



Department of Defense **DIRECTIVE**

NUMBER 5136.01

September 30, 2013

Incorporating Change 1, August 10, 2017

DCMO

SUBJECT: Assistant Secretary of Defense for Health Affairs (ASD(HA))

References: See Enclosure

1. PURPOSE. Pursuant to the authority vested in the Secretary of Defense by sections 113 and 138 of Title 10, United States Code (U.S.C.) (Reference (a)), this directive reissues DoD Directive (DoDD) 5136.01 (Reference (b)), under the authority of DoDD 5124.02 (Reference (c)), to update the responsibilities and functions, relationships, and authorities of the ASD(HA).

2. APPLICABILITY. This directive applies to:

a. OSD, the Military Departments (including the Coast Guard at all times, including when it is a service in the Department of Homeland Security by agreement with that Department), the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Combatant Commands, the Office of the Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the DoD (referred to collectively in this directive as the "DoD Components").

b. The Commissioned Corps of the Public Health Service and the Commissioned Corps of the National Oceanic and Atmospheric Administration, under agreement with the Department of Health and Human Services.

3. RESPONSIBILITIES AND FUNCTIONS

a. The ASD(HA) is the principal advisor to the Secretary of Defense and the Under Secretary of Defense for Personnel and Readiness (USD(P&R)) for all DoD health and force health protection policies, programs, and activities, and for the Integrated Disability Evaluation System (IDES). The ASD(HA) ensures the effective execution of the DoD medical mission, providing and maintaining readiness for medical services and support to members of the Military Services, including during military operations; their families; those held in the control of the Military Services; and others entitled to or eligible for DoD medical care and benefits, including those under TRICARE. In carrying out these responsibilities, the ASD(HA) exercises authority,

direction, and control over the DoD medical and dental personnel authorizations and policy, facilities, programs, funding, and other resources in the DoD, and:

(1) Develops policies, conducts analyses, provides advice, and makes recommendations to the USD(P&R), the Under Secretary of Defense for Policy (USD(P), the Under Secretary of Defense for Acquisition, Technology, and Logistics (USD(AT&L), and the Secretary of Defense; issues guidance; and provides oversight to the DoD Components on matters pertaining to the DoD Military Health System (MHS).

(2) Develops policies, procedures, and standards that govern the management of DoD health and medical programs, including, but not limited to, medical research and development, clinical investigations program, patient movement, medical special pays, health professions accessions and training, graduate medical education, patient rights and responsibilities, medical quality assurance, HIV/AIDS prevention, medical records, health information privacy, organ and tissue donation, DoD veterinary and food protection services, preventive medicine, health promotion, medical materiel, force health protection and readiness, health surveillance, DoD blood program, public health and medical preparedness, and the Armed Forces Medical Examiner System.

(3) Reviews, evaluates, and undertakes management oversight activities for DoD health and medical policies, plans, programs, and systems to ensure they are compatible with and executed according to established DoD policy and standards; supports Total Force objectives, requirements, and readiness across the DoD MHS; promotes joint operation of the MHS, a sustainable health program budget, and an integrated health delivery system to assure readiness, improve health, enhance the experience of care, and lower healthcare costs. Oversees and directs changes in the execution of health-related matters across the DoD as required.

(4) Serves as resource manager for all DoD health and medical financial and other resources and:

(a) Prepares and submits, in the DoD Planning, Programming, Budgeting, and Execution (PPBE) process, a DoD Unified Medical Program budget to provide resources for the DoD MHS. Consistent with applicable law, accounts for all funding for the DoD MHS, including operations and maintenance; procurement; and research, development, test, and evaluation in the single Defense Health Program (DHP) appropriations account, but keeps funds for medical facility military construction in a separate single appropriations account.

(b) Presents and justifies the DoD Unified Medical Program budget throughout the PPBE process, including representations before Congress.

(5) Serves as principal advisor to the Secretary of Defense, USD(P&R), and USD(AT&L) for the clinical health care and health surveillance aspects of DoD chemical, biological, radiological, nuclear, and explosive (CBRNE) medical defense programs. Coordinates policy and provides program oversight related to the use of preventive and therapeutic medical countermeasures to CBRNE threats, including all immunizations policy.

