



# Department of Defense INSTRUCTION

NUMBER 6430.02  
August 17, 2011

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USD(P&R)

SUBJECT: Defense Medical Materiel Program

References: See Enclosure 1

1. PURPOSE. In accordance with DoD Directive (DoDD) 5124.02 (Reference (a)), this Instruction:

a. Reissues DoD Instruction (DoDI) 6430.2 (Reference (c)) to update, according to DoDI 5105.18 (Reference (d)), the organization, membership, functions, and responsibilities of the DoD Clinical Advisory Committee (CAC), and the Defense Medical Logistics Proponent Committee (DMLPC).

b. Establishes policy, assigns responsibilities, and provides procedures for the Defense Medical Materiel Standardization Program (DMMSP).

c. Establishes the Defense Medical Materiel Program Office (DMMPO) within the TRICARE Management Activity (TMA).

d. Establishes regional Defense Medical Materiel Enterprise Standardization Offices (DMMESOs) within the TMA.

2. APPLICABILITY. This Instruction applies to the 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 the Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the DoD (hereinafter referred to collectively as the "DoD Components").

3. DEFINITIONS. See Glossary.

4. POLICY. It is DoD policy, to promote uniformity, efficiency, and joint interoperability in acquisition and life cycle management of medical materiel required for military healthcare

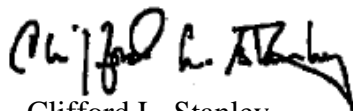
delivery in both military treatment facilities and in support of operations. Collaboration among the Military Services shall be used to the greatest extent possible to achieve this policy. Coordination of the selection of medical materiel shall be in accordance with the DMMSP as outlined in Enclosure 2.

5. RESPONSIBILITIES. See Enclosure 3.

6. PROCEDURES. See Enclosure 4.

7. RELEASABILITY. UNLIMITED. This Instruction is approved for public release and is available on the Internet from the DoD Issuances Website at <http://www.dtic.mil/whs/directives>.

8. EFFECTIVE DATE. This Instruction is effective upon its publication to the DoD Issuances Website.



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Enclosures

1. References
2. DMMSP
3. Responsibilities
4. Procedures

Glossary

ENCLOSURE 1

REFERENCES

- (a) DoD Directive 5124.02, "Under Secretary of Defense for Personnel and Readiness (USD(P&R))," June 23, 2008
- (b) DoD Directive 5136.01, "Assistant Secretary of Defense for Health Affairs (ASD(HA))," June 4, 2008
- (c) DoD Instruction 6430.2, "DoD Medical Standardization Board (DMSB)," March 17, 1997 (hereby cancelled)
- (d) DoD Instruction 5105.18, "DoD Intergovernmental and Intragovernmental Committee Management Program," July 10, 2009
- (e) DoD Directive 6000.12E, "Health Service Support," January 6, 2011
- (f) DoD Directive 5101.9, "DoD Executive Agent for Medical Materiel," August 23, 2004
- (g) DoD Directive 5136.12, "TRICARE Management Activity," May 31, 2001
- (h) DoD Instruction 8320.04, "Item Unique Identification (IUID) Standards for Tangible Personal Property," June 24, 2008
- (i) DoD Directive 5000.02, "Operation of the Defense Acquisition System," December 8, 2008
- (j) DoD 4140.1-R, "DoD Supply Chain Material Management Regulation," May 23, 2003
- (k) Joint Publication 1-02, "Department of Defense Dictionary of Military and Associated Terms," as amended

ENCLOSURE 2

DMMSP

1. GENERAL. The medical capabilities of the Military Departments must operate as interdependent elements of a jointly integrated Military Health System (MHS). Medical materiel selection and utilization directly affect the quality and the cost of military health care as well as the efficiency and responsiveness of medical supply chain support. The acquisition and management of medical materiel over its total life cycle must ensure quality, availability, and economy in meeting the clinical requirements of the MHS and address unique aspects of the medical commodity.
  
2. DMMSP STRUCTURE AND PROCEDURES. The DMMSP shall consist of coordinated and collaborative efforts to promote clinically-driven, evidence-based selection and acquisition of medical materiel. These efforts will reduce product variation and improve joint interoperability and efficiency in the development and sustainment of DoD and Military Department medical capabilities.
  - a. DMMSP policies shall be developed under the cognizance of the Assistant Secretary of Defense for Health Affairs (ASD(HA)) by the Deputy Assistant Secretary of Defense for Force Health Protection and Readiness (DASD(FHP&R)).
  
