Defense Advisory Committee on Women in the Services
June 2024 Request for Information

Military Personnel Policy Response
June 2024

BACKGROUND

The Defense Advisory Committee on Women in the Services (DACOWITS) is seeking information regarding recruitment barriers for women. The Committee has requested the Under Secretary of Defense for Personnel and Readiness provide information on Department of Defense policies on recruitment. The office of Military Personnel Policy (MPP) within the Assistant Secretary of Defense for Manpower and Reserve Affairs will provide a response to applicable sub-questions.

In accordance with DACOWITS' Terms of Reference, the Recruitment and Retention (R&R) Subcommittee will assess potential recruitment barriers which inhibit the accession of women into the Military Services. In addition, the R&R Subcommittee will examine existing policies and procedures to determine whether current practices inhibit the recruitment of women, specifically assessing medical accession standards and the application of these standards.

REQUEST FOR INFORMATION NO. 1

The Committee continues to be interested in the recruitment of servicewomen, including barriers and facilitators that impact the pool of women qualified to join the Armed Forces as compared to men. The Committee seeks to understand potential recruitment barriers that continue to inhibit the accession of women into the Armed Forces. More specifically, DACOWITS is interested in the timeliness of Military Entrance Processing Stations (MEPS) appointments, any preliminary data pertaining to female recruits admitted through the Military Accession Record Pilot (MARP) program, the medical waiver process, and both the challenges and facilitators reported by recruiting commands. Additionally, by March 2022 all MEPS fully deployed a new congressionally mandated electronic health information system called Military Health System (MHS) Genesis. This marked a major change to medical record processing for accessions. The Committee understands that the Defense Department is now using medical data collected from MHS Genesis via the MARP program to review the recentness of 49 medical conditions for which the lifetime disqualification in *Medical Standards for Military Service: Appointment, Enlistment, or Induction* (DoDI 6130.03) was changed to 0.5, 3, 5, or 7 years. The Committee is also aware that in March 2024, a DoD report titled, "*Military Medical Standards for Accession*," was delivered to the Committee on Armed Services of the Senate and House of Representatives and that this report noted a need for increased MEPS personnel, including medical providers, technicians, and onboarding specialists. Last, the Committee received briefings from Military Services' recruiting Chiefs (senior enlisted personnel) in March 2023 (via RFI 1). Given the

rapidly changing landscape of today's recruiting environment, the Committee would like an update on what recruiters are currently experiencing regarding the recruitment of women into the Armed Forces.

The Committee requests a briefing from the United States Military Entrance Processing Command (USMEPCOM) on the following:

1.1 – USMEPCOM – MEPS

a. Once scheduled, what is the range (low and high) in number of days from when a MEPS appointment is scheduled to when the potential applicant goes to MEPS for the first time? Please provide figures for FY22 compared to FY23.
b. What is the range (low and high) in number of days from the time a recruiter submits an applicant for evaluation to the time that the applicant signs a contract? Please provide figures for FY22 compared to FY23.
c. What steps are being taking to evaluate potential revisions to medical disqualifications for female applicants who experience: pregnancy; abnormal uterine or vaginal bleeding; abnormal Papanicolaou (Pap) test; endometriosis; and polycystic ovarian syndrome.
    i. How many female applicants were disqualified for pregnancy during their MEPS screening?
    ii. If a woman miscarries or decides to terminate their pregnancy, are they still required to wait 6 months before rescreening? If yes, are female applicants able to request a waiver to this preset time frame based on the trimester of when the pregnancy occurred (e.g., before 12 weeks)?
d. Are there any other potential barriers, medical or otherwise, for female processing at MEPS?
e. What are the Pap test requirements for women? Are Pap tests required for all female applications, or is there differentiation between officer and enlisted female applicants?
f. Is there a limit on the number of dependents a married female applicant can have to enlist (e.g., no more than 3)? How does this policy compare to married male applicants? Does this policy differ by Service? If so, how? Can both married male and female applicants with dependents seek a waiver? Does the policy different based on whether the spouse is in the military (e.g., Active, Reserves, or Guard)?
g. What activities is USMEPCOM currently pursuing to ensure the MEPS process is as efficient as possible for applicants?
h. The peak season for MEPS is summer, often referred to as the "summer surge." What is the plan of action for "Summer Surge 2024" and moving forward, so there are no delays in processing new applicants?
i. What are the strengths, challenges, and lessons learned thus far from the conversion to the MHS Genesis electronic heath record and its interaction with the Health Information Exchange (HIE) at MEPS?
j. What is the status of increasing MEPS personnel, including medical providers, technicians, and onboarding specialists? Please provide supporting data and a phasing plan for increasing personnel at the 65 MEPS, plus the one remote processing station.
k. How long are prior Service discharge physicals valid? If an applicant is prior Service, under what circumstances must they obtain another MEPS physical?

l. Does MEPS have a process for scheduling and paying for consultations with outside medical providers when an applicant is required to get further information on potentially disqualifying conditions (ear wax removal; TB screening; etc.)? If so, does this process vary by MEPS or region?