Serves as subject matter expert for congressional inquiries on health issues related to medical countermeasures and represents the Secretary of Defense on these matters outside the DoD.

(6) Serves as the principal advisor to the Secretary of Defense and USD(P&R) on deployment matters as they pertain to force health protection and readiness in the DoD, including the medical aspects of global health engagement, health policy, medical readiness, and medical research and development. Develops policies and provides oversight for new or improved force health protection initiatives and supports the investigation, information exchange, measurement, reporting, and archiving of pertinent health-related information on past, present, or potential military deployments.

(7) In coordination with the Secretaries of the Military Departments, develops:

(a) Medical standards for appointment, enlistment, and induction into the Military Services under the jurisdiction of the DoD.

(b) Policies, standards, and procedures for mental health evaluations and treatment, combat stress control, and comprehensive health surveillance.

(c) Policies for retention and separation or retirement for physical disability or health-related conditions, as prescribed in chapter 61 of Reference (a) and DoDI 1332.18 (Reference (d)).

(8) Serves on the Research and Engineering Executive Committee to advise the Assistant Secretary of Defense for Research and Engineering (ASD(R&E)) on matters related to medical research and development.

(9) Exercises authority, in accordance with section 300hh-11 of Title 42, U.S.C. (Reference (e)) and develops DoD policy for participation in the National Disaster Medical System.

(10) Develops policies and standards to ensure effective and efficient results through the approved joint processes for medical capabilities integration, clinical standardization, and operational validation of all medical materiel.

(11) Develops and manages an MHS-wide strategic management program and organizational improvement measures that demonstrate value across the MHS enterprise, and ensures the DoD Components of the MHS are attentive and responsive to the requirements of their organizational customers, both internal and external to DoD.

(12) Develops policies and procedures and oversees implementation and execution of programs to support wounded, ill, and injured Service members and their families. Ensures programs and policies meet the evolving and longitudinal care and transition needs of the wounded, ill, and injured and are coordinated among other Executive branch departments, including the Department of Veterans Affairs.

(13) Develops policies and standards and provides oversight for DoD IDES functions. Advises the Secretary of Defense and USD(P&R) on matters related to IDES. Coordinates, as appropriate, on IDES matters with the Department of Veterans Affairs.

(14) Serves as the principal advisor to the USD(P&R) and the Director of the Joint Staff to develop and review functional strategies for all DoD health and medical information technology capabilities.

(15) Serves on boards, committees, and other groups pertaining to assigned functional areas and represents the Secretary of Defense and the USD(P&R) outside DoD on matters concerning assigned responsibilities, in coordination with other OSD officials, as appropriate or directed in other DoD policies.

(16) Performs such other duties as the Secretary of Defense and USD(P&R) may prescribe.

b. The ASD(HA) may not direct a change in the structure of the chain of command within a Military Department or with respect to medical personnel assigned to that command.

4. RELATIONSHIPS

a. Under the authority, direction, and control of the USD(P&R), in the performance of assigned responsibilities and functions, the ASD(HA):

(1) Reports directly to the USD(P&R).

(2) Exercises authority, direction, and control over:

(a) The Director, Defense Health Agency.

(b) The President, Uniformed Services University of the Health Sciences.

(c) Any other subordinate officials that may be assigned or other organizations that may be established by the ASD(HA), within resources assigned by the Secretary of Defense.

(3) As the principal advisor for health matters under the USD(P&R), coordinates, as appropriate, with:

(a) The Under Secretary of Defense (Comptroller)/Chief Financial Officer, Department of Defense (USD(C)/CFO), and the Director of Cost Analysis and Program Evaluation to integrate medical PPBE activities with the DoD PPBE process, to include development and use of the DoD analytical process. The ASD(HA), in accordance with applicable law, instructs the USD(C)/CFO on the allocation and reallocation of the funds in the DHP account and the medical facility military construction account.

(b) The Assistant Secretary of Defense for Special Operations and Low Intensity Conflict, the Assistant Secretary of Defense for International Security Affairs, the Assistant Secretary of Defense for Global Strategic Affairs, and the Assistant Secretary of Defense for Homeland Defense and Americas' Security Affairs, under the authority, direction, and control of the USD(P), on relevant medical policies and program activities to ensure they are integrated and consistent with existing DoD policy and programs.