  - b. The selection and acquisition of medical materiel for both institutional and operational elements of the MHS shall be supported to the maximum extent possible, consistent with the Services' authorities to equip their medical capabilities, by collaborative processes that promote materiel standardization, business efficiency, and clinical efficacy.
  
  - c. Implementation of DMMSP policies shall be coordinated by the DMMPO.
  
  - d. The DMMPO shall facilitate the development of operational medical materiel standardization in coordination with regional DMMESOs.
  
  - e. The DMMPO shall, as required, provide clinical expertise in support of the procurement process.

ENCLOSURE 3

RESPONSIBILITIES

1. ASD(HA). The ASD(HA), under the authority, direction, and control of the Under Secretary of Defense for Personnel and Readiness (USD(P&R)), shall:

a. Promote uniformity, efficiency and joint interoperability in accordance with DoDD 6000.12E (Reference (e)).

b. Develop policies and establish procedures and standards in accordance with the authority in Reference (b) that shall govern the implementation and management of DoD medical materiel programs that provide health services and support to Military Service members during military operations. These policies, procedures, and standards shall support the Director, Defense Logistics Agency (DLA), in fulfilling his or her responsibilities when serving as the DoD Executive Agent (DoD EA) for Medical Materiel in accordance with DoDD 5101.9 (Reference (f)).

2. DASD(FHP&R). The DASD(FHP&R), under the authority, direction, and control of the ASD(HA), shall:

a. Exercise direction of medical logistics shared services for the execution of DoD medical materiel programs.

b. As the Chair of the Force Health Protection Integrating Council (FHPIC), coordinate medical materiel programs in support of Joint Force Health Protection and the MHS mission, strategy, and policies. The FHPIC shall provide recommendations to the DASD(FHP&R) concerning oversight of the DoD CAC and DMLPC.

c. Coordinate and oversee the development and maintenance of defense medical logistics (DML) automated information systems.

3. DIRECTOR, DLA. The Director, DLA, under the authority, direction, and control of the Under Secretary of Defense for Acquisition, Technology, and Logistics (USD(AT&L)), through the Assistant Secretary of Defense for Logistics and Materiel Readiness, shall:

a. As the DoD EA for Medical Materiel, provide acquisition strategies and programs, consistent with DoDD 5136.12 (Reference (g)) and DoDI 8320.04 (Reference (h)), for medical materiel management that promote standardization of medical supplies and equipment.

b. Ensure compliance with Defense Medical Logistics Standard Support (DMLSS) Automated Information System.

c. Report quarterly to the USD(AT&L) any deviation from the requirements of Reference (h), DoDD 5000.02 (Reference (i)), and DoD 4140.1-R (Reference (j)).

4. SECRETARIES OF THE MILITARY DEPARTMENTS. The Secretaries of the Military Departments shall direct their Departments to participate in collaborative DoD medical materiel acquisition, life cycle management, and standardization programs and, to the fullest extent possible, adopt standardized medical items and logistics management processes to support Service requirements to promote uniformity, efficiency, and joint interoperability.

5. DIRECTOR, FORCE HEALTH PROTECTION AND READINESS PROGRAMS (FHP&RP). The Director, FHP&RP, under the authority, direction, and control of the Director, TMA, shall provide coordination and support for the DMMPO procedures as listed in Enclosure 4.

6. DIRECTOR, DMMPO. The Director, DMMPO shall provide coordination and support for the DMMSR procedures as listed in Enclosure 4.

ENCLOSURE 4

PROCEDURES

1. DIRECTOR, TMA. The Director, TMA, under the authority, direction, and control of the ASD(HA), shall include the operational costs of the DMMPO (less military pay, allowances, and permanent change of station costs) in the unified medical program budget.