1.2 – USMEPCOM – MARP Program Preliminary Data:

a. Has MARP reduced time limitations on disqualifying medical conditions? If so, by how many days?
b. Are there differences for the number of days women and men were assessed under MARP? Please provide supporting data including averages and the range (low and high) number of days for FY22 compared to FY23.
c. What are the major lessons learned from MARP thus far?

MPP RESPONSE

MPP can provide a response to the following requests for information:

1.1 – USMEPCOM – MEPS:

a. Once scheduled, what is the range (low and high) in number of days from when a MEPS appointment is scheduled to when the potential applicant goes to MEPS for the first time? Please provide figures for FY22 compared to FY23.

Current USMEPCOM business rules allow for all applicants to make their first MEPS visit (assuming the applicant is not visiting the MEPS to ASVAB test only) between 48-72 hours after projection (scheduling of MEPS appointment). The only exception would be in cases where a MEPS has exceeded its Maximum Daily Capacity Allocation (where the MEPS floor count for medical exams and contract actions exceeds the number of employees capable of completing that workload in a single day). This occurs infrequently (roughly 15-20 times per year across all MEPS - 0012% occurrence rate annually).

b. What is the range (low and high) in number of days from the time a recruiter submits an applicant for evaluation to the time that the applicant signs a contract? Please provide figures for FY22 compared to FY23.

The below processing times account for a myriad of transactions within the accession pipeline and the prescreen to contract timelines. These transactions are dependent upon Service specific processes as well as well as USMEPCOM actions. Most recent 12-month medical processing data indicates the following:

- Overall average prescreen submission to contract: 74 days.
- Fastest 40% applicant cohort prescreen submission to contract: 3.8 days.

- Middle 30% applicant cohort prescreen submission to contract: 29.3 days.
- Slowest 30% applicant cohort prescreen submission to contract: 183 days.

c. What steps are being taking to evaluate potential revisions to medical disqualifications for female applicants who experience: pregnancy; abnormal uterine or vaginal bleeding; abnormal Papanicolaou (Pap) test; endometriosis; and polycystic ovarian syndrome.

The Accession and Retention Medical Standards Working Group (ARMSWG) reviews and proposes revisions to the medical standards on a regular basis. The ARMSWG brings together representatives from the medical and personnel communities in each Service, and requests input from other specialists as needed. DoD staff includes a full spectrum of medical specialists who are familiar with the unique demands of military service and remain current in, and in many cases establish, the body of evidence, including waiver and retention information, necessary to develop appropriate medical standards. Additionally, DoD consults with the civilian medical community both informally and formally, as appropriate, to ensure the medical standards meet the needs of the Department. The entire DoDI is reviewed every three to four years with the most recent review completed in 2021, resulting in the publication of updated standards in 2022.

As a result of this standardized review process, the medical accessions standards for abnormal uterine bleeding, unexplained secondary amenorrhea, and dysmenorrhea are being reviewed for currency. Proposed changes will be coordinated within DoD in accordance with DoD policy for issuances. Coordination is anticipated to begin in summer of 2024.

c.i.   How many female applicants were disqualified for pregnancy during their MEPS screening?

For Fiscal Year 2023, 428 females (0.78%) were disqualified for pregnancy during their initial medical examination. An additional 164 (0.49%) were disqualified for pregnancy when tested during their shipping inspection.

c.ii. If a woman miscarries or decides to terminate their pregnancy, are they still required to wait 6 months before rescreening? If yes, are female applicants able to request a waiver to this preset time frame based on the trimester of when the pregnancy occurred (e.g., before 12 weeks)?

In accordance with DODI 6130.03, v1, a six-month waiting period is required. The waiting period allows for complications to resolve regardless of trimester or how the pregnancy concluded. As such, the waiver process for the waiting period is no different than the normal waiver process and the Services can approve a waiver for an applicant under the six-month waiting period. The Accession and Retention Medical Standards Working Group (AMRSWG) is the appropriate body to review this standard against current medical knowledge and best practices and make any recommended changes in accordance with current regulations.

d. Are there any other potential barriers, medical or otherwise, for female processing at MEPS?

While each applicant's results are particular to that individual and the Service they are processing for, there are no other potential barriers that do not already have a mitigation strategy in place.

e. What are the Pap test requirements for women? Are Pap tests required for all female applications, or is there differentiation between officer and enlisted female applicants?