(c) The Assistant Secretary of Defense for Nuclear, Chemical, and Biological Defense Programs, Assistant Secretary of Defense for Acquisition, and ASD(R&E), under the authority, direction, and control of the USD(AT&L), on matters pertaining to medical research, development, and acquisition. Specifically, coordinate on issues concerning medical countermeasures to CBRNE threats, the research, development, acquisition, and use of such products, and the incorporation of relevant data from chemical and biological defense equipment to inform comprehensive human health surveillance. Work to assure effective integration of the CBRNE defense program and CBRNE medical defense program, in coordination with the Secretary of the Army as the DoD Executive Agent for the DoD Immunization Program for Biological Warfare Defense, in accordance with DoDD 6205.3 (Reference (f)), and other cognizant officials.

(d) The DoD Chief Information Officer, the USD(AT&L), the USD(C)/CFO, and the Chairman of the Joint Chiefs of Staff, along with the Warfighting Mission Area leads, to collaboratively develop additional guidance for integration of information technology portfolio management activities into the processes governed by Chairman of the Joint Chiefs of Staff Instruction 3170.01E (Reference (g)), DoDD 7045.14 (Reference (h)), DoDD 5000.01 (Reference (i)), and DoD Instruction (DoDI) 8115.02 (Reference (j)).

(e) The Department of Veterans Affairs on matters pertaining to responsibilities and functions assigned to the ASD(HA).

(4) Obtains submissions of the medical program needs of the Combatant Commanders, through the Chairman of the Joint Chiefs of Staff. Obtains and integrates submissions, as appropriate, from the Secretaries of the Military Departments of their proposed elements of the DoD Unified Medical Program and budget.

(5) Coordinates and exchanges information with other OSD officials, the DoD Component heads, and federal officials with collateral or related functions.

(6) Uses existing systems, facilities, and services of DoD and other federal agencies, when possible, to avoid duplication and to achieve maximum efficiency and economy.

b. Other OSD officials and the DoD Component heads will coordinate with the ASD(HA) on all matters under their purview related to the responsibilities and functions assigned in this directive.

5. AUTHORITIES. The ASD(HA) is delegated authority to:

a. Approve and sign DoD instructions, DoD manuals, and directive-type memorandums, in accordance with DoDI 5025.01 (Reference (k)), that implement policy approved by the Secretary of Defense or the USD(P&R) in assigned areas of responsibility and function. Develop, issue, and maintain issuances, with the coordination of the Secretaries of the Military Departments, as necessary and appropriate, to fulfill the Secretary of Defense's responsibility to administer chapter 55 of Reference (a) and other statutes governing matters for which this directive assigns responsibilities and functions to the ASD(HA).

(1) Assignment of responsibilities in DoD issuances to the Military Departments is to the Secretaries of those Departments.

(2) Assignment of responsibilities in DoD issuances to the Combatant Commanders is coordinated with the Chairman of the Joint Chiefs of Staff.

b. Obtain reports and information, in accordance with DoDI 8910.01 (Reference (l)), as necessary to perform assigned responsibilities and functions.

c. Communicate directly with the DoD Component heads, as necessary, to perform assigned responsibilities and functions, including requests for advice and assistance. Communications to the Military Departments are transmitted through the Secretaries of the Military Departments, as otherwise provided in law, or as the Secretary of Defense directs in other DoD issuances. Communications to the Combatant Commanders will be in accordance with paragraph 4b(3) above the signature of DoDD 5100.01 (Reference (m)).

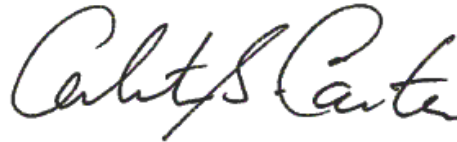
d. Arrange for DoD participation in non-defense governmental programs for which the ASD(HA) has been assigned primary coordination.

e. Communicate with other U.S. Government officials, members of the public, and representatives of foreign governments, as appropriate, in carrying out assigned responsibilities and functions. Communications with representatives of the Legislative Branch must be conducted through the Office of the Assistant Secretary of Defense for Legislative Affairs, except for communications with the Defense Appropriations Committees, which will be coordinated with the Office of the USD(C)/CFO and be consistent with the DoD Legislative Program.