2. DIRECTOR, FHP&RP. The Director, FHP&RP, under the authority, direction, and control of the Director, TMA, shall:

a. Exercise management and direction of the DMMPO as an operating entity of TMA in accordance with Reference (g).

b. Facilitate DMMPO coordination of all TMA efforts regarding medical materiel standardization and interoperability of medical capabilities to the maximum extent possible, consistent with the Services' authorities to equip their respective medical capabilities.

c. In coordination with the heads of the Services' medical logistics agencies, oversee DMMPO development and recommendation of policies for ASD(HA) approval through the Director, TMA, and DASD(FHP&R) concerning the establishment and maintenance of a collaborative DMMSP.

d. Establish DMMESOs and facilitate DMMPO coordination of five DMMESO activities in accordance with DMMSP implementation guidance. The DMMESOs will standardize medical materiel including medical-dental equipment and supplies. Each DMMESO will support all medical treatment facilities of the Army, Navy, and Air Force in the standardization of medical materiel

e. Facilitate DMMPO coordination of the DoD/Food and Drug Administration's (FDA) Shelf-Life Extension Program (SLEP) for strategically important pharmaceuticals.

f. Facilitate DMMPO coordination with the DoD EA for Medical Materiel and the Military Service Surgeons General to improve DoD EA process, as recommended by Military Department assessments in accordance with Reference (f).

3. CHAIR, DoD CAC. The Chair, DoD CAC, under the authority, direction, and control of the DASD(FHP&R), shall:

a. Coordinate the DoD CAC's review and standardization of medical materiel used throughout the MHS that is not under the purview of the DoD Pharmacy and Therapeutics Committee.

b. Provide authoritative clinical input regarding the DMMSP and inter-agency and inter Service clinical coordination.

4. CHAIR, DMLPC. The Chair, DMLPC, under the authority, direction, and control of the DASD(FHP&R) and oversight of the Force Health Protection Council, shall coordinate and provide advocacy for DML programs and initiatives to promote joint interoperability, efficiency, effectiveness, and responsiveness in support of the Health Readiness joint capability area.

5. REGIONAL DMMESOs. Regional DMMESOs, under the authority, direction, and control of the DMMPO, will each have a designated senior logistician, logistics subject matter experts, clinical analysts, and a data analyst. The DMMESOs, under the direction of the Director, DMMPO and with acquisition and procurement support in determinations from Military Services' medical logistics agencies and DLA troop support, shall implement a program of medical materiel standardization built on commercial supportability; clinician-driven product requirements; and seamless integration of medico-economic assessments, regional and national TRICARE standardization, and joint Service level doctrine, combat development, readiness plans and programs. The standardization program will enable clinicians to practice in operational settings as they train and practice in institutional settings. The DMMESOs shall support the Service medical logistics agencies to promote materiel standardization in product selection and sourcing for production of deployable medical assemblages.

6. DIRECTOR, DMMPO. The Director, DMMPO, under the authority, direction, and control of the DASD(FHP&R) shall:

a. Organize, direct, and manage the DMMPO to promote standardization of medical supplies and equipment, efficiency in the life cycle management of medical materiel, and joint interoperability of medical capabilities. Exercise management and direction of the DMMESOs.

b. Coordinate implementation of designated DML policies through collaborative programs including:

(1) Shared procurement of medical equipment.

(2) Advanced acquisition planning for medical materiel assemblages.

(3) Support for committed volume purchasing agreements.

(4) Joint process for medical contingency requirements forecasting.

(5) Shared DoD programs for medical materiel quality assurance (MMQC) and shelf-life extension.

(6) Regional and national medical materiel standardization processes.



c. Serve as a DoD point of contact for clinical medical materiel quality control (MMQC) issues. Coordinate with the DLA Troop Support, as the administrative MMQC point of contact, to monitor and serve as a liaison between DLA Troop Support and the Services in all DoD clinical and technical MMQC matters. Monitor and adjudicate all Category I medical and dental product quality deficiency reports (M/DPQDRs), and monitor all Category II M/DPQDRs. Coordinate all aspects of notification to DoD activities through the USAMMA Distribution Operations Center.

d. Provide coordination and support for:

(1) Collaborative DML Initiatives. The DMMPO shall support collaborative DML programs and initiatives with regard to the acquisition and life cycle management of medical supplies and equipment, including:

(a) Development of recommendations concerning oversight of enterprise processes for standardization and committed volume purchasing of medical supplies.

(b) Entry and life cycle management of National Stock Numbers (NSNs) for medical items in the DoD supply system.

