

RFI Category and Number: 1a-e

**RFI Question:** 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 (MARF) 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 MARF 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:

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.

**RFI Response:**

a. **Response:** Aside from pregnancy, the listed conditions are generally waived immediately unless they are creating another medical condition. This turnaround is less than a week at the Navy Recruiting Command Waiver level. If it is creating another condition, such as anemia in the setting of abnormal uterine bleeding, then the waiver is dependent upon the anemia being resolved to make it safe for the applicant to train.

b. **Response:** As stated above, recent waiver activity has made these conditions immediate waivers (except for pregnancy) unless they are causing another condition, such as anemia in the setting of abnormal uterine bleeding. The average turnaround is 1-2 days but can be up to one week.

- i. Pregnancy: Recommended minimum wait time is 6 months. Shorter durations can and have been waived for special circumstance.
- ii. Abnormal uterine or vaginal bleeding: A majority of these are receiving waivers within one week (from time to reach the waiver authority to disposition of waiver).
- iii. Abnormal Pap smear/test: A majority of these are receiving waivers within one week (from time to reach the waiver authority to disposition of waiver). Exceptions would be higher grade abnormalities requiring immediate colposcopy.
- iv. Endometriosis: A majority of these are receiving waivers within one week (from time to reach the waiver authority to disposition of waiver).
- v. Polycystic ovarian syndrome: A majority of these are receiving waivers within one week (from time to reach the waiver authority to disposition of waiver).

c. **Response:** The process for requesting consults changed in April 2024. Prior to April 2024, if the case was reviewed and determined to require specialty consultation the processing MEPS was notified, and the case was closed. When the consult result was submitted back to the waiver authority, a new case was created for the submission. Looking at the below data, that is why the processing times remained 1-2 days, they did not capture the time between request for more information and the submission of consult results. After April 2024, the cases that required specialty consultation have been left in an open status until the results are returned to the waiver authority. FY24 shows an increase in waiver processing time, as it includes three months of data where the wait for the consult result was included in the processing time. This data is still skewed by the preponderance of the year being under the old system. Consult are tracked/managed at the MEPS level, we would have to send a request for more information to the USMEPCOM Command Surgeon.

Table 1: Average days to process waiver request: NPQ- Not Physically Qualified, PQ- Physically Qualified.

	NPQ	PQ	Total
FY21	0	2	1
FY22	1	1	1
FY23	2	3	3
FY24	9	7	7

d. **Response:** We cannot tell when an applicant seeks care outside of the MEPS consult provider. We do not have that data. If they did, they would not be reimbursed. It is critical the applicant utilizes the MEPS consult process when a consult is required.

e. **Response:** We currently do not have the data on the average time to process waivers for these specific ICD 10 codes for FY21, 22, 23, or most of 24. We are now averaging 7-8 days with a median of 2 days.

Below is data regarding the number of cases that included one or more of the above diagnoses, how many were granted waivers and the overall percentage of waivers granted. These cases may have included other diagnoses not listed above and the determination to not grant a waiver may have been related to a non-gender specific diagnoses (ie. The applicant has PCOS, which would result in a waiver, but they also had Cystic Fibrosis- which would not receive a waiver). For the above ICD 10 Codes (diagnoses):

	Waivers Requested		% approved	Time (d)
	Requested	Granted		
FY21	122	111	91%	1
FY22	97	87	90%	1
FY23	137	99	72%	3
FY24	412	333	81%	7
<b>TOTAL</b>	<b>768</b>	<b>630</b>	<b>82%</b>	<b>3</b>

Hours Expended Answering this RFI: 36 Hours

POC or office responsible: NRC