6. RELEASABILITY. **Cleared for public release.** This directive is available on the Directives Division Website at <http://esd.whs.mil/DD/>.

7. SUMMARY OF CHANGE 1. The changes to this issuance are administrative and update organizational titles and references for accuracy.

8. EFFECTIVE DATE. This directive is effective September 30, 2013.



Ashton B. Carter
Deputy Secretary of Defense

Enclosure
References
Glossary

ENCLOSURE

REFERENCES

- (a) Title 10, United States Code
- (b) DoD Directive 5136.1, “Assistant Secretary of Defense for Health Affairs (ASD(HA)),” June 4, 2008 (hereby cancelled)
- (c) DoD Directive 5124.02, “Under Secretary of Defense for Personnel and Readiness (USD(P&R)),” June 23, 2008
- (d) DoD Instruction 1332.18, “Disability Evaluation System (DES),” August 5, 2014, as amended
- (e) Title 42, United States Code
- (f) DoD Directive 6205.3, “DoD Immunization Program for Biological Warfare Defense,” November 26, 1993
- (g) Chairman of the Joint Chiefs of Staff Instruction 3170.01E, “Joint Capabilities Integration and Development System,” January 10, 2012
- (h) DoD Directive 7045.14, “The Planning, Programming, Budgeting, and Execution (PPBE) Process,” January 25, 2013, as amended
- (i) DoD Directive 5000.01, “The Defense Acquisition System,” May 12, 2003, as amended
- (j) DoD Instruction 8115.02, “Information Technology Portfolio Management Implementation,” October 30, 2006
- (k) DoD Instruction 5025.01, “DoD Issuances Program,” August 1, 2016, as amended
- (l) DoD Instruction 8910.01, “Information Collection and Reporting,” May 19, 2014
- (m) DoD Directive 5100.01, “Functions of the Department of Defense and Its Major Components,” December 21, 2010

GLOSSARY

PART I. ACRONYMS AND ABBREVIATIONS

ASD(HA)	Assistant Secretary of Defense for Health Affairs
ASD(R&E)	Assistant Secretary of Defense for Research and Engineering
CBRNE	chemical, biological, radiological, nuclear, and explosive
DHP	Defense Health Program
DoDD	DoD Directive
DoDI	DoD Instruction
IDES	Integrated Disability Evaluation System
MHS	Military Health System
PPBE	Planning, Programming, Budgeting, and Execution
U.S.C.	United States Code
USD(AT&L)	Under Secretary of Defense for Acquisition, Technology, and Logistics
USD(C)/CFO	Under Secretary of Defense (Comptroller)/Chief Financial Officer, Department of Defense
USD(P&R)	Under Secretary of Defense for Personnel and Readiness
USD(P)	Under Secretary of Defense for Policy

PART II. DEFINITIONS

These terms and their definitions are for the purposes of this directive.

Military Services. The United States Army, Navy, Air Force, Marine Corps, and Coast Guard.

DHP appropriation. A single appropriation, consisting of operation and maintenance; research, development, test, and evaluation; and procurement funds, designed to finance the non-military personnel requirements of the MHS.

DoD Components of the MHS. Military Services' medical departments, the Defense Health Agency, and other designated agencies or activities.

DoD MHS. DoD medical and dental programs, personnel, facilities, and other assets operating pursuant to chapter 55 of Reference (a), by which the DoD provides:

Health care services and support to the Military Services during the range of military operations.

Health care services and support to members of the Military Services, their family members, and others entitled to DoD medical care.

DoD Unified Medical Program. A combination of the DHP appropriation, the medical military construction appropriation, military personnel funds for military personnel supporting the MHS, and the estimated payments to the DoD Medicare-Eligible Retiree Health Care Fund.

Total Force. The organizations, units, and individuals that comprise DoD resources for implementing the National Security Strategy. It includes DoD Active and Reserve Component military personnel, military retired members, DoD civilian personnel (including foreign national direct- and indirect-hire, as well as non-appropriated fund employees), contractor personnel, and host-nation support personnel.

TRICARE. The DoD medical and dental programs operating pursuant to chapter 55 of Reference (a), under which medical and dental services are provided to DoD health care beneficiaries. The term includes all activities described in the definition of the term “TRICARE Program” in section 1072(7) of Reference (a).