(c) Development of recommendations for coordination of the implementation of shared procurement initiatives for medical equipment, and coordination of clinical participation in source selection processes.

(d) Coordination and support related to the implementation of shared DML services within the DoD.

(e) Materiel requirements analysis and acquisition planning in support of medical assemblage production.

(f) Liaison with the DLA and other Government agencies, as directed by the ASD(HA) through the Director, TMA, in clinical and technical matters involving standardization, acquisition, and management of medical materiel.

(g) Development, coordination of approval, and implementation of any support or service agreements as required with the Military Departments and other DoD Components or executive agencies necessary for effective performance of DMMPO functions and responsibilities.

(h) Coordination with and support to the United States Transportation Command (USTRANSCOM) for the acquisition and life cycle management of selected patient movement items (PMI) equipment and materiel.

(i) Initially register in the DoD Item Unique Identification (IUID) Registry (Reference (h)) and utilize the DoD IUID Registry as an authoritative data source to support

DMLSS and component property systems for all defense medical materiel that have a unique item traceability requirement at any point in their life cycle.

(2) Clinical and Logistics Data Management. The DMMPO shall:

(a) Serve as the MHS clinical data repository as a DoD accredited database that maintains data relative to patient conditions; task, time, and treater requirements; and materiel associated with such treatment information.

(b) Develop supporting enterprise architecture for the enterprise medical materiel standardization processes and integration or alignment with other activities in the architecture.

(c) Collect and analyze data concerning the performance of DML business processes and programs in terms of cost, effectiveness, and achievement of strategic priorities such as materiel standardization, clinical and logistics data quality, and MMQC.

(3) Medical Materiel Contingency Requirements Planning. The DMMPO shall:

(a) Coordinate forecasting, planning, and submission of joint contingency requirements determination in order to enable a single consolidated submission to the DoD EA for Medical Materiel.

(b) Develop and maintain clinical treatment briefs required for modeling in support of medical planning, medical programming, and the development of medical assemblages and forecast of contingency requirements for medical materiel.

(c) Monitor the authoritative materiel item data necessary to relate assemblage component requirements to joint products of choice (JPOCs).

(d) Analyze medical materiel requirements to identify opportunities to consolidate demands for the same or similar items to reduce NSNs and product variation and enable appropriate acquisition strategy.

(4) Medical Assemblage Life Cycle Management. The DMMPO shall assist the Military Departments to develop and sustain an integrated assemblage life cycle management program to ensure that medical assemblages and their components are standardized to the maximum extent possible, consistent with the distinctive missions of the Military Departments. In particular, the DMMPO shall:

(a) Monitor assemblage production requirements and capabilities across the Military Departments and DLA in order to enable optimum use of production capacity, identify and help to resolve constraints in meeting required delivery, and minimize direct and indirect costs.

(b) Coordinate with the Military Departments' medical logistics agencies and DLA Troop Support in the planning and execution of acquisition and life cycle management to meet shared medical materiel requirements.

(c) Facilitate the integration of JPOCs into joint and Service level medical assemblages.

(d) Expedite service requirement request for NSNs to facilitate assemblage builds and maintenance updates.

(5) Strategy Management. The DMMPO shall:

(a) Support strategic management of enterprise process initiatives and coordinate collaborative development and execution of a DML enterprise master plan.

(b) Administer an integrated DML strategy management process in coordination with the DMLPC.

(c) Coordinate the essential elements of DML strategy management including goal development, balanced score card management, organizational alignment, planning and budgeting, human capital alignment, strategy communications, initiative management, strategy review process, and sharing best practices.

(6) Test and Evaluation. The DMMPO shall:

(a) In concert with Program Managers, joint and Service procurement agencies, Service test and evaluation activities, and other governmental organizations, assist with development of operational testing and performance evaluation criteria for test evaluation, for both developmental and non-developmental medical materiel.

(b) Partner with various DoD agencies to assist with the development and recommendations of essential characteristics for medical materiel in concert with the procurement agencies and the Services, to promote joint interoperability.

(c) Provide evidence-based medical materiel recommendations to the DoD CAC regarding testing evaluation and selection of medical materiel.

(d) Develop partnerships to improve coordination, facilitate communication, and disseminate testing information in collaboration with the DoD and institutional entities to ensure integration of joint medical commercial off-the-shelf and developmental item applications.

