases, equipment, and medical unique repair parts), life cycle management of medical devices and assemblages, medical device maintenance and repair, blood (CL VIIIB) storage and distribution, optical fabrication and repair, health facilities planning and management, centralized management of patient movement items, MEDLOG environmental services, and medical contracting.

MEDLOG environmental services. Specialized logistics services required to support operation of an MTF and provision of health service support. These include, but are not limited to healthcare environmental cleaning, linen and laundry management, and the management and disposal of regulated medical waste.

MHS. Defined in DoDD 5136.01 as DoD MHS.

MHS quadruple aim. Defined in DoDI 6025.20.

MMCR. Items of medical materiel (supplies and equipment) that the MHS must anticipate and plan for to build, deploy, and sustain health readiness capabilities in support of globally integrated operations. These include the materiel required for:

Military Service medical assemblages or unit allowance standards.

Population-based, force health protection requirements.

Deployment of health readiness capabilities, including filling unit or assemblage shortages.

Sustainment of health readiness operations.

Large-scale health threats, such as pandemic disease or Consequence Management.

Combatant Command specific requirements not otherwise captured.

precision. The ability to generate accurate, relevant, and appropriate effects.

Risk Management Framework. Defined in Committee on National Security Systems Instruction No. 4009.

shared service. Enterprise activity consolidated under DHA management and provided to the Military Departments as a service to reduce unnecessary redundancies, improve performance, decrease costs, and enable the MHS to operate more efficiently as an integrated health system.

standardization. Defined in DoD Dictionary of Military and Associated Terms.

stock keeping unit. For inventory management, a distinct item for sale or issue; sometimes referred to a 'line item'.

sustainability. The ability to maintain the necessary level and duration of operational activity to achieve military objectives. Sustainability is a function of providing for and maintaining those levels of ready forces, materiel, and consumables necessary to support military effort.

temperature sensitive medical products. A category of medical items typically requiring controlled temperature storage in either the refrigerated [2ºC to 8ºC (36ºF to 46ºF)] range, the freezer [-15ºC to -50ºC (5ºF to -58ºF)] range, the hybrid [-20ºC to 8ºC (-4ºF to 46ºF)] range, the controlled room temperature [15ºC to 30ºC (59ºF to 86ºF)] range, or the ultra-cold freezer [below -80°C (below -112°F)] range.

timeliness. The ability to deliver effects when appropriate, at a desired time, or within a stated timeframe.

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