There is no DoD requirement for completing a PAP test. If the individual has a diagnosed condition as a result of a previous PAP test, the appropriate military medical standard(s) are applied.

f. Is there a limit on the number of dependents a married female applicant can have to enlist (e.g., no more than 3)? How does this policy compare to married male applicants? Does this policy differ by Service? If so, how? Can both married male and female applicants with dependents seek a waiver? Does the policy different based on whether the spouse is in the military (e.g., Active, Reserves, or Guard)?

All DoD and Service dependency policies apply equally to male and female applicants. Current DoD policy limits the enlistment of any married individual (regardless of gender) that has more than two dependents under the age of 18 or unmarried individuals with custody of any dependents under the age of 18. However, the Secretary concerned may grant a waiver for particularly promising entrants.

Service Secretaries reserve the right to impose stricter accession dependency policies, but currently each Service uses the DoD established standard and each has a provision that allows individuals to seek a dependency waiver if the applicant does not meet the current requirements. Additionally, current Army policy restricts an applicant married to a currently serving member from entering service until the military spouse has completed Initial Military Training, which includes Basic Combat Training and Advanced Individual Training. Otherwise, Services (Active and Reserve Components) have similar case-by-case reviews to evaluate applicants married to a currently serving member for enlistment, and each must include a Service approved Family Care Plan.

g. What activities is USMEPCOM currently pursuing to ensure the MEPS process is as efficient as possible for applicants?

USMEPCOM has implemented the following policy/process changes since the implementation of MHSG to improve medical processing timelines:

Implemented

- MARP.
- Conditional DEP.
- Prescreen Support Coordination Center (centralized virtual prescreen review team)

- Joint Longitudinal Viewer Natural Language Processor (JLV NLP – filter algorithm that limits record a MEPCOM provider must review to only those containing words associated with DQ conditions).
- Prescreen Pilot (modifies business rules to enable 48-hour projections based on JLV NLP filtered encounter counts. Intent is to accelerate prescreen review and processing authorized decisions while improving predictability of exam outcomes.).
- Limiting provider record requests to no more than two records requests.
- Suspension of shipper medical inspect exams.
- DEERS update capability at USMEPCOM HQ, which allows for corrections to applicant demographic data mismatches.
- Applicant Attestation of No Records.
- Service medical surge support
- On demand MHSG training for service waiver authorities

Pursuing

- AI/ML prescreen review tool (reduces prescreen review and authorized to process decision to minutes).
- USMIRS 1.1 – MHSG Data Exchange Layer (eliminates redundant data entry, enables med techs and HRAs to spend more time on processing prescreens).
- 2807-2 Digital Smart Form (improve accuracy of applicant medical history submissions).

h. The peak season for MEPS is summer, often referred to as the "summer surge." What is the plan of action for "Summer Surge 2024" and moving forward, so there are no delays in processing new applicants?

Accessions Policy, USMEPCOM, and the Recruiting Commands are continuously reviewing and refining operations to mitigate any issues that would cause delays in processing new applicants. The activities listed above are all examples of USMEPCOM initiatives to reduce the overall contact to contract timeline.

i. What are the strengths, challenges, and lessons learned thus far from the conversion to the MHS Genesis electronic heath record and its interaction with the Health Information Exchange (HIE) at MEPS?

Readiness of our military forces is paramount. This requires successful recruiting and retention. Access to authoritative health data through HIEs allows DoD to make informed decisions ensuring medically qualified applicants who can meet Service requirements – enabling a ready and deployable military force. A key factor in retention during the first term of Service is proper screening for medical qualification prior to enlistment and informed consideration of medical waivers.

USMEPCOM's deployment of MHSG in March 2022, as directed by Congress, and as a component of DoD's implementation of MHSG throughout the Military Health Care System, provides significant benefits to the Department:

- As opposed to reliance on self-disclosure, the electronic health record (EHR) available with MHSG allows USMEPCOM to identify pre-existing, disqualifying medical conditions with greater fidelity resulting in fewer applicants arriving at initial entry training without a deliberate Service waiver decision.
- The creation of an electronic lifetime medical record between DoD and VA for continuity of care.
- It allows for the centralization and standardization of the prescreen function not possible prior to MHSG.
- Increased PII/PHI security as USMEPCOM moved from paper processing to primarily electronic processing; medical information is secured within MHSG.

Since implementation of MHSG, overall processing averages and medians from prescreen submission to contract have coalesced into three segments, below:

- Fastest 40% applicant cohort prescreen submission to contract: 3.8 days.
- Middle 30% applicant cohort prescreen submission to contract: 29.3 days.
- Slowest 30% applicant cohort prescreen submission to contract: 183 days.