(e) Serve as the DoD lead for information sharing and adjudication of common materiel deficiencies and coordinator for investigation of product quality deficiencies reports (PQDRs) and supply discrepancy reports (SDRs) for defense medical materiel in support of Enterprise PQDR and SDR reporting and investigation.

(7) DoD/FDA SLEP. The DMMPO shall:

(a) Provide comprehensive program management for the DoD/FDA SLEP. Coordinate and integrate all functions between the program's participants and the FDA.

(b) Develop and implement any necessary memorandums of agreement among participating Federal entities in the program.

(8) Joint Deployment Formulary (JDF). The DMMPO shall develop and maintain the JDF. This formulary shall contain a core list of pharmaceutical items required for theater-level care for the first 30 days of contingency operations. (The JDF can be accessed at [www.dmsb.mil](http://www.dmsb.mil).) Service-specific assemblages shall maximally align with the JDF. DMMPO shall develop processes to allow Services to submit, update and make change requests to keep service assemblages current with associated clinical practices.

7. CHAIR, GLOBAL PATIENT MOVEMENT JOINT ADVISORY BOARD (GPMJAB). The Chair, GPMJAB, under the authority, direction, and control of the Commander, USTRANSCOM, and the ASD(HA), shall collaborate with the DMMPO and Joint Service subject matter experts to obtain acquisition source selected PMI recommendations. The DMMPO will assure testing, evaluation, supportability, maintenance, sourcing and air worthiness strategies are well documented prior to implementation of selected PMI equipment. The DMMPO shall disseminate to the Services PMI for standardization and propagation of Service medical assemblages, sets, kits, outfits, tables of allowances, or allowance standards.

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

ASD(HA)	Assistant Secretary of Defense for Health Affairs
CAC	Clinical Advisory Committee
DASD(FHP&R)	Deputy Assistant Secretary of Defense for Force Health Protection and Readiness
DLA	Defense Logistics Agency
DML	Defense Medical Logistics
DMLPC	Defense Medical Logistics Proponent Committee
DMLSS	Defense Medical Logistics Standard Support
DMMESO	Defense Medical Materiel Enterprise Standardization Office
DMMPO	Defense Medical Materiel Program Office
DMMSP	Defense Medical Materiel Standardization Program
DoDD	DoD Directive
DoD EA	DoD Executive Agent
DoDI	DoD Instruction
FDA	Food and Drug Administration
FHPIC	Force Health Protection Integrating Council
FHP&RP	Force Health Protection and Readiness Programs
GPMJAB	Global Patient Movement Joint Advisory Board
IUID	item unique identification
JDF	Joint Deployment Formulary
JPOC	joint product of choice
M/DPQDR	medical/dental product quality deficiency report
MHS	Military Health System
MMQC	medical materiel quality control
NSN	national stock number
PMI	patient movement items
PQDR	product quality deficiencies report
SDR	supply discrepancy report
SLEP	Shelf-Life Extension Program
TMA	TRICARE Management Activity

USD(AT&L) Under Secretary of Defense for Acquisition, Technology, and Logistics  
USD(P&R) Under Secretary of Defense for Personnel and Readiness  
USTRANSCOM United States Transportation Command

## PART II. DEFINITIONS

Unless otherwise noted, these terms and their definitions are for the purpose of this Instruction.

interoperability. Defined in Reference (k).

JDF. A core list of pharmaceutical items that are required for theater-level care for the first 30 days of contingency operations.

JPOC. A medical materiel item or medical equipment agreed upon by two or more of the Services based on essential characteristics sufficient to meet the clinical practice for prescribed patient conditions.

MHS. Defined in Reference (b).

MMQC program. The program that monitors and directs appropriate DoD action with respect to voluntary and involuntary medical product recalls, hazard alerts, and advisory notices, as well as disseminates information resulting from adjudication of medical materiel complaints.

shared services. Medical materiel management functions that are consolidated by the Services in order to reduce unnecessary redundancies and to promote standardization of materiel and information, improve quality, leverage technology investments, and provide greater value to the MHS. Shared services are also those where two or more Services (or the DoD) can integrate personnel and use common processes to provide medical logistics support to the broader MHS and Combatant Commands.

standardization. Defined in Reference (k).