

SUBJ: DACOWITS RFI 1 - September 2024 QBM

FROM: Coast Guard Recruiting Command

TO: DACOWITS Committee

THRU: Office of Employee Engagement and Culture (DPR-4)

RECRUITMENT BARRIERS

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 availability 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. The Committee received briefings from Military Services' Medical Waiver Review Authorities (SMWRAs) in June 2024 (via RFI 1.1).

The Committee requests a **written response** from the Military Services' SMWRAs on the following:

DACOWITS:

- a. For applicants awaiting waiver(s), what is the loss rate during this wait period, and what is the threshold/timeframe where losses are the most prevalent (30 days, 60 days, 90 days, etc.)? Is this different for men and women? If so, how?
- b. What is the average length of time to obtain a medical recommendation from the branch's waiver authority for the following female specific disqualifying medical conditions:
 - i. Pregnancy;
 - ii. Abnormal uterine or vaginal bleeding;

- iii. Abnormal Pap smear/test;
- iv. Endometriosis; and
- v. Polycystic ovarian syndrome?

c. If a specialty consult is required, what is the average wait time to see a specialist for each of these female specific disqualifying conditions noted above? Additionally, provide the percentage of applicants waiting: 1) less than 30 days; 2) 31- 60 days; 3) 61-90 days; and 4) greater than 90 days, for each of the female specific disqualifying medical conditions noted above.

d. For those applicants requiring specialty consults, what percent of applicants sought care outside of the referred MEPS provider? Can applicants who sought their own consultation be reimbursed?

e. Please provide a table for FY21, FY22, and FY23 with the following information about the top five female specific disqualifying conditions (i.e., pregnancy, abnormal uterine/vaginal bleeding, abnormal pap smear/test, endometriosis, polycystic ovarian syndrome, and total of these five conditions) your Service is currently providing waivers for, broken down by the:

- i. Number of waivers granted;
- ii. Number of waivers requested;
- iii. Waiver rate percentage (number granted/number requested); and the
- iv. Average processing time (number of days) from the time the applicant is told they need additional medical consult to final determination.

CG Response:

a. For applicants awaiting waiver(s), what is the loss rate during this wait period, and what is the threshold/timeframe where losses are the most prevalent (30 days, 60 days, 90 days, etc.)? Is this different for men and women? If so, how?

Response: Currently, waiver review authorities do not track loss rates for applicants during the wait period and are unable to discern differences in loss rate prevalence between men and women.

b. What is the average length of time to obtain a medical recommendation from the branch's waiver authority for the following female specific disqualifying medical conditions:

- i. Pregnancy;
- ii. Abnormal uterine or vaginal bleeding;
- iii. Abnormal Pap smear/test;
- iv. Endometriosis; and
- v. Polycystic ovarian syndrome?

Response: The average length of time to issue a medical recommendation is 14 days. However, if multiple International Classification of Diseases (ICD) codes are listed, it may take up to but no longer than 60 days to issue a recommendation.

c. If a specialty consult is required, what is the average wait time to see a specialist for each of these female specific disqualifying conditions noted above? Additionally, provide the percentage of applicants waiting: 1) less than 30 days; 2) 31- 60 days; 3) 61-90 days; and 4) greater than 90 days, for each of the female specific disqualifying medical conditions noted above.

Response: The waiver review authorities do not track wait time to see a specialist for any disqualifying condition.

d. For those applicants requiring specialty consults, what percent of applicants sought care outside of the referred MEPS provider? Can applicants who sought their own consultation be reimbursed?

Response: The waiver review authorities do not track which applicants sought care outside of the referred MEPS provider. Applicants who seek their own consultation cannot be reimbursed by the Coast Guard for those expenses.

e. Please provide a table for FY21, FY22, and FY23 with the following information about the top five female specific disqualifying conditions (i.e., pregnancy, abnormal uterine/vaginal bleeding, abnormal pap smear/test, endometriosis, polycystic ovarian syndrome, and total of these five conditions) your Service is currently providing waivers for, broken down by the:

- i. Number of waivers granted;
- ii. Number of waivers requested;
- iii. Waiver rate percentage (number granted/number requested); and the
- iv. Average processing time (number of days) from the time the applicant is told they need additional medical consult to final determination.

Response:

Total waivers (all conditions) processed:

| | Approved | Denied | Total | Waiver % |
|-------|----------|--------|-------|----------|
| FY21 | 3 | 2 | 5 | 60% |
| FY22 | 10 | 3 | 13 | 77% |
| FY23 | 8 | 4 | 12 | 67% |
| Total | 21 | 9 | 30 | 70% |

Conditions broken down:

| | | Approved | Denied | Total |
|--------------------|-------|----------|--------|-------|
| Z33.1 Pregnancy | FY21 | 0 | 0 | 0 |
| | FY22 | 0 | 0 | 0 |
| | FY23 | 0 | 1 | 1 |
| | Total | 0 | 1 | 1 |

| | | Approved | Denied | Total |
|------------------------------------|-------|----------|--------|-------|
| N93.9 Abnormal Uterine Bleeding | FY21 | 3 | 0 | 3 |
| | FY22 | 9 | 0 | 9 |
| | FY23 | 3 | 0 | 3 |
| | Total | 15 | 0 | 15 |

| | | Approved | Denied | Total |
|---|-------|----------|--------|-------|
| R87.619 Unspecified Abnormal cytological findings | FY21 | 0 | 2 | 2 |
| | FY22 | 1 | 0 | 1 |
| | FY23 | 4 | 1 | 5 |
| | Total | 5 | 3 | 8 |

| | | Approved | Denied | Total |
|------------------------|-------|----------|--------|-------|
| N80.9 Endometriosis | FY21 | 0 | 0 | 0 |
| | FY22 | 0 | 3 | 3 |
| | FY23 | 1 | 2 | 3 |
| | Total | 1 | 5 | 6 |

| | | Approved | Denied | Total |
|--------------------------------------|-------|----------|--------|-------|
| E28.2 Polycystic Ovarian Syndrome | FY21 | 0 | 0 | 0 |
| | FY22 | 0 | 0 | 0 |
| | FY23 | 0 | 0 | 0 |
| | Total | 0 | 0 | 0 |