For the 30% of enlistees in the slowest group:

- This group has the highest incidence of Prescreen Kickbacks – whereby the applicants initial medical file review (the prescreen) is returned to the applicant (kickback) because the medical reviewer found either missing documentation to admitted medical issues, or the medical reviewer identified something in the applicant's record that additional medical information will possibly help the clear the applicant.
- The prescreen is in the hands of the Service to complete paperwork and retrieve documents for 72% of the elapsed time required to finalize prescreens, vs 55% for the group processing the quickest.
- 57% of this group are found medically disqualified or have an open medical profile on the day of the medical exam vs 6% for the 40% with the lowest average time from prescreen to contract.
- It takes 18x longer to get these applicants to the floor for the medical exam than the group with the lowest average time from prescreen to contract.
- It takes more than 16 weeks on average to get these applicants to contract after the medical exam compared to less than a day for the group with the lowest average days from prescreen to contract.

j. What is the status of increasing MEPS personnel, including medical providers, technicians, and onboarding specialists? Please provide supporting data and a phasing plan for increasing personnel at the 65 MEPS, plus the one remote processing station.

Mitigation Efforts currently underway include:

- Talent Acquisition
  - 60 Job Fairs and Transition Assistance Program (TAP) classes attended; over 700 resumes received, reviewed, distributed.

• Temporary Job Offer (TJO) execution at Job Fairs/TAP Classes; over 70 in progress.
• Ongoing hiring actions of additional Nurse Practitioners and Physician Assistants to support increased numbers in applicant processing.

- Pay Initiatives
  • DCA Override approved for Nurse Practitioners (NP)/Physician Assistants (PA) GS-12 to GS-13 (three complete, 12 TJOs, seven in progress).
  • Position Description (PD) Updates or DCA Override Request for Human Resource Assistants (HRA) and Medical Technicians (in progress).
  • Special Rate Request (in progress).

- Army, Navy, and Air Force Surge Providers

k. How long are prior Service discharge physicals valid? If an applicant is prior Service, under what circumstances must they obtain another MEPS physical?

A prior Service discharge physical is valid for reenlistment for a period of 12 months. The USMEPCOM accessions medical exam is valid for a period of 24 months. If the prior service applicant is outside of the 12-month window, then a MEPS physical is required.

l. Does MEPS have a process for scheduling and paying for consultations with outside medical providers when an applicant is required to get further information on potentially disqualifying conditions (ear wax removal; TB screening; etc.)? If so, does this process vary by MEPS or region?

Yes, USMEPCOM has a process for scheduling, and paying, for consultations with outside medical providers through a Medical Referral Consult Services contract covering all MEPS. Individuals who require a medical consultation are not required to pay for the consultation.

1.2 – USMEPCOM – MARP Program Preliminary Data:

a. Has MARP reduced time limitations on disqualifying medical conditions? If so, by how many days?

MARP has reduced time limitations on disqualifying medical conditions. The number of days that it has reduced time is dependent on each condition. MARP is piloting the sustained feasibility of reducing the time limitations on 49 disqualifying medical conditions that had either a “any history of” standard or some other periodicity to disqualifying periods ranging from 1 to 7 years. Additionally, it reduces the likelihood that applicants will be required to obtain additional medical records – saving time for applicants and recruiters by minimizing document collection time. Started June 2022; to date MARP has enabled over 3,000 otherwise disqualified applicants to enter the military.

b. Are there differences for the number of days women and men were assessed under MARP? Please provide supporting data including averages and the range (low and high) number of days for FY22 compared to FY23.

Although existing MARP data tracking does not differentiate enlistments by gender, our assessment is that there is no difference in the number of days men and women are processed from the point of prescreen submission to the completion of the medical exam and confirmation of the presence of a MARP eligible condition. The applicant medical process, from prescreen submission through the medical exam, is identical regardless of gender. Since MARP does not require an external medical review and the applicant can be enlisted the same day of the medical exam, we see no variance in the length of time due to gender. USMEPCOM cannot confirm gender correlated variances in the number of days from prescreen submission to enlistment/accession since the recruiting partners may not always enlist a MARP eligible applicant on the same day of the medical exam (non-medical waiver requirement, service elects to enlist outside of the MEPS, program/incentive negotiations, applicant decommits, etc.)

c. What are the major lessons learned from MARP thus far?

Accession Medical Standards Analysis and Research Activity (AMSARA) is currently analyzing the Medical Accession Records Pilot (MARP) data for fiscal year 2023. Preliminary results indicate that less than 20% of individuals accessed under MARP are no longer in the military. However, it is too early to determine if the reason for military separation is related to the MARP condition under which the individual was accessed into the military, a different medical condition, or a non-medically related factor. Overall, MARP has been a successful program.